'Information @ One Click'

Project Report

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Executive Summary

Information is key for making decisions in everyday life. Accessibility and availability of correct information is especially crucial to persons with disability as this helps in enhancing their living, learning and work life. The experiences of the research team showed that accessing such existing information is not only difficult, but also challenging for persons with disabilities and thus impacts decision making, besides delayed access to services. This continues to remain a huge gap in the disability sector - the gap between availability of information, under one umbrella, and access and appropriate use of the information.

This is a pilot descriptive quantitative research, a proof of concept and an attempt to demonstrate the use of accessing and using geotagged data. It aims to **map resources and data** related to different types of disabilities, and identify **resources related to services** providing health, and education livelihood for persons with disabilities in the National Capital Territory of Delhi. The attempt to **digitise the data** for the use of all stakeholders – persons with disability and their families was to ensure the ease of transaction using geotagged information. The outcome of the research is to demonstrate the possibility of tagging geographical coordinates, specific information related to type of services, documents required to avail the service, process and an estimated time frame from start to finish with regard to service access and utilisation. While this is a pilot project, it is hoped that it can be scaled across the country using digitised information across all sectors pertaining to life.

The data was collected from 135 organisations, using a questionnaire. This data has been analysed and presented in this report. The findings revealed that these organisations catered to the needs of the 21 types of disabilities; which includes survivors of acid attacks and people with multiple disabilities. Majority of them provided services related to health and were located in South Delhi. Drawing on the Census 2011 data related to persons with disabilities, it can be estimated that the ratio of organisations/service providers to people with disabilities (as per census 2011) is **1:1727**. This implies that there is an uneven distribution of service centres across the geographical region of NCT. It is noteworthy that given the large geographical area in Delhi, 37 (55%) of the 76 organisations offering education provided accessible transport facilities to children with disabilities. The teacher-student ratio in special schools ranges between 1:5 to 1:15, which indicates that individual attention can be provided to the students with disability to a limited extent. 43 organisations provided services related to livelihood, with the majority providing free services such as skills development, training and placement services. 71 organisations provided health services. To procure services such as disability certificate, disability related surgeries (such as cochlear implants, tendon release in polio, etc.), and procuring walking aids and appliances, the number of visits required to avail health services by a person with disability ranges from 2 to a

maximum of 8 visits, with an average of 4 visits. The number of visits increases in the case of ambulatory training and fitment of prosthetic aids. The participants reported that the average time for issuing a disability certificate ranges from 15-30 days. A range of counselling services are provided in most of these centres.

The report includes a prototype of the proposed website taking the reader through a step by step process of accessing information. The process of transacting the website is explained in this section. This also demonstrates the ease of using geo-referenced data by the service user.

The recommendations include strengthening government portals to include dynamic geo-tagged data; regular updation of the data by all stakeholder groups; creating an online recursive feedback loop to allow for two way interface between the service user and the service provider; use of social media for successful campaigns and convergence for scale and impact of a web portal that can be established by the government for easy use by persons with disabilities and their families.

Introduction

According to the Rights of Persons with Disabilities (RPWD) Act 2016 a "person with disability is a person with long term physical, which, in interaction with barriers, hinders his full and effective participation in society equally with others" (Ministry of Law and Justice, 2016). This definition has two key points, namely, impairments and barriers. There are 21 different types of impairments that are recognized by the RPWD Act 2016. Impairment is "simply a bodily state, characterised by absence or altered physiology, which defines the physicality of people" (Ghosh, 2016:4). The World Health Organization (WHO) developed the International Classification of Functioning, Disability and Health (2001) and refers to disability as an umbrella term for impairments, activity limitations and participation restrictions. "The concept of impairment retains a focus on biological systems, thus reiterating a supposed biological norm as the standard against which individuals are judged to be impaired. Participation and restrictions are defined in terms of the individual rather than in more social structural or even environmental terms" (Ghosh, 2016:5).

Barriers mean communicational, cultural, economic, environmental, institutional, political, social, attitudinal or structural factors that hamper, the full and effective participation of persons with disabilities in society. Communication barriers affect persons having impairments related to hearing, speaking, reading, writing, and understanding. If written or spoken messages are not interpreted correctly, the scope for misinterpretation would arise. Cultural barriers affect all persons with disabilities as these barriers are created by the society's beliefs about disability. Economical barriers affect all persons with disabilities as a lack of employment opportunity is created, due to the fact that the person with disability cannot participate in full employment due to lack of reasonable accommodation. Environmental barriers affect persons with disability having locomotor impairment as it refers to all the physical hindrances such as inaccessible public areas for wheelchair, chain, crutches, etc. (Chabot, 2013).

Institutional barriers refer to barriers in the policy/legal system which hinder availing of schemes or services to persons with disabilities. Political barriers are reflected in the ideology and the process of accessing and utilising schemes and benefits provided to persons with disability (Abbott & Mcconkey, 2006). Social barriers refer to those blocks or obstacles created by the society which

hinder persons with disabilities from being a valuable part of society and contributing to it. For example, due to lack of accessible workplace environments, persons with disabilities are deterred from attending offices and making a significant contribution to the GDP. Attitudinal barriers refer to stereotyping, stigmatizing and discriminating against a person with a disability because of their impairment (U.S. Department of Health & Human Services, 2016). They include discriminating attitudes, spirit breaking perspectives and insensitive behaviours which exclude the person with disability. An example of this includes not allowing a person with physical impairment to be a stage anchor, or an actor just because the person has a visible disability.

With an estimated 70 million people in India (6% of our population) identified as persons with disabilities (Shenoy, 2011), only 2% of this population complete schooling and only 1 % are successful in gaining full time employment. This is despite the presence of a number of government schemes for people with disabilities. The most commonly cited reason for inaccessibility is the 'lack of knowledge' (Society for Disability and Rehabilitation Studies, 2008) and lack of awareness about the services present for people with disabilities. When people with impairments lack knowledge about the services that are present, they tend to face barriers in accessing health services, education, employment opportunities and other public services. This in turn exacerbates social and economic exclusion and further escalates poverty. The focal point of this vicious circle is not the impairment itself, but it is the discrimination, social exclusion and the denial of people's rights, along with lack of access to basic services that form the primary link between poverty and disability (Deb, 2016).

Studies on disability and poverty show that families with a person with disability are prone to lower income as well as higher expenditure due to the disability (The World Bank, 2007). This is largely due to the delay in accessing services. There is a lack of awareness about the services available for the person with the disability, and knowledge of how and from where services can be availed at reasonable cost. In such a situation, life not only becomes harder, but it also leads to isolation of persons with disabilities from society. Accessing services can become cumbersome; it entails not only the cost of travel, but also the time taken for the travel, distances from their place of stay/residence to the service, and the complexities regarding documentation that is required for availing these services (The World Bank, 2007). While the government undertakes many measures like medical camps and other facilities to provide services to people with disabilities, most people

do not access them because the knowledge about these facilities is not available to all. Only around 60% of people with disabilities are able to use these facilities (Mitra & Sambamoorthi, 2006). This is also compounded by the fact that they remain uninformed about it because they are unable to access public spaces. One aspect of reality contributes to and feeds into the other and thus it has a vicious cyclical influence.

Information is an integral part of human decision making processes; information about services or facilities determines their probability of using it. When a person is aware of the different ways of gathering information about the services and facilities that they require, he/she/they will have more options to choose from. They are in a more advantageous position to reach the most suitable decision, as compared to the person who has less or no or limited options of gathering information. With regard to disability, information such as different types of schools, information about fees, timings, number of students per class, reputation and infrastructure of school will help in identifying a suitable school for children. However, not having relevant information will limit the options that the person could have had, thus giving no room for choice of services. Information about services and facilities pertaining to disability are useful for both the consumers and providers of services. It helps the consumer to make a decision based on convenience and it also reduces the time in providing and/or availing the services or facility. It also helps the service provider gain visibility by making their service visible to all on a common platform.

When people with impairments lack knowledge about the services that are available, they experience barriers in accessing health care services, education, employment opportunities and other public services. They are then excluded from accessing required health care, education, employment and other services. Due to this exclusion, they do not get opportunities to participate in these services and hence either slide into or continue to remain in deprivation. This in turn exacerbates social and economic exclusion and further escalates poverty. For e.g., a person using a wheelchair (with locomotor disability), seeks skills training in order to earn a livelihood; this person has no knowledge about accessible organisations, from where training could be availed. This lack of knowledge ultimately results in a restricted reach to services. Therefore, the required services are not available for this individual. Such a situation restricts the participation of persons with disabilities in economic activities, resulting in pushing their families to the margins of society. Thus, not only is the person made to depend on others, but it leads to gross under-utilisation of the

potential of the person to contribute to the per capita income of the family and thereby the larger economy of the country.

The focal point of this vicious cycle is not the impairment itself, but it is the discrimination, social exclusion and the denial of people's rights, along with a lack of access to basic services that form the primary link between poverty and disability. It is widely acknowledged that a person's social and economic participation is enhanced if quality services are accessible on a continuous basis throughout their life cycle. It is not enough for these services to simply exist, but there must be a functional link between awareness/knowledge about the services and its utilisation; especially, services used during the life cycle transitions that the person in question undergoes (e.g., passage from childhood to adulthood, from school age to employment, etc.). Easy, quick and first-hand access to information about the available services will help in early identification of the disability. A person with a disability faces barriers at every stage of life starting from identification of disability, in fulfilling their medical needs, getting an education, getting a job or earning prospects, recreation and hobbies and thus ensuring opportunities to accomplish their aspirations in life. Having information about organisations providing such services will make their life much more barrier free.

The aim of this proof of concept research study is to **map resources and data related to disabilities and provide the geotagged coordinates and other information about the resources** for the use of all stakeholders. Knowledge of services and the processes entailed will boost their functioning and activity participation and decrease limitations that are posed by the self and the environment. In doing so, it will ensure optimum care for the person with disability; and in turn will contribute to accomplishing maximum wellbeing for all. This will help in shifting society's perception of a person with disability from one of being a burden, to an active and contributing member of society, thus realising one's potential.

The nature and extent of the services required by each individual at various stages of life differs. There is no one fixed way that would help persons with disabilities having the same or different impairment; each individual has their own way of understanding one's impairment. Moreover, all interventions are based on the person's understanding of the impairment; and its consonance with that of other stakeholders in the intervention team. Therefore, regular and continuously accessible information is very important for persons with disabilities, as it forms a bridge between the support

services and their modes of delivery that are required from childhood to their older ages (Mishra, Ali & Thakur, 2015). It is necessary to ensure a high level of continuity between education and rehabilitation; education and vocational education; rehabilitation and transition to employment, in order to harness maximum utilisation of services and realise one's full potential. These links are required so that people with disabilities fully benefit from the range of available services.

Currently in the age of the internet, if anyone wants information about a service provider then one can get the address, contact details, price, rating, requirements (Volpe National Transportation Systems Centre, 1998), timing and other information related to that service at one place. However, in the case of disability related services and facilities, it is typically not the case. While there are sites, call centres, Apps, etc. that provide the information about related services, they give information only about the type of services (e.g. services only pertaining to health, education, livelihood, etc.) and the basic information of address and contact details. Punarbhava, Udaan, Astha, etc., are some sites which provide more comprehensive information about disability related services in Delhi.

The Technology Information, Forecasting and Assessment Council (TIFAC) is an autonomous organisation set up in 1988 under the Department of Science & Technology (DST) to work on technologies, assess the technology trajectories, and support technology innovation by network actions in select technology areas of national importance. It has worked on 'Directory of Aids & Assistive Devices for Persons with Disabilities (PwDs)'. The TIFAC, at the behest of the Department of Empowerment of Persons with Disabilities under Ministry of Social Justice and Empowerment, generated an online repository of information on Aids and Assistive Devices for PwDs in the form of a web portal. This was launched on 3rd December, 2014, with portal name www.swavalamban.info launched by Hon'ble 13th President of India late Shri Pranab Mukherji. The portal aimed at providing opportunities to the manufacturers/sellers to showcase their products under one roof, thereby enhancing the outreach to the users and allowing the PwDs to make informed decisions about the devices that are most suited for their needs. It also aimed to provide a platform for PWDs to discuss upcoming technologies, currently being researched and developed into usable products, as well as informing current policies and schemes at the Central and State levels for facilitating improved access to assistive technology. The aim is to create an interactive platform for the various stakeholders of the assistive technology sector to share their ideas and

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common concerns. The **Swavalamban** is also dedicated to services related to Unique Disability Identity Card (UDID) and application for the disability certificate.

Punarbhava is a national web portal (https://punarbhava.in/index.php) maintained under the Digital India scheme. It provides information related to disability data, disability register, disability certificate, legal instruments, international instruments, disability resources - names and addresses of NGOs in Delhi (the details are not verified and procedures involved are not explained), books in accessible formats. While the website provides contact details of certain schools and NGOs, it is not updated or verified on ground. The geo-coordinates or information related to processes, contact persons and types of services is not mentioned.

TIFAC and the above-mentioned websites provide information that is relevant only to assistive devices and disability information that is rather limited. They do not provide additional information about the requirements for availing the services, timing of the services, guidance on officials to meet with, documents related to the service. Rating or review of the services are also not provided. While information is available on the internet, it is voluminous and scattered with repetition and with little validation or authenticity that can be proven (Williamson, Schauder, Stockfield, Wright & Bow, 2001). Hence, there is a need for a site or a portal where with minimum effort and ease of transaction, a person with disability or their peer group can get information that would help them in availing the services they desire.

Information @ 'One Click', attempts to make information related to health, education and livelihood services for people with disabilities available and accessible, through an online format, at just a click. Through this, people will be able to obtain information with ease. The information would include details of the services that are available for persons with disabilities to access. This would include, the processes, timings, documentation required and procedures involved in availing these services, timeframe for the completion of the processes of the services, and their geocoordinates. Geographical coordinates of all the organisations providing services will be provided so that the person will be able to approach the service provider and will also be able to see patterns related to dispersion of disability related services and facilities in their city. It will transform and demonstrate real-time sustainability and impact of the state sponsored schemes and services by providing accessibility to information for all stakeholders within a particular city. In the long-term, this project will make the invisible information about services visible to all, thus

facilitating the inclusion of persons with disabilities. Such a facility will enable the realisation of empowerment of persons with disabilities and foster their agency and overall well being.

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Methodology

This section discusses in detail the research methodology that has been adopted for this project "Information @ one click". It describes the design and process of implementation of the research. It describes how the researchers identified the research problem and the concerns faced by persons with disabilities in utilisation of services and facilities that are available for them. It also explains the process of designing the tool and the pilot test that was carried out. Sampling and data collection processes are described along with the management of data and its analysis.

2.1 Scope of the study

This research focused on providing information about the services and facilities that are present for persons with disabilities in the city of Delhi. The research uses geo-tagged data that will help information seekers to reach the services that they want to avail. It is anticipated that geo-tagged data would increase the utilisation of services and capture the patterns of distribution of service providers in geographical areas. This could help the government and other organisations to plan their interventions based on needs and requirements of people with disabilities in a particular geographical area.

Introduction to Delhi

Delhi is the capital city of India, having a total population of 16.75 million in March 2011 (Census Organisation of India, 2015) with 234882 people with disabilities living in Delhi (Census Organisation of India, 2015). Delhi has 30124 people with visual impairment, 34499 people with hearing impairment, 15094 people with speech impairment, 67383 people with locomotor impairment, 16338 people with intellectual impairment, 10046 people with mental illness, 37013 people with other impairments and 24385 people with multiple disability as on March 2011 (Census Organisation of India, 2015). Delhi is the second most populated city of India (Census Organisation of India, 2015). It is an education hub, and also provides one of the best health services in India. Being a metropolitan city, it offers multiple opportunities for earning. With state-of-the-art health services and job opportunities, Delhi is a major hub for people living in nearby states (Uttar Pradesh, Uttarakhand, Bihar, Haryana, Rajasthan, Punjab and Himachal Pradesh). People visit Delhi on a daily basis, so the facilities in Delhi cater, not only to the residents of Delhi, but also to people living in neighbouring states as mentioned above. Being the capital of India,

Delhi is well connected through roads, railways and air with all the major cities of the Indian state. Therefore, it also has the advantage of serving as a geographical hub located in the central Northern region of India. Therefore, it has to share its resources such as medical facilities, education and disability services with other parts of India.

2.2 Research design

A descriptive research design was employed by the researchers to carry out this research "Information @ one click". Descriptive research gives opportunity to researchers to throw light on current issues or problems through a process of data collection that enables them to describe the situation of services and facilities present for persons with disability (Fox & Bayat, 2007). A descriptive study is also suitable when researchers want to identify facilities and their providers in a particular city (Ethridge, 2004). The main focus of the research is on creating a directory of the organisations and detail the services that they are providing to people with disabilities in Delhi. The research also describes the process flow of the services, namely the procedures and processes to avail a service and timeframe - how much time it will take to get the service. For example, if a person with visual impairment seeks to learn computers, then the process will require selection of organisations from where a person wants to take training. This is followed by contacting the organisation, learning about the eligibility, timings, duration and fee for the course and then registering for the course and then finally using the service.

2.3 Operational Definitions

For consistency of understanding the terms used in the study, the researchers used the following operational definitions:

Organisations: A social unit of people that is structured and managed to meet a need or to pursue collective goals (Web Finance Inc, 2018).

Disabilities: All the 21 conditions that are defined as disability under Rights of Persons with Disabilities Act – 2016.

Government organisation: is a permanent or semi-permanent organisation in the machinery of government that is responsible for the oversight and administration of specific functions, such

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as an education. Agencies can be established by legislation or by executive powers (National Informatics Centre, 2018).

Non-Government organisation: is any non-profit, voluntary citizens' group which is organised on a local, national or international level. Task-oriented and driven by people with a common interest, NGOs perform a variety of service and humanitarian functions, bring citizen concerns to Governments, advocate and monitor policies and encourage political participation through provision of information (Association for Progressive Communications [APC], 2018).

Services: is a particular thing that the public needs, such as transport, communications facilities, hospitals, or energy supplies, which are provided in a planned and organised way by the government or an authorised body (Collins English Dictionary, 2018).

Education sector: government or non-government organisations working towards academic enhancement of persons with disabilities (Stands4 LLC, 2018).

Health sector: government or non-government organisations working towards providing any medical services for persons with disabilities (Stands4 LLC, 2018).

Livelihood sector: government or non-government organisations working towards providing any kind of training, counselling and services that would help the person with disability in earning (Stands4 LLC, 2018).

2.4 The Beginning

Hailing from the discipline of Disability Social Work, the researchers aspire for an environment where information, which is the key to change, is made available and accessible to all, with no one left behind. Inspiration for this action research came from the field, while working with persons with disabilities in NGOs, health camps, and so on. In the process, we learnt that there is a lack of awareness amongst persons with disabilities and their families about the services and facilities available for them in their city. After interactions with persons with disabilities the researchers inferred that the existing information is obsolete and not updated. Further, the availability of platforms where people can get relevant information is limited. Researchers aspired for a solution

that can provide persons with disabilities accurate information of services and facilities in their city and details of information that can help them to avail these services. So researchers undertook this endeavour to provide a web portal with geo-tagged data that would help them to navigate to the service they may need to avail. This research was implemented as a *pilot proof of concept to create data in one metropolitan city, Delhi, as recommended by the funding agency*.

2.5 Specific Objectives

- To **map resources and data** related to different types of disabilities – visual, speech, hearing, locomotor, mental retardation, mental illness, multiple disabilities and others.
- To identify **resources related to services** providing health, and education livelihood for persons with disabilities.
- To **digitise the data** for the use of all stakeholders – persons with disability and their families. This would include taking the geo coordinates and mapping it on an excel sheet.

2.6 Sampling

The sample frame for this study consisted of all the organisations working for people with disabilities and providing them services in sectors pertaining to education, livelihood or health specifically in the National Capital Territory of Delhi. Secondary data about the organisations working in above-mentioned domains was gathered from the internet. Some key words which were used to search for such organisations were 'disability organisations, disability services, livelihood for people with disability, disability, disabled organisations'. Websites of related Government ministries and organisations, and non-government organisations were explored to procure information about such organisations. The researchers visited all these organisations in order to collect data. During the process of data collection, snowball technique was used to elicit names and details of other organisations which were working in similar domains. As a result of this exercise, the researchers were able to generate information about organisations whose details were not available on the internet. It is to be noted that the study did not include individual private practitioners or Section 25 companies, as they had a presence either on yellow pages or justdial or such paid services.

A list of the organisations (those found on the internet and those which were recommended) that were government, non-government (both offering free as well as paid service) was prepared, this list consisted of 160 organisations. Figure 1 explains the population, sample frame and sample size for this research. The sample frame included all the organisations that were a part of the population, working for people with disabilities in NCT Delhi and giving services in health, education or livelihood. The figure shows the total population which is also the sample frame of 160 organisations. All the organisations were contacted by telephone or in-person visit. The sample of the study i.e. the organisations from where data was collected was 135, forming the sample size for this study (Figure 1).

Figure 1: Sample

Organizations from whom data was collected (**Sample= 135 organisations**)

Organizations working for persons with disability in sectors of education, health and livelihood at Delhi (**Sample frame= 160 organisations**)
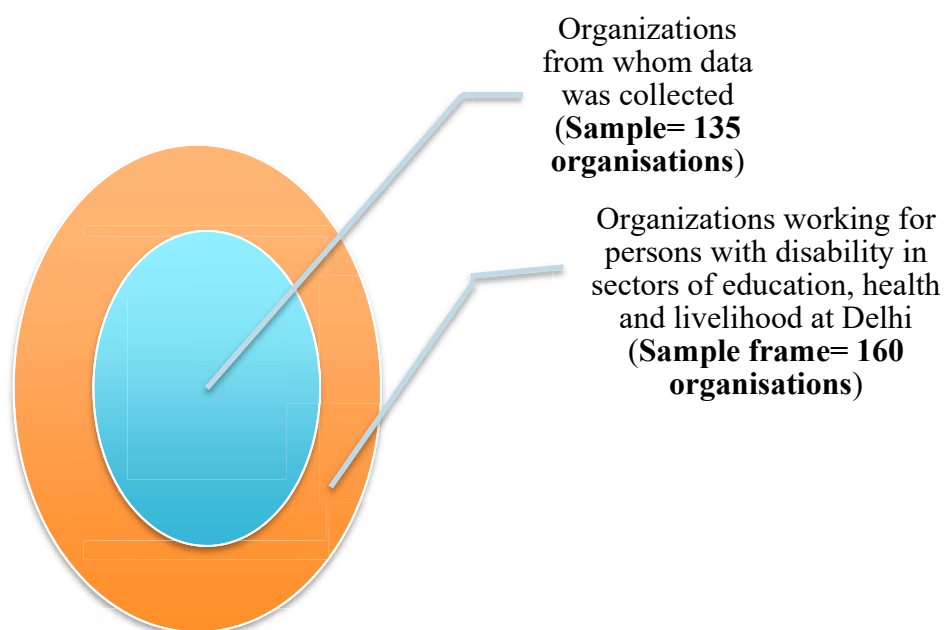
The sample size of 135 organisations was drawn from the sample frame of 160 organisations. About 22 organisations did not respond to either telephone calls or personal visits and declined participation in the study. When researchers visited the organisations, it was found that three of the 22 organisations (whose contact details were taken from the internet) did not exist on the ground. One stopped working, the rest (18 organisations) changed their address which was not

traceable by the researchers. This resulted in reduction of sample size. Hence a total of 135 organisations were found functional on ground and data was collected from them.

2.7 Tool

A structured questionnaire was used to collect data from organisations. It is easy to distribute the tool through different ways, such as by email, as hard copy on paper through personal contact, tablet, computer, etc. so that the respondent can fill it up as per their convenience and it helps in connecting with more respondents than an interview in a short period of time. A questionnaire provides convenience of time and choice of multiple respondents or one respondent which is suitable for this research as this research has to gather information from different organisations.

Tool for Data Collection

The tool was prepared over three stages, namely preparatory phase, pilot testing and finalisation of the tool.

Prep Tool

Preparation of the tool involved the process of preparing the tools for both individuals and organisations working in the field of disability. This tool helps researchers to understand the needs of persons with disabilities and that of the organisation. Two structured questionnaires were used, one for organisations with 8 questions to seek information about the type of disabilities they cater to, sectors they are working in, how they disseminate the information about the services and the nature of information that people with disabilities ask for. The tool for individuals with disabilities has 11 questions about the reliable sources for gathering information and difficulties related to type information related to disability or disability services. This prep tool (Annexure 10.1) was sent to 9 organisations and 9 individuals with disabilities; based on their responses the researchers identified the sectors and broad questions that can be included related to these sectors in the questionnaire. A detailed questionnaire was prepared and pilot tested.

Pilot 1

Tool for organisations: This was the first tool which was developed and it contained four sections. Section A has 8 questions pertaining to demographic details and types of disability the organisation

is working with. Section B consists of 16 questions that gather information about the services provided by these organisations related to (a) education, (b) livelihood and (c) health. The 28 questions in Section C gather information about the requirements for availing services related to (a) education, (b) livelihood and (c) health. This tool was sent to 10 organisations for the first pilot study. Respondents were requested to fill up the tool and also provide their comments on the tool. Responses and feedback were recorded. The team revised the tool based on the feedback provided by the respondents of the pilot study.

Pilot 2

The second draft of the tool included four different sections (A, B, C and D), with a total of 62 questions. Section A elicited demographic details and the types of disabilities the organisation catered to. Section B, C and D were for organisations working in the field of education, livelihood and health respectively. Each of these sections were further divided into two parts; part one was for services provided by the organisation in that domain, and part two elicited the requirements of availing their services and the processes involved in the same. This tool was sent to 3 organisations for the second round of the pilot study. Respondents were requested to fill in the questionnaire and also provide their comments on the tool. Responses and feedback were recorded. Based on this, the final tool was prepared.

Finalisation

The final tool for data collection was created by adding section E, to collect information regarding the knowledge of the respondent about organisation(s) working in the field of disability, and other services, besides education, health and livelihood. The tool is given in Annexure 10.3

This tool was converted into a Google Form, to facilitate the ease of distribution of the tool and collecting data. This was found to be more effective as the respondents were ready to participate in the study through this mode of collecting data. The final tool consisted of four different sections (A, B, C and D) with 77 questions, and included additional information about mandatory fees, duration of different courses and treatments and so on, besides section E pertaining to information related to other services provided by the organisation.

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2.8 Data collection

The researchers used a survey method for collecting data, data was collected from 135 organisations. These organisations included all the government hospitals, NGO's, government and private organisations.

Process of data collection: A prior appointment was sought with the organisations by making an initial telephonic contact. On the stipulated day, the researchers visited the organisations to collect data. They met the person representing the organisation and information was collected using the questionnaire. On reaching the organisation, the researcher filled up the questionnaire, in the presence of the respondent using either a tab or a computer. Some respondents indicated a preference to fill the form by themselves. Therefore, a link of the Google Forms was sent via email and was regularly followed up for their response.

Period of data collection: Data collection began in the month of April 2017 and it continued till September 2017. During this period the researchers visited organisations, met the representatives of the organisations and collected information on services/processes involved to access their services.

Verbal consent was taken from all the participants (representatives of the organisations) of the study. All the respondents were informed before the interview about confidentiality of their information and that the usage of data was only for research purpose, they were told 'they have the choice of not answering any question they are not comfortable with' and they could withdraw from the study, should they choose to.

After every interview with the participating organisation, the geo coordinates of the main entrance to that organisation was tagged using a GPS device (Garmin eTrex30x). The latitude and longitude of the organisation was gathered to pinpoint the location of the organisation with respect to maps. All geo-coordinates (geo tags) were cross verified using the google map location of that place and the ground truth verification method. This involved visiting the organisations physically to meet with the officials and tagging the geo-coordinates and using them to create maps. Hence the validity of the existence of these organisations was ensured. This also precluded those organisations that did not exist on the ground, thus averting the inclusion of pseudo entries.

2.9 Data management

After collection of the data, the researchers created a table of variables, namely a "master sheet of responses", where all the collected data was recorded and saved. The master sheet of responses was created on Google Sheet where researchers put in all responses as soon as they received them. The researchers regularly cleaned the data sheet, to make it simpler to understand, and verified missing data. Periodic and consistent follow up with the organisations enabled the completion of missing data which was entered in the Google Sheet. For the ease of understanding, data was simplified into 6 broad domains, namely sector, types of disability, name of the organisation, contact details, services and requirements.

2.10 Data analysis

Information collected from organisations was digitised, which technically meant data was entered digitally in the google sheets. Using the google excel, tools such as frequency distribution, mean, median, mode, average and cross tabulation etc, the whole information was analysed. Results of this analysis are presented in the form of pie/bar diagrams and tables in the section pertaining to results.

GPS tags (latitude and longitude) of the organisations (from where information was collected during data collection) were digitally entered onto the software to generate maps of Delhi representing organisations working in the disability sector. These maps were then studied to analyse their correlation with the location and population of people with disabilities.

2.11 Challenges

During the course of study some unforeseen challenges were faced by the researchers. These challenges are explained here.

Identification of the organisations working in the domain of study (Education/Livelihood/Employment or Health for people with disabilities): There are many government and non-government organisations in NCT of Delhi. Some of these are working in the field of disability. Solely tracking all the organisations with the help of the internet was not possible, since not all the organisations would host or update their information in the public

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domain. To overcome this problem, researchers used a combination of methods. This included collecting information of the organisations from the internet, collecting contacts of similar organisations from the participating organisations themselves and collecting details of the organisations from various government sources (which included hospitals, centres under Delhi Social Welfare Department and central organisations/institutes located in Delhi). On a similar note, private practitioners providing services were not included in this study as their details were not available or accessible to the researchers.

Non-existence of organisations in the addresses which were provided online: Another challenge faced by the researchers was that there were three organisations which were not existing on ground. Contact details of these organisations were available on the internet, these addresses were located in one of the remote areas of Delhi, bordering Haryana. When a physical visit was made to these addresses, it was discovered that they actually never existed. The local people of the area denied familiarity of the organisation's name. Researchers were told that there was no such organisation for people with disabilities in the area. This could be the reason that calls made to these contact numbers were unanswered.

Attitude barriers from the representatives of the organisations: Researchers used the letter from the Department for Empowerment of Persons with Disability (DEPWD), Ministry of Social Justice and Empowerment (MoSJE) and the Tata Institute of Social Sciences (TISS) in order to get access to information in the organisations. However not all organisations were welcoming, in fact around half of the organisations were hesitant to share information about the services they provide to the people. Therefore, the researchers made earnest efforts to enrol the organisations - that data about the service serves the purpose of making information accessible and usable to the people with disabilities.

2.12 Ethical considerations

Informed consent was sought from all the participants of the study. A letter was issued by the Department for Empowerment of Persons with Disability, Ministry of Social Justice and Empowerment and the Tata Institute of Social Sciences seeking the support and participation of the organisations they had recruited to participate in the study. The researchers also took the required permission from the Department of Social Welfare, Govt. of Delhi, to collect data from State run organisations related to disability. Respondents were informed that they could choose not to answer questions and to withdraw participation in the study at any point in time if they felt uncomfortable. The researchers assured the respondents that all the information they shared would be used for creating a list of organisations with their latitude and longitude mentioned on it and the list will be presented to the Ministry of Social Justice and Empowerment. Permission was sought to disclose the names of the organisations as this was critical to the study. There was no conflict of interest for all stakeholders of the project, namely the research team, the funder or the participants.

Results

This section presents the findings from the data analysis. As mentioned, the main objective of this study is to identify and map resources for persons with disabilities in sectors of health, education and livelihood. The study was conducted exclusively for the state of Delhi; therefore, all the organisations which are working in the above-mentioned sectors were tracked, GPS tagged and data regarding services was collected from these. The collected data was fed into an excel sheet for ease of analysis. Findings of analysis of this data is presented in this section.

The total number of organisations covered were **135** and all of them were located in the State of Delhi. All these organisations were providing services in at least one (health, education and livelihood) and/or maximum in all three sectors. These organisations consisted of government organisations, non-government organisations and private NGOs.

A list of all the organisations along with their geo-coordinates is attached in Annexure 10.3. This is a comprehensive list of all the organisations which are giving any kind of services in the sector of education, livelihood or health in NCT Delhi.

Out of a total of 135 organisations, **102 organisations were non-government** or private organisations and **33 were government** organisations. This shows a strong presence of non-governmental organisations working for people with disabilities in Delhi.

3.1 Organisations and the sectors they provide services

Figure 3.1: Sectors of work provided by NGOs
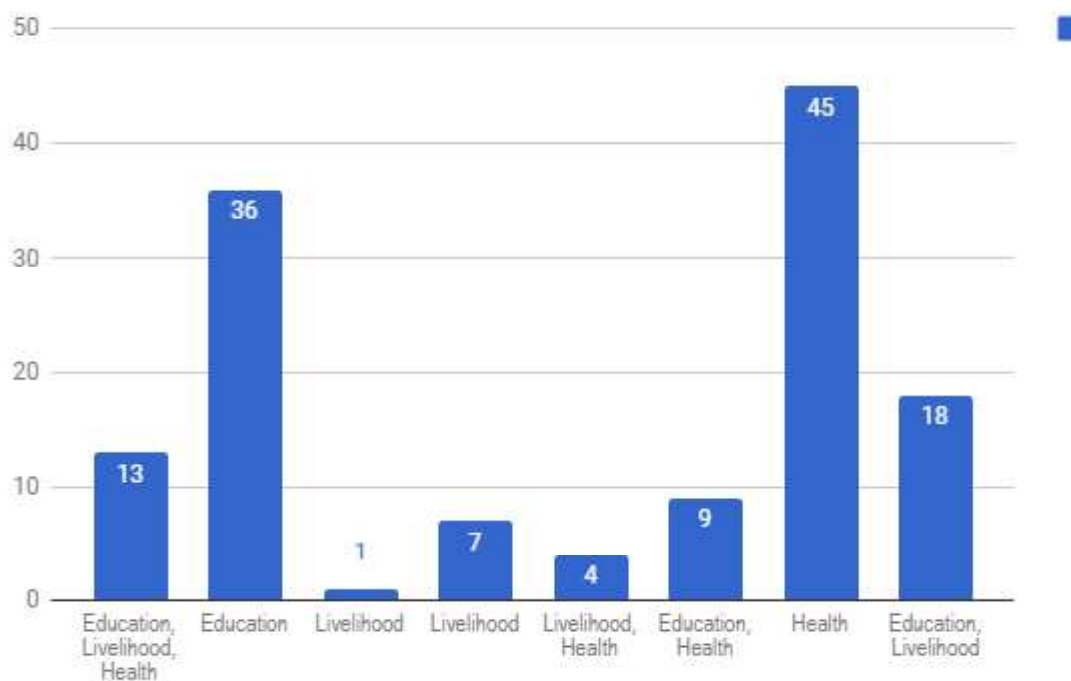
- Out of 135 organisations, a total of 76 organisations offered educational services to people with disabilities. About 43 organisations provided some kind of services in the sectors of livelihood or employment, and 71 organisations provided services in the sector of health (Figure 3.1).

- Organisations working on livelihood/employment of people with disabilities were comparatively less. There were relatively more organisations concentrating on the sectors of health and education.

- About 36 organisations provided exclusive educational services. Out of these 36 organisations, 30 organisations were non-government organisations. This means that more than 80% of organisations who provided only education services were non-governmental organisations.

- There are a total of 45 organisations which are exclusively giving health services to people with disabilities. Out of these 45 organisations, 23 organisations are government organisations. This means more than 50% organisations which are giving services to people with disabilities in the sector of healthcare are government.

3.2 Distribution of organisations depending upon the disability of people to whom they are giving services

Disability wise distribution of the organisations (% of total organisations)*					
Disability	**%age**	**Disability**	**%age**	**Disability**	**%age**
Blindness	36.8	Mental Illness	15	Speech and Learning disability	39.8
Low-Vision	39.8	Autism spectrum disorder	37.6	Thalassemia	4.5
Leprosy Cured	20.3	Cerebral Palsy	49.6	Haemophilia	4.5
Hearing Impairment (deaf and hard of hearing)	45.1	Muscular Dystrophy	30.8	Sickle cell disease	3.8
Locomotor disability	55.6	Chronic Neurological Conditions	16.5	Multiple disability including deafblindness	24.8
Dwarfism	15.8	Specific learning disability	28.6	Acid attack survivor	7.5
Intellectual disability	42.1	Multiple sclerosis	9.8	Parkinson's disease	6

Table 3.1
*Organisations cater to more than one disability and hence the total may exceed 100%

- Out of the 21 disabilities (as specified under RPWD Act 2016), people with locomotor disabilities can access 74 (over 55% of the total number) organisations in the state of Delhi, which are catering to their education, employment and health needs (Table 3.1).
- About 66 organisations (49.6% of the total number) offer services for people with cerebral palsy.
- A total of 8 organisations (6%) provide services to people with Parkinson's disorder.

- Organisations offering services to people with Sickle cell disease, Haemophilia and Thalassemia were 5, 6 and 6 (3.8%, 4.5% and 4.5% of total) respectively.
- The organisations providing services to people with blindness and low-vision were 49 and 53 (36.8% and 39.8%) respectively.
- About 60 (45.1%) organisations were providing services to people with hearing impairment and 53 (39.8%) organisations to people with speech and language disabilities.
- About 56 (42.1%) organisations were giving service to people with intellectual impairment and 20 (15%) organisations to persons living with mental illness.
- A total of 50 (37.6%) organisations offered services to children with ADHD (Attention Deficit and Hyperactivity Disorder).
- A total of 27 (20.3%) organisations provided services to persons affected by leprosy and 21 (15.8%) to people with Dwarfism.
- About 41 (30.8%) organisations were working for people with Muscular dystrophy and 22 (16.5%) organisations to people with chronic neurological conditions.
- A total number of 33 organisations (24.8% of total) were providing services to the people with multiple disabilities including Deaf blindness.
- About 10 (7.5%) organisations were providing service to Acid Attack survivors.

The distribution of types of disability in the sample shows that all the 21 disabilities were catered to. This is an encouraging finding, as while the law has recently come into force, organisations have been catering to the needs of these disabled groups too.

Educational Services

This section consists of analysis of organisations/service providers who are providing any kind of educational services. Educational services are classified under the following major themes - namely inclusive education, special education, formal education and informal education.

Inclusive education is a setup where students with disabilities are getting education along with other students without disabilities. Classrooms which are modified to the needs of all children, where teachers are sensitised to the needs of children, irrespective of impairments. All children study together in such a set-up. Special schools are those which exclusively provide education only to children with disabilities. In a formal education set-up, an affiliation with an education board is present and they compulsorily follow the prescribed curriculum. Informal schools might be ones which are not associated with any board of education and they may or may not follow a prescribed curriculum.

In Delhi, of all the organisations working in the field of disability, 58.6% work in the field of education. This includes special and inclusive school setups, tuition centres, play schools (which train children with disabilities in their early years and make them ready for inclusive school setups) and organisations that provide aids and appliances to people with disabilities.

- According to the findings, in the state of Delhi, a total number of 76 organisations (58.6%) were offering some kind of education services to people with disabilities. These organisations include multi-sectoral organisations (organisations which are working on more than one sectors) and organisations which are working exclusively on education.
- 36 organisations provided services exclusively in the education sector.
- Of the total of 76 organisations in Delhi, 68 were school set-ups, where children with disabilities were given formal or informal education. Of these 68 organisations or schools, 61 were special setups/schools, 5 were inclusive schools and 2 were mixed (organisations had both - inclusive as well as special- kinds of setup).
- Of the 68 organisations which are schools, 38 schools provided mobility assistance for children with disabilities.
- Of all the schools (i.e. 68) only 4 schools (which is 5.88%) had some facility for assistive devices in the classroom (they include physical devices which may be used to improve

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access to reading, writing or assistive devices for mobility). This implies that most of the schools do not have a facility for assistive devices. It can be inferred that some of them might not be updated about the technology (such as JAWS or NVDA) currently available to improve access for people with disabilities.

- It was found that 46 (which is 67.64% of total) schools provided some kind of physical therapy (paid or unpaid). Physical therapy here implies therapies which are medical related like physiotherapy, occupational therapy, speech therapy or such related therapies.

4.1 Tuition fee

The fee charged towards education of children with disabilities was ascertained. The details are presented in figure 4.1.

Figure 4.1: Tuition fee

Do you charge tuition fee
62 responses
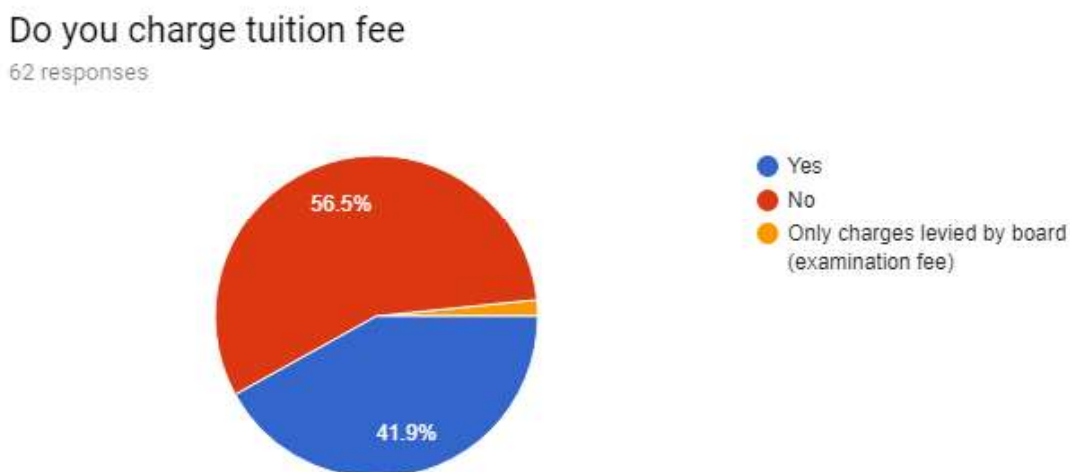
- About 62 organisations responded to the question related to tuition fee. Of these 56.5% responded affirmatively that they charge for their services, a tuition fee, from the students with disabilities (Figure 4.1). About 42% of the organisations do not charge any tuition fee from the students.
- A total of 21 organisations offering education services are providing residential facilities to the children with disabilities. This means they have hostel facilities for the children.

● There were only two government organisations which were providing residential facilities to the children with disabilities in Delhi. However, the hostel facility was available to children with hearing impairment and blindness and low-vision only. Both the organisations were under Govt of NCT Delhi.

4.2 Accessible Transport Facility

Figure 4.2: Transport services provided by NGOs
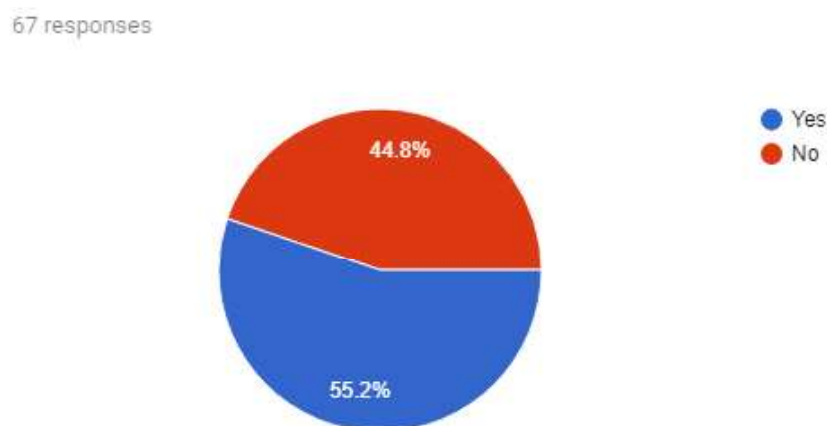
Of the 67 organisations which responded to the question, 55.2% (37) said they provide transport facilities for children with disabilities (Figure 4.2). About 44.8% (30 organisations) do not provide accessible transport service for children with disabilities.

4.3 Degree of disability to which organisation caters to

Figure 4.3: Severity of Disabilities that the organisation caters to
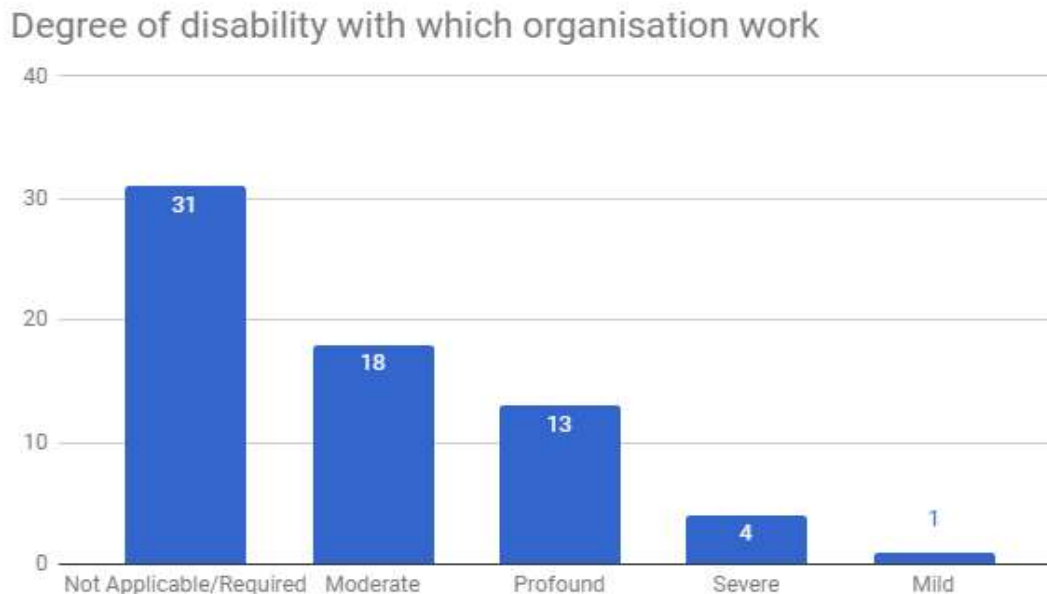
On the basis of the degree of severity of disability which is classified as mild, moderate, profound and severe according to the medical records of the child, it was found that 19 organisations admitted children who had mild to moderate disability (Figure 4.3). About 17 organisations catered to children who had moderate and severe degrees of disability. There were 31 organisations which did not consider severity as criteria to give admission to children in their school. One can see the inclusiveness and openness of schools to offer their services to all, including those with severe disabilities. We can also infer that, services for children with profound disabilities and those with high support needs are scarce. It therefore becomes the mandate of the state to respond to the needs of such groups. This is in line with the Right to Education Act of 2009. In doing so, we will comply with the mandates of the United Nations Convention on the Rights of Persons with Disabilities, to provide services without discrimination.

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4.4 Ratio of students to teacher

Figure 4.4: Teacher Student Ratio
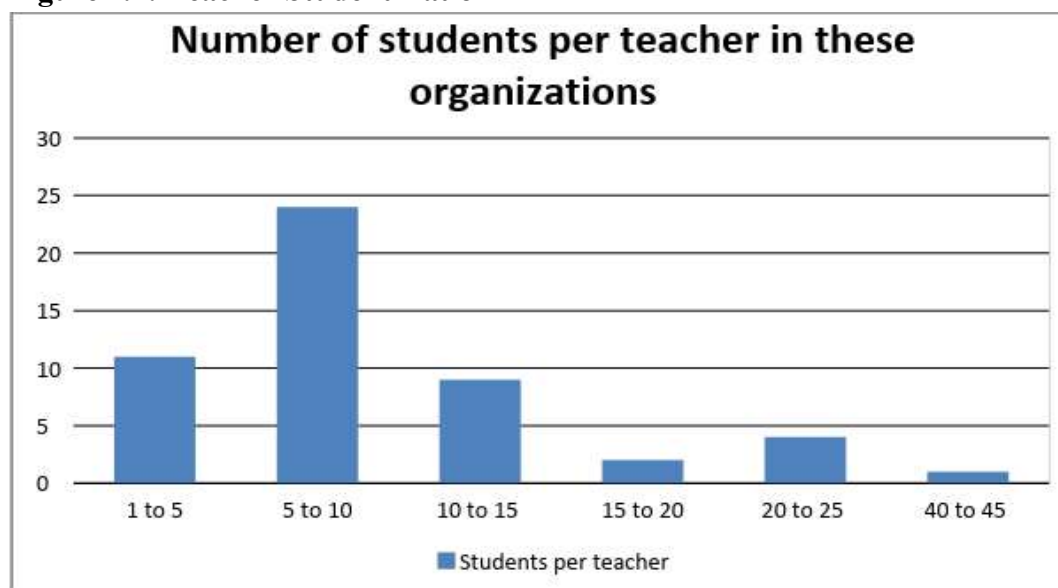
Findings have revealed that the schools which offered educational services to children with disabilities had a teacher student ratio that ranges between **1:5 to 1:15** (Figure 4.4). About 24 organisations had a teacher student ratio ranging between 1:5 to 1:10. Teacher student ratio is an important indicator of quality of education (Singh, 2012). Also, according to studies different disabilities require different ideal student teacher ratios, children with cerebral palsy, visual impairment and hearing impairment should have 1:8 teacher student ratios. For children with intellectual disability, ASD and Specific learning disabilities it should be 1:5 and for children with deaf-blindness and a combination of two or more disabilities mentioned it should be 1:2 (Karande, Souza, Gogtay, Shiledar, & Sholapurwala, 2019).

4.5 Use of social media and web as a platform to generate awareness about their services
More than 64%, namely 50 of the 78 organisations, working in the field of education use their websites and other social media as a platform to disseminate information about their institutional services.

Livelihood-Skilling services

This section provides an analysis of organisations providing services in the sector of livelihood. These services include skills training (such as, computer training, mobile/electronic repairing,

handicraft or personality development), financial assistance (such as aid in starting any small or medium scale business such as opening up of a stall or a shop), and job assistance (assistance in getting a job by organising placements, coordinating with recruitment agencies etc.).

Of all the organisations working in the field of disability in the city of Delhi, 32% of them work in the field of livelihood and skills training. These organisations provide assistance in finding employment and providing skills to persons with disabilities to help them meaningfully engage in a livelihood.

Organisations providing services on livelihood or employment:

There were 43 (32 %) organisations which were providing livelihood services to people with disabilities.

5.1 Support for placement

Figure 5.1: Support for placement
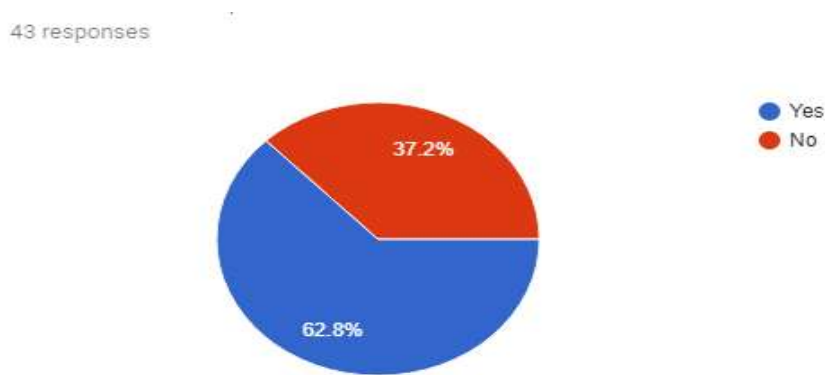
Of the total organisations working in the field of livelihood and employment, a total of 24, i.e., 62.8% provided support for placement of people with disabilities (Figure 5.1).

5.2 Organisations charging fee for services

Figure 5.2: Service Fee

33

36 responses

● Yes
● No

88.9%

11.1%
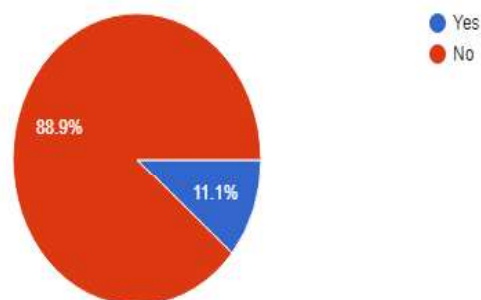
With regard to fee charges for livelihood training, 36 organisations answered in the affirmative. Of these 32 organisations (88.9%) did not charge any training fee. Only four organisations i.e., 11.1% charged for providing livelihood training services (Figure 5.2).

5.3 Extent of support given by the organisation

A total of 35 organisations out of the 43 responded to the question related to the support provided. Organisations provide support to people with disabilities in terms of training, skill development and placements. They conduct training programmes, organise placement camps and provide assistance to candidates in matters like writing a resume, filling up job applications by using their contacts to organise campus placements.

Figure 5.3: Extend of support given by organisation

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35 responses
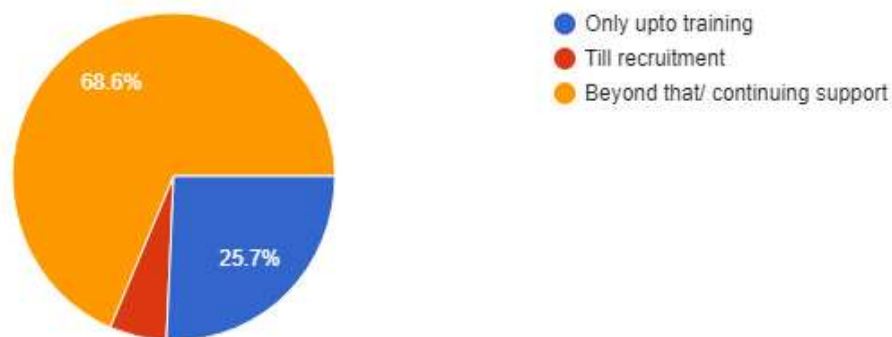
Out of 35 organisations 24, i.e., 68.6% said that they continue supporting the person even beyond placement. This is done through follow-ups and keeping a track of the performance of the person, work environment and the issues that the person might face and so on. A total of 9 organisations i.e., 25.7% said they only provide support till the period of the training (Figure 5.3).

5.4 Use of social media and web as a platform to generate awareness about their services

Results revealed that 87.5% of organisations working on livelihood disseminate information about their services on their website or use social networking websites.

Health Services

Health services are referred to as any kind of services in the domain of health, specifically of a person with a disability. These services may range from services like disability certificates (which is done at a health centre and help in gaining entitlements) to services like various therapies and aids and appliances.

There were a total of 71 organisations that provided healthcare services to people with disabilities.

6.1 Number of visits required to avail health service

To avail these services, a person needs to visit the organisation in person. The task of visiting the centre where the service is provided may be cumbersome and tedious for a person with disability and their family. There are several environmental barriers such as availability of accessible transport, accessible public places and accessibility inside the premises of the service centre itself. Transportation for the person, not only from home to the centre but also within the centre where the service is offered is also required. For example, the person with a disability might have to visit more than one department for consultation or to procure a disability certificate. During these trips to multiple locations in one visit, the person with disability typically encounters infrastructural and attitudinal barriers. These barriers present a challenge to people with disabilities and their families.

The findings reveal that the number of visits which are required to avail health services by a person with disability ranges between a minimum of 2 to a maximum of 8 visits, with an average of 4 visits. This means a person with disability will have to visit a centre at least twice to avail disability related health services. This includes services such as getting a disability certificate, disability related surgeries (like cochlear implants, tendon release in polio), and procuring walking aids and appliances. In instances where the person requires artificial aids and appliances, walking and ambulation training and so on, the number of visits required to avail the service may go up to as high as 8 visits.

6.2 Counselling services provided at health organisations to person with disabilities

The results reveal that 94% of organisations (working in the sector of health) were providing counselling services to persons with disabilities. Of the total 71 organisations, 68 responded to this question (Figure 6.1).   The counselling services range from individual, family and group counselling services to vocational and peer counselling services.

Figure 6.1: Type of counselling services provided

Which counselling services are provided?
68 responses

Service	Count (%)
Individual counselling	64 (94.1%)
Family counselling	45 (66.2%)
Group counselling	21 (30.9%)
Vocational counselling	18 (26.5%)
Provide referrals	1 (1.5%)
peer counselling	1 (1.5%)
Referral	1 (1.5%)
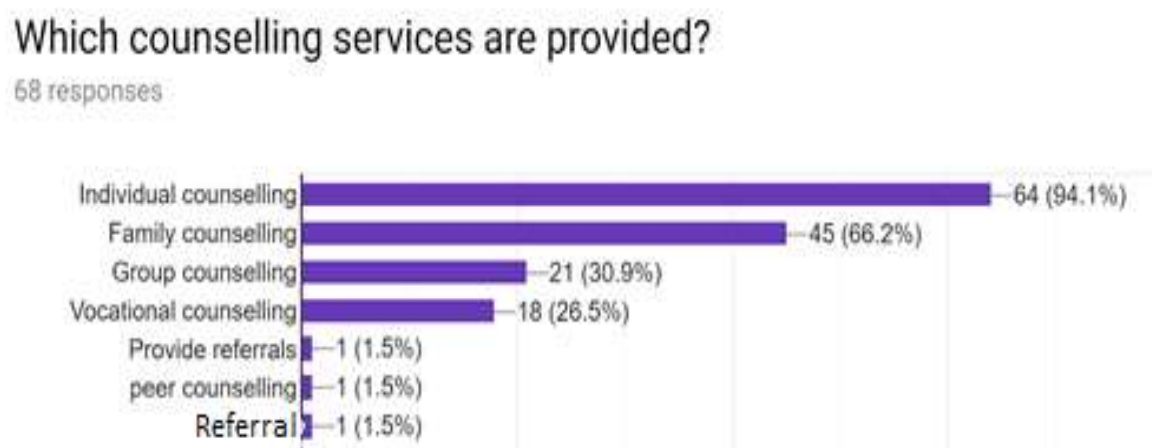
Out of those who responded, 64 organisations provide individual counselling services. A total of 45 organisations provide family counselling services; and 21 organisations provide group counselling services. About 18 organisations provide vocational counselling services. Counselling was provided to the people with disabilities or to their families primarily within clinical settings. Individual counselling refers to the counselling offered to the person with disability. Family counselling refers to counselling offered to friends or family members. People with disabilities/clients/patients were referred to the service centres for counselling by their medical practitioners, family, friends or by other people with disabilities primarily through word of mouth.

6.3 Disability certificates: processes involved

Based on the location of the districts and the disability that the hospital caters to, 16 hospitals provided disability certificates to the people with disabilities. Division of hospitals as per districts in Delhi is as follows (Table 6.1):

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Table 6.1: District-wise Hospitals that provide disability certificates

Sr. No.	District	Name of Hospital
1.	New Delhi	Lok Nayak Hospital
2.	Central District	Aruna Asaf Ali Government Hospital
3.	North District	Hindu Rao Hospital & Satyawadi Raja Harish Chandra Hospital (for rural area)
4.	North East District	Guru Teg Bahadur Hospital
5.	South District	Pt. Madan Mohan Malviya Hospital
6.	West District	Guru Gobind Singh Hospital
7.	South West District	Deen Dayal Upadhyay Hospital & Rao Tula Ram Memorial Hospital (rural area)
8.	East District	Lal Bahadur Shastri
9.	North West	Dr. Baba Sahib Ambedkar Hospital
10.	Mental illness and Mental Disorder	IHBAS (for whole Delhi)

Table 6.1

Process can be explained under the following three phases:

Phase 1 - Initial contact: The steps for this phase involve contacting the hospital, enquiring about the documents which are required, the exact location inside the hospital where a person with disability is expected to report and gathering information about the timings for assessment and examination.

Phase 2 - Assessment and submission of application: Submitting the application form for disability certificate and getting the assessment done by the disability board

> **Phase 3 - Collecting the disability certificate:** Issuance of disability certificate, collection of the certificate from the hospital.

The process begins with visiting the hospital on specific days (this could be any day of the week, on the day as decided by the administration of the hospital, usually the disability board of the hospital meets on that particular day). People with disabilities get themselves registered by submitting documents mandated by the authorities. These documents include Aadhaar card, voter's id (residence proof), proof of age and income, photographs of the person that shows his/her disability, etc. Registration is followed by the assessment of the person with disability by the disability board. On completion of the assessment, the person is asked to contact the hospital after a stipulated time (it may range from 3-4 days to 20-25 days). Finally, a certificate is issued by the board which could be collected from the hospital after that specific period from the day of assessment. The time that would be taken for this procedure is nebulous; even though some hospitals commit to issuance within 30 days (personal communication during data collection).

Guidelines for issuing a disability certificate are available on GOI's DoEPWD website. It was observed that the process of getting disability certificates in various hospitals under Govt of Delhi, is almost similar. Findings revealed that some hospitals differed in certain procedures. While most of them asked for a valid photo ID card and a residence proof, **some preferred photographs with the disability clearly visible in the picture**.

The **average time taken** by the hospitals for the complete process, from start to finish of issuing disability certificates was estimated to be **15-30 days**.

6.4 Use of Internet as a platform to generate awareness about their services

It was found that about 91.5% of the organisations working in the health sector and providing health services to persons with disabilities, are primarily dependent on **referrals**. This means, most of the people with disabilities who visit organisations seeking healthcare are by way of referral. This is an irony that people with disabilities have to rely on others for information about the health service providers. This is when 66% of organisations have put up information about their services online. However, a random cross check was done with the people with disabilities at these organisations, they were asked 'if they use information available on the internet?', it was found

that most of the people do not visit organisation's website because information on the website is not updated regularly.

6.5 District wise distribution of organisations and sectors in which services are offered

Table 6.2: District wise distribution of organisations

District	Population of PWD (Census 2011)	Total Number of Organisation	Health (H)	Education (E)	Livelihood (L)	E+H	H+L	L+H	E+H+L
North West	46870	17	11	10	4	4	4	3	3
North	12039	11	5	4	2	0	0	0	0
North East	31939	7	5	1	1	0	0	0	0
East	23229	15	5	10	7	2	2	5	2
New Delhi	2559	1	0	1	0	0	0	0	0
Central	11512	5	4	1	2	1	1	1	1
West	36184	28	15	17	10	6	5	8	5
South West	32680	17	11	11	8	7	6	6	6
South	37870	34	17	18	11	6	4	6	4

Table 6.2

The number of organisations working in each district is analysed keeping in mind the district wise representation of persons with disability, according to the Census 2011. It can be seen that North-West Delhi had a total of 17 organisations providing services to 46870 persons with disabilities. This is the largest population of people with disabilities (46870) among Delhi's districts (Table 6.2). In North Delhi, 11 organisations are giving services in health, education and livelihood for a

population of 12039 people with disabilities in the district. In North East Delhi there are 7 organisations for 31939 people with disabilities. In East Delhi there are 15 organisations catering to 23229 people with disabilities. In New Delhi there is 1 organisation for 2559 people with disabilities. In Central Delhi there are 5 organisations to 11512 people with disabilities. In West Delhi there are 28 organisations for a population of 36184 people with disabilities. In South West Delhi there are 17 organisations catering to 32680 people with disabilities. South Delhi has 36 organisations for 37870 people with disabilities.

Analysis of this data shows that maximum organisations which are giving services to people with disabilities in domains of health, education and livelihood are primarily located in South and South-West Delhi; this depicts an uneven distribution of the services. On the one hand, the location where there are more people with disabilities has fewer organisations to cater to their basic needs (in education, health and livelihood). On the other hand, in locations where there is a lesser population of people with disabilities, relatively more organisations exist. This finding reveals uneven distribution of services, not commensurate with the needs of people with disabilities.

6.6 Comparison of Number of Organisations to the People with disability

District wise distribution and comparison of children with disabilities of school going age and number of organisations giving services in Education (Table 6.3).

Table 6.3: District wise distribution of organisations

District	Population of Children with Disability of School going Age (5-18yrs)	Number of organisations giving services in education
North West	46870	7
North	12039	4
North East	31939	1
East	23229	7
New Delhi	2559	1
Central	11512	0
West	36184	17
South West	32680	12
South	37870	17

Table 6.3

The above table depicts the district wise distribution and comparison of children with disabilities of school-going age and number of organisations providing services in education. It also depicts the organisations working in the same district (GOI Population Census, 2011). This presents a skewed picture of basic education services for children with disabilities. In the context where access to education is a right that every child has, the figures depict the impossibility of making that right real.

ANALYSIS AND DISCUSSION

"*Greatest enemy to knowledge is not ignorance, it is the illusion of knowledge.*"

- Stephen Hawkings

This quote is from the greatest physicist, cosmologist, author, director, professor, and an inspiration for thousands of people, Stephen Hawkings. His statement holds equally true to services available for people with disabilities; one might think that information on organisations for people with disabilities is available digitally, but when information is analysed it is observed that mere information like name, contact number and address is not enough. At times this is not even updated, addresses get changed, phone numbers do not exist anymore. Even though people may have some knowledge about a centre, they may lack clarity of information about specific services provided by them. The details of the processes involved in getting the service might not be available. Hence initial information is very unclear and like an illusion. Even though there are centres providing services to people with disabilities, there is a huge gap in people actually using those services. Along with the knowledge of existing organisations, it is also important for people to be aware of the services provided by these organisations. Knowledge is key to utilisation. Merely opening a centre which gives services to people with disabilities might not be enough; empowering people with knowledge about the services, fostering ability to make choices and the capacity to discern how to avail services will ensure efficient use of resources. Most of the service providers provide institution-based rehabilitation services; and hence it is imperative that knowledge and awareness about these services lead to the action of seeking services. Only then will services be maximally utilised, as intended.

According to the World Health Organisation, 10% of the world's population has some kind of disability, and around 80% of the disabled population reside in rural areas. This indicates that only 20% of the population of people with disabilities is living in urban areas or cities. About 66% of India's population lives in rural areas[1], however the maximum number of organisations offering services to people with disabilities are located in cities. Therefore, we wished to gauge the geographical distribution of disability services in a metropolitan urban area, where they are available. This study was conducted in the National Capital Territory of Delhi. Delhi being a

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[1] https://data.worldbank.org/indicator/sp.rur.totl.zs

metropolitan city and a hub for various kinds of services for people with disabilities, it is assumed that a large population of people with disabilities would be coming to Delhi to avail these services. It implies that organisations in Delhi are responsible to cater to people with disabilities living not only in Delhi, but also people living in adjacent states.

As per 2011 Census of GOI, Delhi is home to 2,34,882 persons with disability. Our study shows that there are about 135 organisations in Delhi which are actively providing services in the sector of health, education and livelihood. An estimate of the ratio of organisations/service providers to people with disabilities (as per census 2011), comes to **1:1727**. Assuming all people with disabilities of Delhi are availing services, one organisation has 1727 people (one thousand seven hundred and twenty seven) to cater to. This is a huge number of people that each organisation reaches out to, at any point in time, making accessing quality services not only physically impossible, but challenging in terms of human resources too.

Amongst the 135 disability related organisations, 71 organisations were offering health related services, 76 were providing services in education and 43 in livelihood.

Table 7.1: District wise distribution of organisations in the three sectors

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Organisation Giving services in Sector of	No. of Organisations	No. of People with Disabilities as per census 2011	Organisations to persons with disability ratio (approximate)
Education	76	52330 (children b/w 5-19 yrs of age)	1:688
Health	71	234882 (include people of all ages)	1:3308
Livelihood	43	123709 (people b/w 20-59 years)	1:2877

Table 7.1

As shown in the table (Table 7.1), 71 organisations working in the sector of health, cater to 234882 persons with disabilities as per the Census 2011, then the ratio of organisations per service user is 1:3308. This means that 3308 people with disabilities have access to one health centre (which might not necessarily be a hospital, as it may be a health service centre which is providing services like artificial limbs and mobility aids). This far exceeds the data provided by the World Bank for the entire country. Its website[2] states that the national average of population per bed of India is 1000:1, that means India has 1000 users for one bed in the hospitals. This is our national average. However, as per our data, the ratio for people with disabilities with regard to health services is 1:3308 for Delhi. This is almost triple the national average. The implication of this ratio is serious as it only worsens the barriers that people with disabilities face due to lack of services and the implicit competitive nature of accessing the required services. The competition arises due to the skewed demand and supply ratio, as well as the institutional barriers imposed by the lack of services. In this scenario, we are not even taking in consideration the attitudinal barriers, which deter people with disabilities from accessing services.

With regard to education services for children with disabilities, considering all children with disabilities of age group 5-19 years are availing services, there are 76 organisations for 52330 children. The ratio is 688 children per educational institute. As per the 'Childline India

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[2] https://data.worldbank.org/indicator/sh.med.beds.zs

Organisation', India has 12 million children living with disability and only 1% have access to education[3].

There are 43 livelihood/skills training organisations that offer services to 123709 people with disabilities of age between 20-59 years which is considered working age. This implies that one organisation caters to 2877 people with disabilities. This finding is supported by the World Disability Report, 2011. According to this report '[E]ducation and training are central to good and productive work for a reasonable income. But young persons with disabilities often lack access to formal education or to opportunities to develop their skills, particularly in the field of information technology' (World Disability Report, 2011:239)[4].

This research highlights the need for the state to strengthen services related to disability. By encouraging NGOs the state has attempted to plug gaps in service delivery even though the quality of services require further improvement. Given the large numbers that India caters to, it becomes important to strengthen our systems as much as possible to provide efficient services. Even though services may be available, its utilisation depends on a host of other factors, such as accessibility, relevance, approachability, affordability and quality. This is also influenced by the processes that service utilisation entails and the time taken for one cycle of intervention. In the case of disability interventions, multiple rounds of intervention with multiple professionals in the health and livelihood sectors become necessary. Service provision and utilisation is therefore a complex process. Having knowledge of distance and information about the processes involved could motivate users to seek help easily.

Despite the availability of services, early intervention is not always sought and this worsens the impairment. Due to this, the person with disability is unable to lead a life of dignity and contribute to society. As we exclude persons with disabilities from contributing to the GDP of the county, the forgone GDP is about 5-7%, lost due to lack of reasonable accommodation to retain persons with disabilities in gainful employment. Erb & Harris opine that the loss to the rural economy due to disability is 5.5% (Erb & W Harris, 2001). The authors also opined that one fourth of the household earnings were spent on accessing services for a family with a member with disability. According

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[3] https://www.childlineindia.org.in/children-with-disabilities.htm

[4] World Report on Disability, Chapter 8, Work and employment, World Health Organisation, 2011

to the United Nations Economic and Social Commission for Asia and the Pacific, about 10.5 years are lost due to disability per 100 persons (UNESCAP, 2006).

Given the geographical spread of the organisations and specific needs of each type of disability, it becomes important to increase awareness and comprehensibility of the organisations. This will help more people to utilise services. This could be done by making disability specific interventions available for the people. There is a need for organisations to diversify services and have a strong referral network to supplement and complement their services.

While some of these interventions have already been undertaken and could be noticed in a number of NGOs, the total number of such places remains low. Further restricted access to these NGOs does not help to fill the existing gap.

The lack of organisations coupled with lack of knowledge/information about these organisations limit access of people with disabilities to these organisations. This results in fewer people within the population of the people with disabilities, actually availing services. Hence a large section of the population, of people with disabilities remains devoid of the services provided by these organisations.

- A resource has been created through this research. Data on services offered by the 135 organisations of NCT Delhi, has been collected. Details of organisations, services provided by them, location of organisation and the procedures involved in availing service from the organisations are all recorded and is presented herewith in the annexure10.4. The georeference of the organisations has been done. Geo-coordinates are matched with reference points on google map (Map 1), hence giving exact location of organisations, which could be used on maps for getting directions.

- By using technological knowledge, data of these organisations could be attached to geo coordinates of these on google maps. Doing so will allow people with disabilities and their families to access information and make informed choices.
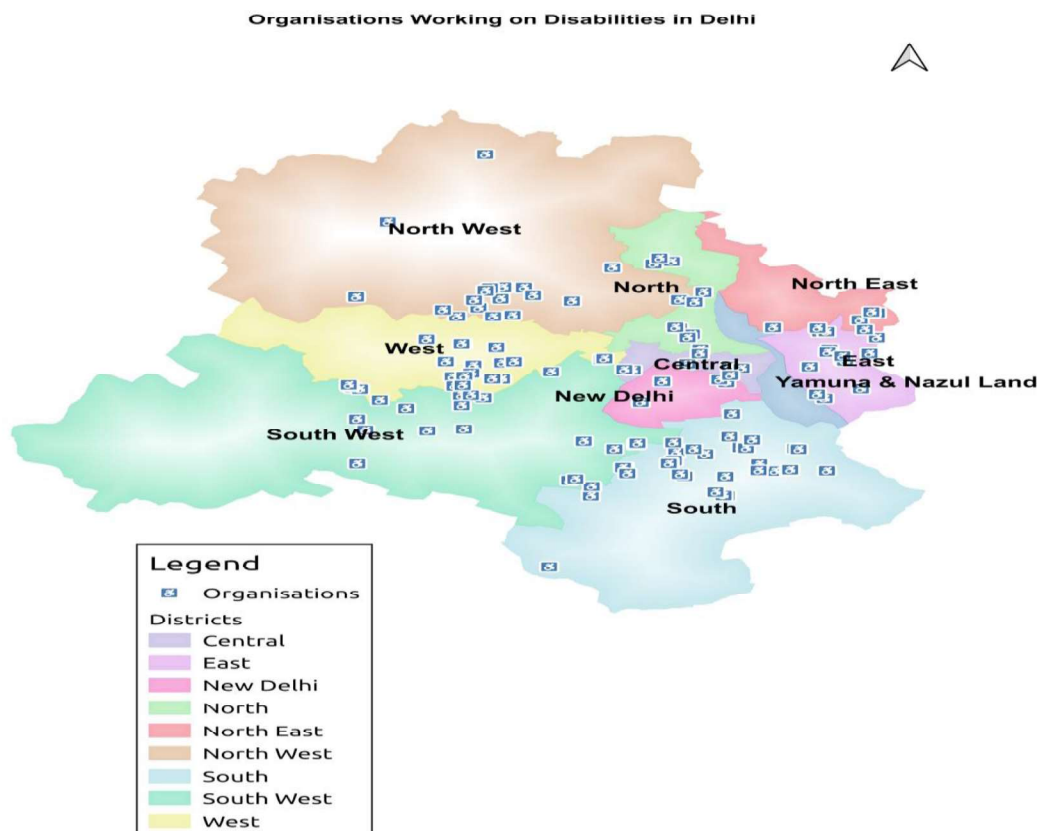
Map 1

The above map shows the distribution of organisations giving services in Health, education and livelihood across districts of Delhi. Districts have been shown with different legends. There are a total of 9 districts namely Central Delhi, East Delhi, New Delhi, North Delhi, North East Delhi, North West Delhi, South Delhi, South West Delhi, and West Delhi. Location of the organisations in the districts are shown with the help of coloured dots.

Prototype of the proposed website

Page 1: On the home page, the service user will come and register themselves
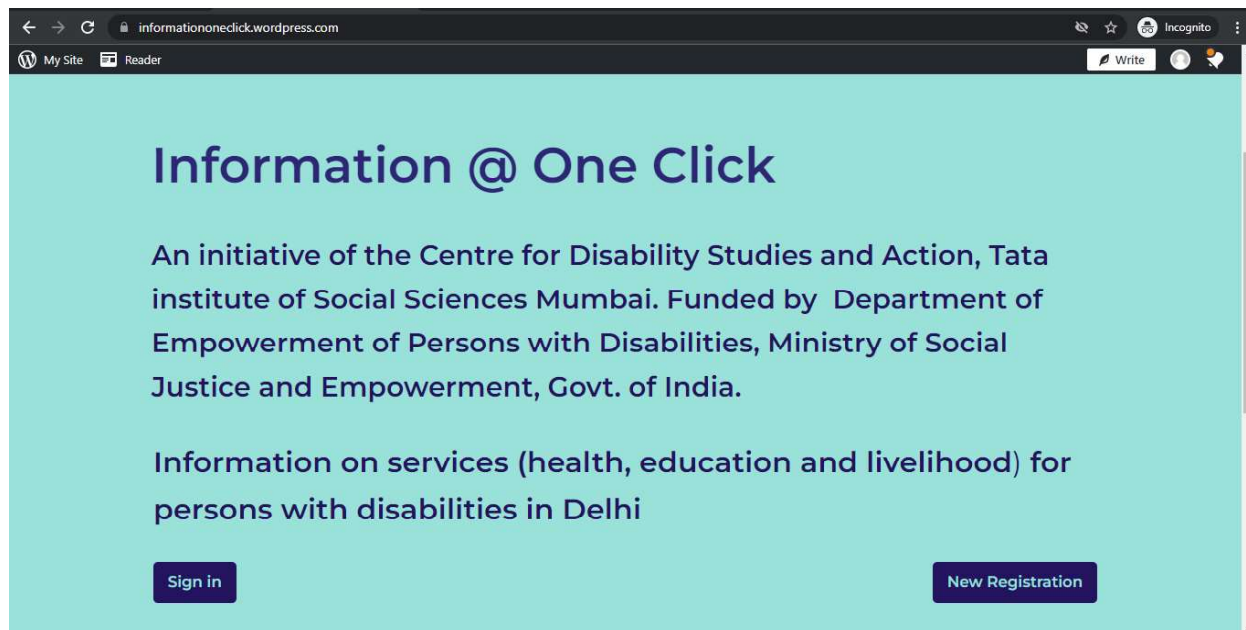
Figure 7: Home page

Link: https://informationoneclick.wordpress.com/

Page 2: The service user will fill up their details on this page by clicking on "New Registration". The form shown in figure 8 will pop up.

Figure 8: Registration

After filling up the form the service user can choose the sectors which pertains to their need and concerns, as shown in figure 9.

Page 3: Choice of sectors
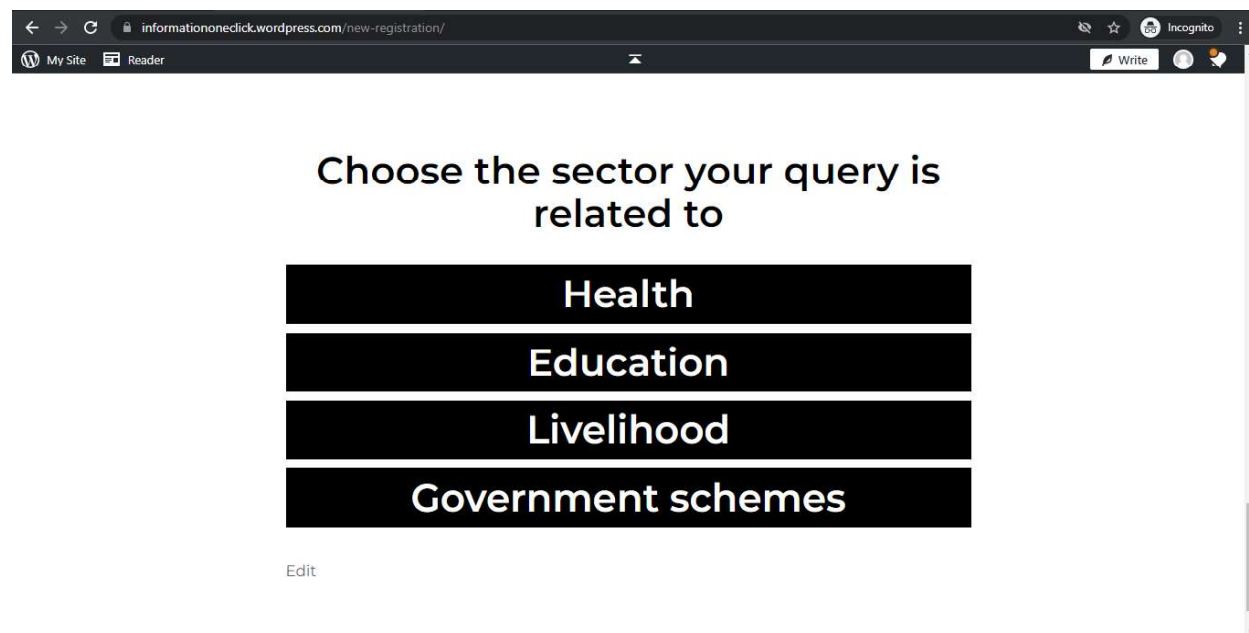
Figure 9: Choice of sectors

Link: https://informationoneclick.wordpress.com/new-registration/

The list of organisations will come up after clicking the option given in figure 9, along with their map location and services they provide and cost of the service, as shown in figure 10.

Page 4: List of organisations

Figure 10: List of organisations

Link: https://informationoneclick.wordpress.com/list-of-organisations-working-in-the-education-sector/

After clicking on the organisation and the map, the user can see the complete details with its location details. The service user can also use this map to navigate to the set location as shown in figure 5.

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Page 5: Details pertaining to the organisation chosen by the service user
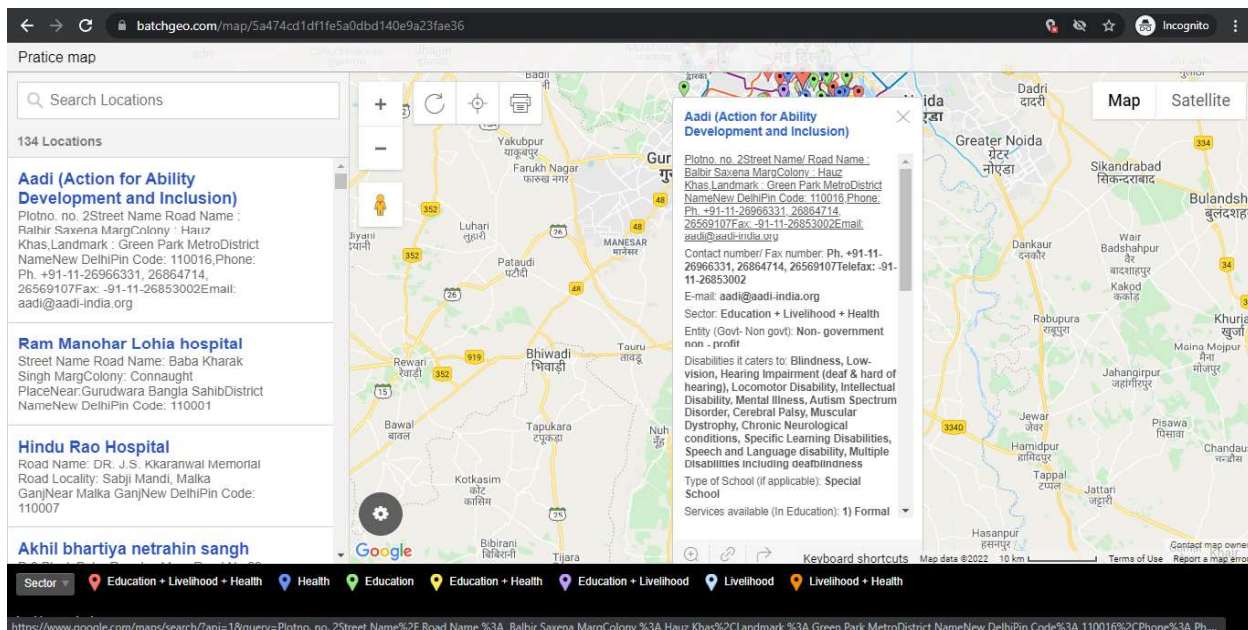
Figure 11: Details of the chosen organisation

Link: https://batchgeo.com/map/5a474cd1df1fe5a0dbd140e9a23fae36

Feedback:

After getting information and accessing the services, the service user will be provided with an option of providing a "Feedback". If the user chooses that option, a feedback form will popup on the screen. The service user can provide feedback on the service form in terms of what he/she/they liked about the service, what specifics about the service needs to be enhanced and what aspect of the service did not work for them. Such feedback will not only enhance the services provided but will also provide data to other service users in order to be able to make informed decisions.

Note: The above figures and links shown are only a prototype version.

The above prototype demonstrates the ease of accessing information along with details pertaining to the types of disability services, the specific sector of service, geographical location, fee and service charges and so on. This information can be used for making decisions relevant to the user's context keeping in mind the feasibility of time, money and location. Thus, geo-referencing all the information pertaining to disability services is advantageous to the service user for ease of access

and utilisation. When this prototype is made more dynamic for user interface, it has tremendous scope for scale and sustainability.

Limitations

Any cross sectional research has limitations pertaining to information and resources. The researchers started out with an ambition of geo-tagging disability services in two cities and were suggested to focus on one city. Therefore, the project is restricted to one city only.

The second ambition was to host all the details on the TISS web portal or create one; however, this mandate was dissuaded at the time of proposal presentation and hence the focus of the project remained as static information with the geo-coordinates of the organisations who participated in the study. While this research report presents a prototype of a website, the dynamic interface of one click for information is not within the mandate of the report and this is a gap of this project.

This project includes only three sectors related to health, education and livelihood. Other domains of life such as recreation, sport, entertainment and so on are not covered in this research.

This research does not capture data from a few government institutions given that permissions were not easily available. Had they participated in our study, more data could have been generated.

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Recommendations

Recommendations made here are based on discussion and consultations undertaken for this study, and the experiences shared by people with disabilities and that of researchers in the sector.

Existence of resources is an important factor however, awareness of these resources is just as important. Accessibility to services comes with awareness about the services. A person with a disability would require certain basic information about the services. This information would include:

- What are the organisations that provide services to people with disabilities?
- Where are they located? How to get there? Which is the closest location? (Is it available on google maps)
- What services does the organisation provide, vis-a-vis health, education or livelihood/skills training?
- What documents will be required to avail the service?
- Which division/section to approach within the organisation (for which service)?
- Whom to meet?
- What would be the timings of the organisation? When is a good time to visit the organisation?
- How much time will it take to complete the procedure of availing the service/s?
- How many visits would be required?

The above-mentioned information will enable persons with disabilities and their families to connect and access services. Hence availability of a single repository that can provide information and can be accessed becomes imperative. This information is dynamic in nature and thus needs to be regularly updated. The process begins from the time when a person with disability has a requirement for services and makes inquiries about them in order to access the services/resources. To make information accessible and utilisable, we need to connect the resource and the person in need. After use of service, it is imperative that the user provides feedback to not only enhance service delivery, but also share information that might be helpful to other users of similar services, thus closing the feedback loop. Therefore, flow of information is required with a feedback loop.

The alternate report of the UNCRPD highlights the difficulties related to accessibility related to educational systems and schools, information and technology, media, libraries, government systems, leisure and recreational facilities etc. (National CRPD Coalition-India, towards Parallel report, 2019). Therefore, the findings of this study are unique in terms of addressing these needs. The recommendations from this study include the following:

Recommendation 1- Strengthening of government information portal

There are several disability information portals which are available online. Some of these portals are hosted by the government like 'Swavlamban' and some are run by non-government organisations like one run by an NGO 'UDAAN'. However, information on these websites is limited to details of the organisation, which primarily include information on services available, their contact and their address. The information misses out on pragmatic aspects of knowledge sharing. It does not talk about the process (number of the service window, documents required, time taken, whom to meet etc.) which is necessary to avail particular services, its prerequisites (documents or details which will be required by the organisation on first visit so that person does not have to visit twice to materialise first step), GPS link of the service centres (using this, the person can actually reach to the centre).

Hence there is a need to use the existing facility of the government portal and strengthen the portal. Significant work has already been done on improving the accessibility of the portal (as in making the portal itself accessible for people with disabilities). This is taking it further, enabling the person to capitalise on information available on the portal, letting people connect/approach the organisation and convert awareness into availing the service. This entails giving not only information but promoting pragmatic awareness.

Modalities/ How could it be done

One method of doing this is explained here. Data collected as part of this research is available in the form of an excel sheet. This data consists of information on services available for people with disabilities in sectors of health, education and livelihood in NCT Delhi. Comprehensive details of services such as which facility, whom to contact, when to contact, timings, number of days that process will take, documents required, disability that organisation is catering to, etc along with the

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GPS coordinates of the organisation is present in data. This data can be uploaded on the portal with due consent of the organisations.

Recommendation 2- Dynamism of information - Updation of Data

Updating data remains the biggest challenge while creating any kind of information portal. The information which is being used is very dynamic, and it may change frequently. For example, organisations which were accepting ration card and election-I card as address proof earlier, are now demanding Aadhaar card. It is important to regularly update the information. This could be made accessible for people with diverse disabilities using accessible software

How it could be done

Coordinating single-handedly and requesting all the organisations to update any change in the process is cumbersome, time consuming and will require an enormous amount of effort. Hence a change management mechanism in which all organisations proactively report any change in process they currently follow. This could be achieved by mandating organisations, especially government organisations, to communicate changes in their process. A letter could be issued to non-government organisations requesting them to communicate any change in the process. The organisation will be advised to inform the team handling portal, and the team in turn will update the information on the portal. Disability related information in terms of process involved, documents required, time duration, etc., may be hyperlinked on the page of the geo-tagged data and layered on the google maps, so that there is ease of access of relevant information based on which decisions can be made. This may be done using English, Hindi and or the local language of the region in which the services are sought.

Recommendation - 3 Creation of a Recursive feedback loop

When a portal is used and information is sought, generally it is a one-way process. When a person gets the information he/she/they seek, it depends on the person whether to use that information to avail the service or not. At times, due to certain reasons of inaccessibility or lack of clear and adequate information, people with disabilities are not able to use information and convert it into the action of seeking that particular service. The communication on the portal has to be a two-way process, where a person can search for services and organisations providing that service, and an

organisation can contact the person who is seeking their services. With this, the person can have the option to give feedback about the services. Feedback about the services will help government organisations to improve their service delivery, help NGOs to track satisfaction of its services among its beneficiaries, and will raise healthy competition among private organisations. This will also disrupt misuse of data and keep the information flowing, and this can be cross checked and ensure appropriate provision of services.

How it could be done

This works on the same principle as information websites like 'yellow pages' works. We look for a service close to our preferred area, we give our contact details and they send us a list of service providers in that area. If we give our consent to allow service providers to call us, we start receiving calls from providers in some time. If a recursive channel is developed where a service provider can call/connect with the person who is seeking information about them, this will close the loop. The loop of seeking information, getting information and connecting with the service provider will be closed. This will help in materialising the use of information.

A person can give feedback on the organisation in the form of ratings and optional comments describing their experience, similar to what we see in recent day e-commerce websites.

Recommendation - 4 Social media campaigns to increase awareness on this portal

Government has effectively used national institutes, government hospitals, Vocational Rehabilitation Centres and other government sponsored organisations to advertise through their portals. It is important to raise awareness about the portal not only among people with disabilities but also the general public, as the best publicity is word of mouth publicity. To increase awareness about the portal and maximise its reach, social media campaigns are tools which could be used. Artificial intelligence modelling language tools and chatbots that create human interface are useful to answer basic queries on the web portal and this could maximise reach of information. This can be made accessible to cater to different kinds of disabilities as per W3C guidelines.

Recommendation -5 Convergence for implementation, to scale and for sustainability

Convergence is one of the aspects which can be greatly explored, be it with other government departments like NIC, MoIB or DST, academic institutions like IIT or TISS or Philanthropic arms

of technological giants like IBM, GOOGLE, Tata Consultancy Service etc. It can be based on a multi-stakeholder model, in which there may be multiple stakeholders - including corporate, university/institutions of higher education (through NSS volunteers), family and community members, service providers as well as the first rights holders. They could help in different capacities. They could help in developing and maintaining a robust portal. These people could also help in expanding the reach of the portal to include other domains such as sports, entertainment and recreation, hospitality, travel and tourism, etc., by spreading word about it on their different platforms. This will ensure that the project is not only scalable and implementable, but it would create sustainability indicators for the creating web portal that is functional, accessible and usable and includes all life domains.

The role that information plays in fostering the agency of a person with disability, engaging in productive work life through education and skill training and ensuring well-being is immense. A well-aware and informed person with disability will comparatively face less obstacles in availing any service; moreover, a person with disability will efficiently utilise the schemes and entitlements provided by the state.

Apart from being a signatory to UNCRPD, Indian Constitution guarantees equality, non-discrimination and right to live to all its citizens. Right to education, right to work, right to health is secured under the provisions of the Constitution of India. It is not enough for information about disability related services to simply exist, there must be a link between knowledge of the services and utilisation of the service.

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10. Annexures

10.1 Annexure 1

Prep Tool

For the Organisation

1. Name of Organisation:
2. Address:
3. Date of commencing work in the disability:
4. Types of disability you work with - please tick appropriate box(es)

❏ Blindness

❏ Low-vision

❏ Leprosy Cured persons

❏ Hearing Impairment (deaf and hard of hearing)

❏ Locomotor Disability

❏ Dwarfism

❏ Intellectual Disability

❏ Mental Illness

❏ Autism Spectrum Disorder

❏ Cerebral Palsy

❏ Muscular Dystrophy

❏ Chronic Neurological conditions

❏ Specific Learning Disabilities

❏ Multiple Sclerosis

❏ Speech and Language disability

❏ Thalassemia

❏ Haemophilia

❑   Sickle Cell disease

❑   Multiple Disabilities including deafblindness

❑   Acid Attack victim

❑   Parkinson's disease

5. Please the tick the sector/s your organisation is working

   ❑   Education

   ❑   Health

   ❑   Livelihood

   ❑   Sports/Recreation

   ❑   Others (please specify)_____

6. What activities do you undertake so that people know about your organisation?

   ❑   Leaflets/ brochures

   ❑   Newspapers

   ❑   TV advertisements

   ❑   Website/Online/ Social networks

   ❑   Word of mouth publicity

   ❑   Camps/Conferences

   ❑   Referrals

7. What information do people generally enquire about - please tick appropriate box(es)

   ❑   Aids and appliances

   ❑   Health services

   ❑   Skill training

   ❑   Livelihood options

   ❑   Financial assistance

- ❏ Special schools

- ❏ Inclusive schools

- ❏ Disability certificates

- ❏ Entitlements/ schemes

- ❏ Concessions/ passes

- ❏ Documentation required

- ❏ Others (please specify)

Tool for Individual

1. Name:

2. Age:

3. Sex: Male   ☐   Female ☐   Other ☐

4. Education (class studied up to):

5. Employed: Yes   ☐   No ☐

6. Type/s of disability that you have - please tick appropriate box(es)

   ❏   Blindness

   ❏   Low-vision

   ❏   Leprosy Cured persons

   ❏   Hearing Impairment (deaf and hard of hearing)

   ❏   Locomotor Disability

   ❏   Dwarfism

   ❏   Intellectual Disability

   ❏   Mental Illness

   ❏   Autism Spectrum Disorder

   ❏   Cerebral Palsy

   ❏   Muscular Dystrophy

   ❏   Chronic Neurological conditions

   ❏   Specific Learning Disabilities

   ❏   Multiple Sclerosis

   ❏   Speech and Language disability

   ❏   Thalassemia

   ❏   Haemophilia

   ❏   Sickle Cell disease

   ❏   Multiple Disabilities including deafblindness

   ❏   Acid Attack victim

❏　　Parkinson's disease

7.　Where do you get Information about disability and related services?
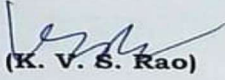
❏　　Hospitals

❏　　Clinics/ health centres

❏　　Skill training centres

❏　　Schools/ Special schools/ inclusive schools

❏　　Peers/ family/ friends/ neighbours

❏　　Newspapers

❏　　TV advertisements

❏　　Website/Online/ Social networks

❏　　Camps/Conferences

❏　　Others (please specify)_____

8.　What kind of problems do you face while accessing information regarding disability?

9.　What are the sources of reliable information according to you? What makes the sources reliable?

10.2 Annexure 2

Permission letter from Ministry of social justice and Empowerment
Figure 12

K.V.S. Rao
Director
Tel. : 011-24369054, 24365016 (Fax)
E-mail : kvs.rao13@nic.in

भारत सरकार
सामाजिक न्याय और अधिकारिता मंत्रालय
दिव्यांगजन सशक्तिकरण विभाग
5वां तल, पर्यावरण भवन, सी.जी.ओ. कॉम्पलेक्स
लोधी रोड, नई दिल्ली-110 003
Government of India
Ministry of Social Justice & Empowerment
Department of Empowerment of Persons with Disabilities (Divyangjan)
5ᵗʰ Floor, Paryavaran Bhawan,
CGO Complex, Lodhi Road, New Delhi-110 003

DO No. 2659/Dir(R)/2017-DD-III   15th May, 2017

To Whomsoever It May Concern

This is to inform, that Tata Institute of Social Sciences (TISS), Mumbai in collaboration and support from Ministry of Social Justice and Empowerment (MoSJE), GOI, is conducting a research on services present for the people with disabilities in the State of Delhi. The objective of this research titled 'Information @ one click' is to map resources present for people with disabilities and collect data related to the services of health, livelihood and education provided to the people with disabilities. Data collected, will be digitized and converted into consumable form. Hence research will eventually lead to development of a directory from where information can be accessed. The study aims to capture details of organizations/centers providing services and track the process flow and approximate duration of the respective services, alongwith the information of geo-coordinates.

2.   The project officers from the Tata Institute of Social Sciences, Mr. Manish Gupta (8860724781) and Mr. Prateek Vashishtha (9892360816) will contact you for the purpose of collecting data for the project.

3.   MoSJE requests all organizations providing services to people with disabilities to contribute to the research and extend the support to the researchers by sharing the information and details sought by them as a part of this research.

Yours sincerely,

(K. V. S. Rao)

<div align="center">

10.3 Annexure 3

Final Tool

Consent

</div>

To realise the vision of the Accessible India campaign, information becomes the fundamental tool and bedrock for implementation of making services available, utilisable and with quality. An attempt to realise this, the Ministry of Social Justice and Empowerment has granted a research project to the Tata Institute of Social Sciences (TISS) to create a geo-tagged database of disability related information. To accomplish the goals of this project, we have developed this questionnaire to make enquiries about the services present for the people with disabilities in the state of Delhi.

The information computed from this survey will serve to develop a web portal, from which all information related to the organisation/s, service/s, process flow etc. could be elicited. With better accessibility to information related to disability services, this research aims to foster an inclusive and independent environment for all, a place where people could realise their full potential and can contribute to the building of the nation.

Email address*

_____

<div align="center">

Section - A

Demographic Details

</div>

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1. What is the name of the Organisation_____.
    i. Government organisation   ----- (1)
    ii. Non-government organisation   ----- (2)

2. Please provide website link:_____

3. Address of the organisation (with landmark)

   _____

   _____

4. Has Geo-tagging been done before:
    i. Yes   ----- (1)
    ii. No   ----- (0)
        a. If yes when?

   Date: __/__/____ (approximate)

5. Details of Respondent
    i.   Name of the respondent _____
    ii. Post held in organisation _____
    iii. Number of years with organisation _____

6. Year of establishment of (organisation) ____

7. Types of disability you work with - tick the type/s of disability you/your organisation working with:

i.	Blindness		
ii.	Low-vision	Yes - 1	No - 0
iii.	Leprosy Cured persons	Yes - 1	No - 0
iv.	Hearing Impairment (deaf & hard of hearing)	Yes - 1	No - 0
v.	Locomotor Disability	Yes - 1	No - 0
vi.	Dwarfism	Yes - 1	No - 0
vii.	Intellectual Disability	Yes - 1	No - 0
viii.	Mental Illness	Yes - 1	No - 0
ix.	Autism Spectrum Disorder	Yes - 1	No - 0

x.	Cerebral Palsy	Yes - 1	No - 0
xi.	Muscular Dystrophy	Yes - 1	No - 0
xii.	Chronic Neurological conditions	Yes - 1	No - 0
xiii.	Specific Learning Disabilities	Yes - 1	No - 0
xiv.	Multiple Sclerosis	Yes - 1	No - 0
xv.	Speech and Language disability	Yes - 1	No - 0
xvi.	Thalassemia	Yes - 1	No - 0
xvii.	Haemophilia	Yes - 1	No - 0
xviii.	Sickle Cell disease	Yes - 1	No - 0
xix.	Multiple Disabilities including deafblindness	Yes - 1	No - 0
xx.	Acid Attack Survivor	Yes - 1	No - 0
xxi.	Parkinson's disease	Yes - 1	No - 0

8. Tick the sector in which you work

i.	Education	Yes - 1	No - 0
ii.	Livelihood	Yes - 1	No - 0
iii.	Health	Yes - 1	No - 0

NOTE:

If Working On:

> **Education Sector:**   **Move to Section -B**

For Livelihood Sector: **Move to Section -C**

For Health Sector: **Move to Section -D**

If working in more than one sector, please fill up the appropriate sectors.

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Section- B

Details of the educational services provided and the process flow of the service

Section- B(1)

(Services provided by organisations working field of education)

</div>

1. What kind of school set-up is it?

     i.   Inclusive setup   ----- (1)

     ii.   Special Setup   ----- (2)

     iii.   Both   ----- (3)

2. Board of education followed at school?

		Yes-1	No-0
i.	CBSE	Yes-1	No-0
ii.	ICSE	Yes-1	No-0
iii.	Delhi Education Board	Yes-1	No-0
iv.	NIOS	Yes-1	No-0

3. <u>Highest</u> education/ grade offered at the school

     i.   Play school   ----- (1)

     ii.   Primary   ----- (2)

     iii.   Secondary   ----- (3)

     iv.   Higher secondary   ----- (4)

     v.   Senior secondary   ----- (5)

     vi.   Above 12th (Please specify)_____

4. What is the student teacher ratio in your school?

     i.   Student: Teacher - ___:____

5. Does mobility assistance provided (on the premises) for children with disability

                Yes - 1   No - 0

6. Services available for children with disability, please tick the appropriate response)

i.	Therapies (OT/PT)	----- Yes - 1	No - 0
	a. Occupational Therapies	----- Yes - 1	No - 0
	b. Physio therapies	----- Yes - 1	No - 0
	c. Speech therapies	----- Yes - 1	No - 0
	d. Cognitive therapies	----- Yes - 1	No - 0
	e. Any other (please specify)_____		
ii.	Assistive devices (orthotics/prosthetics/ hearing/reading/walking aids)		

		Yes - 1	No - 0

    iii.   Vocational/skill training   ----- Yes - 1   No - 0

    iv.   Family Counselling   ----- Yes - 1   No - 0

    v.   Career guidance/placement   ----- Yes - 1   No - 0

    vi.   Remedial education/coaching   ----- Yes - 1   No - 0

    vii.   Others (Please specify)_____

7. Extracurricular activity(ies) offered (please tick the responses)

    i.   Dancing   ----- Yes - 1   No - 0

    ii.   Yoga   ----- Yes - 1   No - 0

    iii.   Music   ----- Yes - 1   No - 0

    iv.   Painting   ----- Yes - 1   No - 0

    v.   Indoor and outdoor sports   ----- Yes - 1   No - 0

    vi.   Indoor and outdoor games   ----- Yes - 1   No - 0

    vii.   Art and craft   ----- Yes - 1   No - 0

    viii.   Others (Please specify)_____

8. Do you provide Hostel facilities for students?

    i.   Yes   ------- (1)

    ii.   No   ------- (2)

9. Do you provide accessible transport facilities for the children?

    i.   Yes   ------- (1)

    ii.   No   ------- (2)

10. Any other services/facilities provided at the centre (like sports, any kind of competition training, summer camps etc)_____

11. Other information related to services (mela, competitions etc)

_____

_____

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Section- B(2)

(Process flow of the service/s at the organisation)

Inclusion and exclusion criteria for admission, process of admissions

1. What is the minimum to maximum age to be eligible for admission in your organisation?
    i.   5 to 8   ----- (1)
    ii.   5 to 10   ----- (2)
    iii. 5 to 12   ----- (3)
    iv.   5 to 16   ----- (4)
    v.   5 to 18   ----- (5)
    vi.   Others (Please specify)_____

2. Is there any severe degree of disability to be eligible for admission in your organisation and please provide reason/s for the same?
    i.   Mild   ----- (1)
    ii.   Moderate   ----- (2)
    iii. Severe   ----- (3)
    iv.   Profound   ----- (4)
    v.   Not applicable/required   ----- (5)

    Reason/s_____

    _____

3. Do you have a reservation policy for students from vulnerable socio-economic backgrounds?
    i.   Yes   ----- (1)
    ii.   No   ----- (0)

4. If yes, elaborate

    _____

5. When does admission takes place
    i.   Months (Please specify) _____ To _____

    ii.   Anytime of the year   ---- Yes (1)   ---- No (0)

6. Do you charge tuition fee

      a.   Yes

      b.   No

      c.   Only charges levied by board (examination fee)

If yes how much_____

6. Do you charge for extra services (such as transport and extracurricular activities)?
    i.   Yes   ----- (1)
    ii.   No   ----- (0)

7. If Yes, please specify the services charged and the fee for it?

_____

_____

8. What documents are required at the time of admission?

		Yes	No
i.	Adhar Card	Yes (1)	No (0)
ii.	Election ID	Yes (1)	No (0)
iii.	BPL Card	Yes (1)	No (0)
iv.	Driving Licence	Yes (1)	No (0)
v.	Pan Card	Yes (1)	No (0)
vi.	Passport	Yes (1)	No (0)
vii.	Disability certificate	Yes (1)	No (0)
viii.	Others (Please specify)_____		

9. What are the office timings for the admission process?
    i.   Days _____
    ii.   Time: _____ To _____

10. Who is the point of contact for the admissions process and please provide contact details?

_____

11. What is the estimated time period required for completing the admission process, please mention the time duration in weeks?

_____

15. Do you help students procure or avail Govt. schemes (if yes, please name of schemes)?

_____

_____

16. How do you disseminate information about the admissions and services?

i.	Website	Yes (1)	No (0)
ii.	Leaflets/ brochures	Yes (1)	No (0)
iii.	Newspapers	Yes (1)	No (0)
iv.	TV advertisements	Yes (1)	No (0)
v.	Website/Online/ Social networks	Yes (1)	No (0)
vi.	Word of mouth publicity	Yes (1)	No (0)
vii.	Camps/Conferences	Yes (1)	No (0)
viii.	Referrals	Yes (1)	No (0)
ix.	Others_____		

Section- C

Details of the livelihood services provided and the process flow of the service

Section- C (1)

(Services provided by organisations working field of livelihood)

(For Organisations working in the field of Livelihood)

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1. Since when is your organisation working in the sector of skills and livelihood?

    i.   Years/ Months _____

2. What all training/skills are provided at your centre?

    i.   Art and craft (painting, paper bags making, envelope making, candle making, book binding, diary making etc.)

          Yes - 1   No - 0

    ii.   Food and food processing (pickle making, chikki making, farsaan, food packaging, sweets etc.)

          Yes - 1   No - 0

    iii. Electronics, communication and telecom (computer training, mobile repairing, TV, washing machine repairing, hardware and software designing etc.)

          Yes - 1   No - 0

    iv.   Decorative goods (show pieces, vase making, incense sticks/agarbatti etc)

          Yes - 1   No - 0

    v.   Sewing and weaving (clothes stitching, suits making, piko, stitching falls for sarees, bag making, cushion/laptops/mobile cover stitching etc.)

              Yes - 1   No - 0

    vi.   Customer support skills/ front desk/ soft skills

          Yes - 1   No - 0

    vii. Industry (service industry - hotel, call centre, etc/ automobiles/ mechanical skills/ industrial skills)

          Yes - 1   No - 0

    viii. Others (Please specify)_____

3. Do you provide support with placements (interview training/ liasoning with recruiters etc.)?

        i.   Yes - 1

        ii.   No - 0

4. Do you assist in providing financial assistance (from govt. and non-govt. donors)

        i.   Government   Yes-1 No-0

        ii.   Non-govt   Yes-1 No-0

        iii.   Others please specify_____

5. Details of any other service/s provided at the center_____

_____

_____

_____

Section- C (2)

(For Organisations working in the field of Livelihood)

(Process flow of the service/s at the organisation)

Inclusion and exclusion criteria for admission, process of skill training course

1. Do you charge fee for the training
   i.   Yes   ----- (1)
   ii. No   ----- (0)

2. If Yes, please specify the training and its fee structure

   _____

   _____

4. What document(s) are required for admission to the course?
   i.   Adhar Card   Yes (1)   No (0)
   ii.   Election ID   Yes (1)   No (0)
   iii. BPL Card   Yes (1)   No (0)
   iv.   Driving Licence   Yes (1)   No (0)
   v.   Pan Card   Yes (1)   No (0)
   vi.   Passport   Yes (1)   No (0)
   vii. Disability certificate   Yes (1)   No (0)
   viii. Others (Please specify)_____

4. What is the approximate duration of the course?
   _____(months)_____(weeks)

5. Do you have any reservation policy (as mandated by the govt. or stipulated by you) for the students from vulnerable socio-economic backgrounds?

     i.   Yes   --------(1)

     ii.   No   --------(0)

6. If yes, what is it, (Please specify)

_____

_____

7. Till what stage do you support the candidate?

i.	Only upto training	Yes (1)	No (0)
ii.	Till recruitment	Yes (1)	No (0)
iii.	Beyond that/ continuing support	Yes (1)	No (0)

8. How do you disseminate information about the training programmes and services (if not answered earlier) ?

i.	Website / Online/ Social network	Yes (1)	N o (0)
ii.	Leaflets/ brochures	Yes (1)	No (0)
iii.	Newspapers	Yes (1)	No (0)
iv.	TV advertisements	Yes (1)	No (0)
v.	Word of mouth publicity	Yes (1)	No (0)
vi.	Camps/Conferences	Yes (1)	No (0)
vii.	Referrals	Yes (1)	No (0)
viii.	Others_____		

9. What is approximate time taken for complete training/course?:

Course: _____ _____Duration:_____

Course: _____ Duration:_____

Course: _____ Duration:_____

Section- D

Details of the Health services provided and the process flow of the service

Section- D (1)

(Services provided by organisations working field of Health)

1. Since when is your organisation working in the health sector?

   i.   Years/Months _____/_____

2. What therapies and rehabilitation services do you provide (please tick appropriate responses)?

   i.   Therapies

         a. Physiotherapy   Yes - 1   No - 0

         b. Occupational therapy   Yes - 1   No - 0

         c. Speech therapy   Yes - 1   No - 0

         d. Behavioural therapy   Yes - 1   No - 0

         e. Psychosocial Therapy   Yes - 1   No - 0

         f. Drug therapy   Yes - 1   No - 0

         g. Psychoeducation   Yes - 1   No - 0

         h. Any other (please mention)_____

   ii.   Physical rehabilitation

         a. Corrective surgeries   Yes - 1   No - 0

         b. Aids and appliances (orthotics/ prosthetics/ hearing aids/ hand splints/ callipers/ orthopaedic braces/ corrective shoes/ supports etc.)

         c. Walking aids and assistive devices (crutches/ walkers/ wheelchairs/ sticks/ canes/modified devices for performing ADLs etc)

         d. Gait training

         e. Optometry services

         f. Any other (please specify) _____

3. What all Schemes, entitlements and counselling services are provided/received in your organisation (please tick the appropriate)?

   i.   Entitlements and schemes

         a. Disability certificate   Yes - 1   No - 0

         b. Disability pension   Yes - 1   No - 0

c.	Bus pass	Yes - 1	No - 0
d.	Railway concession certificates'	Yes - 1	No - 0
e.	Niramaya health scheme	Yes - 1	No - 0
f.	ADIP	Yes - 1	No - 0
g.	Deena Dayal rehabilitation scheme	Yes - 1	No - 0
h.	VRC (Vocational rehabilitation)	Yes - 1	No - 0

    i.   Financial assistance (if yes, under which scheme_____)

    j.   Any other (please specify)_____

ii.   Counselling services

a.	Individual counselling	Yes - 1	No - 0
b.	Family counselling	Yes - 1	No - 0
c.	Group counselling	Yes - 1	No - 0
d.	Vocational counselling	Yes - 1	No - 0

    e.   Any other (please specify)_____

4. What Other services are offered at your centre?

_____

_____

Section- D(2)

(For Organisations working in the field of Health)

(Process flow of the service/s at the organisation)

1. Is there any territorial jurisdiction/ geographical area in which you operate (inclusion and exclusion criteria for the clients/ patients),if yes please specify?

_____

2. What is the first point of contact at your centre?

a.Point of contact at the hospital/ organisation and contact details (reception/ helpline/ person's designation)

_____

b. Preferred timings for contact (in person as well as telephone)

_____

Details that the organisation might require (from the service user) during initial contact

_____

3. Steps in service flow (these are the steps involved in the process of delivery of a service to any individual, this will include the steps from the 1st arrival at the centre to dispersal of service seeked)

Name of the service/s	Documents required	Contact person/ counter/ window	Preferred time and days	Total time required for service delivery - (from 1st contact till service is offered)	Approxima te number of visits required	Finances involved in services availed (if any, please mention)

4. Under which condition is financial assistance (if provided) offered and what are the documents required for the same ?

_____

5. Any additional information/instructions In order for them to access and use your services?

_____

6. How information about the services is disseminated

i.	Website / Online/ Social network	Yes (1)	No (0)
ii.	Leaflets/ brochures	Yes (1)	No (0)
iii.	Newspapers	Yes (1)	No (0)
iv.	TV advertisements	Yes (1)	No (0)
v.	Word of mouth publicity	Yes (1)	No (0)
vi.	Camps/Conferences	Yes (1)	No (0)
vii.	Referrals	Yes (1)	No (0)
viii.	Others_____		

7. Any other information that you would like to put up on the website?

_____

SECTION - E

1. Is there any other information regarding any service or anything that you would like to put upon the website?

2. Can you tell us about other organisations working with people with disabilities in Delhi

Name of the Organisation	Person to Contact	Location

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10.4 Annexure 4

</div>

Table 10.1 List of the organisations with Latitude and longitude

Sn	Name of the Organisation	Latitude	Longitude	Sector	Health	Livelihood	Education
1	Aadi (Action for Ability Development and Inclusion)	28.557233	77.208892	**Education + Livelihood + Health**	YES	YES	YES
2	Ram Manohar Lohia hospital	28.624777	77.201118	**Health**	YES	NO	NO
3	Hindu Rao Hospital	28.675486	77.210388	**Health**	YES	NO	NO
4	Akhil bhartiya netrahin sangh	28.657559	77.108779	**Education**	NO	NO	YES
5	Aruna Asaf Ali Hospital	28.669802	77.217591	**Health**	YES	NO	NO
6	Doctor Hedgewar Aarogya Sansthan	28.655582	77.294108	**Health**	YES	NO	NO
7	Akshay Pratisthan	28.515906	77.161358	**Education + Health**	YES	NO	YES
8	St.Stephen's Hospital	28.666787	77.21515	**Health**	YES	NO	NO

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9	Pt Madan Mohan Malviya Hospital	28.535113	77.213435	**Health**	YES	NO	NO
10	Balvantray Mehta Vidya Bhavan	28.534769	77.236211	**Education**	NO	NO	YES
11	Dr. Baba Saheb Ambedkar Hospital	28.714694	77.11266	**Health**	YES	NO	NO
12	Awaaz Special School	28.644119	77.080598	**Education**	NO	NO	YES
13	All India Confederation of the Blind (AICB)	28.525019	77.161971	**Education + Livelihood + Health**	YES	YES	YES
14	Govt. Sr. Secondary School for blind	28.702938	77.210409	**Education**	NO	NO	YES
15	Vision Institute	28.714414	77.124081	**Education**	NO	NO	YES
16	All India Federation of the Deaf	28.543326	77.180111	**Education + Livelihood**	NO	YES	YES

17	Delhi Association Of The Deaf	28.54333	77.18011	**Livelihood**	NO	YES	NO
18	Amrit Foundation of India	28.54973	77.2075	**Livelihood**	NO	YES	NO
19	Ananth	28.543298	77.179263	**Education + Health**	YES	NO	YES
20	Astha (Alternative Strategies for the handicapped)	28.539962	77.263795	**Health**	YES	NO	NO
21	Bhagwan Mahavir Viklang Sahayta Sansthan	28.635841	77.184642	**Health**	YES	NO	NO
22	Tulasi Home	28.448983	77.138151	**Health**	YES	NO	NO
23	Handicapped Children's Rehabilitation Association	28.660934	77.090132	**Education + Livelihood + Health**	YES	YES	YES
24	Sumaitri	28.623824	77.236774	**Health**	YES	NO	NO
25	Endolite India limited	28.634245	77.139214	**Health**	YES	NO	NO

26	Inspiration centre For Mentally Handicapped And Slow Learners	28.640547	77.096016	**Education**	NO	NO	YES
27	The Vinayak Blind Women Welfare society	28.739291	77.206467	**Education**	NO	NO	YES
28	Ujala Society for Blind	28.736872	77.196252	**Livelihood**	NO	YES	NO
29	Ideal society for Visually Impaired	28.742629	77.199534	**Livelihood**	NO	YES	NO
30	Holy Heart Special School	28.618632	77.028914	**Education**	NO	NO	YES
31	Margaret Leprosy & TB Centre - DFIT	28.578713	77.035814	**Health**	YES	NO	NO
32	Very Special Arts India	28.530952	77.149424	**Education**	NO	NO	YES
33	Prateek Special School	28.705786	77.030678	**Education + Health**	YES	NO	YES
34	The Delhi Society For the Welfare of	28.561001	77.275104	**Education**	NO	NO	YES

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	Special Children						
35	Guru TegBahadur Hospital	28.683604	77.310953	**Health**	YES	NO	NO
36	Haemophilia Federation	28.565072	77.186554	**Health**	YES	NO	NO
37	Narayan Sewa Sansthan	28.655785	77.222367	**Health**	YES	NO	NO
38	Lok Nayak Jai Prakash Hospital (LNJP Hosp)	28.639583	77.238613	**Health**	YES	NO	NO
39	Delhi Council for Child Welfare	28.609386	77.101626	**Health**	YES	NO	NO
40	Sai Rath Children's Association	28.515915	77.236959	**Health**	YES	NO	NO
41	Aanchal Centre for Differently Abled child (Rohini)	28.703925	77.111129	**Education**	NO	NO	YES
42	Institute for Child Development	28.53698	77.210917	**Health**	YES	NO	NO

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43	Society for the aid of mentally and developmentally handicapped-Samadhan	28.516227	77.235206	**Education**	NO	NO	YES
44	Muskaan	28.525074	77.161846	**Livelihood**	NO	YES	NO
45	Seema Ortho Aids	28.639177	77.283178	**Health**	YES	NO	NO
46	Delhi Social Welfare Dist. Office North-West 1 and 2	28.711346	77.102723	**Education**	NO	NO	YES
47	Missionaries Of Charity - Mother Teresa Home	28.690483	77.320539	**Livelihood**	NO	YES	NO
48	Aradhana Parent Support Group	28.666613	77.320526	**Education + Livelihood**	NO	YES	YES
49	Grow PWD Centre (Dr Reddy's Foundation)	28.608726	77.291475	**Livelihood**	NO	YES	NO

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50	Sarthak Educational Trust	28.566099	77.187304	**Education + Livelihood**	NO	YES	YES
51	Manas Foundation	28.540242	77.271645	**Health**	YES	NO	NO
52	ReGenesis HealthCare Services	28.660838	77.0894	**Health**	YES	NO	NO
53	Brahmashakti Special school	28.589265	77.031218	**Education**	NO	NO	YES
54	Devodhyog Foundation	28.625548	77.089164	**Livelihood**	NO	YES	NO
55	The Leprosy Mission Community Hospital Nand Nagri	28.691382	77.317493	**Health**	YES	NO	NO
56	Anchal Charitable Trust (Ambedkar camp)	28.67416	77.313796	**Education + Livelihood + Health**	YES	YES	YES
57	Delhi Cheshire Home	28.560222	77.276964	**Education + Livelihood + Health**	YES	YES	YES

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58	Bhatt Prosthetic and Orthotic Clinic	28.67639	77.20833	**Health**	YES	NO	NO
59	GLN Pre-primary/Primary School for Deaf	28.710072	77.224023	**Education**	NO	NO	YES
60	Bhartiya Netrahen Vidyalya	28.672099	77.288963	**Education**	NO	NO	YES
61	Chandra Bhushan Singh Memorial Speech and Hearing Institute	28.547612	77.20519	**Education + Health**	YES	NO	YES
62	Child Care Divyang Home	28.611839	77.089075	**Education**	NO	NO	YES
63	Deepalaya	28.541237	77.272289	**Education**	NO	NO	YES
64	Delhi Bharat Vikas Foundation Regd.	28.633016	77.094733	**Health**	YES	NO	NO
65	Delhi Foundation Of Deaf Women	28.64194	77.215	**Livelihood**	NO	YES	NO

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66	Family of disabled	28.629526	77.084447	**Education + Livelihood + Health**	YES	YES	YES
67	Handicapped Children and Women Aid	28.611945	77.094595	**Education + Livelihood + Health**	YES	YES	YES
68	Handicapped Children Parents Association	28.599324	77.05858	**Education + Livelihood + Health**	YES	YES	YES
69	Ideal Artificial Limbs Solutions	28.57224	77.238504	**Health**	YES	NO	NO
70	Institution for the Blind	28.561979	77.244627	**Education**	NO	NO	YES
71	Janta Adarsh Andh Vidyalaya	28.555703	77.22503	**Education**	NO	NO	YES
72	Kiwanis Rehabilitation Centre	28.537615	77.181686	**Health**	YES	NO	NO
73	Masoom Duniya Special School	28.617532	77.032907	**Education + Livelihood**	YES	YES	YES

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	& Vocational Training centre for Mentally Deficient Children			**od + Health**			
74	MESH	28.560372	77.218491	**Livelihood**	NO	YES	NO
75	National Association for the Blind Centre for Blind Women (Hauz Khas)	28.54722	77.20472	**Livelihood**	NO	YES	NO
76	National Association for the Blind (R.K. Puram)	28.560491	77.174487	**Education + Livelihood + Health**	YES	YES	YES
77	National virjanand Blind Girl School	28.636442	77.179987	**Education + Livelihood**	NO	YES	YES
78	Navjyoti Special School	28.532339	77.152694	**Education + Livelihood + Health**	NO	YES	YES
79	Opcar foundation	28.626548	77.232839	**Livelihood**	NO	YES	NO

80	Ottobock Healthcare	28.646063	77.167393	**Health**	YES	NO	NO
81	Parkash Foundation	28.546952	77.031321	**Education**	NO	NO	YES
82	Prerna Niketan Sangh	28.607176	77.043885	**Education + Health**	YES	NO	YES
83	Rahat	28.643006	77.11193	**Health**	YES	NO	NO
84	Sahara School	28.70167	77.15083	**Education + Livelihood + Health**	YES	YES	YES
85	Sanjeevani Social Welfare	28.602132	77.089465	**Education + Livelihood + Health**	YES	YES	YES
86	Sanjivini Society for Mental Health	28.602132	77.089465	**Health**	YES	NO	NO
87	SETU	28.578078	77.070324	**Education + Livelihood + Health**	YES	YES	YES

88	Dharmik Evam Samajik Mahasangh	28.620544	77.085465	**Education + Livelihood + Health**	YES	YES	YES
89	Shine Patrick Education Welfare Society	28.620283	77.027069	**Education + Livelihood**	NO	YES	YES
90	Sparsh foundation	28.713852	77.105193	**Education**	NO	NO	YES
91	Tamana	28.567936	77.157403	**Education + Livelihood + Health**	YES	YES	YES
92	The Blind Relief Association	28.594212	77.239894	**Education**	NO	NO	YES
93	Yirre Vocational Training Centre	28.621598	77.026577	**Education + Livelihood**	NO	YES	YES
94	EFICOR	28.629936	77.090932	**Livelihood**	NO	YES	NO
95	Viklang Sahara Samiti Delhi	28.695346	77.098774	**Livelihood + Health**	YES	YES	NO

99

96	Blind Welfare Society	28.665149	77.069928	**Education**	NO	NO	YES
97	Nursery Primary School for Deaf Rohini	28.711346	77.102723	**Education**	NO	NO	YES
98	Ashtavakra special school	28.707106	77.1292	**Education**	NO	NO	YES
99	Udaan	28.561306	77.247673	**Education**	NO	NO	YES
100	Listening Ears – A Starkey Education Initiative	28.5403	77.292755	**Education + Livelihood + Health**	YES	YES	YES
101	Orkid	28.546668	77.255045	**Education + Livelihood + Health**	YES	YES	YES
102	Bharat Blind School	28.672209	77.29251	**Education + Livelihood**	NO	YES	YES
103	Guru Govind Singh Hospital	28.68694	77.10694	**Health**	YES	NO	NO

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104	Sanjay Gandhi Memorial hospital	28.68694	77.08694	**Health**	YES	NO	NO
105	Swami Dayanand Hospital	28.65319	77.29308	**Health**	YES	NO	NO
106	Primary School for Deaf and Primary School for Mentally Retarded Children	28.61278	77.28722	**Education**	NO	NO	YES
107	Jag Pravesh Chandra Hospital	28.67611	77.26278	**Health**	YES	NO	NO
108	Lal Bahadur Shastri Hospital	28.61806	77.31167	**Health**	YES	NO	NO
109	Sardar Vallabh Bhai Patel Hospital	28.64694	77.16889	**Health**	YES	NO	NO
110	Niyati VIMHANS Hospital	28.56917	77.25111	**Health**	YES	NO	NO
111	Deen Dayal Upadhyay Hospital	28.62722	77.11194	**Health**	YES	NO	NO

112	Satyawadi Raja Harish Chandra Hospital	28.84111	77.1025	**Health**	YES	NO	NO
113	Janakpuri Super specialty hospital	28.62111	77.09	**Health**	YES	NO	NO
114	Maharishi Valmiki Hospital	28.77667	77.04833	**Health**	YES	NO	NO
115	Babu Jagjivan Ram Hospital	28.73333	77.17333	**Health**	YES	NO	NO
116	Govt Secondary School For Deaf Kalkaji	28.54056	77.25472	**Health**	YES	NO	NO
117	Govt Special school in delhi	28.63778	77.24528	**Education**	NO	NO	YES
118	Action for Autism	28.693331	77.078994	**Education**	NO	NO	YES
119	Bharat Blind Technical Welfare Society	28.519477	77.230753	**Education + Livelihood**	NO	YES	YES
120	Bhagwan Mahavir Hospital	28.68806	77.11778	**Health**	YES	NO	NO

121	Aanchal Special School, (Chanakyapuri)	28.60528	77.18917	**Education**		NO	NO	YES
122	Chahat Special School Society	28.579601	77.090701	**Education**		NO	NO	YES
123	Guru Nanak Special School	28.627371	77.106481	**Education**		NO	NO	YES
124	Early Risers Special school	28.675681	77.287561	**Education**		NO	NO	YES
125	Manovikas Charitable Society	28.651718	77.221939	**Education + Livelihood**		NO	YES	YES
126	Masoom Special School	28.700861	77.219101	**Education**		NO	NO	YES
127	Vocational Rehabilitation Center & National Career Service Centre	28.645722	77.301706	**Livelihood**		NO	YES	NO
128	Cozy Cot Special School	28.643999	77.118531	**Education**		NO	NO	YES
129	Deptt. of PMR, VMMC & Safdarjung Hospital	28.566581	77.207231	**Health**		YES	NO	NO

130	German Leprosy & TB Relief Association - INDIA	28.651963	77.31648	**Health**	YES	NO	NO
131	Asha Kiran	28.702595	77.096346	**Education + Livelihood + Health**	YES	YES	YES
132	All India Deaf and Dumb Society	28.644728	77.302803	**Education**	NO	NO	YES
133	Pt. Deendayal Upadhyaya National Institute For Persons with Physical Disabilities	28.63083	77.23889	**Education + Livelihood + Health**	YES	YES	YES
134	Amar Jyoti Institute	28.649289	77.301339	**Education + Livelihood + Health**	YES	YES	YES

10.5 Annexure 5

Map of Organizations working in the field of Education

Map.2

Organisations Working on Disabilities in Delhi
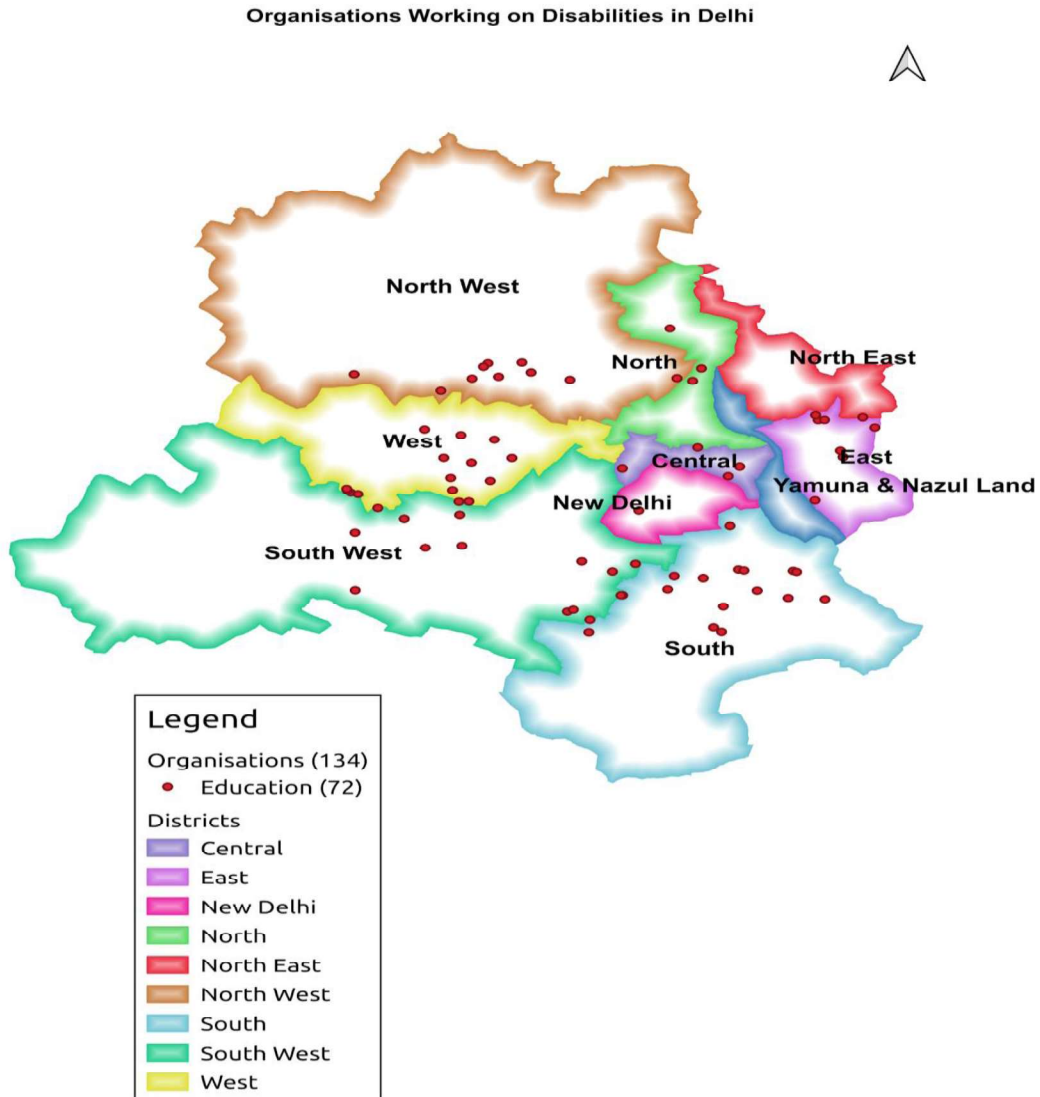
10.6 Annexure 6

Map of Organizations working in the field of Health

Map.3

Organisations Working on Disabilities in Delhi
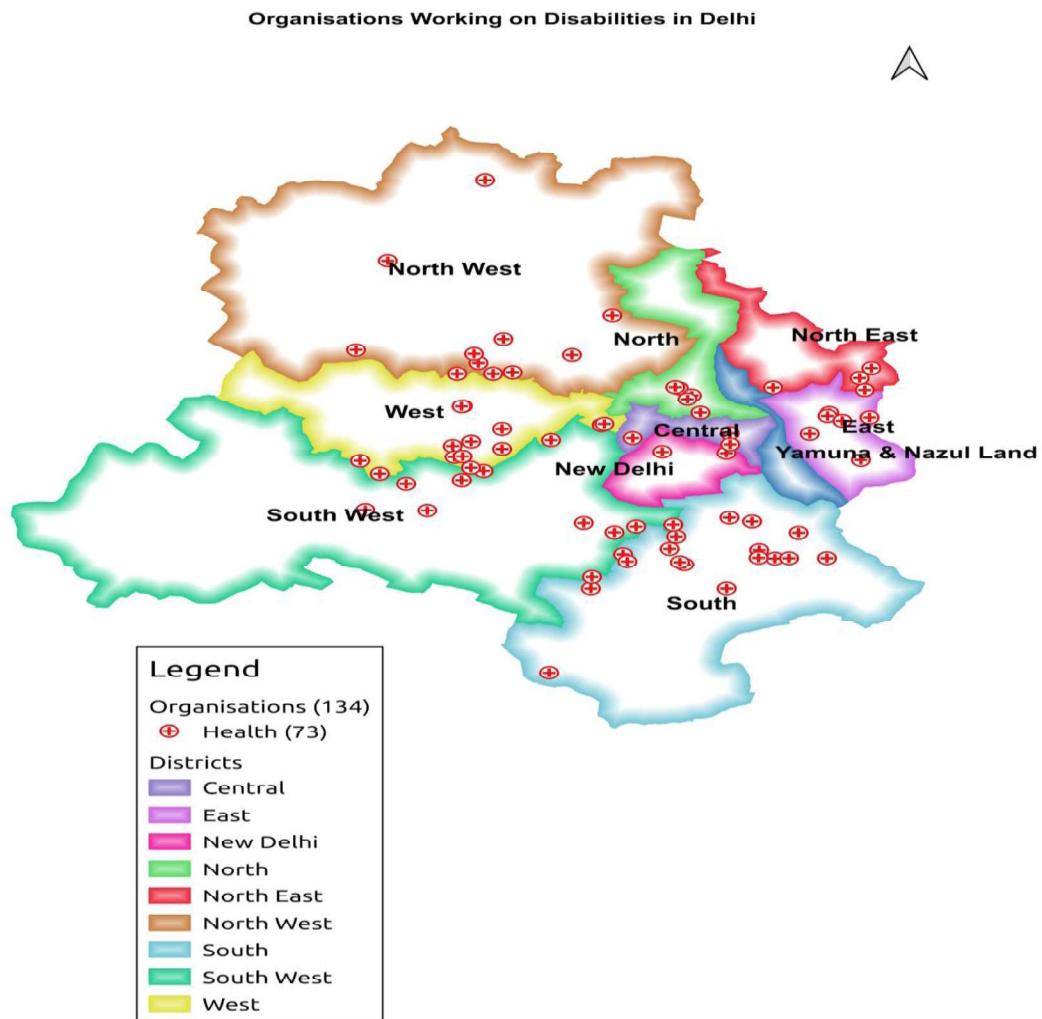
10.7 Annexure 7

Map of Organisations working in the field of Livelihood

Map.4

Organisations Working on Disabilities in Delhi

Legend

Organisations (134)
[A] Livelihoods (45)

Delhi_admin
- Central
- East
- New Delhi
- North
- North East
- North West
- South
- South West
- West
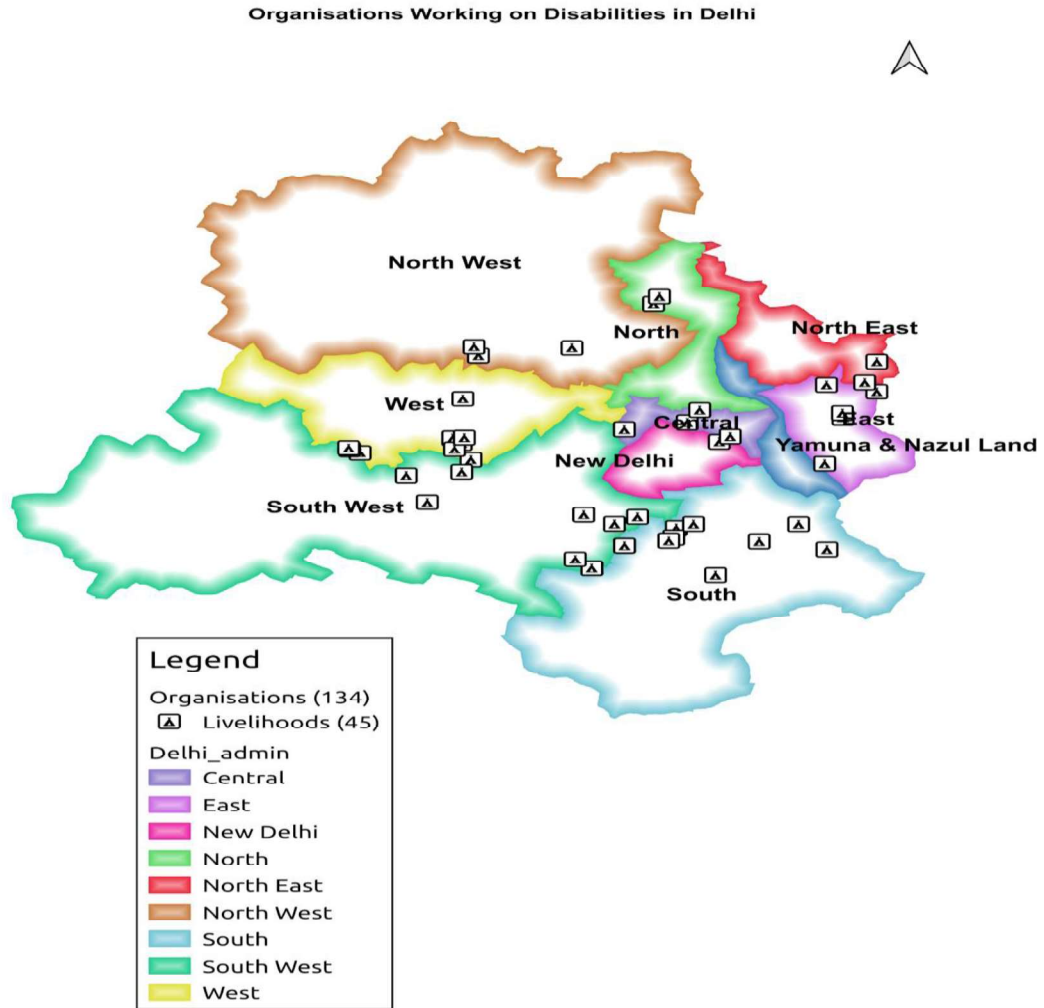
TATA INSTITUTE OF SOCIAL SCIENCES, DEONAR, MUMBAI - 400 088

File No. 27517
Project Code No: 48814
Project Title: Information & one click (An online information portal for disability)
Funded by: GOI - Ministry of Social Justice and Empowerment
Project Director: Dr Srilatha Juvva
Project Period 23rd Dec 2016 to 22nd Dec 2017

Audited Statement of Expenditure for the period from 31st Mar,2017 to 31st Mar,2019

Sr. No.	Expenditure Heads	Budget	Expenditure (2017-2018)	Expenditure (2018-2019)	Total Expenditure	Balance
1	Salary to Research Associate	768,000.00	576,000.00	128,000.00	704,000.00	64,000.00
2	Remuneration to Consultant	144,000.00	0.00	0.00	0.00	144,000.00
3	Workshop Expenses including travelling, boarding and lodging	100,000.00	43,617.00	0.00	43,617.00	56,383.00
4	TA Travelling allowance for Project Director and Associates/year	200,000.00	41,655.00	0.00	41,655.00	158,345.00
5	Stationery/Associate	30,000.00	1,711.00	200.00	1,911.00	28,089.00
6	Communication, Internet, GPS Trackers for Project Associates	60,000.00	41,859.00	0.00	41,859.00	18,141.00
7	Contingency @ 5%	65,100.00	1,493.00	11,800.00	13,293.00	51,807.00
8	Administrative Overheads @ 10%	136,710.00	89,250.00	0.00	89,250.00	47,460.00
	Grant Total	1,503,810.00	795,585.00	140,000.00	935,585.00	568,225.00

Particular	Amount
Grant received vide receipt no. G70280 dtd 31.03.2017	450,000.00
Add:-Grant received vide receipt no.E0119 dtd 31.03.2018	450,000.00
Total Grant Received	900,000.00
Less:- Expenditure	935,585.00
Balance as on 31.03.2019	-35,585.00

Prof. S. Srilatha Juvva
Project Director

Joycie Dias
Asst Registrar (F&A)

Narendra Mishra
Off. Registrar

CA. Rajeev Anant Joshi
(Membership No:127710)
Partner-CVK & Associates
Firm's Reg. No.:101745W

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1	Salary to Research Associate	576,000.00			
	JV::00306A	5/26/2017	48814001	D	128000.00
	JV::00633A	6/28/2017	48814001	D	64000.00
	JV::00987C	7/15/2017	48814001	D	64000.00
	JV::01273C	7/31/2017	48814001	D	32000.00
	JV::001415	8/17/2017	48814001	D	32000.00
	JV::01630C	9/9/2017	48814001	D	64000.00
	JV::006368	3/31/2018	48814001	D	128000.00
	JV::006603	3/31/2018	48814001	D	64000.00

3	Workshop Expenses including travelling, boarding and lodging	43,617.00			
	BP::007109	11/2/2017	48814003	D	680.00
	JV::003660	1/27/2018	48814003	D	19218.00
	JV::003660	1/27/2018	48814003	D	18519.00
	JV::005373	3/31/2018	48814003	D	5200.00

4	TA Travelling allowance for Project Director and Associates/year	41,655.00			
	BP::004623	8/12/2017	48814004	D	9107.00
	BP::005705	9/19/2017	48814004	D	6854.00
	JV::005197	3/31/2018	48814004	D	8976.00
	JV::005234	3/31/2018	48814004	D	7865.00
	JV::005484	3/31/2018	48814004	D	8853.00

5	Stationery/Associate	1,711.00			
	JV::001545	8/29/2017	48814005	D	1495.00
	BP::010238	2/6/2018	48814005	D	216.00

6	Communication, Internet, GPS Trackers for Project Associates	41,859.00			
	BP::002322	6/7/2017	48814006	D	35600.00
	BP::004623	8/12/2017	48814006	D	2768.00
	BP::005705	9/19/2017	48814006	D	1303.00
	JV::005234	3/31/2018	48814006	D	1377.00
	JV::005484	3/31/2018	48814006	D	811.00

7	Contingency @ 5%	1,493.00			
	BP::004678	8/14/2017	48814007	D	1373.00
	BP::004678	8/14/2017	48814354	D	60.00
	BP::004678	8/14/2017	48814355	D	60.00
	BR::G75245	8/29/2017	48814007	C	-1373.00

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BR::G75245		8/29/2017	48814354	C	-60.00
BR::G75245		8/29/2017	48814355	C	-60.00
BP::005131		9/4/2017	48814007	D	1373.00
BP::005131		9/4/2017	48814354	D	60.00
BP::005131		9/4/2017	48814355	D	60.00

8	Administrative Overheads @ 10%	136,710.00	89,250.00

JV::02630A		11/15/2017	48814008	D	44250.00
JV::005845		3/31/2018	48814008	D	45000.00