

# DISABILITY AMONG THE TRIBES A DOUBLE DISADVANTAGE AND AN IMPLICATION

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Understanding disability and its implications among the tribal population in the villages of Borra Panchayat, Ananthagiri Mandal, Visakhapatnam district, Andhra Pradesh.

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## 1. INTRODUCTION

‘Inclusion, is a right. Not a privilege for a selected few’

With a population of one hundred and four million people, the tribes of India who have had the first right of the country’s land, are being given the weakest place in its development.

Apart from emphasising on the general livelihood of the tribes particular to the area of Borra Panchayat in Ananthagiri Mandal under Vishakhapatnam district of Andhra Pradesh and one other adjacent village called Saraguda, the study attempts to understand disability and its implications among this tribal population. A tribe and a disabled person, both neglected in their respective ways, have not found much of their presence in the country’s development. In which case, being a disabled tribe is no doubt a double disadvantage. Understanding disability also helps us reflect upon how prone and vulnerable these tribes are to situations that make them disabled. Comprehension of both, the consequences that lead to disability and its implications, would give us a complete picture of the risk-ridden lifestyles of the tribes.

The expectation of the study is therefore to understand the condition of the disabled tribes in the villages of the Borra Panchayat and one adjacent village called Saraguda which is not under Borra panchayat, along with understanding the implications of disability on their lifestyles. The study includes interviews of the disabled tribal population of the chosen area, interviews of the doctors working in Primary Health Centre<sup>1</sup> in Ananthagiri, interviews of employees of King George Hospital Visakhapatnam, understanding the general opinion of the tribes on development and on government bodies such as the Integrated Tribal Development Agency<sup>2</sup>, understanding many qualitative aspects of tribal lives such as culture, work environment, gender, outlook towards future development, stereotypes and many more. Thereafter, the study attempts to bring to the notice of the government, the condition of these tribes, emphasising on the disabled. It also proposes some recommendations which could help ameliorate the lives of these tribes.

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<sup>1</sup> <https://archive.india.gov.in/citizen/health/health.php?id=79>

<sup>2</sup> <http://agropedia.iitk.ac.in/content/integrated-tribal-development-agency-itda>

## 2. TYPES OF DISABILITY UNDER THE LEGISLATION AND IDENTIFIED TYPES OF DISABILITY IN THE SPECIFIED AREA

Table 1: Types of disabilities identified (Village-wise)

Village	Locomotor disability	Visual impairment	Intellectual disability	Mental Illness	Speech impairment	Hearing and speech impairment	Multiple disability
Boddapadu	-	-	-	-	-	2	-
Karakavalasa	5	3	1	-	-	2	-
Ninnimamidi	5	2	-	2	1	-	-
Dekkapuram	1	1	-	-	-	1	1
Jeerugagga	3	3	-	1	-	-	1
Getuvalasa	3	4	-	-	-	-	2
Eggumaamidi	2	-	-	-	-	-	-
Kontechimmidi	1	-	1	-	-	-	-
Dalapatalasa	-	-	-	-	-	1	-
Ballipatta	-	-	-	-	-	-	-
Koyitiguda	1	6	-	-	-	-	-
Pedhuru (Borra)	2	1	-	-	-	1	1
Pulaguda	5	1	-	1	-	1	-
Katiki	1	2	-	-	-	2	-

Saaraguda	1	-	-	-	-	-	-
Total	30	23	2	4	1	10	5
% of total disability	40%	30.66%	2.67%	5.34%	1.33%	13.34%	6.66%

The research attempted to identify disabilities in the Borra Panchayat area under four categories:

1. Physical disability
  - Locomotor disability
  - Visual impairment
  - Hearing impairment
  - Speech impairment
2. Intellectual disability
3. Mental illness
4. Multiple disabilities

The definitions of the above-mentioned categories have been understood in accordance with the Rights of Persons with Disability Act<sup>3</sup> (RPWDA), 2016.

### Physical disability

#### A. Locomotor disability

A person's inability to execute distinctive activities associated with movement of self and objects resulting from affliction of musculoskeletal or nervous system or both, including leprosy cured persons, cerebral palsy, dwarfism, muscular dystrophy and Acid attack victims.

Apart from categorizing people who fall under this definition of disability, the research also attempted to account for those people who are undergoing some kind of physical ailment which makes them vulnerable to permanent disability. This has been done to bring to the notice of concerned authorities, the proneness to disabilities of people of this area and the immediate need for precaution since majority of the cases of disability have been noticed to be physical disability- 40% (Table 1).

#### B. Visual impairment

(a) "Blindness" means a condition where a person has any of the following conditions, after best correction— (i) total absence of sight; or (ii) visual acuity less than 3/60 or less than 10/200 (Snellen) in the better eye with best possible correction; or (iii) limitation of the field of vision subtending an angle of less than 10 degree.

(b) "Low-vision" means a condition where a person has any of the following conditions, namely (i) visual acuity not exceeding 6/18 or less than 20/60 up to 3/60 or up to 10/200

<sup>3</sup> <http://www.tezu.ernet.in/notice/2017/April/RPWD-ACT-2016.pdf>

(Snellen) in the better eye with best possible corrections; or (ii) limitation of the field of vision subtending an angle of less than 40 degree up to 10 degree.

This category, also accounted for those who have not yet been medically diagnosed for having low vision, nonetheless do not have proper sight due to various causalities. Precisely, 30.66% (Table 1) of total number of disabled people, are visually impaired.

### C. Hearing impairment

(a) "Deaf" means persons having 70 DB hearing loss in speech frequencies in both ears;

(b) "hard of hearing" means person having 60 DB to 70 DB hearing loss in speech frequencies in both ears;

Under this category, the research also accounted for those suffering from middle age Chronic Suppurative Otitis Media<sup>4</sup> (CSOM) which can be cured by surgery. However, since this condition would not make a person able until treatment and since the treatment is not entirely accessible to the people of this area, it was thought to be necessary to bring this to the notice of the government and hence included under this category. 13.34% (Table 1) of the total population of the disabled people are hearing impaired. Many or most of these people cannot speak due to this impairment, and hence they have not been separately categorised into speech impaired.

D. "Speech and language disability" means a permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes.

About 1.33% of the total disabled population, i.e, 1 person in the Borra Panchayat has speech and language disability.

### Intellectual disability

A condition characterised by significant limitation both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behaviour which covers a range of everyday, social and practical skills, including "specific learning disabilities" and "autism spectrum disorder".

### Mental behaviour

"Mental illness" means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, but does not include retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by sub normality of intelligence.

The research also accounted for all those who have not yet been diagnosed as Mentally retarded or Mentally ill, but have shown symptoms of the same.

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<sup>4</sup> <https://emedicine.medscape.com/article/859501-overview>

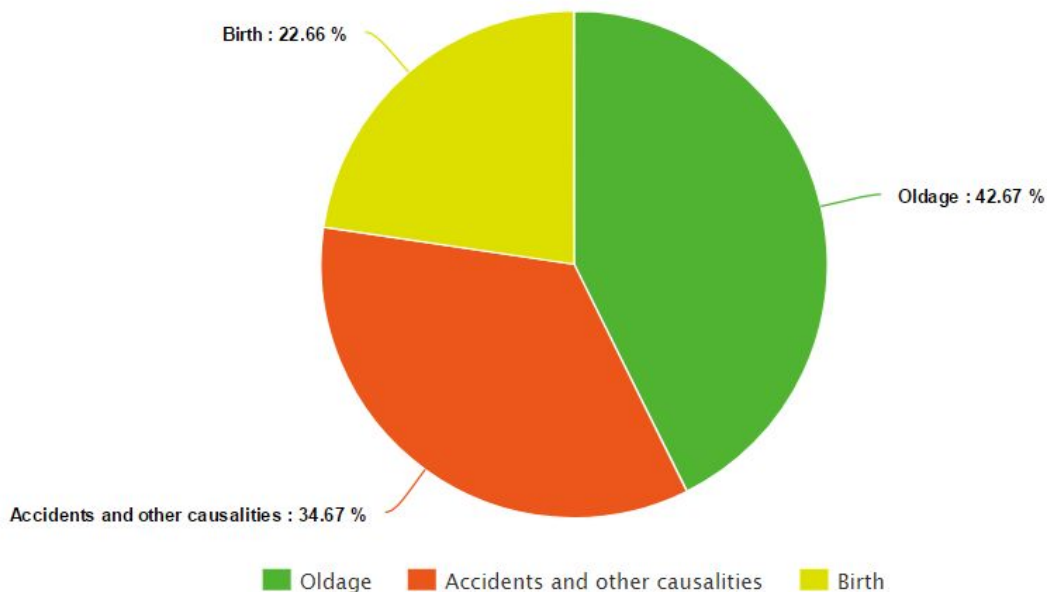
### Multiple Disabilities

More than one of the above specified disabilities including deaf blindness which means a condition in which a person may have combination of hearing and visual impairments causing severe communication, developmental, and educational problems.

The research accounted for people who are suffering from physical and mental disadvantages due to ageing. The reason for which is that, if not treated, these disadvantages will eventually lead to permanent disabilities. One major problem which was noticed during the period of research, was low vision due to cataract among the old population.

## 3. IDENTIFIED POSSIBLE CAUSES OF DISABILITY IN THE SPECIFIED AREA

Graph 1:  
Causes of disability



### Accidents and other casualties

With the help of the research, it was identified that 34.6% of the total disabilities were caused due to accidents and other casualties. The villages under the observed area of Borra panchayat are located in remote areas on the hills of the eastern Ghats, with dense forests being the habitat of the tribes. On the account of which, village-to-village mobility and

connectivity with surrounding places becomes a prime concern, as these tribes will have to take narrow and difficult forest routes to reach their destinations. Encounters with wild animals and threat of accidents due to falling off steep surfaces, have been observed to be some major causes of physical disability and proneness towards physical disability. The only connectivity in between some villages, was the rail route which the pedestrians took leading to fatal accidents. It was noticed that proneness towards accidents among the tribes was also due to the nature of their work. Falling off while collecting and cutting firewood, current shocks while dealing with electricity, injuries during daily labour and burns due to cooking on a firewood stove, were some major reasons for accidents which have led to permanent physical disability among many tribes.

The lives of the tribes are therefore characterized by a perennial risk factor due to the lack of road infrastructure and safe working environment.

### Old age

With increasing age, most of the tribes were seen to be suffering from various physical and mental ailments such as deterioration of vision, inability to walk properly and hearing impairment. Being in abject poverty, accessing treatment for such ailment is far-fetched. Such lack of treatment means the aged have to live in that state of discomfort for a long period of time, in most cases until death. This leads to them being permanently disabled. The most prominent problem, was cataract accumulation due to increasing age. If not cured, this problem will lead to the person having a complete lack of vision. Similar was the case with hearing impairments and physical disadvantages (bent knees, dislocated bones. Etc.).

Most of the old people were dependent on their children for their basic needs. Their age has put them in a state where they cannot merely walk in order to avail their pension, leading to a very neglected state of life.

Another important aspect which is to be noted is the functioning of overlapping of eligibility for pension. For example, if a person is both above 65 years old and has a disability, the person is eligible to receive only one pension, i.e, either the old age pension or disability pension, whichever is higher. This scenario does not seem fair as a person who is both old and disabled, needs more aid and assistance when compared to person who is old/disabled alone.

The same scenario, was observed in cases of other pensions. For example, widow pension.

It was also noted that the reason behind many old people not receiving any pension from the government is that, their age on Aadhar card and Ration card is not matching. Such technical cleavages were examined to be of great trouble, and are tremendously affecting the lives of these tribes.

### Inaccessibility and unaffordability of treatment

Old age, as discussed above, poses several physical and mental ailments, which if not treated might lead to permanent disabilities. Similarly, it was observed that many tribes of this region who have minor temporary ailments, eventually become disabled due to inaccessibility and unaffordability of treatment.

The nearest hospital to the people of the Borra panchayat, is the Primary Health Centre in Ananthagiri which is approximately 20km away. The PHC, however, was not equipped enough to assist and treat all kinds of ailments. The doctor herself remarked that many of the



patients who visit the PHC are asked to go to King George Hospital, Visakhapatnam, which is approximately 90km from the Borra Panchayat. Given that most of these tribes are significantly poor and mainly live on the produce of subsistence agriculture, the travel and other expenses that are likely to be incurred by them to avail such treatment, are beyond their reach. Therefore, many of these tribes do not avail treatment. These insights were taken by talking to the tribes suffering from such ailments.

In the absence of such treatment, their ailments could eventually lead to them being disabled.

### Endogamy (Birth)

It was observed that most of the tribes were married off within the family lines. For example, the girls are married off to their maternal uncle or the sons of maternal uncle. This leads to genetic mutation in the offsprings of that marriage, due to which there is a huge risk of disability. Such marriages between first-grade relatives is known as endogamy. There were over ten different communities of tribes and all of them live in separate hamlets which makes it very obvious that endogamy is very much prevalent.

However, it was clear that many of these diseases and disabilities uncover their symptoms much later and this leads to a lot of problem as their accessibility to healthcare is minimal.

## 4. CLEFT BETWEEN WHAT IS AVAILABLE AND WHAT IS BEING AVAILED:

### What is being availed? How do the tribes deal with disability?

Most of the interviewed tribes, who suffer from ailments and disabilities, were reluctant to go to the government hospital. They had no trust that the government could provide them any efficient service at all. It was observed that they overcome their disability by out rightly neglecting it, or visiting the private hospital and incurring heavy expenses or, using *naatu vaidhyam* (traditional treatment).

In order to understand the legal provisions provided to ensure a decent livelihood to the tribes, specifically the disabled tribes, the research also included interviews of employees of King George Hospital (KGH), the Primary Health Centre (PHC) in Ananthagiri and the District Medical and Health Office (DM & HO).

### PHC, KGH, DM&HO

King George Hospital (KGH) located in Vishakhapatnam, which is a government general hospital in Andhra Pradesh, accommodates a Tribal cell which is under I.T.D.A, Paderu. The cell is supposed to ensure priority treatment to the tribes. When enquired about transportation of tribes from the respective remote villages to KGH, the employees confirmed that an Ambulance service is provided from the PHCs to KGH for the tribes. The patient can avail treatment free of cost. There is also a provision to fulfil the necessities of him and his escort. Apart from this, KGH is affiliated with Rani Chandramani Devi Hospital for Physically Handicapped, Victoria Gosha Hospital for Women and Children, Government Hospital for Mental Care, Government hospital for Chest and TB diseases and others.

Those with disabilities, are sent to Sadaram camp department- Handicapped division, in order to avail a permanent disability certificate attested by the established procedure under RPWDA, 2016. Those who are either Mentally Retarded or Mentally ill are provided with long-term treatment in the hospital, along with accommodation for the patient and his escort. There are government schools for children with Intellectual disabilities.

Previously, camps were conducted in remote areas in order to understand various aspects of tribal welfare. It included providing aids and appliances to disabled persons. Such system to provide aids and appliances, however, has been replaced an online system through the assistance of MeeSeva<sup>5</sup>. All the employees have spoken in a tone affirming that the tribes are given most importance.

The lack of awareness among the tribes about such facilities, and the lack of awareness among the employees and authorities about the real condition of the tribes is apparent. However, the abovementioned interviews have led us to identify six major problems:

1. Most of the tribes are not aware of the fact that transportation service can be availed from the PHC to KGH. Those who have to avail treatment, therefore, spend exemplary amounts of money on it even though it is beyond their affordability. Even more surprising is the fact that the doctor in the PHC, Ananthagiri did not seem to be aware of this

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<sup>5</sup> <http://ap.meeseva.gov.in/DeptPortal/UserInterface/more.html>

provision either. Hence, she is not equipped to suggest the provision to the tribes who visit the PHC. Despite the availability of transportation, it should be noted that it can be availed only on one side, i.e., from PHC to KGH. The transportation is not provided for the tribes to go back to their villages after availing treatment.

2. Since the district medical and health office no longer conducts camps, those who have to avail the disability certificate have to visit the handicap division of the Sadaram camp department, to do which the tribes do not have enough resources.
3. The entire process through which the disabled can avail aids and appliances has been digitised. Such a system has created further distance between the disabled tribes and their rights. It is a startling fact that 0% of the disabled tribes have availed aids and appliances through the government.
4. MeeSeva centres are supposed to assist the locals in taking appointments with KGH. These centres, however, are run by private entities and hence are mostly absent in remote localities.
5. The PHCs are controlled and authorised by the District Medical and Health Office. KGH can only treat the patients who come from these PHCs. No other authority or link exists between PHC and KGH, enabling KGH to make some reforms in PHC such as sending essential medicines and equipment to the latter.
6. Even though there are government schools for children with Intellectual disabilities, they are not residential. These children cannot, therefore, access education from such schools as their families reside in places which are far off from the school.

→ Case Study:

Kamala, an eighty year old woman living in Ninnimamidi, happened to meet with an accident two years ago in Visakhapatnam. She was immediately taken to King George hospital(KGH). It was late in the night when she was admitted there. Upon being admitted, she was given anesthesia and the doctor performed a surgery on her right leg. Broad iron rods were inserted through her broken leg, in order to correct it. She was sent home after the surgery and was asked to come back after a week for the removal of rods from her leg. With tremendous difficulty of arranging for resources to avail the treatment, Kamala along with her son, revisited the hospital after a week. The rods, however were not removed. They visited the hospital again after a few days, for the same purpose and went back to Ninnimamidi in utter disappointment. Out of no choice, they also visited a hospital in S-Kota which is 53km from Vishakapatnam. At all the times, the hospital staff outrightly neglected her condition. Her family on the other hand, was afraid of the elaborate cost of living outside their village and therefore choose to go back home. Ever since then, Kamala has not moved from her place in her house. The iron rods, in her leg make it impossible for her to merely stand up. The family had spent over thirty thousand rupees on her treatment, when medical treatment of tribes was said to be a priority and free of cost.

After the death of her husband who used to receive an old age pension, she does not receive any pension; leaving her entirely dependent on her family members.

## The Rights of Persons With Disabilities Act, 2016

The United Nations Convention on the Rights of Persons with disabilities<sup>6</sup>(UNCRPD) is a comprehensive human rights treaty that intends to change the attitude and approaches of people towards persons who are disabled. The Rights of Persons With Disabilities Act,2016 gave effect to the UNCRPD.

The following paragraphs will attempt to discuss some provisions of RPWDA, 2016 which are thought to be most relevant in the Borra Panchayat and have the capability to fulfil basic necessities.

### Public facilities and resources

Firstly, it is clearly mentioned that the disabled have to provide with a high support environment which has to satisfy their needs both physically and psychologically. The act states that the disabled should finally be in a position to take independent and informed decisions. It is obvious that for such a decent life they should have access to facilities such as education for career advancement, employment, family and community life, treatment, vocational training, therapy and other public facilities such as banking, finance and insurance and many more.

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<sup>6</sup> <http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>

The act stresses on rehabilitation which refers to a process aimed at enabling persons with disabilities to attain and maintain optimal, physical, sensory, intellectual, psychological environmental and social function levels.

The disabled have to be provided with reasonable accommodation in their locality that would make their mobility much easier. However unfortunately, the panchayat lacks road infrastructure which could connect the villages of the panchayat. As the villages are in the dense forests of the eastern ghats, building the road has always been postponed by the government. If immediate action is not taken, their mobility would be restricted which would be a hurdle for their basic requirements such as visiting the doctor in a situation of emergency.

After visiting the Borra Panchayat it was noticed that the otherwise normal individuals of the panchayat themselves could not avail for most of these public facilities, let alone the disabled.

### Education

Secondly, the act argues for inclusive education which means that children with and without disabilities of the same age group would come together in one classroom to be educated. Usually, separate schools are advised for the disabled. However, promotion of inclusive education by the government would be a milestone in sensitising the community about the disabled. The act states that all government and local authorities shall endeavour that all educational institutions funded or recognised by the government must provide inclusive education to the children with disabilities.

However, it was observed that the primary schools were almost non- functional in that area. This is because the teachers are absent most of the time. To be able to provide the disabled with education, the school should be well equipped to meet their needs such as braille for the blind and certain other facilities for the physically disabled, and most importantly the teachers should be sensitive and cater to the needs of every child in the classroom. The teacher should also be a trained individual who should be able to communicate in sign language and equipped with other such basic qualifications that makes them appropriate for an inclusive educational institute. The environment and facilities for the children should be such that, maximum social and academic development is achieved.

There should be transport facilities provided to all the children, if not all; the disabled should definitely be provided with transport and an attendant who could take care of their personal needs if the child has high support needs in the school.

It is suggested in the act to conduct regular surveys among the school going children once in every five years for identifying children with special needs and difficulties. As the 2016 act recognized learning difficulties as a disability, such surveys could be of great benefit to the children. Such surveys would examine the facilities and equipment for children and keep updating them every five years.

The act also believes that those with benchmark disability should be provided with scholarships for maximizing their potential.

The appropriate Government and the local authorities shall take measures to also promote, protect and ensure the participation of persons with disabilities in adult education and

continuing education programmes equally with others. All Government institutions of higher education and other higher education institutions receiving aid from the Government shall reserve not less than five per cent seats for persons with benchmark disabilities. These are some provisions of the Act dealing with education, that we thought were most relevant to the people of Borra Panchayat.

### Rights and entitlements:

The following explains the provisions of the act dealing with rights and entitlements of the disabled, which were seen to be most relevant to the Borra Panchayat.

The disabled have equal rights as anyone else in the country to access any court, tribunal, authorities, commission and any other judicial and quasi- judicial powers without being discriminated on any grounds.

The National Legal Services Authority and the State Legal Services Authorities constituted under the Legal Services Authorities Act, 1987<sup>7</sup> (39 of 1987) shall make provisions including reasonable accommodation to ensure that persons with disabilities have access to any scheme, programme, facility or service offered by them equally with others.

The Government shall take appropriate steps to ensure that all their public documents are in accessible formats for example the blind should have their documents in the form of braille. For this the appropriate authorities have to ensure that the filing departments, registry or any other office of records are supplied with necessary equipment to enable filing, storing and referring to the documents and evidence in accessible formats.

The disabled should have access to all necessary facilities and equipment to facilitate recording of testimonies, arguments or opinion given by them in their preferred language and means of communication.

The appropriate Government shall also ensure that the persons with disabilities have rights, equally with others, to own or inherit property, movable or immovable, control their financial affairs and have access to bank loans, mortgages and other forms of financial credit.

It was noticed that the disabled in the villages of Borra Panchayat usually did not receive loans as the banks believed that they would not be able to pay their debts. Such scenarios directly reflect the need to sensitize the surroundings and the authorities towards the disabled into being more responsive to their needs. Loans would be very useful as the disabled tribes can use these loans to establish small businesses for livelihood, after their vocational training.

It was observed that most of the disabled and their families lacked awareness about their rights and hence are not equipped to avail them.

The Act also mentions Social audit. The appropriate Government shall undertake social audit of all general schemes and programmes involving the persons with disabilities to ensure that the scheme and programmes do not have an adverse impact upon the persons with disabilities and meet the requirements and concerns of persons with disabilities.

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<sup>7</sup> <http://lawmin.nic.in/ld/P-ACT/1987/The%20Legal%20Service%20Authorities%20Act,%201987.pdf>

### Skill development and employment:

The government according to the 2016 act has to formulate schemes and programmes that would support the disabled through vocational training. This would benefit the disabled and their families immensely as it would be a source of employment that would support the family.

Every appropriate Government shall appoint in every Government establishment, not less than four percent of the total number of vacancies in the cadre strength in each group of posts which are meant to be filled with persons with benchmark disabilities <sup>8</sup>.

The ITDA has encouraged such vocational training among the tribes. However, this never included the disabled. Through this act the disabled would be trained in both formal and non-formal vocational and skill training programmes, so that they could eventually be employed. The act also highlighted the need to provide extra support to Women with disability and the need to look after their children.

The appropriate Government and the local authorities shall, within the limit of their economic capacity and development, provide incentives to employer in private sector to ensure that at least five per cent of their workforce is composed of persons with benchmark disability.

Every establishment shall maintain records of the persons with disabilities in relation to the matter of their employment, facilities provided and other necessary information in such form and manner as may be prescribed by the Central Government.

However, this seems to be a very far-fetched thought as the supervisor of the panchayat himself did not know the exact number of disabled of Borra, which proves the negligence on the part of the authorities. Such issues could be resolved with the appointment of the Grievance redressal officer as provided under the act. Every government shall appoint a Grievance Redressal Officer for this purpose and shall inform the Chief Commissioner or the State Commissioner, as the case may be, about the appointment of such an officer who would be available to address any needs of the disabled of the borra panchayat and who would be responsible enough to have all the necessary information.

### Social security, health and recreation:

According to the Act, Schemes and programmes shall be formulated to safeguard and promote the right of persons with disabilities for adequate standard of living and to enable them to live independently or in the community.

Everybody should be provided with good and safe living conditions, access to health care, counselling, safe drinking water and sanitation. However, these facilities are palpable for the disabled. Taking into account, the fact that more than ninety percent of the tribes in the panchayat lack a toilet, it is the need of the hour to provide one for every house. The disabled, however, require a toilet and basic sanitation promptly because in the absence of these facilities, they need assistance in such daily activities making them very dependent on others.

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[http://document.ccis.nic.in/WriteReadData/CircularPortal/D2/D02adm/36035\\_02\\_2017-Estt.Res.-20062017.pdf](http://document.ccis.nic.in/WriteReadData/CircularPortal/D2/D02adm/36035_02_2017-Estt.Res.-20062017.pdf)

The disabled must be provided with provisions such as aids and appliances, medicine and diagnostic services and corrective surgery all free of cost, given their income level. However, most of the tribes paid large sums of money for their surgeries. The closest hospital which is the PHC in Ananthagiri lacked a lot of services and the tribes could not afford going to KGH as the expenses were too much to bear. Most of them, therefore, ended up in private hospitals and paid beyond their capacity.

Another aspect that was noticed was that none of the tribes who were disabled were provided with any aids and appliances by the government. They were not even aware of the services the government was offering them, which shows how inaccessible the government is to the tribes.

The disabled are to be provided with pensions. In the Borra panchayat there were many who were disabled due to age and were dependent on their children, whose situation has been described before under old age as a reason for disability. Due to overlap of eligibility for two pensions, they only receive one pension, either old age pension or disability pension. Those who received old age pension, do not find it sufficient. In case of an old age couple, only one among them receives pension.

Apart from this, the act mentions unemployment allowances to be given to persons with disabilities registered with Special Employment Exchange for more than two years and who could not be placed in any gainful occupation.

The Act states that regular surveys should be undertaken by the local governments to check for the reasons behind disabilities so that precautions could be taken and healthcare could be improved.



## 5. SUGGESTIONS AND RECOMMENDATIONS

The following are some solutions we propose in order to achieve some objectives which would ameliorate certain aspects of tribal lives.

### Objective: Making the PHC and KGH more accessible and friendly

- a) Immediately implementable solutions:
  - i) Installing biometric attendance checks in PHC sub-centres in order to make the ANM doctors visits regular.
  - ii) Make the doctors at the PHCs aware and well-verse with the facilities KGH provides and other legalities. Such as the ambulance service to the hospital and the whereabouts of obtaining the disability certificate. The doctors will then be equipped to guide their patients towards obtaining proper treatment.
  - iii) Provide transportation facilities from KHG to the villages of the patients, or at least the closest PHC.
  - iv) Bring down essential medicines and equipment (including assistance devices for the disabled) to the PHC from KGH
- b) Solutions that are implementable over a period of time:
  - i) Ensure some amount of accountability of PHC and CHC to KGH, to avoid the blame-game.
  - ii) Performance-based promotions and income increase to the ANM doctors, to ensure efficiency of work.

### Objective: Reforms with respect to aids for the disabled, camps and MeeSeva

- a) Immediately implementable solutions:
  - i) Assist any one villager or a group of villagers of the Borra Panchayat to open a MeeSeva centre which is in a comfortable distance from all the villages of the Panchayat.
  - ii) Reformulate and introduce camps in order to perform functions such as-collecting information about new/unreported cases of disability and assisting them to obtain treatment, certificate and pension. These camps can even be done with the help of some NGOs
- b) Solutions that are implementable over a period of time:
  - i) Establishment of some guidelines for those operating MeeSeva centres, in order to make it more people-friendly. For example, the location for these centres can be decided by government authorities.
  - ii) We must either collectively work towards making every person educationally equipped enough to use MeeSeva, or disintegrate the system by making some provisions manual and some online.

### Objective: Inclusive education for children with disabilities

- a) Immediately implementable solutions:
  - i) Installation of biometric attendance systems for the teachers of Primary schools to ensure that they attend regularly.
  - ii) In case the villages are very remote, transportation facilities should be provided to these teachers.

iii) Empower these teachers to discourage dropping out of disabled children. Such awareness can be created with the help of NGOs.

b) Solutions that are implementable over a period of time:

i) Recruitment of teachers can initially be on contractual basis, to ensure efficiency of work. Promotions and income increase, later, can be performance-based.

ii) Equipment required to teach disabled children, to be made available in primary schools.

iii) Training of teachers to teach the disabled children.

### Objective: Overcoming legal glitches

a) Immediately implementable solutions:

i) Establishing a grievance cell where the tribes could come and report their problems and take advices about how to over overcome them.

b) Solutions implementable over a period of time:

i) In the case of an old age couple, ensure both of them get the pension.

ii) In the case of an overlap between eligibility of pensions, ensure that a person with more than one eligibility gets more than one pension accordingly.

### Objective: Improvement of Infrastructure

As examined before, lack of infrastructure such as roads is what makes the tribes tremendously prone to accidents and therefore disability. Improvement of Infrastructure is therefore an essential factor, not only to improve the lives of the disabled but also the tribal population of this area, in general.

### Objective: Enhancement of awareness

a) Immediately implementable solutions:

i) University students and NGOs can be hired to organise camps and programmes which can assist in spreading knowledge about rights, entitlements available and other aspects of the legal framework. For instance, many tribes are not aware of the procedure to follow in order to obtain a disability certificate, and therefore did not avail one. If the presence of such awareness, they would have availed the provision.

ii) Through the same method, the tribes should be made aware of the ambulance facility at PHC to KGH and also about their right to avail treatment for free of cost.

iii) The tribes must also be made aware of various causes that lead to disability and how to prevent them. For example, Endogamy

b) Solutions that are implementable over a period of time:

i) Creation of a system, such that the tribal population can be made aware of new provisions time-to-time, with the objective of achieving an all-inclusive society where each individual is conscious of his/her rights.

## 6. CONCLUSION:

From the above-mentioned data and glimpses of our experience, we attempted to bring to the notice of the government the situation of disabled tribes of the villages of the Borra panchayat. Disability also acted as an implication of making us understand the risk-prone lifestyle of these tribes. Alleviating this risk-factor through building permanent solutions towards a more inclusive democracy, is in the hands of the authorities and civil society as whole.

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## 8. Appendix:

Table 1: Number of disabled people (Village-wise)

Name of the Village	Total population of the Village according to 2011 Census	Permanently disabled people (a)	Cases of no treatment which could eventually lead to disability (b)	Total number of disabled people (a)+ (b)
Boddapadu	20	-	2	2
Karakavalasa	88	7	4	11
Ninnimamidi	213	8	2	10
Dekkapuram	67	1	3	4
Jeerugadda	92	3	5	8
Getuvalasa	261	4	5	9
Eggumaamidi	107	1	1	2
Kontechimmidi	95	1	1	2
Dalapatalasa	7	1	-	1
Ballipatta	11	-	-	-
Koyitiguda	115	1	6	7
Pedhuru (Borra)	159	-	5	5
Pulaguda	198	4	4	8
Katiki	94	2	3	5
Saaraguda	163	1	-	1

Graph 2:

