Sustainable Development Goals Disability Tracker II

Nothing About Us, Without Us



Exploring experiences of Persons with Disabilities in conflict/post-conflict situations in Kokrajhar and Chirang of Bodoland Territorial Autonomous District vis-à-vis the United Nations Sustainable Development Goals 2030

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vis-à-vis the United Nations Sustainable Development Goals (UNSDG) 2030

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Consent has been taken for all raw voices/narratives and pictures that have been directly quoted or used in the study.
Photographs have been taken by field investigators and volunteers who were engaged in course of the fieldwork.

VSO International is working in 23 developing countries across Africa, Asia and the Pacific, focusing on improving the health, education and livelihoods of the most marginalised in society. VSO's vision is a world without poverty. Its unique role in international development is to place committed volunteers with carefully selected organisations so that their skills generate the greatest value. At VSO, the belief is that progress is possible when we work together. Hence, partnerships lie at the root of all the positive transformation that we create. Together, it works on programme development and delivery, research, advocacy and fundraising .

Shishu Sarothi, established in 1987, is a leading not-for-profit organisation working with a proven track record in the area of early intervention and rehabilitation, education, livelihoods, advocacy and awareness as well as protection of rights and legal aid for children and persons with disabilities in North East India. Shishu Sarothi is an active member of the Disability Rights Group and other national level advocacy bodies .

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VSO and Shishu Sarothi take immense pride in presenting before you SDG Disability Tracker II, a study that explores for the first time, the issue of disability in the context of conflict situations and in relation to UN SDGs in Northeast India {with special focus on the Bodoland Territorial Autonomous District (BTAD)} and in locating the same vis-à-vis UN SDG 5- Gender Equality, SDG 6- Water and Sanitation for all and SDG 8- Decent Work and Economic Growth. At the very outset, we take this opportunity to extend our gratitude to all primary respondents (persons with disabilities) who formed the backbone of the study and agreed to share their valuable insights.

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FOREWORD

Shishu Sarothi's three-decade long experience of work in enabling and empowering children and persons with disability in Assam and across North East India through its services and rights related advocacy, has indicated the paucity of disaggregated data and information on disability. Qualitative and quantitative research into different aspects of lives of persons with disability – from populations to prevention, interventions, and across different domains of health, education, skills, employment, access to public services and facilities, and participation in mainstream life, is scant and disjointed, if at all it is available.

According to the Census 2011, there are 26.8 million people with disabilities that account for 2.1 % of the total population of 1.21 billion people in India. It is widely acknowledged that this figure could possibly be an underestimation, despite covering 8 types of disability. This may have been due to the difficulties in seeking information on disability. UN- WHO estimates suggest a much higher prevalence rate of 10% worldwide, with most of the people with disabilities living in underdeveloped countries of the world.

In 2007, India's ratification of United Nations Convention for Rights of Persons with Disabilities (UNCRPD) 2007 catalysed a revisiting of the legal systems to align laws with its principles, and led to the enactment of the Rights of Persons with Disabilities Act 2016, and a subsequent review of the schemes and programs offered by Govt of India. The UNCRPD in Section 31, puts responsibility on State Parties to collect and disseminate appropriate information, including statistical and disaggregated research data, so as to identify and address barriers faced by persons with disabilities in exercising their rights; and enable formulation and implementation of policies; and assess implementation of obligations. The Incheon Strategy 2016 to 'make the right real' based on the principles of the UNCRPD, provides the first set of regionally agreed disability inclusive development goals and its 10 goals include a goal of improving the reliability and comparability of data.

This Research Study carried out by Shishu Sarothi in partnership with Voluntary Service Overseas (VSO), tracks 3 specific Sustainable Development Goals (SDGs). It reveals the multiple layers of marginalisation and exclusion faced by persons with disabilities on account of their disability, their gender and their ethnicities and their invisibilization during conflict and humanitarian emergency related internal displacements.

SDGs 5, 6 and 8 aim to 'achieve gender equality and empower all women and girls', 'ensure availability and sustainable management of water and sanitation for all' and 'promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all'. By tracking these 3 SDGs we are able to get an idea of the ground realities of persons with disabilities – their status and role in the families and communities and their representation in decision making processes; their access to water and sanitation facilities which in turn impact their health and safety and affect the ability of girls with disabilities to attend and remain in schools; the nature of work assigned to them and their prospects for financial and economic independence.

We are hopeful that this research study will serve as empirical evidence of the experience of women and men with disabilities and add to the dialogue and knowledge on inclusion. Through the study we envisage promotion of social inclusion ensuring no one is left behind in tracking of the SDGs.

Ketaki Bardalai,
Executive Director, Shishu Sarothi

PREFACE

In India VSO's programming is premised on Social Accountability. It has been an overarching key approach to achieve 'Equality and Inclusion for All' aiming that the excluded communities (primary actors), in this case persons with disabilities, have access to their rights and basic essential entitlements and services. VSO views persons with disabilities as a core excluded group crucial in achieving Sustainable Development Goals and national targets around health, education, social protection, and livelihoods, civil and political participation and also as a group that plays a significant role in realizing larger civil and political rights.

Despite the progress made in the recent times and disability being included in the 2030 Agenda for Sustainable Development, persons with disabilities continue to face exclusion from the mainstream development. To address this and achieve disability inclusive development, persons with disabilities need to be equally included through a participatory and inclusive approach along with other stakeholders.

In pursuit to continue supporting people with disabilities in realizing their rights and to promote their full inclusion and active participation, VSO India initiated Citizen-Led Monitoring (CLM) exercise as an attempt to hear voices of disabled citizens. CLM is an integral part of social accountability programming which allows citizens to take control of their own evidence and information and use it to exert influence over institutions that affect their lives. It enables and empowers citizens to monitor and provide feedback on the performance of government and duty bearers. Through this approach, VSO in India steered the first phase of CLM exercise during the year 2017-18 in which 642 disabled citizens were consulted across 100 panchayats in Ranchi and Raipur districts in Jharkhand and Chhattisgarh respectively, on their access to services, rights and entitlements. This process resulted in development of the first ever 'SDG Disability Tracker - Nothing About Us Without Us', which tracks the status of people with disabilities against Sustainable Development Goals1, 3 and 4 namely Ending poverty in all its forms, Ensuring healthy lives and Ensuring inclusive and equitable quality education respectively.

With the same background as above, the second phase of SDG Disability Tracker in relation to Sustainable Development Goals 5, 6 and 8 (Gender Equality, Water and Sanitation for All & Decent Work and Economic Growth respectively) was conceptualized in collaboration with Shishu Sarothi. A total of 201 persons with disabilities were consulted from two districts of Assam, Kokrajhar and Chirang, which are part of Bodoland Territorial Council (BTC) and has had a history of conflict. As a distinct feature, the Washington Group Questions (WGQ) were used which as a process was significant in receiving the basic necessary information on disability and estimate the level of functional domains among people with disabilities.

This study brings forward the perspective and voices of people with disabilities and highlights the level of exclusion and barriers faced by them in accessing government services and entitlements in context to SDGs 5, 6 and 8. It is also an attempt to highlight the critical areas of concerns for immediate policy intervention, advocacy and way forward.

We hope that this study promotes inclusion of persons with disabilities in tracking the progress of the Sustainable Development Goals ensuring leaving no one behind and adds on to the existing knowledge and data on disability in the development sector. We believe that the findings of this study will initiate discourse at a larger level in order to achieve sustainable development which is disability inclusive.

Puja Negi,
Programme Manager,
Voluntary Services Overseas, India

LIST OF ACRONYMS

ABSU	- All Bodo Students Union
AIET	- Action for Inclusion & Empowerment Trust
BAC	- Bodoland Autonomous Council
BLT	- Bodo Liberation Tiger
BLTF	- Bodo Liberation Tiger Force
BLS	- Base Line Survey
BPF	- Bodoland Peoples Front
BPL	- Below Poverty Line
BSS	- Bodo Sahitya Sabha
BTAD	- Bodoland Territorial Autonomous District
BTC	- Bodoland Territorial Council
CD	- Community Development
CLM	- Citizen Led Monitoring
CSDG	- Centre for Sustainable Development Goals
CwDs	- Children with Disabilities
DNO	- District Nodal Officer
DSWO	- District Social Welfare Office
FGD	- Focussed Group Discussion
MDG	- Millennium Development Goals
MoS	- Memorandum of Settlement
MR	- Mental Retardation
NCF	- National Curriculum Framework
NCRB	- National Crime Records Bureau
NDFB	- National Democratic Front of Bodoland
NE	- North East
NFHS	- National Family Health Survey
ODF	- Open Defecation Free
PHED	- Public Health and Engineering Department
PVC	- Poly Vinyle Chloride
PwDs	- Persons with Disabilities
RBSK	- RashtriyaBal Suraksha Karyakram
RCI	- Rehabilitation Council of India
RPwD	- Rights of Persons with Disabilities
SBM	- Swachh Bharat Mission
SDG	- Sustainable Development Goals
SL	- Slow Learner
SSSG	- SDG Strategy Support Group
UN	- United Nations
UNCRPD	- United Nations Convention on the Rights of Persons with Disabilities
VAW	- Violence Against Women
VSO	- Voluntary Services Overseas
WASH	- Water Sanitation and Hygiene
WGQ	- Washington Group of Questions
WHO	- World Health Organisation
ZCC	- Zonal Coordination Committee

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1. EXECUTIVE SUMMARY

In envisioning a holistic approach to the idea of 'development' that is inclusive and integrating, it is important to address concerns of minimizing disparities, towards creating a society that has equitable access to resources and opportunities. The socio-economic dynamics in India often makes this a challenging task. For a nation that is highly stratified and diverse, the nuanced interplay of geography, context and issue makes this a furthermore complex affair. As we shift our focus to the disability discourse in India, Persons with Disabilities (PwDs) continue to remain as one of the most overlooked and marginalized groups in the country. Meanwhile, committed to ensuring the achievement of the UN SDG 2030, India has been making several inroads in propelling the SDG agenda.

The UN SDG 2030 that starkly stands out from the Millennium Development Goals (MDG)[3] lays strong emphasis on addressing the issue of disability in a variety of aspects such as education, employment generation, access to sanitation and hygiene and inclusivity and accessibility in the real sense of the terms. The Incheon Strategy[4] that is premised on the CRPD enables countries in the Asia-Pacific region to track progress towards improving quality of life, and fulfillment of rights of region's 650 million persons with disabilities. The Strategy to 'Make Rights Real', in the region, provides the first set of regionally agreed disability-inclusive development goals.

Persons with disabilities are subjected to multiple forms of discrimination and if it is a context of conflict, their situation is further compounded as they are more vulnerable to rights violations and lack of accessibility. Furthermore, if we situate this from the standpoint of women and children, then the intersection of disability, gender and conflict disprivileges them in more extreme forms denying basic rights. The 2030 Agenda for SDGs give a certain amount of hope to address disability as a matter of priority. The aim in this study was thus to locate disability through the lens of conflict and explore the same vis-à-vis SDG 5 Gender Equality, SDG 6- Water and Sanitation for all and SDG 8- Decent Work and Economic Growth.

The location of the study was in BTAD, an autonomous district that came into being in the year 2003, presently comprising of four districts namely Baksa, Chirang, Kokrajhar and Udalguri. The genesis of conflict in BTAD dates back to the times of the Bodo movement that started in 1987[5]. The research thus delves into the discourse on disability in northeast India, and further narrows down within the geographical location of BTAD. It is important to mention here that although the research addresses the question of disability in a context of conflict, it does not in any way try to analyse conflict or its kind and variations. The research rather seeks to draw findings within the backdrop of a conflict and post-conflict scenario in north-east India. Given the almost negligible amount of literature currently available on the subject, this is a nascent attempt at exploring the same in relation to the UN SDGs. It flags off important concerns and critical areas that require immediate attention and policy interventions.

3 http://www.un.org/millenniumgoals/

4 https://www.unescap.org/resources/incheon-strategy-%E2%80%9Cmake-right-ral%E2%80%9D persons-disabilities-asia-and-pacific

5 http://www.mainstreamweekly.net/article3666.html

In doing so, the idea behind the study was to identify what is specific to the experience of persons with disabilities in conflict, keeping in view Goal 5, 6 and 8 of the UN SDGs. Tracing the same within the larger SDG framework, the research attempts to throw light on how systemically persons with disabilities in conflict situation have reduced access and power, are at disproportionately greater risk of violence that is further compounded by poverty, social isolation and political marginalisation. It is also aimed at flagging off key concerns for PwDs around water, sanitation and hygiene and accessibility to the same. Additionally, the study looked at accessibility to decent work for persons with disabilities towards economic growth, in the context of conflict situations.

The study also captures the voices of PwDs that have been silenced within dominant discourses and do not often grab attention. It brings to the fore the voices of people who continue to remain oppressed in the conflict situations. It brings forth narratives of violence, oppression and negligence that were experienced in diverse forms and the lack of redressal mechanisms in justice delivery.

The research also highlights the gaps and lack of disaggregated data on disability. It very importantly looks at the role and effectiveness of government provisions, their accessibility, and multiple stakeholders in addressing the same. In order to strengthen the processes of inclusion of PwDs in policy making and ensuring accessibility to resources and services, the study makes an entry-point in looking at the gaps and challenges and in envisioning a way forward. It is hoped that this first of its kind study, will be an important tool and a reference point in advocacy and policy intervention, creating mass sensitisation and in flagging off critical concerns and addressing the same on part of stakeholders at multiple levels.

SDG 5:

Gender Equality -

Findings of the research highlight the lack of accessibility to basic rights, particularly for girls/women with disabilities. This is seen across aspects of accessing education, enrollment in schools, facing discrimination and abuse both within the family and outside, neglect and social exclusion and violence in nuanced forms. Statistical analysis highlight that women' accessibility to rights and entitlements is always outnumbered by that of men.

SDG 6:

Clean Water and Sanitation -

The study highlights that more than half of PwDs who participated in the study do not have an accessible toilet (in their school, house and community). There continue to be gross lack/inaccessibility of drinking water facilities for PwDs, both government constructed (as per schemes under Swachh Bharat Mission (SBM) for households and communities) as well as those in schools. During times of conflict, relief camps are not equipped with accessible water and sanitation facilities for PwDs – an astounding 99% of the respondents who stayed at relief camps expressed the same.

SDG 8:

Decent Work and Economic Growth -

The research highlights that only about 2% of the total respondents have permanent employment and none of them have got the job under the statutory reservations for persons with disabilities, in vacancies for jobs in Govt. The workplace of the respondents working on permanent and temporary/ contract positions are not fully accessible as only few of the places reportedly have ramps. The potential for contribution towards economic growth from persons with disabilities has not sufficiently been tapped into.

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2. DISABILITY AND CONFLICT

A GENERIC OVERVIEW

Persons with disabilities comprise an estimated 15 per cent of the world's population, or one billion people, of whom 80 per cent live in developing countries and are overrepresented among those living in absolute poverty[6]. As per Census 2011, in India, out of a total 121 Cr population, about 2.68 Cr persons are 'disabled' which is 2.21% of the total population[7]. This section continues to remain as one of the most marginalized and overlooked groups. Often, due to discriminatory norms and practices, inaccessible environments and non-inclusive policies, persons with disabilities face oppression at several fronts. This further goes on to limit their capacities and deny them basic human rights. At the same time, it is important to note that there is also a lot of heterogeneity across different disability groups. Hence, the context and background becomes essential while understanding the nuances.

The Preamble to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) recognises: "Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.[8]"

Disability in India- A Statistical Profile-2011, published by Ministry of Statistics &Programme Implementation, further mentions in their publication that "In India different definitions of disability conditions have been introduced for various purposes, essentially following the medical model and, as such, they have been based on various criteria of ascertaining abnormality or pathologic conditions of persons."[9]

According to the World Report on Disability published by the World Health Organisation (WHO), "About 15% of the world's population lives with some form of disability, of whom 2-4% experience significant difficulties in functioning. The global disability prevalence is higher than previous WHO estimates, which date from the 1970s and suggested a figure of around 10%.[10]"

The post-2015 discussions in the past few years have reinforced the debate on ensuring an inclusive approach to development by addressing inequalities and the needs of the most marginalized, including those of persons with disabilities. In the last decade or so, disability as a human rights issue has gained attention. The attitude towards people with disabilities is such that we tend to underestimate their capacities which lead to denying them basic rights. Access is a primary problem for people with disabilities. However, access does not only come in the form of physical barriers. Social constructs are a major factor which limits the abilities of persons with disabilities.

6 High Level Political Forum Ensuring that no one is left behind : Position paper by Persons with Disabilities 2016
7 http://mospi.nic.in/sites/default/files/publication_reports/Disabled_persons_in_India_2016.pdf
8 https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-1-purpose.html
9 http://www.mospi.gov.in/publication/disability-india-statistical-profile-2011-1
10 http://www.who.int/disabilities/world_report/2011/report/en/

Social attitudes towards disability of any form, restrict a person in participating, engaging or enjoying and involving in any form of work or activity. Furthermore, when disability is coupled with the issue of conflict, the challenges are compounded. In a context of conflict PwDs are disproportionately affected and are vulnerable to the risk of increased challenges, lack of resources, mobility issues and inadequate access to services. The issue is magnified by problems of low resource allocation and worsened by their invisibilisation and under-representation in democratic decision making processes.

Beyond the immediate outcome of conflict, are the innumerable battles- of everyday struggles of those affected and their scarred memories in the aftermath of conflict and violence. What is often ignored and erased out of public discourse and memory are the narratives of the unending battles for survival and struggle for access to even the most basic of resources.The need for access to health services, to justice and protection from abuse, employment and work opportunities etc are not highlighted or addressed. Women with disabilities are forced to remain confined to family spaces due to extreme levels of discrimination and prejudices. On one hand repeated episodes of conflict lead to poor development indicators while on the other, challenges of having a disability leads to multiple levels of violation and denial of rights.

2.1 Why explore disability in context of conflict in Northeast India?



Map showing the eight states in North East India (Source: Google Images)

The northeastern region of India comprising of eight states- Assam, Arunachal Pradesh, Manipur, Mizoram, Nagaland, Meghalaya, Tripura and Sikkim, has historically been a fertile ground for a multitude of conflicts. Conflict in the region has been an all-pervasive phenomena, and in its violent form, it has not only affected the territorial and political sovereignty of the Indian state, but also the life of the various people living in the region in incomprehensible and inexplicable terms. In a drastic and dreaded sense, there is a "culture" of conflict and unfortunately, people have submitted to such an existence[11].

The UNCRPD recognizes that women and girls with disabilities face multiple and intersecting forms of discrimination. In the preamble to the Convention attention is drawn to the particular susceptibility of

[11] https://in.boell.org/2009/02/28/conflict-northeast-india-issues-causes-and-concern

women and girls with disabilities to violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation[12]. Additionally, while Articles 6 &7 of the Rights of Persons with Disabilities (RPwD) Act speak of protection from cruelty, inhuman treatment, abuse, violence and exploitation, Article 8 (2 & 3) speak specifically about protection and safety, and inclusion of PwDs in all disaster management measures linked to situations of risk, armed conflict, humanitarian emergencies and natural disasters[13].

The North East (NE) region has been affected by numerous conflicts for decades, which continue to flare up periodically. Noted journalist Teresa Rehman views, "In the northeastern state of Assam, riddled with insurgency, the rights of disabled people get even lower priority than elsewhere in the country[14]". In a region that is enmeshed in a number of conflict and identity issues, the rights of disabled people rarely gather attention[15].

Interestingly enough, the grand narrative of conflict and violence fails to highlight the nuances and the intricacies of how marginalization and gross violation of human rights is experienced across various strata of society. In such a context, the impact of conflict on vulnerable communities like persons with disabilities is manifold owing to multiple factors.

While the discourse on conflict, violence and identity politics has gained the much-needed attention in the region, the dominant narrative has failed to capture the intersections of conflict vis-à-vis marginalized groups like persons with disabilities. Literature and secondary material on the subject are scanty and insufficient.

Lack of information about disability and rehabilitation services is another key issue that makes it difficult to understand the gaps and the challenges. Apart from the data collected during national censuses, very little statistical information is available about the lives of PwDs and their families in the region.[16]"

As per the national Census in 2011, the total number of PwDs identified in the North East was 733,450 (1.65%). In the state of Assam, the total count of PwDs stand roughly at about 480,065 (1.54%) PwDs[17]. Other than the Census data on disability statistics, there is no other study or secondary data of relevance that captures the discourse on disability and how conflict aggravates the situation of persons with disability. During conflict or post-conflict situation, in the pandemonium and urgency to resolve and rehabilitate, service delivery is not always inclusive of aspects pertaining to diverse marginalized groups.

The lack of a much-needed discourse on disability within the context of conflict in order to flag off pertinent issues of rights and entitlements, further necessitates the need for a study like this. In order to strengthen systems and bring to the fore the deficits, gaps and fissures in ensuring the rights of PwDs, it is important to explore disability within the lens of conflict and related vulnerabilities, particularly in the context of northeast India.

12 https://www.un.org/development/desa/disabilities/news/dspd/women-and-girls-with-disabilities-crpd.html
13 http://www.ncpedp.org/RPWDSact2016
14 http://infochangeindia.org/disabilities/stories-of-change/standing-up-for-the-rights-of-the-disabled.html
15 http://www.indigenousherald.com/index.php/features/22-disability-in-northeast-india
16 http://globaldisability.org/wp-content/uploads/2016/02/Disability_Rehab_NEIndia_2016Feb.pdf
17 http://censusindia.gov.in/Census_And_You/disabled_population.aspx

2.2 Setting the Context - Bodoland Territorial Autonomous District



Map showing the four districts in Bodoland Territorial Autonomous Districts (BTAD)- Kokrajhar, Chirang, Baksa and Udalguri (Source: Google Images)

"BTAD came into being on 10th February 2003, as a Memorandum of Settlement (MoS), between the Government of India, Government of Assam and the Bodo Liberation Tiger (BLT). Since then till 2005 BTAD was governed in an ad hoc basis by the Bodoland Peoples Front (BPF), "... led largely by former cadres of the Bodo Liberation Tigers (BLT), an insurgent group that fought to carve a seperate Bodoland out of Assam[18].

In a lesser known part of Kokrajhar district in BTC, not far from Kokrajhar town are several 'displaced' communities that are still living in relief camps set up post conflicts in the preceding years. Living in extremely harsh conditions, these internally displaced communities face major challenges for access to clean drinking water sources, latrines and bathing facilities. The fractured relationship between the communities leading to a mass hysteria compelled many to flee their homes and villages in search of

[18] https://www.epw.in/journal/2015/31/reports-states-web-exclusives/bodoland-territorial-area-district-elections-2015.html

safety. 139 relief camps were set up across Kokrajhar, Chirang, Sonitpur and Udalguri districts and Kokrajhar alone sheltered 2,35,385 internally displaced persons in 92 camps between 2012-2014.

As per Census 2011, Kokrajhar records a total population of 8.87 lacs, out of which 11661 are recorded to be PwDs (male- 6447 and female-5214). Chirang, another disctrict in BTC has a total population of 4.82 lacs out of which 8101 are PwDs (male- 4316 and female- 3785)[19].

The All Bodo Students Union (ABSU) along with the Bodo Sahitya Sabha (BSS) launched the Bodoland movement demanding a separate State for the Bodos in 1987. At the initial stage the movement was peaceful and democratic with the slogan 'divide Assam fifty-fifty', but later it turned violent. The State Government along with the ABSU, on February 20, 1993 signed an accord and set up the Bodoland Autonomous Council (BAC) for social, economic, cultural, educational advancement of the Bodos. However, the disputes regarding the sharing of powers, and the delimitation of the boundaries, led to the immediate rejection of the accord by the movement leaders. The non-implementation of the accord led to the fresh demand for a separate Bodoland taking a violent turn, following which the Bodo Liberation Tiger Force (BLTF) and the National Democratic Front of Bodoland (NDFB) came into being. Since 1990 in the Bodo inhabited areas, hundreds of people were killed and lakhs displaced. It resulted in acts of insurgency and sporadic episodes of violence. The first such notable ethnic violence occurred in 1993 involving the Bodos and non-Bodo communities[20]. This has continued over the years with tension rising between the Bodo's and the non-Bodos, mainly the Adivasis and the Bengali speaking Muslims, the last episodes being in 2012 followed by another episode in 2014[21].

Ramen Khaklary (name changed), a survivor of the 1993 conflict, solemnly expresses, "My family reduced to half its size during the conflict. I often wonder, how complete my life would have been, if all my family members still lived to see this day. The trauma that we went through is something we can never forget. Khaklary and his family lived in relief camps for months, and the experience has scarred him and his family for life.

19 www.censusindia.gov.in
20 http://www.mainstreamweekly.net/article3666.html
21 https://timesofindia.indiatimes.com/india/A-Timeline-of-the-Bodo-conflict/articleshow/53561499.cms

A walk across some of the villages would immediately strike any passerby about the pathetic living conditions of the community. A casual chat with some of the women makes them a little jittery as they recall the nights when their villages were completely burnt down.

A teary eyed Ribika Boro (name changed) recounts the horrific night of violence in her village which made her flee along with her disabled husband. "Everything happened in-front of us just in a flash and it continues to haunt us like a nightmare that cannot be soon erased from our immediate memories." explains Ribika.

As one carefully listens to these narratives from commoners in the villages, one is hit by a palpable sense of grief. For several kilometers around these villages, it is difficult find a health centre or a school. Women walk several kilometers daily to fetch water. The concerns for persons with disabilities are lowest in the order and very little that has been done to address their equally pressing concerns.

The attempt in this study is thus to specifically look at the intersections of disability in the context of conflict with special reference to the United Nations Sustainable Development Goals that lays emphasis on inclusive development that is sustainable in the long run. While the SDGs are inter-linked, there are also specifically laid down targets and indicators for each of the 17 Goals. This study within the selected geographical landscape in BTAD highlights and tracks the current status of the three SDGs in this location, its implementation gaps and furthermore the barriers in achieving equal rights and an enabling environment for PwDs in conflict areas.

3. THE UN SDG 2030



17 Goals of the UN SDG 2030 (Source: www.un.org)

Standing out from the MDGs, the UN SDG 2030 Agenda is guided by the purpose and principles of the Charter of the United Nations and grounded, inter alia, in the Universal Declaration of Human Rights and international human rights treaties. The 2030 Agenda is therefore linked to the Convention on the Rights of Persons with Disabilities (CRPD),and its implementation, by, for, and with persons with disabilities should be in line with the CRPD to incorporate the disability perspective in all aspects of its realization, monitoring and evaluation[22].

The 17 Goals of the 2030 Agenda for Sustainable Development – adopted by 193 nations in September 2015 at the UN Summit – officially came into force on 1 January 2016. However, The SDGs indicators need to adopt a holistic approach, which evaluates access of marginalised and vulnerable communities to basic quality services, and disaggregates data to assess progress. There is a need to ensure that public policies that contribute towards achieving SDGs are governed by the principles of intersectionality that can be measured by predetermined indices[23].

Despite the international community having committed to an inclusive, accessible and sustainable 2030 Development Agenda, persons with disabilities continue to face significant challenges in their full inclusion and participation in society and development. Negative attitudes, stigma and discrimination and lack of accessibility in physical and virtual environments often denies the community an enabling and empowering environment.

22 Realisation of the Sustainable Development Goals By, For and With Persons with Disabilities- UN Flagship Report on Disability and Development, 2018

23 Civil Society Report on Sustainable Development Goals: Agenda 2030, Waada Naa Todo Abhiyaan

Although the SDGs very clearly address key issues on inclusivity and integration of 'all' for progress and development, there should be stringent mechanisms to monitor the processes at various levels, from the grassroot to the highest authority. In order to lead effective and positive change in ensuring an enabling environment for PwDs, the UN SDG indeed serves as a useful tool. It is only through a participatory and inclusive approach, where PwDs are themselves active agents in decision making, policy intervention and implementation, that the SDGs will be achieved in the real sense. In this study, the attempt has been to narrow down on three Goals and look at PwDs living in a context of conflict vis-à-vis these goals. Special focus has also been laid on women and their vulnerabilities.



3.1 SDG 5: Gender Equality

Gender constitutes an important marker in developmental processes and inclusive change. The historical oppression of women and the gaps in access to resources stand in the way of progress and success for women. Despite International Treaties and Conventions, women and girls constitute one of the most vulnerable and backward groups globally. If gender intersects with disability and conflict, the vulnerabilities multiply further. With reference to our study, conflict over the years in the field locations, as discussed in the preceding section, have displaced communities and crippled sustainable development in multiple ways. Women and children have always been the worst hit, bearing the brunt and severe repercussions of conflict and violence. However, the dominant discourse invisibilises the narrative of women with disabilities living in conflict situations.

SDG 5 thus flags off an important aspect with specific targets to ending all forms of discrimination and violence against women and girls everywhere. It also emphasizes on eliminating all harmful practices, such as child, early and forced marriage and female genital mutilation. It also highlights on ensuring women's full and effective participation and equal opportunities for leadership at all levels[24].

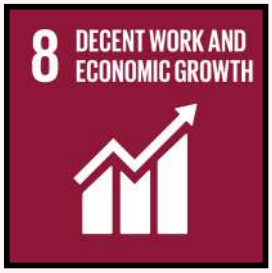
[24] http://in.one.un.org/page/sustainable-development-goals/sdg-5/



3.2 SDG 6: Clean Water and Sanitation

Conflict and violence aggravates the water, sanitation and hygiene situation manifold. Water Sanitation and Hygiene (WASH), gets sidelined and is most often the least prioritized concern for stakeholders during conflict and in the processes of relief and rehabilitation in conflict and post-conflict scenarios. At the same time, cultural practices of communities are also very diverse and this needs to be kept in mind while addressing WASH.

The targets set as under Goal 6 of the UN SDG 2030 emphasises on achieving universal and equitable access to safe and affordable drinking water for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.[25]



3.3 SDG 8: Decent Work and Economic Growth

The lack of decent work opportunities, insufficient investments, inadequate skills and scarce opportunities for training continue to be a serious matter of concern for PwDs. This becomes critical when it is a context of conflict, due to the shrinking of opportunities and avenues for employment and contributing to economic growth. Women with disabilities are usually compelled to stay within the house and remain dependent on other family members.

Although the UN SDG Agenda emphasizes on decent work and economic growth, not much has been done in order to generate more empowering job opportunities for PwDs. Inclusive growth must recognise the need including persons from all backgrounds and ensuring them their right to work and income generation.

The targets related to SDG 8 include achieving full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value. By 2020, substantially reduce the proportion of youth not in employment, education or training is emphasized upon[26].

25 http://in.one.un.org/page/sustainable-development-goals/sdg-6/
26 http://in.one.un.org/page/sustainable-development-goals/sdg-8/

3.4 Assam Vision Document 2030....Where are we headed?

"On the 16th of February, 2016, the Government of Assam released the Assam Vision Document 2030– Implementation of Sustainable Development Goals in Assam. Committed towards ensuring and achieving the UN SDG 2030, the Assam SDG Vision Document, titled "Assam 2030- Our Dream, Our Commitment", was created with the purpose of policy intervention under the Government of Assam. The document looks at each of the 17 goals and 169 target sand expected 304 indicators and proposes a broad approach that seeks to achieve the SDGs through adjustments of existing government programmes"[27].

SDG 5:
The government has several programmes targeted on women for their health and basic needs and also certain skill-based targets. Most of the targets are about reduction or improvement of certain condition without actual target[28]. The current framework of the document however misses looking at the linkage between gender and disability, the vulnerabilities of women with disabilities, those living in context of conflict, and the immediate concerns as a result of the same.

SDG 6:
The Government of Assam under Goal 6 aims to ensure universal and safe drinking water and proper sanitation facilities for all. It tracks indicators of access to safe water and sanitation of the population at a sad state of 62% and 39% of the total population respectively[29]. Not much has been discussed about accessibility to toilets and clean water for PwDs. Furthermore, the aim towards Open Defecation Free (ODF) status is merely through toilet construction and not behavior change needed to effect ODF in the real sense of the term. The document looks at this Goal only through the lens of construction, and not necessarily from the accessibility perspective.

SDG 8:
The document touches upon inclusivity and categorically uses the term 'covers all citizens of the state'. It fails to look at special provisions and avenues to channelize the potential and capacities of persons with disabilities. The aspect of skill training and exploring diverse opportunities for economic engagement for persons with disabilities is also not adequately covered.

Keeping in view the above objectives of the Assam Vision 2030 document in sync with the UN SDG 2030, the attempt in this study has thus been to track the progress, existing gaps and challenges in fulfilling and achieving of Goals in context to PwDs in conflict.

27 Assam Vision 2030 Document- A Review by Development Alternatives, August, 2016, Development Alternatives
28 Ibid.
29 Ibid.

4. METHODOLOGY

The study combines the collection and analysis of both primary and secondary data. In terms of the study design, the broad layout or blue print of the study was an Action Research design. The rationale for adopting this design is that it often has a direct and obvious relevance to improving practice and advocating for change. This method helps to foster deeper understanding of a given situation, starting with conceptualising and particularising the problem and moving thorough several interventions and evaluation if any. This approach to data collection would lead to the gradual emergence of analyses based on intense cross- referencing with community views and thus in the process also help forward recommendation.

The study draws mainly from primary data and looks at some of the scanty secondary research material available on the issue. The research primarily uses a mixed method of immersing in the field, attempting to look into the issue in relation to the region-specific challenges of understanding persons with disabilities, in a context of conflict. It thereby uses both qualitative and quantitative method to investigate into the research objective, and aims to be an expansive and creative form of research, and not a limiting one.

Purposive sampling was the sampling method that was administered for the study. In consultation with field partners key persons were purposively identified for data collection. It is important to mention here that the process was participatory as PwDs were at the centre of the study including data collection and for other interventions throughout the course of the study.

A detailed questionnaire (attached in Annexure I) was prepared for the purpose of data collection. Different area specific experts and people with disabilities at various levels were consulted for the same. Responses from a total of 201 respondents comprised the sample of the study; 100 from Kokrajhar and 101 from Chirang district. These detailed responses helped intensify the study to gain a clear picture of the current situation of the PwDs. Field work spanned over a period of three months, with constant monitoring by the research team.

	Total Population	No. Of PwDs	Male	Female	Respondents for Study
Kokrajhar	887142	11661	6447	5214	100
Chirang	482162	8101	4316	3785	101
Total Male respondents: 104					
Total Female respondents: 97					

Table showing total population in the two sample districts along with disability data

Along with the primary/key respondents, it was also imperative to include the perspectives and standpoint of significant stakeholders from government departments, civil society bodies and others and their take on issues. A different set of interview guides and focused group discussion formats were put in place to hold individual interviews with prominent stakeholders of the respective districts.

- PHED, Kokrajhar
- District Social Welfare Office, Kokrajhar
- Department of Health, Kokrajhar
- Department of Education
- Kokrajhar Govt L.P School
- Kokrajhar Law College
- Disability Association, Chirang
- District Social Welfare Office, Chirang
- Department of Health, Chirang
- Swachh Bharat Mission, Guwahati
- Assam State SDG Centre, Guwahati
- ME School, Chirang

The approach to the study takes on from a rights perspective that is broadly influenced by international human rights standards. 'These standards are in effect a legal articulation of a broader philosophical perspectives embedded within human rights discourse. What distinguishes human rights discourse from other moral discourses is that it, as Michael Freeman suggests, 'draws our attention to the persons who have rightful entitlements' and places concomitant obligations on the duty-bearer, the state, to respect the right-holders' enjoyment of their rights, to protect against deprivation and to aid those whose rights have been violated.[30]'

4.1 Objective and Rationale

As discussed in the preceding sections, the purpose and rationale of the study is to bring forth a much needed discourse on disability and explore it within the context of conflict, in relation to the UN SDG 5, 6 and 8. The status quo maintained on addressing and mainstreaming issues of disability and its intersection with other markers of social stratification[31], ought to be challenged. It is an immediate need that research and data disaggregation on PwDs be initiated at multiple levels. Not only is the quantitative data important, but it is also important to bring to the fore the voices which have been sidelined and those that deserve attention. While tracking disability data and the progress made under each of the SDGs is important, it is also essential to look at the geographical space and make way for action driven research that has possibility of bringing about policy change and intervention.

30 https://www.qub.ac.uk/research-centres/CentreforChildrensRights/ChildrensRights-BasedResearch/ChildrensRights-BasedApproachtoResearch/

31 Social Stratification: Class, Race, and Gender in Sociological Perspective (9780813346717): David B. Grusky

The objective of the research is thus to critically look at the following:

- Explore how systemically persons with disabilities in conflict situation have relatively lesser access and power, are disproportionately at risk of violence further compounded by poverty, social isolation and political marginalisation.
- To analyse concerns around water, sanitation and hygiene for women with disabilities in the context of conflict.
- To look at accessibility to work and employment opportunities for PwDs and the nature of work that exists.

4.2 The Location

In achieving the above, choosing the location was a critical concern, particularly keeping in view the time frame of the project.

Bodoland Territorial Council (BTC), presently comprising four districts of Assam, namely Baksa, Chirang, Kokrajhar and Udalguri, has had a history of conflict tracing back to the Bodoland Movement and the other ethnic and inter community clashes. Such conflict over the years has displaced communities and stagnated sustainable development in multiple ways. In this, vulnerable groups like PwDs, women and children and other marginalised sections have always been the worst hit, bearing the brunt and severe repercussions of conflict and violence.

BTC has a population of 3.2 million people. If we go by the global estimation of disability which is 10-13%, BTC itself is likely to have more than 3 lacs (three hundred thousand) PwDs. Beginning from social exclusion, political exclusion to deprivation from all the services of education, health and employment, PwDs face extreme level of deprivation and marginalization in the district.

In course of the study, two districts in Bodoland were zeroed upon- Kokrajhar which is the headquarter of Bodoland, along with Chirang district which is at close proximity to Kokrajhar.

In Kokrajhar two blocks - Titaguri and Dotoma were covered for the study. In Chirang, the study covered Sidli block, keeping in view the limited time frame.

> Kokrajhar District falls under the Bodoland Territorial Council which is a territorial privilege established according to the Memorandum of Settlement of February 10, 2003. BTC came into existence immediately after surrender of BLTF cadres. The BTC has 12 electorate members each looking after a specific area of control called somosthi. The area under the BTC jurisdiction is called the Bodoland Territorial Area District. The BTAD is to consist of four contiguous districts — Kokrajhar, Baksa, Udalguri and Chirang — carved out of seven existing districts — Kokrajhar, Bongaigaon, Barpeta, Nalbari, Kamrup, Darrang and Sonitpur. The BTAD is created under the Sixth Schedule of the Constitution of India. As per Census 2011, in Kokrajhar there are 9 Revenue Circles and 11 Community Development (CD) Blocks which comprises 1068 villages including 15 uninhabited villages. [32]

[32] http://censusindia.gov.in/2011census/dchb/1801_PART_B_DCHB_KOKRAJHAR.pdf

Chirang district comprises of the major territory added from Bongaigaon district. The district has 6 Revenue Circles and 5 CD Blocks which comprises 508 villages including 7 uninhabited villages. In the district, Bijni (Pt) Revenue Circle is the most populous having 233586 persons, while Bongaigaon (Pt) is the least populous Revenue Circle having 8253 persons. Among the CD Block, Sidli-Chirang (Part) CD Block has the highest number of population with 216974 whereas the lowest is found in Gobardhana (Part) CD Block with 2191. The district comprises three (3) towns: 2 Statutory Towns and 1 Census Town. While the highest number (233) inhabited villages is found in Sidli-Chirang (Part) CD Block and lowest inhabited villages (2) is found in Gobardhana (Part) CD Block.[33]

4.3 Tools and Process

A review of secondary data relating to disability and SDG-related reports, laws and policies was followed by Primary Respondent Interviews, Focused Group Discussions (FGD) and Stakeholder meetings. The process included the identification of field partners who would be coordinating the field team on ground. In the month of July and August, pilot visits were made to the field locations and discussions were had on the possibility, pros and cons of such a proposed study, with multiple stakeholders. In the process, field partners AIET and The Ant in Kokrajhar and Chirang respectively were identified, who agreed to be local partners for course of the study.

After zeroing on the above, VSO Delhi and the Shishu Sarothi team had a series of discussions over a period of one month, and framed the research tools, guidelines and methods for the study, followed by field tool testing in late October and early November 2018. Before the testing of the field tools, the field investigators along with other stakeholders from both districts were met and a briefing consultation on the research and its objectives was conducted. Also, a seperate woorkshop was conducted on Gender & Sexuality and Reproductive Health and bodily rights in order to capacitate the field investigators and student volunteers during data collection. Along with the nine investigators, four of whom were persons with disability, seven student volunteers were also engaged to help in note-taking, recording and to guide persons with disabilities who were conducting research for the very first time in their lives.

During the consultation in Kokrajhar, discussions centered around the area of research and what it ought to seek. The second day was dedicated to field immersion with investigators, volunteers and the research team from Delhi and Guwahati. Takeaways from the fieldwork were discussed later and the experience gathered helped in reformulation of the research tools.

The study also gathered Oral Histories as they helped in capturing individual stories and locating them within a particular context in time and space. Narration of these oral histories helped to understand the lived realities and social surroundings of the women with disabilities. These narratives form an important portion of the research work, and aim to provide scope for experiences and voices to be heard for better understanding of social realities. The narratives have been later thematically analysed to have a more composite and comprehensive understanding of the issues and subject under study.

Primary respondent interviews brought out horrific accounts of lived realities of being survivors to

[33] http://censusindia.gov.in/2011census/dchb/1821_PART_B_DCHB_CHIRANG.pdf

conflict and violence and having faced extreme marginalization due to their disability. These narratives are both part of the collective memory as well as personal or individual accounts that go into the process of history making. Recording these narratives that are often invisibalised contributes to the production of knowledge systems that value marginalized accounts equally as that of the dominant. Such narratives and individual accounts illustrate how people navigate their everyday and capture nuanced intricasies of these realities. There is only so much one can record directly through the questionnare. Hence, the field investigators have also undertaken observation as a tool to understand the equation between the primary respondents and other family members. One notices the subtleties which are not reported otherwise or usually ignored by the respondents.

4.4 The Washington Group of Questions (WGQ)

The study uses the Washington Group of Questions[34] which is a series of question-sets on disability. These questions were originally designed for use in censuses and population studies, and have been recommended as the questions to be used for disaggregating the Sustainable Development Goals by disability status. Without disaggregation by disability status, it is not possible to monitor the progress and outcomes of the implementation of the 2030 Agenda activities in a way that documents if people with disabilities are indeed being left behind or not. This tool has been crucial in improving the quality of the data generated and to track information on the specific SDGs 5,6 and 8.

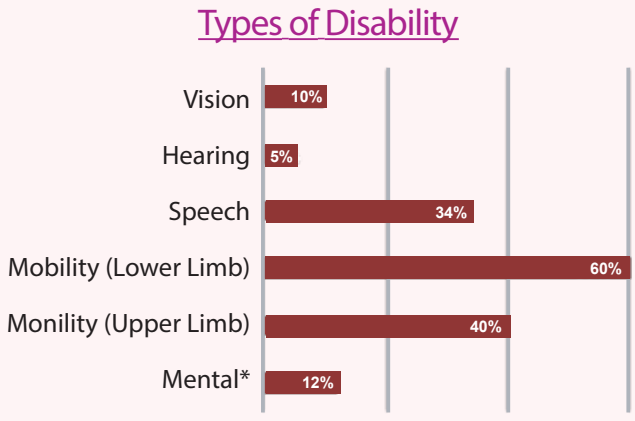
In order to address the need for a straightforward and simple way to identify persons with disabilities, the WGQ questions help identify those at greater risk than the general population for limitations in participation[35].

The WGQ were useful in comparing the actual level of participation of the population at higher risk with those not experiencing similar functional difficulties. Since questions are not directly posed on the disability per say, it gives scope for eliciting the functional difficulties. As the questions are designed to describe an individual's functional status independently of their identity as disabled or non-disabled, there is more scope to learn on the functionality aspect. They also direct towards the observed differences in levels or degree of participation that emphasize the need for societal accommodation to equalize opportunities for full societal inclusion of PwDs.



Field Level Consultation held in Kokrajhar

[34] Mainstreaming Disability Data: The Washington Group on Disability Statistics, 2017, Mitchell Loeb National Center for Health Statistics, USA and Chair, Washington Group on Disability Statistics



Line-Graph showing the types of disabilities captured in the study

From the observations of the study, it is apparent that some of the respondents have multiple disabilities such as mobility of lower limbs and hearing, speech and hearing, mobility of upper limbs and vision. The above graph represents the number of respondents with each kind of disability as a percentage of total respondents. The WGQ questions, as a part of the study, were helpful in concluding that a significant number of respondents are experiencing disabilities in mobility (60% lower limbs, 40% upper limbs and 34% speech). The line graph above shows a comparison of occurrences of each type of disability in the respondents. The data from observation reveals that a few respondents were experiencing multiple disabilities, such as mobility of lower limbs and vision, speech and hearing, speech and mental *(*Difficulty with memory/ concentration).*

4.5 Ethical Concerns and Limitations

Ethics and confidentiality are of prime concern in any research, more so when it is around lived realities and the human world that is subject to emotions. In a research like this, one has to be extra careful, as often recalling memories of conflict might trigger trauma, and grief. Ethics and ethical dilemmas are matters that are complex, fundamental and subjective. More importantly, consent from the participants is very important in any process of collection of data.

Acquiring respondents' consent is an important concern, that requires serious deliberation. A series of consultations were done with field investigators and volunteers to emphasize the consent aspect and to ensure that written consent has to be taken before proceeding into the interview or recording any data. Strict guidelines as per VSO norms were signed from participants before the commencement of all interviews.

35 Ibid.

Some of the operational challenges in conducting the study were:

- Language was often a barrier, as the local language is mainly Bodo. Although the investigators understood and spoke the language, there was always a risk of words getting lost in translation, and when it is transcribed to a different language.
- In course of the interview it was felt that the questionnaire was too long, and sometimes the respondent lost interest in answering the questions.
- The remote geographical location of some of the respondents was also a challenge, and commuting was often a problem for PwDs, given the poor condition of roads and lack of proper transportation.
- The timeline for the research was -brief which ultimately led to the narrowing down of several aspects in the research.
- The lack of secondary data on disability, and even less data on the impact/effect of conflict on disability, was a major challenge for the study, due to the lack of a specific reference point.



During a pilot field tool testing

As far as *limitation* to the study is concerned, it was felt in course of the study that government officials, even those at higher levels were least aware of the UN SDGs. While disability data in any case is scanty, it was all the more difficult to gather a holistic perspective when it came to understanding disability in relation to SDG 5, 6 and 8. It was also felt that there was a resistance to sharing of information by various government officials, who cited the geographical location (being in BTAD) as a reason for being extra careful while sharing information. It is also important to mention here that it was difficult to gather responses pertaining to questions on sexual and reproductive health as respondents were not comfortable answering them, leading to a difficulty in drawing analysis.

5. FINDINGS

Disability continues to remain a highly stigmatized issue in the country and those with disabilities are considered a problem rather than an asset or resource. Narrowing down our focus to the current study, as discussed in the preceding sections, the lack of data and secondary material posited as a challenge in having a reference point to the study. Since the study very importantly flagged off the concern around tracking disability inclusion vis-à-vis the UN SDG 5, 6 and 8, it was felt that there is an absolute lack of awareness on the SDGs and what it envisions, among most government stakeholders at various departments.

5.1 SDG 5: Gender Equality

The Assam Vision Document, as for SDG 5 focuses on the most deprived communities and regions and on people with disabilities. This is to be done through a disaggregated database, expanding basic services such as making all (100%) public buildings accessible and ensuring inclusive infrastructure development for all by 2030 to persons with disabilities, from the dismal current(2016-17) scenario where <5% public buildings are accessible. The Vision document highlights the need for economic empowerment through expanding education and promoting vocational education, increasing women's participation in the labour force and expanding access to resources and entrepreneurship. It discusses social empowerment for 'all' by reducing all forms of violence and eliminating social evils such as child marriage and other indicators of predisposition to maternal mortality.[36]

Education: The 2030 Agenda for Sustainable Development includes as a goal towards inclusive and quality approach to education. It also includes two targets focusing on persons with disabilities: target 4.5. 'by 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples, and children in vulnerable situations'; and, under means of implementation, target 4.a 'build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all'.

As discussed above, there has been a paradigm shift from an integrative approach which merely focused on integrating CwDs with the mainstream education system, to that of an inclusive one with a more holistic outlook. However, our research data does not indicate towards a practice that is inclusive in the truest sense of the term. When we look at this aspect of education in relation to the progress on making education accessible for all, more so in a context of conflict, the reality is starkly different.

Government Perspective: The District Elementary Education Department, Kokrajhar, during one of the FGDs expressed that there have been several trainings on inclusive education. However, due to lack of funds no training has taken place in the last 3 years. The department is conducting activities via the Health Department due to lack of funds. In other words, any awareness or sensitization activities have

[36] Ibid.

been conducted in collaboration with the Health Department. Newly constructed schools have ramps and basic infrastructure, but it is very hard for the department to get funds and incorporate changes in the old schools as far as infrastructure is concerned. Several schools lack training and special teachers, despite having CwDs enrolled in their respective schools.

As far as inclusive pedagogy is concerned, the teachers, as reported, are not given any in-service training and no awareness about the same has been given to the teachers and the school staff. The overall scenario of some of the schools was such that it lacked basic infrastructure mentioned in the document National Curriculum Framework (NCF, 2005). The schools consisted of no boundary walls which questions the safety and security of the children in the school. When inquired about the same, the school authority told that there is a paucity of funds, and teachers and students share equal responsibility to not leave the school premises during the school time. It has also been reported that there has not been a single incident in and around the school; which makes the school very safe for the students.

The number of enrolled CwDs is noticed to be strikingly very low. For different unlisted reasons, the teachers reported that these children remain out of school; in some cases, they dropout after attending a few classes. There is also a very high rate of absenteeism reported amongst the CwDs.
In the schools where ramps were present for accessibility, the connectivity to the corridors was missing which made the ramp insignificant, as for mobility across the school there should be connectivity amongst the halls and to all the classrooms.

Interviews with school authorities during field visits indicated that limited understanding of different types of intellectual disability and children were being labelled in a pejorative manner, on account of what was perceived as 'odd' behavior.

"Since I have only one eye, I used to wear a patch when I was younger. I used to be ridiculed while playing with friends. My family didn't have enough money, so I never attended school. As a result I led a very lonely childhood," expresses Dipali.

In one school in Chirang district, that currently has 2 CwDs on their rolls, the teachers present have had no training on Inclusive Education. The only medical camp which has been held in the recent past was for vaccinations. No screening/assessment camps have taken place to identify disabilities among the students of the school. Most of the children studying at the school belong to the Below Poverty Line (BPL) category with their parents being daily wage labourers. The attendance of the students has improved as noticed by the school authorities, because of the mid-day meal scheme. However, the mid-day meal is not available every day due to lack of supply.

"The teachers have not received any training on disability. As a result, they are not aware of the new RPwDs Act and all the additions to it. Rigorous trainings are required at the grass root level especially in our districts"
– School Principal

"My blindness occurred when I turned 21 years, it was traumatic experience for me to lose sight suddenly. I approached many departments for some kind of assistance. In order to receive any aid, some officers ask for a small fee, since I have never been financially strong to pay the fee, I have never received any aid", shares a woman with disability in one of the villages in Kokrajhar district.

The study also highlighted that aids and appliances for PwDs in general in this district arrives almost 1 to 2 years after any assessment. As a result, many do not receive their aid and appliances for several months. This also goes on to illustrate the lack of accessibility to education and other rights and entitlements, more so for the girl child with disability, who is vulnerable and marginalized at many other levels. Community attitudes and beliefs towards PwDs also foster deep rooted practices of discrimination and social neglect.

"I was neglected as a child by my family because of my disability. My parents would always leave me behind and always take my sisters with them. In fact I was not allowed to come out from the house during my sister's wedding. Now both my sisters are married and I live at home and look after my parents"expresses a woman in her late thirties.

Ramila, who is now actively involved with one of the local NGOs, shares, "Neighbours think of me as a bad omen, due to my disability. I cannot change people's views. I was often ridiculed for having one leg shorted than the other. But in my family of 5, I equally participate in all the household chores."

"I feel like I was robbed of my childhood when I was forced to get married to a man much older to me. Because my right arm is shorter than the other, my parents got me married off early. I wanted to study, but never got the chance post my marriage," share one of the respondents during an FGD.

The following data gathered from the study elicits the education level, reasons for discontinuation of education and difficulty in exercising their Right to Education due to disability.

Education Level

37% of the respondents did not have any formal education, while only 6% of them have graduated beyond schooling (undergraduate, postgraduate, Diploma, ITI etc.) More than half of the respondents have not even received secondary education, making them non-eligible for almost all the skilled jobs offered by the government.

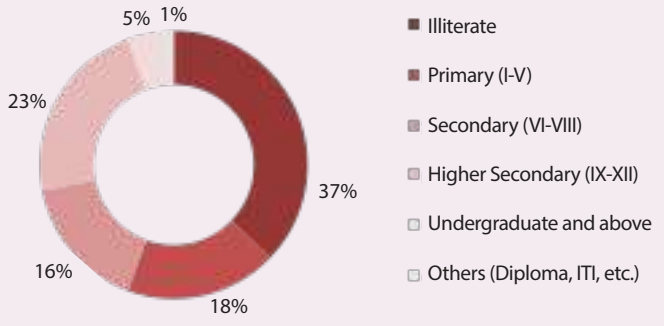


Fig 1 (a)

Education Level (Male vs Female)

Fig 1(b) indicates that more men have received education than women. Except for secondary education, men at all levels of education outnumbered the women respondents significantly. This shows that women's education is less prioritized in the society as opposed to men.

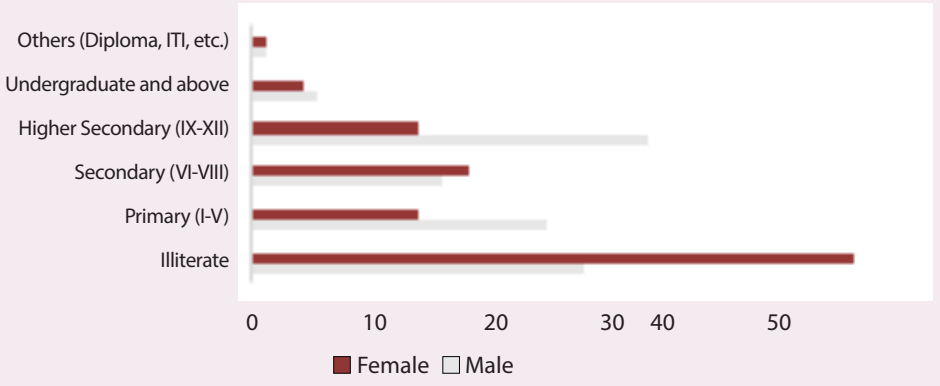


Fig 1 (b)

"I was a bright student, but I had to drop out from school because the distance didn't allow me to walk so much with my crutch. My life would have been very different today, had I continued with my studies," expresses a 45-year-old woman who is now a mother of two.

Reasons for dropout

Fig 2 (a) shows financial constraints as the major cause of discontinuing education, followed by disability. These two (financial constraint and disability) together contribute to more than 70% of the reasons for discontinuation.

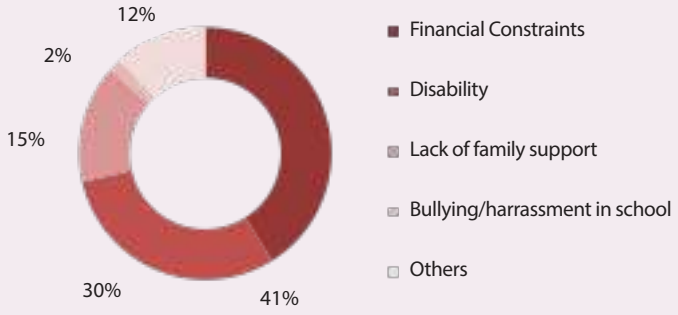


Fig 2 (a)

Reasons for dropout (Male vs Female)

Fig 2 (b) points to the reasons for discontinuation of education among the respondents. The data suggests that financial constraints have impacted more men, whereas disability and lack of family support have impacted women more than men.

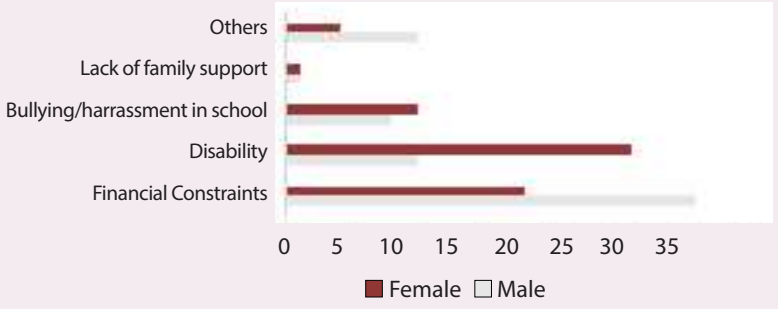


Fig 2 (b)

Education denied due to disability

Another significant observation is that 53% of the respondents who never received any formal education reported that they were denied education due to their disability.

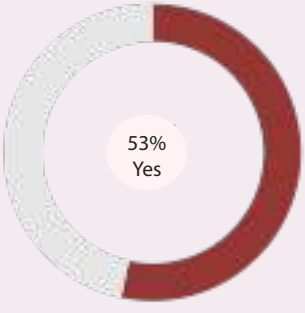


Fig 3

Health: In conversation with the Department of Health in both the districts it has been noted that they have a record and statistics of all the disabilities. The Rashtriya Bal Suraksha Karyakram (RBSK)[37] is implemented in schools and Anganwadis, which is especially for CwDs related issues are looked into. Under this scheme, a dentist, pharmacist, lab assistant as a team visit Anganwadi to survey and check children for heart related issues, cleft, and other health related issues. These surveys are further shared with medical college. After a thorough examination, these children are issued with disability certificates, if needed. This particular scheme also creates awareness on sanitation and is being run with the help of the Joint Director, Department of Health and Department of Social Welfare.

Government Perspective: An official at the Health Department in Chirang stated about the paucity of funds due to which processes related to assessment and organizing of health camps is very irregular. Despite the fact that there are schemes to safeguard PwDs, due of lack of human resource and funds that do not reach on time, there are major lapses in service delivery.

Violence Against Women (VAW): According to the National Crime Records Bureau (NCRB), 2016, Assam has witnessed 23,258 incidents of crime against women. The NCRB data from 2016 shows that at 131%, Assam is second only to Delhi (160%) in the highest rate of cognizable crimes against women in India.[38]

Government Perspective: Officials at the DSWO expressed that there were many unreported cases particularly during conflict, because of factors like displacement. Women's security becomes a major concern during such times. There are efforts being made to strengthen redressal mechanisms for addressing such issues.

Witch-hunting is also a major form of violence in the case of Assam. Targeting women who are widows or single is easier, making them more vulnerable. Social and economic exclusion of those people once labelled a 'daini' (Assamese word for 'witch') is extremely high. The labelling is accompanied by brutal violence and exclusion; in several cases women are thrown out of their houses and rendered homeless[39]. This is a rampant issue in tribal pockets of Kokrajhar and Chirang district.

"I was labelled as a witch because of my disability. It was a traumatic experience not only for me, but also my family. For the longest time, my family was ostracized by the community," narrates Rangili Basumatary (name changed).

37 https://rbsk.gov.in/RBSKLive/

38 http://ncrb.gov.in/StatPublications/CII/CII2016/pdfs/Crime%20Statistics%20-%202016.pdf.

39 Voices from the Fringes: Experiences of female survivors of violence at shelter homes, 2019, NEN Study

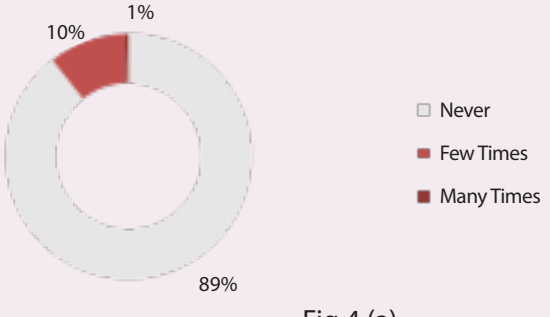
During the FGDs harrowing stories were narrated where one woman, some 10 years back, was branded as a witch by her son and daughter-in-law, and later put on a train and sent off to some other place. Nobody knew if this woman ever came back. Such cases also are intricately linked with issues of trafficking which is another major problem in some areas of BTAD[40]. Women from conflict affected areas and border areas and particularly from extremely impoverished backgrounds continue to be trafficked away by traffickers who engage them as domestic help in metros or in prostitution. Disability also often makes them a soft target for various other forms of violence like abuse from in-laws, social ostracization from the community etc.

"I have never received any marriage proposals because of my disability. I am looked at as the extra person living at home and doing household chores. I know my dreams of having a family will never come true", grieves Sitala who has locomotor disability.

"I met with an accident and lost my arm after marriage. My husband's family would regularly taunt me. I was asked to return home. I feel like I am a burden now, living at my parents' house. As a result, I look after my brother's children these days. Had I had studied, I would have been able to hold a decent job and been independent," shares a young respondent now in her late twenties.

The following data sets reveal the current reality of women and the vulnerabilities that they are subjected to:

Beaten/punished by parent/family member



More than 10% of the respondents were subjected to violence by a parent/family member few or more times in their lives.

Fig 4 (a)

[40] https://www.telegraphindia.com/states/north-east/assam-trafficking-figures-present-grim-picture/cid/1428694

Beaten/Punished (Males)

Beaten/Punished (Females)

The above figure represents data on the percentage of male and female respondents who were beaten/ punished by their parent/family member at least once.

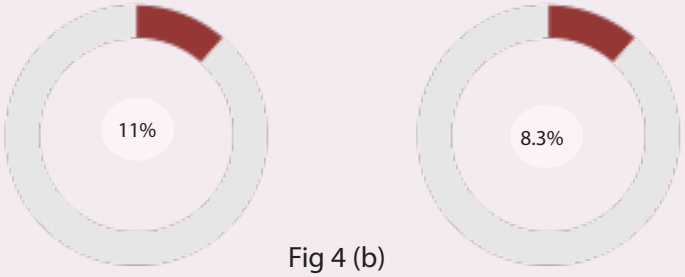


Fig 4 (b)

Reason for beating/punishment by parent/family member

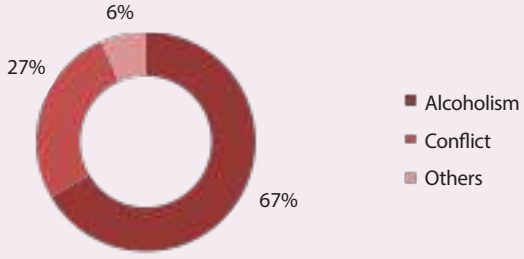


Fig 5

Alcoholism is the major contributor to violence within the family. This is more so in case of tea garden communities and tribal communities where is an emerging concern. Extreme impoverishment and low wages for workers in tea gardens compel them to indulge in alcoholism, and the worst affected due to this are the women. This is as a result of men resorting to domestic violence and abuse on the women under the influence of alcohol.

Fig 6 reveals that 17% of the respondents reported that they have faced sexually suggestive comments or jokes, unwelcomed touch or kissing. However, an alarmingly staggering 77% of the respondents do NOT consider such touch or incident as violence. This also indicates the lack of awareness amongst the community on bodily rights and choice.

Faced... unwelcomed touching or kissing

Consider that touch or incident as violence



Fig 6

Faced sexual violence in some form or the other

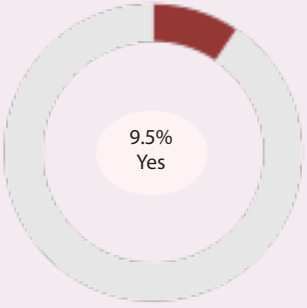


Fig 7

Fig 7 shows that nearly 10% of respondents had faced sexual violence in some form or the other in their life. The violence could be in a range of nuanced forms and sexual violence against persons with disabilities is a real concern that needs to be seriously addressed.

"Someone once forcefully tried to kiss me. When I refused, I was told that I anyway won't get married due to my disability, so what's the harm," narrates one of the female respondents.

"I don't have my vision. There was a time, I would hear men making comments as me and my younger sister walked past. They took advantage of the fact that I couldn't see and that my sister was too young. I remember feeling very dirty", shares a respondent now in her late thirties.

Received nutritious food during pregnancy

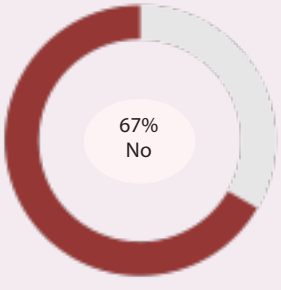


Fig 8(a)

Fig 8 (a) highlights that 67% of the female respondents expressed that they have not received nutritious food during the time of pregnancy. Lack of proper nutrition puts both the mother and the child at risk, and culminates in bigger problems post childbirth.

Received education on sexual health and reproductive rights

Figure 8 (b) shows that 63% of the respondents did not receive any education on their sexual health and reproductive rights, either from their family, school, or relatives.



Fig 8(b)

Access to Technology and Finance

Technology is another significant domain to understand how PwDs are deprived of basic necessities; it is albeit arguable that having access to it might not be a basic need but in current times access to smart phones and other forms of technology has become an integral part to be well informed and updated. The access to technology and dealing with financial matters is yet another area of increasing disparities that marginalises women with disabilities further more as observed in the field areas.

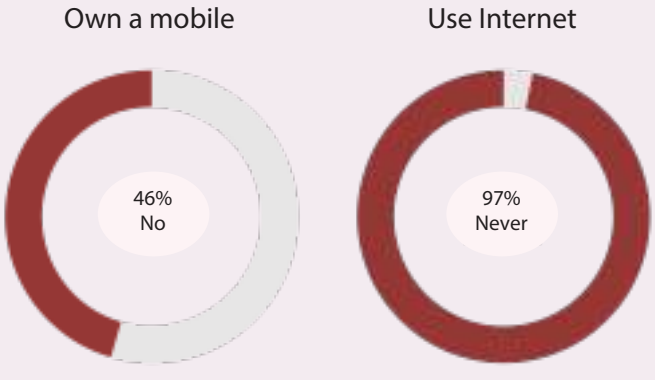


Fig 8(c)

Figure 8 (c) shows that the 46% of the respondents do not own a mobile phone, and 97% of the respondents have never used internet. This data shows that technology has not penetrated well enough into the grassroots. While most of the updates or information about government schemes, banking information etc., are delivered through SMS, it is a concern that a significantly high number of PwDs do not own a mobile phone. Furthermore, the study shows that accessibility to technology for women with disabilities is even lesser than that of men. As it has been observed that only about 37% of the total female respondents had access to mobile phones which were mostly owned by other family members.

5.2 SDG 6: Clean Water and Sanitation

The strategy for WASH in Assam envisages that concerned efforts from all stakeholders with necessary convergent approaches will facilitate achievement of SDG-6, focusing on safe drinking water and safe rural sanitation practices for all. These initiatives will be implemented adopting an inclusive approach "leaving no-one behind" on catchment area saturation basis, to ensure healthy life and wellbeing of

every individual by provision of safe, adequate, affordable water supply for drinking, cooking and other domestic needs on a sustainable basis and in all situations for both households and institutions; as well as rural sanitation facilities sustainably for all promoting cleanliness, hygiene and eliminating open defecation, with community ownership. Assam still has a significant way to go to achieve this goal with only 52% of the rural population having access to sanitary toilets. Providing low-cost toilets through Swachh Bharat Mission (Gramin) coupled with adequate education and informational training is important to ensure that the toilets are used, and monitoring should not only entail number of toilets built, but usage of them demonstrating the behavioral change. To improve the delivery of rural sanitation services a decentralized delivery mechanism shall be put in place with institution building at the village level (Village Water and Rural Sanitation Committee in each village). A monitoring mechanism is also put in place to coordinate and manage their activities. This has been envisioned as a process of community empowerment. Focused capacity building of people at village level on low cost rural sanitation technologies including solid and liquid waste management has been prioritized. Special initiatives have also been initiated to reach out to the marginalized community or groups and hard to reach areas (char areas, tea garden community, hill areas).[41]



Kokrajhar district has been declared Open Defecation Free on 26th Sep'18, on the basis of Base Line Survey (BLS) conducted in 2012. According to the system, when a district reaches the target number of toilets constructed (that number being 1, 12,255), it is declared as an ODF district. However, the ground reality is very different. Vigorous awareness is still required in tea garden of the area. It is to be noted that when the BLS was being conducted, riots took place in the area, as a result there were many changes in the number before and after the study, in terms of migration of many households.

In one interview at a government school, teachers mentioned that the schools was initially a girls' school, but is now running as a co-educational school due to lack of space in the district to open another school. Since it was a girls' school, there are no separate toilet for boys and all the children use the same toilet. It has also been noted that the children do not have clean drinking water facility, but the stakeholders claim that there is a water cooler available in the school. It was also noticed, contradictory to the claims

41 Assam Vision Document 2030

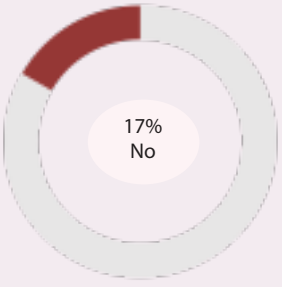
of the school authority of clean toilets, that the students'toilet in the area are locked. On inquiring, it was reported that the teachers use these toilets and the students use the open space between the wall and these toilets.

Government Perspective: During one of the stakeholders' meeting, one of the District Nodal Officer (DNO), PHED, expressed that, most of the water supply provisions in the blocks are community based. As a result no extra provision has been made for PwDs. Although there is an understanding and technical know-how of toilet construction with ramps and railing, this has mostly been done in schools and not for community or household toilets. Dissemination of information is carried out by the department via tableaus, meetings, leaflets and plays by the Swachha-Grehis (evangelists or messengers of cleanliness and hygiene appointed in villages/districts). During conflict, Poly Vinyl Chloride (PVC) moulded make shift toilets were constructed, however, no separate toilets were constructed for PwDs. "During the rehabilitation camp, there were no separate measures taken for PwDs. Since toilets constructed were makeshift in nature and PVC moulded, accessibility in terms of sanitation was an issue. In retrospect, we at the PHED do realise this today," opines the official.

An elderly woman, now in her early sixties, recall,"I had to live in a rehabilitation camp, so many families were separated. I remember there were no proper toilets, only makeshift ones. I recall having no food and water for several days. First time in my life I thanked God for my blindness, for the horrific reality would have been more painful to witness with the naked eye."

Awareness is especially required when talking about ODF amongst the Adivasi community who still believe in age old norms and traditions. Clearly sustainability is an issue, as was noticed in the tea gardens where despite toilets being constructed, most of them are not used, some are even converted into store rooms as. The following data sets captured in the study bring forth important concerns:

Have a toilet in the house



Managing without a toilet in the house

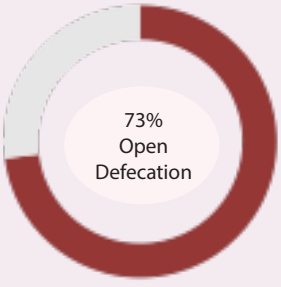
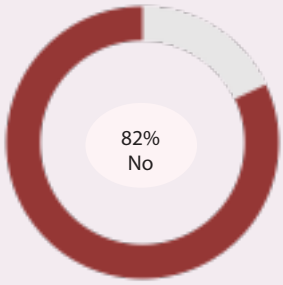


Fig 9

Figure 9 & 10 reveal that 17% of the respondents do not have a toilet in their house. 73% of the respondents who do not have toilet access in their house resort to open defecation while the remaining use their neighbours' toilet.

Figure 11 & 12 highlight that 82% of the respondents do NOT think that their area is free of open defecation, which also explains why a major chunk of the population without a toilet in their house resort to open defecation. Adding to this unfortunate situation, the results of the study show that there are almost NO accessible toilets for PwDs.

Area free of open defecation



Accessible toilets for PwDs

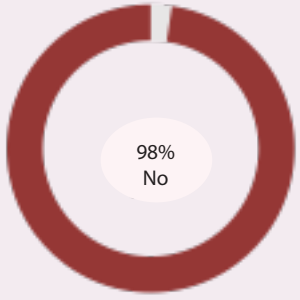


Fig 10

Access to toilets in school

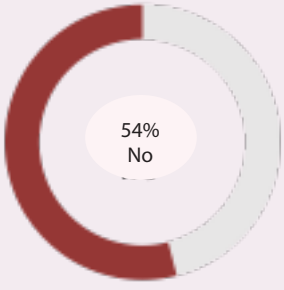


Fig 13

Separate toilets for boys & girls

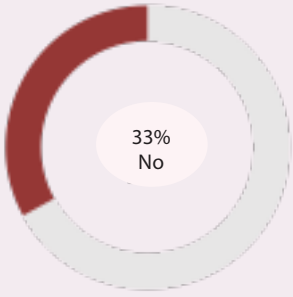


Fig 14

Fig 13 & 14 indicate that more than half of school-going respondents, from a total of 21 children (12 boys and 9 girls) interviewed, do not have access to toilets in school. And out of those with access to toilets, in 33% of the cases there are NO separate toilets for boys and girls.

Figure 15 & 16 bring to light, in continuation to the previous observation, that for 80% of the school-going respondents there is no ramp leading to the toilets in school, and for 60% of them there is no hand-bar, railing or a reachable water tap in the toilets.

Ramp leading to the toilet

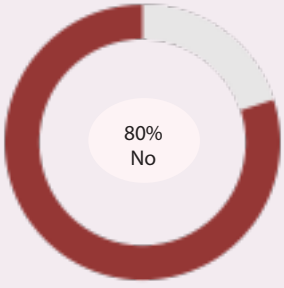


Fig 15

Accessible hand-bar, railing and water tap in toilet



Fig 16

Accessibility of government provided water source for PwDs



Fig 17

Drinking water facility at school for CwDs

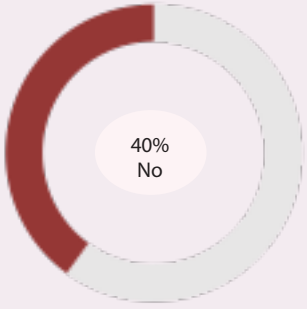


Fig 18

Conflict relief camps' water and sanitation accessible for PwDs



Fig 19

Figures 17 and 18 reveal the gross lack/ inaccessibility of drinking water facilities for PwDs, both government constructed (as per schemes under Swachh Bharat Mission (SBM) for households and communities) as well as those in schools. Furthermore, Figure 19 shows that the conflict relief camps are also not equipped with accessible water and sanitation facilities for PwDs – an astounding 99% of the respondents who stayed at relief camps reported the same.



A Bodo family in one of the villages burnt down during the 2014 conflict

Significant gaps exist in technical, institutional and organizational areas in facilitating universal coverage, through incorporation of best practices. In this conflict prone region, that is also very diverse in terms of it demographic composition, the challenges are many. Kokrajhar is also a tea garden area with concentration of the tea tribe population.

While the SBM initiative of toilet construction is no doubt laudable, it is also equally important to look at the social and behavioural practices of communities and how that could be geared towards a positive shift. Mere completion of toilet-construction targets has not necessarily yielded the desired results in terms of ODF district in the real sense of the term. This is also to do with accessibility to water sources which is often a challenge for the community and under such circumstances they resort mostly to defecating in the open. Kokrajhar also faces the perennial issue of floods in certain regions, which compounds problems of access to clean drinking water. The lack of access to clean drinking water and basic sanitation increased the risk of water-borne and gastro-intestinal diseases, further affecting the health and nutrition status of women and children in these tea gardens. In times of natural calamities and during conflict and when one is fleeing violence, these are some of the many issues faced by PwDs.

Enabling environments and capacity building is needed for Panchayat Raj Institutions / local communities who need to be capacitated to manage rural drinking water sources and water and sanitation systems. Extensive awareness on the importance and benefits of WASH practices is needed.

5.3 SDG 8: Decent Work and Economic Growth

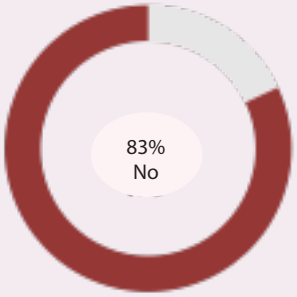
As for Goal 8, the State Vision Document lays thrust on economic growth by increasing Annual Rate of Growth of State Gross Domestic Product from 7.88% (2014-15) to 10% by 2030, through development of industries, agriculture and allied sectors, service sectors, entrepreneurship development, infrastructure development by promoting growth corridors, export facilities, and also focusing on micro, small and medium enterprises. It stresses on the need to create new knowledge products and innovative methods, based on research and incubation[42].

The data has revealed the low employment rate in the field areas, i.e. only about 2% of the respondents who are of age 18 and above, have permanent employment and none of them have got the job under the statutory reservations for persons with disabilities, in vacancies for jobs in Govt. The workplace of the respondents working on permanent and temporary/ contract positions are not fully accessible as only few of the places reportedly have ramps. While it comes to having equal opportunity and decision-making powers in the positions that one hold, out of the respondents who are of age 18 and above, 17% are employed (all categories- permanent/contractual/temporary employment) and amongst them about 63% accepted that they have no say in any of the decision making processes at the workplace whatsoever.

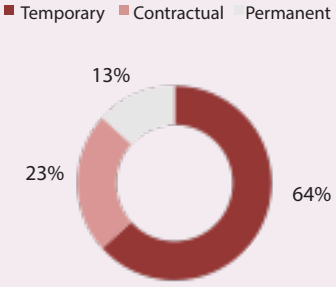
[42] Assam Vision Document 2030

The following data sets from our study reveal the current status as far as accessibility to decent jobs and economic growth for PwDs is concerned in conflict zones:

Employment of PwDs



Employment types



Workplace available to PwDs

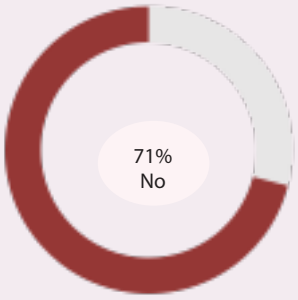


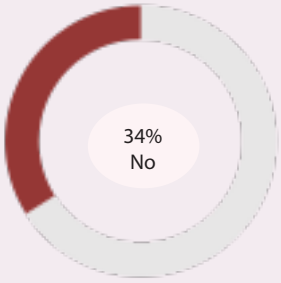
Fig 20

The above figure highlights that the potential for contribution towards economic growth from persons with disabilities has not sufficiently been tapped into. 83% of the respondents have reported that they were never employed in their lives. Moreover, a very small proportion of the employed have permanent employment, while most of them have temporary and contractual employments. And 71% of those who were employed replied that their workplace was difficult to access for persons with disabilities.

"We keep talking about being strong and independent. How am I supposed to be independent when I cannot even do my own banking transactions because it is on the 2nd floor," states a 28 year old woman., who dropped out of school after Standard V. Infrastructure accessibility is a major issue for PwDs and during fieldwork it was realized that even government buildings lacks basic infrastructure provisions for PwDs.

A member of the Disability Association, Chirang, having locomotor disability, expressed his angst due to the inaccessible infrastructure of his workplace which is on the second floor of the government office premise, without a ramp or an elevator. This is a major issue for all PwDs in the district who come to the office regular for official purpose (availing various schemes, certification etc).

Disability Certificate



Availed any Government Scheme

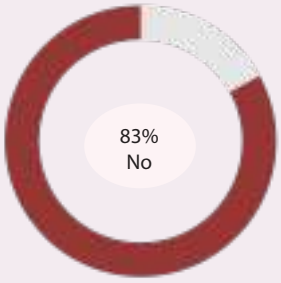


Fig 21

Data reveals that 34% of the respondents do not have a disability certificate due to various reasons that include lack of awareness, difficulty in travelling to health facility, non-availability of medical board etc. Although a majority of them have a disability certificate, 83% of the respondents have never availed any government scheme, indicating a lack of awareness on accessing schemes and entitlements benefiting the persons with disabilities at the grassroot.

A respondent talking of the certification process shares,"There hasn't been an assessment camp for many years now. I do not possess a disability certificate. How am I to avail any aid or service provided by the Government without one? Even to meet the official I have to climb on to the 2nd floor which becomes a task for me."

Another respondent vehemently argues,"Despite my interest, I have never been able to attend vocational training. Mostly it is always on the 1st or 2nd floor of a building or the distance is too far. When I have spoken to the officials, I was told that they cannot change the venue for one person."

A woman whose husband has a disability states during one of the FGDs, "My husband has multiple disabilities which restrict his movement. Every day is a struggle for me, as I have to look after him along with other chores from weaving and farming to running the house. If PwDs are entitled to aids and schemes, why is it so difficult to acquire them despite having all the necessary paperwork to support them."

Nearly 40% of the respondents interviewed do not have a bank account. It was unfortunate to notice that none of the accounts that remaining 60% have, are a part of the prestigious government initiative 'Jandhan'. In an economy that is taking monumental steps to go completely digital, it is expected that the last two quintiles of the population get benefited out of such moves, rather than being left out. However, the ground level scenario is different as per the study. Besides the fact that only 60% have bank accounts, none of them have internet banking facility, and none of them are beneficiaries of the government banking scheme.

A culture of ensuring equal access to all resources and facilities needs to be promoted across the lifespan and in all spheres of life of persons with disabilities among all duty bearers. Further, while viewing disability vis-à-vis inclusiveness, one often synonymously co-relates it with integration. However, inclusiveness is not the same as integration. Inclusive approaches are more holistic in addressing the issue of disability from a human rights perspective. The approach should thus not merely be to create alternate and parallel structures for persons with disabilities, as that will lead to entrenching differences and segregation, but to create a 'universal' system that best suits the need and requirements of 'all'.

5.4 SUMMARY OF FINDINGS VIS-À-VIS THE GAPS

- Awareness and consciousness on issues pertaining to the rights of PwDs is abysmally low across all stakeholders, right from the level of the family, to the community to those holding power in government positions.

- The findings highlighted poor levels of awareness and information on SDGs and inadequate capacity to implement and monitor the SDGs, amongst the institutions that implement the developmental goals.

- The findings also point to the marginalization and discrimination that the PwDs face in accessing their right to education, justice and all forms of social services. Accessibility continues to remain a major problem across all three SDGs. Lack of trainings for officials at various levels towards enhancing their understanding on disability perspectives and thereby improving service delivery.

- Availability of aids and appliances is also a major problem for PwDs. A large number of the respondents also shared that even getting certification of their disability was arduous, those who had a certificate rarely received any aid or appliances under government schemes.

- Vulnerability of women to various types of violence ranging from domestic violence within the private space of the family, within the community, social ostracisation and neglect, cruelty by husband and in-laws, being branded as witches and trafficking was highlighted through the narratives of the women in the study.

- Significantly lower number of people had permanent jobs and none of them availed any statutory reservations. The workplace of the respondents working on permanent and temporary/ contract positions are not fully accessible as only few of the places reportedly have ramps. Workplaces have been reported to be inaccessible and there is more than 80% of the population who have never been employed.

5.5 Conclusion

The study has been an attempt in setting ground to a discourse on the issue of disability in a context of conflict vis-à-vis the UNSDGs. The efforts in policy shift in sync with the global agenda of making change more inclusive, can be achieved only if the fundamental concerns around accessibility and inclusion of PwDs in all spheres is addressed. This can be only realised with full and active participation from all stakeholders who play a pivotal role to create an inclusive society. Considering that SDGs are intricately linked, there is also a need to look at the overlap of issues and critical nuances that emerge in facilitating change. We aspire this document will pave way for more research, critical intervention and the coming together of stakeholders for action towards progressive transformation.

6. RECOMMENDATIONS AND WAY FORWARD

The current study has not only highlighted the existing gaps and challenges in ensuring accessibility and services to PwDs living in conflict areas, but it has very importantly also given space to listen to voices of PwDs, who often remain unseen and unheard. It has flagged pertinent aspects in addressing the rights, accessibility and justice for this community. The study has indicated the crucial role of multiple stakeholders in ensuring rights of PwDs, related to the realization of three SDGs. Clearly the realization of these SDGs by 2030 is not possible, without addressing the fundamental and systemic concerns of delivery of services to PwDs in an inclusive manner. It is important that we emphasise on mainstreaming the needs, rights and perspectives of persons with disabilities in achieving the SDGs at all levels for an inclusive and accessible 2030 Agenda. Based on the above research findings, following are the key recommendations:

1. Urgent Need for Disaggregated Data on PwDs: The lack of disaggregated secondary data was evident during the study. It was a challenge to find data and information relating to disability. It was noted that this also cripples the delivery of services as PwDs tend to lose out on opportunities for accessing Govt aid and services. Disaggregated data is also critical for advocating for disability centric budgeting within the larger delivery systems.

2. Strengthen systems for Disability Certification: This study revealed the inefficiencies in the system of disability certification, that in turn prevents access to relief/aid/survival kits, services, schemes and programs, which are so critical for survival in conflict and post conflict situations. In Chirang health camps to screen disability were held irregularly with no proper monitoring of the process. In Kokrajhar, it came to light that the process of certification is callous and casual, and certification was sometimes done without standardised examination procedures for PwDs.

3. Build capacities and strengthen accountability of Govt authorities: This study pointed to ignorance and apathy in Govt Departments on disability matters. There is clearly an urgent need to sensitise and raise awareness among different tiers of Govt about their role and responsibilities and accountability to PwDs and their access to their rights and entitlements. Schemes like the Swachh Bharat Abhiyan need to ensure access for PwDs to water and sanitation facilities in homes and schools. It is important to think of ways to link with schemes and provisions of the government like Skill India/ Pradhan Mantri Kaushal Vikas Yojana[43]. Other stakeholders including corporate houses such as tea garden management, should also be informed about their roles to include PwDs in their workplaces and make appropriate provisions for them across their workforces. Overall it is important to build awareness, facilitate skill development and provide resources to both the duty bearers and rights holders.

[43] https://www.msde.gov.in/pmkvy.html

4. Participation: This Research Study found the PwDs are mostly passive recipients and not actively involved in decisions and actions of Govt. In keeping with the spirit of the disability rights movement "nothing about us without us", there is a clear need for inclusion and participation of PwDs and CSOs working on disability specific issues, in implementation, monitoring, policy formulations processes. For this participation to be effective, the inclusion of PwDs should be accompanied with reasonable accommodations and affirmative and enabling actions. Participations should equally take into consideration women with disabilities in addressing their specific concerns. There is an urgent need for action towards inclusive development keeping in view the needs, accessibility and rights of PwDs if the SDGs are to be realized in the truest sense. In doing this it is important to critically reflect upon what inclusion would really mean and what the context demands. Parallel training programs should also be offered to build capacities of PwDs, their groups and associations, so as to encourage and empower them to know and avail of schemes and benefits being offered by Govt authorities.

5. Special attention to pressing concerns for Women with Disabilities: This research study has revealed the scanty, if any, provisions for women with disabilities – who face multiple vulnerabilities due to their gender, disability that is further amplified in conflict situations. There is urgent need to have a gender sensitive approach in planning and implementation of schemes and policies. Water, Sanitation and Hygiene is a serious concern for women in conflict and post conflict zones, and this is further compounded by accessibility issues for women with disabilities. Their needs around menstrual health and hygiene, accessible toilets, clean, safe drinking water is urgent and prior. There is also a need to converge the acute needs of women with disabilities with the larger discourse on women's rights and related advocacy. Action needs to be geared towards working out ways on bringing about accessibility of existing schemes and programs, running for survivors of violence. Awareness needs to be built on the provision of various schemes and services like 181[44] Helpline for women with disabilities who might have faced any form of abuse at some point in their lives, during conflict/post-conflict situations and otherwise.

6. Improve accessibility to WASH facilities: The research highlighted the poor accessibility of PwDs to water, sanitation and hygiene. This is furthermore challenging for women who have to overcome several hurdles to access WASH. Thus, in the designing, monitoring and evaluation of WASH, it is important to consider disability, identify bottlenecks and include disability related indicators. WASH responses and supplies should take into consideration the needs of PwDs in the rolling out of their programmes during emergency situations and otherwise. Concerns around Water, Sanitation and Hygiene need immediate attention as accessible toilets for PwDs remains a major challenge. Inaccessibility of clean drinking water facilities on desired height for PwDs, also remain an issue. This was also reported to be a major issue during times of conflict and emergency crisis when people flee violence and stay at relief camps.

[44] https://www.181assam.in

7. Need for an integrated approach: To address all these concerns, an integrated approach that converges all stakeholders including duty bearers, rights holders, legislators and political dispensations is required. Convergence amongst all Line Departments of the Government for accessibility of persons with disabilities is of utmost priority. Partnerships need to be built across lines by PwDs, with women's groups, other civil society organisations, government authorities as well as political parties to raise their concerns and advocate for pro poor, pro women, inclusive policies and programs and efficient service delivery.

A collaborative effort is a requisite in addressing the issue of disability from a human rights perspective and to make basic rights and entitlements a reality for persons with disabilities. For a region that has been historically home to various kinds of conflict and violence, the disability rights discourse tends to get sidetracked, despite the fact that persons with disability in conflict areas face more challenges and insecurity. The immense trivialization of the matter and the perception that this population is a liability for the nation needs to change. At a time when the rights discourse is gaining momentum, the disability rights discourse too needs to be taken more seriously, from all quarters. For a society to be inclusive, people-centric and community driven, persons with disabilities deserve equal attention and focus. Towards the larger realization of the Sustainable Development Goals and the target aiming to 'Leave No One Behind', steps need to be taken to challenge discriminatory normative practices for enabling a more inclusive and empowered society.

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Links

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ANNEXURES

ANNEXURE I

Tool 1: In-Depth Interview Schedule: Persons with Disability (PWDS) / HHs with PWDSs

Interviewer's Name & Signature	District	Block	Village Name/ Locality/ Region	Date of Visit & Time
Informed consent: The purpose and nature of the interview has been explained to me. I understand that I will not beidentified by name in any reports using information obtained from this interview, and that my confidentiality as a participant in this study will remain secure. I agree to be interviewed for the purposes of the research study being conducted. Consent of the respondent (written consent to be taken on a separate sheet)				
Residential status of the PWDS (to be observed by the interviewer)			With family/ caregiver Alone (in a house) Homeless	

Name of the Respondent	
Place of Birth/ Origin	
Mother Tongue	
Occupation	
Sex	a. Male b. Female c. Third Gender

Section 1 : WGQs
The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM.

1. Do you wear glasses?
   a. Yes
   b. No
   c. Refused
   d. Don't Know

2. Do you have difficulty seeing, even when wearing glasses?
   a. No difficulty
   b. Some difficulty
   c. A lot of difficulty
   d. Cannot do at all/ Unable to do
   e. Refused
   f. Don't know

3. Do you use a hearing aid?
    a. yes
    b. No
    c. Refused
    d. Don't know

4. Do you have difficulty hearing, even when using hearing aid?
    a. No difficulty
    b. Some difficulty
    c. A lot of difficulty
    d. Cannot do at all/ unable to do
    e. Refused
    f. Don't know

5. Do you have difficulty walking or climbing steps?
    a. No difficulty
    b. Some difficulty
    c. A lot of difficulty
    d. Cannot do at all/ Unable to do
    e. Refused
    f. Don't know

6. Do you use any equipment or receive help for getting around?
    a. Yes
    b. No
    c. Refused
    d. Don't know

7. Do you use any of the following?
    a. Cane or walking stick
    b. Walker or Zimmer frame
    c. Crutches
    d. Wheelchair or scooter
    e. Artificial limb (leg/ foot)
    f. Someone's assistance
    g. Others (please specify)

8. Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?
    a. No difficulty
    b. Some difficulty
    c. A lot of difficulty
    d. Cannot do at all/ Unable to do
    e. Refused
    f. Don't know

9. Do you use sign language?
    a. Yes
    b. No
    c. Refused
    d. Don't know

10. Do you have difficulty remembering or concentrating?
    a. No difficulty

b. Some difficulty
c. A lot of difficulty
d. Cannot do at all/ Unable to do
e. Refused
f. Don't know

11. Do you have difficulty with self-care, such as washing all over or dressing?
    a. No difficulty
    b. Some difficulty
    c. A lot of difficulty
    d. Cannot do at all/ Unable to do
    e. Refused
    f. Don't know

12. Do you have difficulty raising a 2 litre bottle of water or soda from waist to eye level?
    a. No difficulty
    b. Some difficulty
    c. A lot of difficulty
    d. Cannot do at all/ Unable to do
    e. Refused
    f. Don't know

13. How often feel worried, nervous or anxious?
    a. Daily
    b. Weekly
    c. Monthly
    d. A few times a year
    e. Never
    f. Refused
    g. Don't know

14. Do you take medication for these feelings?
    a. Yes
    b. No
    c. Refused
    d. Don't know

15. How often do you feel depressed?
    a. Daily
    b. Weekly
    c. Monthly
    d. A few times a year
    e. Never
    f. Refused
    g. Don't know

16. Do you take medication of depression?
    a. Yes
    b. No
    c. Refused
    d. Don't know

17. In the past 3 months, how often did you have pain?
    a. Never
    b. Some days

c. Most days
d. Every day
e. Refused
f. Don't know

18. In the past 3 months, how often did you feel very tired or exhausted?
    a. Never
    b. Some days
    c. Most days
    d. Every day
    e. Refused
    f. Don't know

19. Thinking about the last time you felt very tired or exhausted, how long did it last?
    a. Some of the day
    b. Most of the day
    c. All of the day
    d. Refused
    e. Don't know

20. Thinking about the last time you felt this way, how would you describe the level of tiredness?
    a. A little
    b. A lot
    c. Somewhere between a little and a lot
    d. Refused
    e. Don't know

Section2: Profile of Household and Members with Disability		
1	Do you have a disability?	a. Yes b. No If yes, type/kind of disability:
2	Age (in years)	a. 18-29 b. 30-45 c. 46-59 d. 60 and above
3	Education	a. Illiterate b. Functionally literate c. Primary (I-V) d. Secondary (VI-VIII) e. Higher secondary (IX-XII) f. Undergraduate g. Postgraduate h. Others (Diploma, ITI, etc.)

4	If dropout, what were the reasons:	a. Financial constraints b. Due to disability c. Lack of family support d. Experience of bullying/harassment in school e. Others					
5	Any vocational skills (have you undergone any training)	a. Yes b. No If Yes, list them: ……					
6	Marital Status	a. Unmarried b. Married c. Divorced d. Separated e. Widow/er					
7	Religion	a. Hindu b. Muslim c. Christian d. Buddhist e. Etc.					
8	Caste	a. SC b. ST c. OBC d. General e. Others					
9	Economic category of the family	a. APL b. BPLc. NA					
10	Number of family members		0-2	3-5	5-8	8 and above	Total
		a. Male					
		b. Female					
		c. Third Gender					
11	Primary source of ina. Yesb. No	a. No source of income b. Agriculture & Allied activities c. Cattle Rearing d. Daily wage labourer e. Handicrafts f. Business g. Private Service h. Govt. Employee i. Others (Please Specify)					

12	Total monthly income of the household (in INR)	a. No income b. Less than 1,000 c. 1001-3,000 d. 3,001-5,000 e. 5,001-10,000 f. 10,001-30,000 g. 30,001-50,000 h. 50,001and above
13	Household assets (Multiple options can be selected)	a. Agricultural land b. Residential land c. Own house d. Livestock e. Television f. LPG gas connection g. Motor cycle/ Two wheelers h. Refrigerator i. Four wheelers j. Other (Please Specify …….) k. No assets
14	Who is the primary caregiver of the person(s) with disability?	a. Mother b. Father c. Siblings d. Other family members e. Hired help (nurse/maid) f. Other (Please specify …….)
15	Do you have a disability certificate?	a. Yes b. No
16	If no, then why do you not have a certificate?	a. Not aware of b. Difficulty in travelling to health facility c. Non- availability of medical board d. Others, please specify:
17	Do you get any pension?	a. Yes b. No
18	If no then why do you not get pension?	a. Not aware of any pension scheme b. Difficulty in travelling c. Others, please specify
19	Have you ever availed any govt. scheme?	a. Yes b. No
20	If you have not availed any govt scheme, why?	a. Not aware of any b. Difficulty in travelling c. Others, please specify
21	Do you hold a bank account In your name?	a. Yes b. No
22	Aids and appliances received/ owned:	a. Wheel Chair b. Cane c. Prosthetic leg/arm d. Hearing aid e. Spectacles f. Others, please specify

22	Aids and appliances received/ owned:	a. b. c. d. e. f.	Wheel Chair Cane Prosthetic leg/arm Hearing aid Spectacles Others, please specify

Section 3: SDG 5 GENDER EQUALITY

5.1- Discrimination:

a. in your childhood, did you play games with friends, siblings, and cousins
- Never
- Sometimes
- Often
- Very often
- Not stated

b. Did you/are you part of celebrations, festivals, ceremonies held in the family and community?
- Yes - No

c. If you go/ever went to school, do you recall any incident that happened with you where you faced discrimination because of your disability?
- Yes - No

If Yes, explain here……

d. If you never went to school, is it because of your disability that you were denied the right to education?
- Yes - No

5.1- Discrimination:

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- Yes - No

c. If you go/ever went to school, do you recall any incident that happened with you where you faced discrimination because of your disability?

- Yes - No

If Yes, explain here……

d. If you never went to school, is it because of your disability that you were denied the right to education?

- Yes - No

e. Who takes most of the decisions in your house?

- Unanimously taken
- Husband/Father/Brother (mostly men in the house)
- Myself
- Others

f. Mention different activities you do in your house (Tick as many)

- Household chores like cleaning, cooking, care-giving
- Reading, watching TV, playing games
- Low to negligible physical activity

g. I think people with disability should play with friends, siblings, and neighbours

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Not stated

h. In this community most people think that people with disability should be playing with friends, siblings, and neighbours

- strongly agree
- agree
- disagree
- strongly disagree
- not stated

5.2- Violence:

a) In the past three months, were you punished or beaten by any of your parent or family member?

- Never
- Once
- Few times
- Many times
- Not stated

b) Were you ever punished/beaten by any of your parent or family member, in the last year or during your childhood?

- Never
- Few times
- Many times

c) Not stated If Yes, was it due to any of the following reasons-

- Alcoholism
- Property related issue
- Conflict
- Others

d) Were there any instances where you were bullied by your friends, family, teacher or acquaintances?

- Yes - No

e) Have you ever faced sexually suggestive comments or jokes, unwelcome touching or kissing?

- Yes - No

f) Do you consider that touch or incident as violence?

- Yes - No

g) Did you ever complain about the incident to the appropriate authority?

- Yes - No

h) Do you/did you face any stigma or discrimination because of your disability while seeking a spouse for marriage?

- Yes - No

i) Was there any demand of dowry during your marriage?

- Yes - No

j) Have you ever faced any harassment because of dowry related issue?

- Yes - No

k) If yes, what was the form of violence or oppression?

- Taunt and Verbal Abuse
- Physical Violence
- Others

l) Who were the perpetrators of violence?

- Husband
- Mother-in-law
- In laws
- Neighbours and others

- Any other local bodies and associations

b) What position do you hold in the group?
- Member
- Secretary
- President
- Leader/head

c) Do you have Voter ID card?
- Yes - No

d) If yes, how many times have you voted?
- Never
- 0-2 times
- 3- 5 times
- 5 and more

e) Do you have a Caste certificate?
- Yes - No

5.3 Sexual and Reproductive Rights and Choices

a) Did anyone in your family, school, relatives educate you on your sexual health and reproductive rights?
- Yes - No

b) If Yes, what was your source of information?
- TV/newspaper/magazine/radio
- Family
- Friend
- Others

c) Have you ever been a victim of sexual violence in any form?
- Yes - No

d) Are you aware of basic right and autonomy to your own body?
- Yes - No

e) Do you have any children?
- Yes - No

f) Did you have a say in the process of bearing children?
- Yes - No

g) Do you know about the minimum spacing after every childbirth?
- Yes - No

h) During pregnancy did your family/closed ones take care of your health needs?
- Yes - No

i) Did you get the right nutritious food during the time?
- Yes - No

j) Have you ever been forced to undergo tubectomy?
- Yes - No

k) Has there been any incident when a doctor made sexual advances during a routine check-up?
- Yes - No

l) If ever you lived in a relief camp, do you recall any specific incident when your rights as a young girl, adolescent, pregnant mother, lactating mother, or just as a woman were violated?

5.4 Technology and Finance

a) Do you have a bank account?
- Yes - No

b) If yes, is it a part of Jandhan or other?

c) Do you have cheque facility?
- Yes - No

d) Do you have an ATM?
- Yes - No

e) If yes, do you use it independently?
- Yes - No

f) If yes, is the ATM accessible?
- Ramps
- Railing bars
- Talking ATM facility

g) Do you have net banking facility?
- Yes - No

h) Do you own a mobile?

- Yes - No

i) Do you use internet?

- Frequently
- Sometimes
- Never
- Not accessible

Section 4 - SDG 6 WATER, SANITATION AND HYGIENE

a) What is the source of water that you have access to?

- Stream, pond, river
- Well, tubewell for household consumption
- Community water source
- Direct water supply to the household

b) Do you follow a process of water filtration?

- Yes - No

c) If you use a shared source, between how many households is it shared?

- 1-5 households
- 5-10 households
- More than 10 households

d) Is the water source accessible to you?

- Yes - No

e) If yes, how is it accessible?

- Ramp
- Railing
- Height is suitable

f) If no, why? What are the issues?

- No ramp
- Cannot reach
- Very high
- Very deep

g) If no, how do you manage?
- Dependent on someone
- Self

h) If there is a water source constructed by the govt authorities, is it accessible to a disabled person?
- Yes - No

i) Do you have a toilet in your house?
- Yes - No

j) If yes, is it accessible to you?
- Railing
- Hand bars
- Mobility
- Has water and soap

k) If no, how do you manage?
- Go out in the open
- Community toilet
- Neighbour's toilet
- Others

l) If you use a shared source, between how many households is it shared?
- 1-5 households
- 5-10 households
- More than 10 households

m) Do you think your area is free of open defecation?
- Yes - No

n) Do you think there are accessible toilets for disabled persons?
- Yes - No

o) If you go to school, do you have access to a toilet?
- Yes - No

p) Are there separate toilets for boys and girls?
- Yes - No

q) Is there a ramp leading to the toilet?
- Yes - No

r) Is there a hand bar and railing in the toilet and the water tap is reachable to you?
- Yes - No

s) Does your school have clean drinking water facility?
- Yes - No

t) Is it accessible to a person with disability?
- Yes - No

u) how is it accessible to you?
- Ramps
- Signage
- Friendly washrooms
- Wheelchair facilities
- Friendly transport
- Lifts

v) Has there been any toilet construction in your area under Swachh Bharat Mission- Grameen?
- Yes - No

w) if yes, is the Swachh Bharat Abhiyan toilets are accessible for disabled people? Do they have
- Ramps
- Proper lighting
- Friendly toilets
- Water facility

x) If ever you have lived in a relief camp during conflict, have your needs to water and sanitation as a person with disability been looked after?
- Yes - No

y) What were the challenges that you faced in these camps?

Section 5: SDG 8 DECENT WORK AND ECONOMIC GROWTH

a) Have you ever been employed?
- Yes - No

b) Are you currently employed?
- Yes - No

c) What kind of employment is it?
-Temporary -Contractual -Permanent

d) Were you ever been employed under any govt scheme like MGNREGA?

- Yes - No

e) If yes, did you get timely remunerations under MGNREGA?
- Yes - No

f) Have you accessed skills development programme of the govt?
- Yes -No

g) if yes, then which programme did you attend? Please specify

Was it accessible?
- Yes - No

h) What is the kind of work you do now, if at all?
- Skilled
- Unskilled

j) What position do you hold at your workplace?
- Grade IV and below
- Clerical
- Managerial and above

k) What is your average monthly income?
- No income
- Less than 3000
- 3,001-5,000
- 5,001-10,000
- 10,001-30,000
- 30,001-50,000
- 50,001and above

l) At your workplace, do you have a say in the decision-making processes?
- Yes - No

i) Have you undergone any special training for your current employment?
- Yes - No

j) Is your workplace accessible to persons with disabilities?
- Yes - No

k) If yes, then how is it accessible?
- Ramps
- Signage
- Wheelchair facilities
- Lifts

- Specific toilets

-

l) Did you get this job based on your PWDS reservation?
- Yes - No

m) For how many years have you been working?
- Less than a year
- 1-3 years
- 5 years and more

n) If you have worked for more than 3 years, has there been a hike in your salary?
- Yes - No

o) Is there a difference in your salary in comparison to other employees in the same rank/position?
- Yes - No

p) How do you get your salary now?
- Through cash
- Through bank account

q) Have you ever availed any loan from the bank?
- Yes - No

ADDITIONAL COMMENTS:

ANNEXURE II

UN SDG 5, 6 & 8 VIS-A-VIS PERSONS WITH DISABILITIES IN THE CONTEXT OF CONFLICT

QUESTIONNAIRE FOR STAKEHOLDERS

1. Do you have any person with disability in your org/association?
2. Do you consider your campus/infrastructure disable friendly?
3. Do you cater to the needs of such persons? If yes how?
4. Is there any woman with disability?
5. How many such women are part of the governing body/management or other signatory bodies?
6. Are women part of the decision-making process?
7. What has been your role in addressing challenges and concerns of women with disabilities in conflict zones?
8. Do you have any special schemes for women and persons with disabilities?
9. In drafting of schemes and policies at your level do you make women with disabilities an equal part of the process?
10. Has data been ever collected/or planned to be collected on the needs and priorities of people and women with disabilities during situation analyses and programme planning?

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1. What is the source of water that persons with disabilities have access to?
2. Does your institute have clean drinking water facility?
3. Is it accessible to a person with disability?
4. Do you follow a process of water filtration?
5. Do you consider the height and structure while constructing the water-sheds, toilets etc, particularly keeping in view PWDS?
6. Do you have separate toilets for men and women?
7. Is there a ramp leading to the toilet?
8. Do you think your area is free of open defecation?
9. Do you think there are accessible options for disabled persons?
10. Are disability related objectives and indicators defined in the WASH planning stage?

11. Have you identified disability inclusive WASH actions as well as targeted interventions (see twin-track approach above) based on the identified WASH needs and barriers?

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1. In meetings and other consultations do you specifically keep in mind the needs of the persons with disabilities, e.g. accessibility of meeting and consultation venues etc.?
2. Have you ensured people with disabilities participation in management committees and positions of responsibility?
3. What is your re-dressal mechanism when you get cases of violation of rights against PwDss
4. Do such cases get registered at all in the first place?
5. On an average how many cases are registered yearly?

ANNEXURE III

Your consent for us to use your photos, story and/or video footage

VSO would like you to feature in photos, story and/or video footage for its charitable activities and wider use. In order for us to fulfil our duty of care and other legal duties towards you, and make sure we only use your story or photo or video footage as you would like us to, we ask you to provide consent to the usage of this material as described in this form by VSO in the United Kingdom and/or any countries around the world.

About VSO
VSO is an international non-governmental organisation (NGO) fighting poverty through programmes on education, health and livelihoods

About You
Name*: _____

Contact number/s: _____

Contact email address: _____

☐ I give permission for VSO to contact me regarding how photos, stories, footage and any other materials featuring me are used

Your consent
☐ I am over the age of 18 and giving consent for myself

☐ I am giving consent for a child or children for whom I am the parent or guardian (e.g. teacher)

Child's name	Child's age	Date of birth

I hereby consent to VSO taking use of:

- ☐ Photos/Video footage/Stories (delete as appropriate)
- ☐ Other (please state) ……
- ☐ I understand that I am not the owner of the creative material

Our use of the material
I hereby consent to VSO making use of the above materials in its global charitable activities, including for the purpose of:

- ☐ Helping to raise funds (e.g. funding proposal, TV advert)
- ☐ Helping find and recruit more volunteers
- ☐ Let people find out more about VSO and our programmes
- ☐ Promoting the work of VSO in the media (e.g. newspapers, radio)
- ☐ I am happy for VSO to use the material in any of the above

Specific ways I DO NOT want VSO to use materials featuring me:
For example: 'social media such as Facebook', or, 'newspapers in my home country'

……...

I understand that VSO will not knowingly use the creative material longer than it is appropriate to do so, usually not longer than five years from the date indicated on this form. VSO will store the material on a secure digital platform when not being used.

If you change your mind:
You can contact VSO on stories@vsoint.org or by calling +44 (0) 20 8780 7500at any time if you change your mind and want to change or withdraw the consent you have given. You can also contact us to request an additional copy of this form for your own records.

Signature…….....

Date……...

ANNEXURE IV

DISTRICT : KOKRAJHAR

LIST OF FIELD INVESTIGATORS :

BIDANGSHRI DAIMARY
NIRMAL BASYMATARY
ANJULI BRAHMA
DIPALI SUTRADHAR

STUDENT VOLUNTEERS :

BISHAW BASUMATARY
KAUSHALYA BASUMATARY
RITA BALA BORO
BWHWITHI BRAHMA

DISTRICT : CHIRANG

LIST OF FIELD INVESTIGATORS :

JAPET NARZARY
JAYSAN BRAHMA
BISWAJIT GOYARI

STUDENT VOLUNTEERS :

SANSUMA BASUMATARY
BRINDA OWARY