OPPORTUNITIES FOR A PURPLE ECONOMY

Learnings from the Pilot Phase of Needs Assessment Study

Abstract

This document traces the key learnings from the pilot study conducted at and following the Purple Fest in Goa (January 2024).

Researched & Compiled by AuxoHub

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Context of Study

The 'care economy' is a relatively new terminology, reflecting a new concept of economics that recognises the significance of care work, empowerment, and autonomy. When read as the 'purple economy,' it also incorporates the lens of disability inclusion and mainstreaming. Drawing from the international colour representing disability, the purple economy is therefore one that addresses the needs of Persons with Disability (PwDs), creates accessible job opportunities and hosts market solutions addressing the needs of the disability sector.

While the purple economy as a theoretical construct suggests many possibilities and much potential, the specific opportunities that it presents remains vague and undefined. Thus, in order to fulfil this potential, it is imperative to understand the economy as it exists today and as it could exist in the future. This exploratory needs assessment study is the first step towards exploring this "could be" economy.

The foundation of this potential lies in demographics and population statistics. According to the World Health Organisation (WHO), 15% of the total global population lives with some form of disability; out of which 80% are residing in low and middle-income countries. Of India's population of 136 crores residents, more than 2.2% are PwDs.[1]

Against this context of employment and employability, the importance of policy shifts as well as market-driven solutions become clear. In developing countries like India, approximately 80% to 90% of PwDs are unemployed whereas for industrialised countries, the number falls somewhere between 50% to 70%. According to published statistics, India holds a population of PwDs of approximately 3 crores out of which 1.3 crores may be considered as employable. However, only 34 lakh PwDs have been employed across the various sectors. While state-driven interventions will likely focus on education and employability, market-driven solutions are key to employment generation. It is for this reason that the purple economy becomes imperative – to cater to the needs of PwDs, create opportunities from these needs, and

[1] Disabilities in India – statistics and facts, Statista.com

generate a virtuous cycle of economic growth via employment and social empowerment via inclusion.

Rooted in this understanding of market-driven solutions and their importance, building a robust foundation for a purple economy requires clear understanding of the needs of the market and the consumer. What do PwDs want? What do they wish they had? What would they pay for? These questions lie at the heart of creating and nurturing a purple economy.

This exploratory needs analysis study seeks to identify new product and service opportunities, discover opportunities to heighten inclusivity and accessibility of existing products and services, and articulate advocacy and awareness building avenues that could create further opportunities. By speaking to respondents with disability, this study ensures the authenticity of data and reflects the dictum of "nothing for us without us." The aim is to identify key themes and opportunity areas from this study to feed into further phases of research, ultimately concluding in policy recommendations, market opportunities, and areas of intervention for civil society organisations. This is the first step of the first step towards creating a purple economy in India.

Methodology and Process

This study was undertaken by EnAble India in collaboration with AuxoHub as the research partner.[2]

While the long-term goal of the project is much larger, involving multi-state data collection, cross-disability representation, and key informant engagement, the pilot stage sought to clarify and strengthen the key research questions and methodological approach of the study.

The pilot phase of the study was anchored around the International Purple Fest hosted in Goa between January 9 and 13, 2024. Organised by the Office of the State Commissioner of Persons with Disabilities (Government of Goa), Directorate of Social Welfare (Government of Goa, and Department of Empowerment of Persons with Disabilities (Ministry of Social Justice

[2] For more information on the organisations, refer Annexure A.

and Empowerment, Government of India), the event was a "first-of-its-kind inclusive festival that celebrates persons with disabilities." [3] As a partner organisation, EnAble India was an active participant in the conclave. Given the attendance at Purple Fest and EnAble India's role in the event, the conference offered a convenient opportunity to launch the pilot study of this research project.

The preparatory stage of the pilot study largely involved contextualising and tool creation. It was decided to adopt a mixed methods approach to data collection, spanning both quantitative and qualitative elements. The quantitative data focused on access to resources, subjective understandings of accessibility, and usage of public amenities. The qualitative aspect sought to focus on lived experiences, individual imaginaries of possibility, and identification of potential market opportunities. For this, the AuxoHub team undertook necessary secondary research to aid with contextualisation in order to create the following deliverables[4]:

- Quantitative survey tool: This was created with the ideal implementation timeframe of 10 minutes. Questions spanned various themes and was framed in English, with the intention of oral implementation across different languages. Once the questionnaire was finalised in conjuncture with the EnAble India team, it was transposed to Google Forms to allow ease of information capture and analysis.
- Qualitative discussion guide: This was a comprehensive list of questions covering multiple institutions, public spaces, and experiences. It aimed to act as a one-stop repository of questions spanning various aspects of the purple economy, far beyond the limitations of the pilot study.
- Summary discussion guide: Following the finalisation of the full-length discussion guide in conversation with EnAble India, AuxoHub representatives identified key questions and themes in order to create a summary guide. This acted as the primary tool for the qualitative data collection, accounting for time availability limitations of the respondents.

[3] Source: International Purple Fest Official Website
[4] Refer Annexure B for data collection tools.

Following the successful creation of the toolkit, AuxoHub attended Purple Fest as an extension of the EnAble India team in order to collect data for the pilot study. This data collection process was divided into two phases:

- Quantitative in-person data collection: The quantitative data was orally implemented with respondents[5] in person at Purple Fest. Questions were asked verbally, and respondents' answers were inputted directly into the Google Form for digitisation and accurate information capture. While all data was inputted in English, the questionnaire was implemented in English, Hindi and Tamil. Data was collected via one of three channels:
    - EnAble India & Purple Ambassadors: As representatives of an organisation of significant repute, EnAble India team members introduced the AuxoHub team to select Purple Ambassadors at the Purple Fest. These Ambassadors were individuals selected by the Fest organisers to represent the 21 types of disability listed under the Rights of Persons with Disability Act 2016. Thus, they represented leaders in the field of disability, and in some cases, included respondents of public repute and fame.
    - AuxoHub & general audience: Apart from the Purple Ambassadors, AuxoHub representatives primarily approached members of the general audience at Purple Fest and requested their cooperation in responding to the questionnaire. Given the nature of the event, participation of PwDs was relatively high, allowing for this category to constitute a majority of the sample. Attention was given to ensure diversity of respondents across gender and disability type as far as possible.
    - Passive QR code: The AuxoHub team also created QR codes linked to the Google Form questionnaire. These QR codes were placed in 1-2 key locations including the EnAble India stall at Purple Fest, accompanied by a brief note explaining the purpose of the study and the questionnaire. While the passive QR code got limited to no responses, it was a useful addition to the research approach, particularly making the form more accessible to English-speaking respondents with hearing impairment.

[5] Refer Annexure C for disaggregated sample details.

- Qualitative online data collection: Following the successful completion of the quantitative data collection, AuxoHub conducted a series of in-depth interviews with select respondents online. These interviews primarily sought to spotlight lived experiences and personal narratives, and explore subjective possibilities. While respondents were participants at Purple Fest who had also provided the quantitative data, their responses in the interviews went far beyond Purple Fest and reflected their experiences in and attitudes towards daily life. Interviews were conducted via Google Meet and were recorded for internal use after procuring necessary consent from the respondent. Respondents spanned disability types and the sample was geographically diverse. [6]

Data collection sample size:
Quantitative: 103 respondents
Qualitative: 16 respondents

Following successful completion of data collection, AuxoHub undertook thorough data cleaning and analyses. The quantitative data was cleaned for incomplete responses and data duplication. Following this, the quantitative data was analysed and visualised in a series of graphical representations capturing the essence of the findings. The qualitative interviews underwent translation as necessary, followed by thematic analyses. All interviews were coded, helping the AuxoHub team identify key themes and patterns that emerged. Once successful analyses had been undertaken, AuxoHub submitted preliminary deliverables to EnAble India to mark the progress of the pilot study.

Preliminary Key Learnings Documents:
- PowerPoint presentation detailing question-wise data visualisation from quantitative data
- Excel template with coded thematic analysis of qualitative interviews

The preliminary key learnings documents acted as the base framework for the creation of the pilot study report. The quantitative and qualitative data analyses were brought together via

[6] Refer Annexure C for disaggregated sample details.

methodological triangulation to arrive at a shared set of themes that reflect the key takeaways from the pilot study. These themes are as follows:

- Living with disabilities: Overall insights from the study
- Education and Employment
- Health
- Mobility
- Public Services
- Ambitions
- Leisure and Consumption

Drawing from these themes of experience, the AuxoHub team identified key areas of possible intervention and market opportunities. This marked the successful completion of the pilot study, fulfilling the intention of identifying potential avenues for the creation of the purple economy while also gaining methodological clarity for the way forward. The areas of possible intervention are explained in detail in the Specific Possibilities and Opportunities section of the report, and can be understood across these axes:

- Training and Sensitisation
- Focus on smaller cities and towns
- Community outreach
- Market for accessibility gadgets and assistive tech
- Accessibility as a service
- Reimagining PwDs as consumers

Methodology Limitations

While utmost effort was taken to optimise representation of sample, ensure complexity in response during data collection, and adopt methodological triangulation for depth in analyses, the pilot study had certain limitations. The AuxoHub team, in collaboration with the EnAble India team, sought to minimise the impact of these limitations on the data veracity and quality. While some limitations can be addressed in the Phase 1 roll-out of the project, others are beyond the control of both EnAble India and AuxoHub. In these situations, they must merely be acknowledged, and their potential impact on the research findings be accounted for. In the pilot study, the methodological limitations were as follows:

1. *Sampling & Tool Limitations:*
    a. The respondents who constituted the sample size for this phase were the participants at the Purple Fest. By virtue of being a physical event conducted in Goa, the sample was skewed towards people with mobility, some levels of independence, and/or access to support systems. This, therefore, ensures that the sample for the pilot study was not representative of the larger population of PwDs in India.
    b. Respondents' disability type was categorised into five broad buckets namely physical disabilities, sensory disabilities, intellectual disabilities, chronic illnesses, and multiple disabilities. This categorisation did not account for any further disaggregation, and therefore, there is no data on the split between respondents with blindness/visual impairment and deafness/hearing impairment, for example, with both categories being subsumed under 'sensory disability.' The category of multiple disabilities also did not have further disaggregation, making it difficult to capture the 'multiple' nature of the disability. This limits the potential for in-depth analysis.
    c. In another example of lack of disaggregation, the category for educational qualification merged 'diploma' and '[undergraduate] degree] into one category. This is a gross oversimplification, given the differences in socio-economic context between these two categories. This must be addressed in the Phase 1 roll-out. Similarly, when asking about accessibility of public spaces, markets, shopping centres and malls were grouped together as one category. This proved challenging for respondents because of the gross difference in accessibility between a mall and a more traditional 'bazaar'.
    d. Large categories of disabilities did not find representation in this categorisation. Chief among these was psychological disabilities. This is an important methodological limitation to be addressed in the Phase 1 roll out.
    e. By virtue of resorting to random sampling methods for a majority of the quantitative study, there was an unintentional bias towards visible disabilities. While some concentrated efforts were made to find representation of those

with invisible disabilities, there is still a significant need to overcome the challenge of respondent identification to ensure data representation.

f. Apart from disability type, other key axes of sampling included age, gender and area of work. The study significantly lacked representation from PwDs aged 60+ years, those belonging to the transgender community, and those working in the informal sector.

2. *Data Collection Challenges:*
   a. In-person interviews for qualitative data collection was impractical, given the nature of the conference and the participants' interest in attending scheduled events. With the estimated time duration of the qualitative interview being at least an hour, it was decided to resort to online data collection for the qualitative interview. While this eased logistical constraints, it brought with it challenges of network connectivity, background noise, frequent rescheduling, and participation from others outside of the sample.
   b. Both the quantitative and qualitative tools were very focused on individual experiences. Therefore, there was a tacit assumption that the respondent will be the PwD describing aspects of their individual lives. The tools, therefore, were not relevant or perfectly compatible to data collection with the primary caregiver in situations where the PwD was non-verbal or could not participate independently. This reduced the efficacy of data collection in those interviews, suggesting a need to create related but independent tools for any caregiver interactions.

3. *Logistical Challenges:*
   a. *Questions on Gender Identification:* The data collection team encountered difficulty in posing sensitive questions concerning the gender identities of respondents during the quantitative data collection. Considering the societal and familial culture in India, some respondents did not seem well-versed in the language of gender identification, and even reacted with surprise, insult and irritation. Attention must be paid to contextualise these questions to suit a non-urban audience.

b. *Limited Representation from the Deaf Community:* The representation of respondents with deafness/hearing impairment was limited. This was largely because of the logistical challenges of sign language interpretation. In many cases, interpreters were not easily available at the time and space of the interview. In the few cases of availability, the questionnaire took over an hour to implement; a significant inflation of the 15 minutes for oral implementation.

Methodology Suggestions:

Considering the encountered limitations during the Pilot Phase, certain refinements to the methodology may be proposed to enhance the study's comprehensiveness. The following suggestions are offered for consideration:

1. *Inclusive Sampling Strategies:* For the upcoming phases, the sample size must be a larger representation of the country across its various states. For this study to achieve its objectives, the EnAble India team and the AuxoHub team must actively seek respondents that fall within the category of invisible disabilities, multiple disabilities, and the non-verbal community of PwDs. Consequently, this would also require the involvement of Sign Language Interpreters. The sample size must include respondents above 60 years of age expanding identity representation and a more comprehensive age representation.

2. *Enhanced Data Collection:* Both the quantitative and qualitative toolkits should be revisited before the commencement of Phase I. Ideally, data collection should occur where respondents could dedicate time to the survey, ensuring seamless data collection.

3. *Inclusion of Caregivers:* It is crucial to recognise caregivers as a separate stakeholder category in both quantitative and qualitative data collection. The toolkits must be modified and include questions and potential points of discussion addressing the unique experiences and perspectives of caregivers.

4. *Addressing Gender Sensitivity:* The qualitative interviews may explore more effectively with regards to respondents' gender identities. The data collection team must provide

culturally sensitive explanations in the survey to ensure understanding and comfort among respondents.

5. *Continuous Reflection:* There is a significance in exploring the methodology's effectiveness and make necessary adjustments on a regular basis throughout the research process. Each phase's methodological challenges and learnings may be used to create an even better research and analysis for the next.

Key Learnings from Quantitative Study

The quantitative aspect of the study focused on understanding access to and frequency of use of various resources, public amenities, institutions, and infrastructures. The goal was to gain broad-based understanding of the experiences of PwDs in public spaces, enabling the research team to draw from those findings to uncover more nuanced and layered learnings in the qualitative interviews.

There were 104 respondents to the quantitative survey, conducted in-person amongst participants at the Purple Fest in Goa in January 2024. Of these, 1 participant's responses were disqualified on the grounds of citizenship[7], thus making the final sample size for the quantitative survey 103 individuals.

Sampling sought to ensure equitable representation of PwDs across identity categories of age, gender and disability type. However, some skews emerged, largely as a reflection of the audience of Purple Fest.

Given the nature of the conference, a majority of participants were in the 26 to 40 years age bracket, with only 1% being older than 60 years. Thus, future phases of the study may benefit from an explicit focus on older PwDs, seeking to better understand their experience in public spaces as well as with consumption.

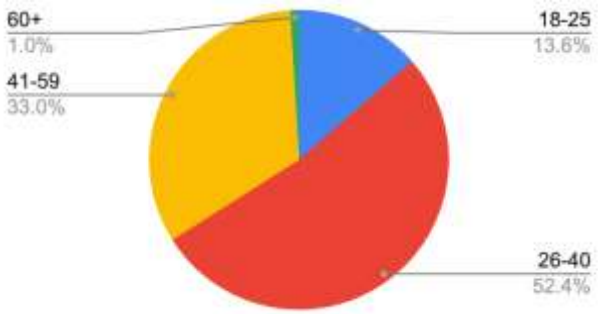

Figure 1: Disaggregation of sample by age

With regards to gender, while there was a skew towards male-identifying respondents, the sample had over one-third representation from those identifying as female. This ensured

[7] The sampling criteria for the study only accounted for Indian citizens of 18 years and above.

reasonable representation and ensured that the sample was not homogenously reflecting only the male perspective. Similarly, there was a comparable split of respondents who hailed from capital cities (39%) and those coming from non-capital cities (26%), while the remaining chose to identify by state without specifying the town of origin. Thus, the sample reflected male and female experiences as well as urban and non-urban perspectives. While this is positive, data also reveals the need to speak to non-binary PwDs to fully understand the intersection between gender and disability.

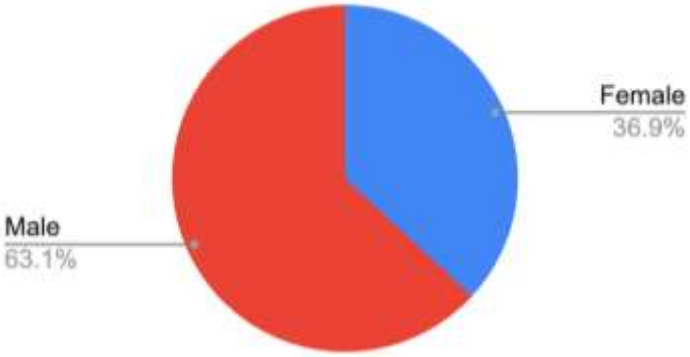

Figure 2: Disaggregation of sample by gender identity

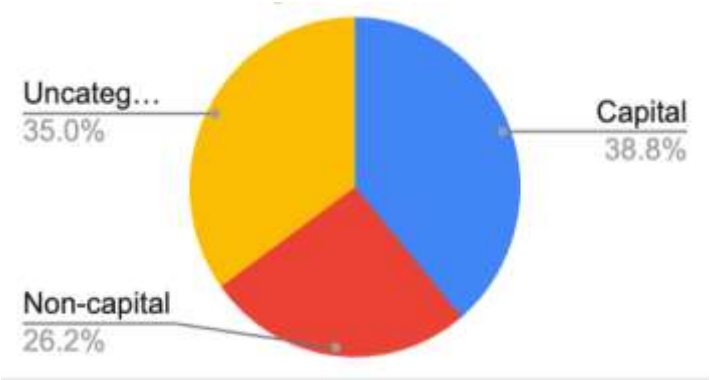

Figure 3: Disaggregation of sample by place of origin

While care was taken to ensure reasonable representation of all disability groups, there was an evident skew towards visible disabilities. This is largely a reflection of two factors – the groups of PwDs who were able to access the Purple Fest and the logistical ease of identifying persons with visible disabilities to answer the survey. Given this, about 73% of the sample comprised of persons with sensory or physical disabilities. Thus, future phases of this study

should have explicit focus on invisible disabilities as well as multiple disabilities to ensure that narrative creation of the PwD experience is not monopolised by those with visible disabilities.

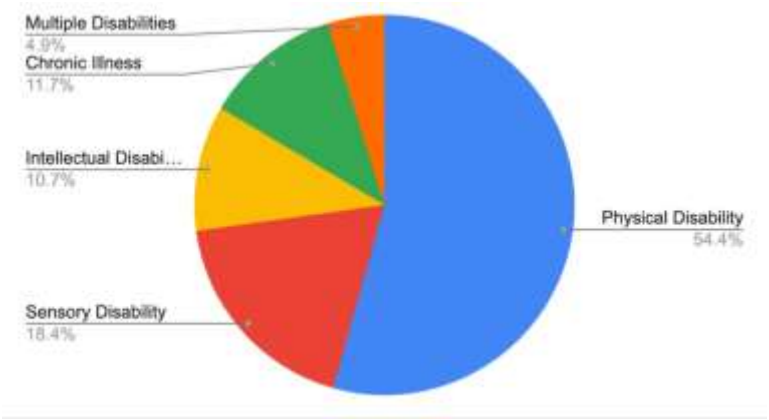

Figure 4: Disaggregation of sample by type of disability

Government schemes, benefits, and documents

Respondents were asked if they had key identity documents including Aadhar card, PAN card, voter's id, ration card and UDID. All respondents reported that they had an Aadhar card with over 85% respondents reporting the presence of PAN card and voter's id. While close to 75% had their UDID as well, only about 50% of the respondents had a ration card. While these statistics are encouraging, they must be read in context of the Purple Fest and the individuals who participate in this event. Any learnings and recommendations on identity documentation should be made only after expanding the sample to be more representative of diverse socio-economic backgrounds.

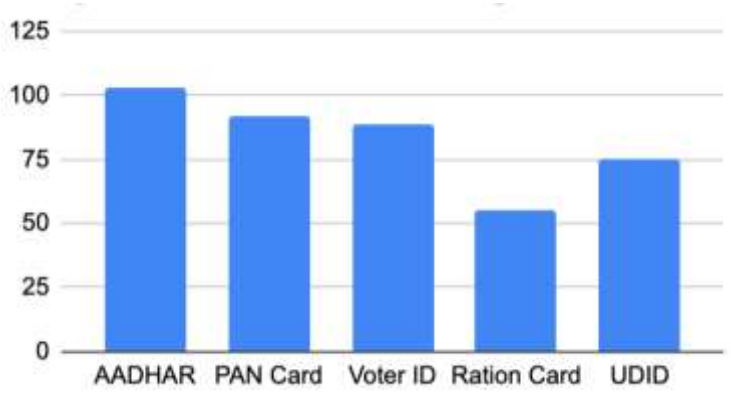

Figure 5: Availability of key identity documents

While government identity documents were largely available to all respondents, the attitude towards government interventions was overwhelmingly negative. Close to 60% of respondents on average disagreed with a series of statements seeking to judge their assessment of various government interventions. These statements included questions pertaining to universal accessibility of public infrastructure, existence of disability-friendly schools and hospitals, provision of social welfare and awareness, ensuring affordable technology, and efforts to overcome social isolation. The strongest disagreement, over 70%, was in response to the statement "the government has hosted initiatives…to reduce social isolation" while the least disagreement, at about 40%, pertained to the government providing social welfare schemes and awareness programs. Many of those who agreed with this statement spoke about Purple Fest as an example of a government-run awareness program.

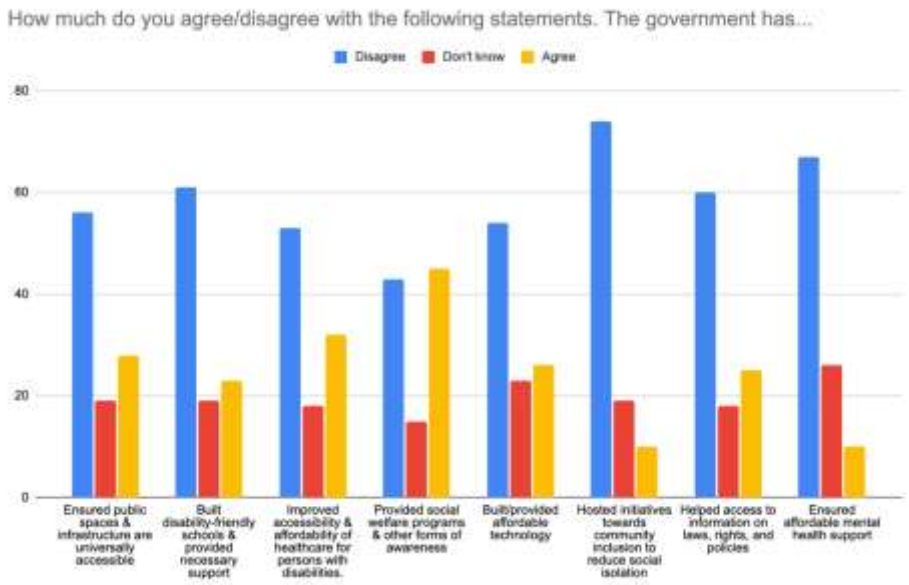

Figure 6: Levels of agreement on government interventions

When further asked about the utility of various government schemes, only about 57% of respondents had benefited from any social schemes. Of these, a majority had availed of stipends and financial assistance, but could not remember the exact name of the scheme itself. Of the schemes available, educational scholarships were the least used.

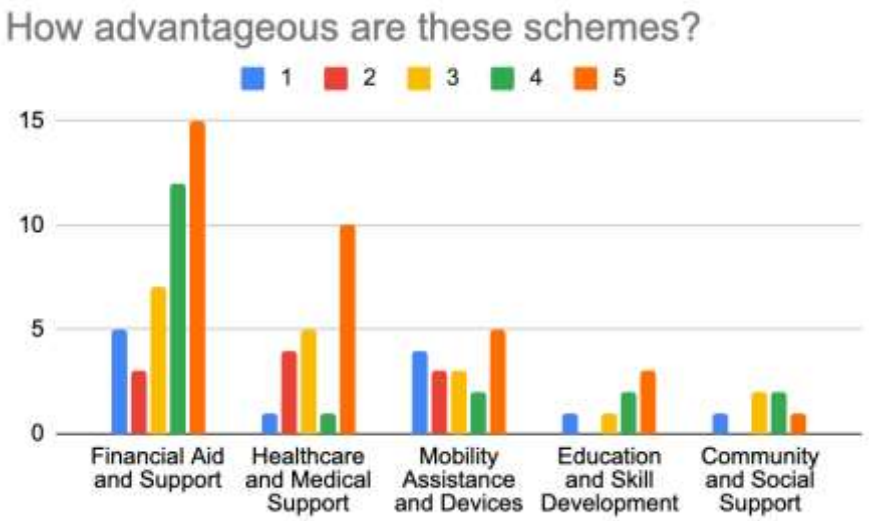

Figure 7: Perception of usefulness of government schemes

Read together, this shows that governmental interventions for "base needs" including identity documentation and financial stipends are well received and appreciated. However, interventions catering to "higher order needs" including awareness, social support, mobility and independence are either significantly lacking or inadequate in their implementation.

Key Takeaway:
"Higher order needs" including awareness, social support and independence are lacking and/or inadequate in implementation. This presents multiple opportunities for innovation and intervention.

Access to Public Spaces

Respondents were asked to rate the accessibility of a range of public spaces including libraries, airports, markets, places of worship, train stations, etc. Government buildings, parks and gardens, and places of worship were ranked the most inaccessible while airports, medical facilities and malls were seen as being fairly accessible. Public libraries were rarely used. In a methodology limitation, the survey asked respondents to rank "markets, shopping centres and malls" as one category, whereas in reality, the accessibility of local markets and malls were often drastically different experiences. It is important to note that about 60% of the respondents rated all public spaces between 1 and 5 on a scale where 1 was completely inaccessible and 5 was perfectly accessible.

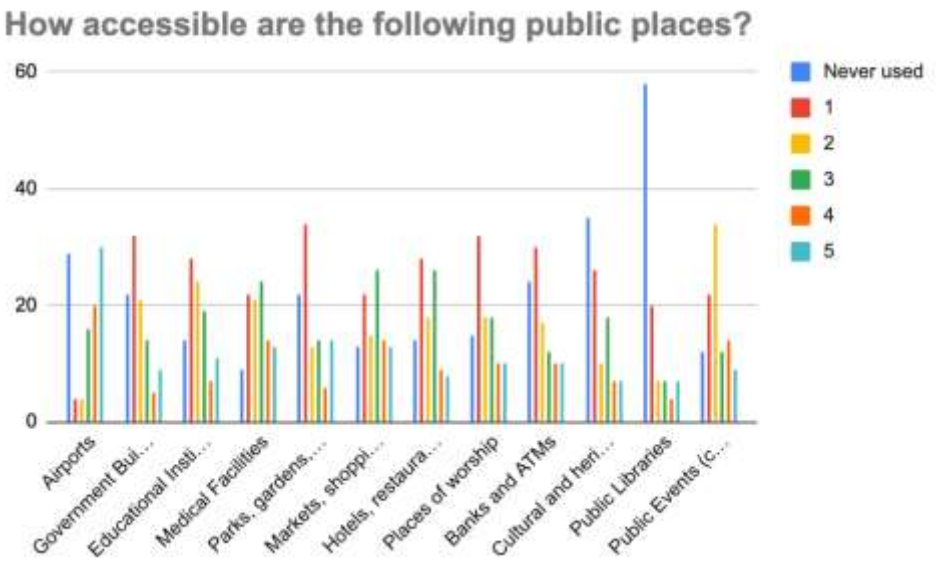

Figure 8: Perceptions of accessibility of public spaces

These learnings need to be read in the context of the broader conversation in the disability sector today. Much attention and indeed significant funding has been channelled into physical accessibility, and yet a vast majority of PwDs find public spaces inaccessible. While airports are seen to be extremely accessible infrastructurally, they are economically inaccessible to many PwDs. Further, the accessibility of any spaces of leisure – parks, gardens, cultural and heritage sites, and malls – were consistently low, suggesting a potential opportunity area for intervention.

When asked what challenges they commonly face in accessible public spaces, the most common response was inadequate lighting and the lack of access to public facilities like toilets and drinking water. While this is also directly connected to the sample being constituted significantly of people with physical or sensory disabilities, there is a case to be made for universal accessibility. Drawing from the argument of universal design that purports that architecture catering to PwDs benefits wider populations as well, this survey suggests that enabling universal accessibility by addressing the key concerns of public facilities and lighting could benefit other vulnerable groups as well.

Key Takeaway:
Making public facilities disability-friendly by addressing key concerns including lighting could benefit other vulnerable groups as well.

Education, Training & Employment

In another reflection of the participants at Purple Fest, over 70% of the respondents had received some form of tertiary education, and over 80% of them were currently employed. Close to 50% of those who were employed were self-employed, with service sector being the second major field of employment. Over 60% of respondents had received some form of training outside of educational institutions, with assistive technology being the most common subject of training. Most respondents received this training in person. When read alongside the age range of respondents, this could also reflect a pre-COVID preference to in person trainings.

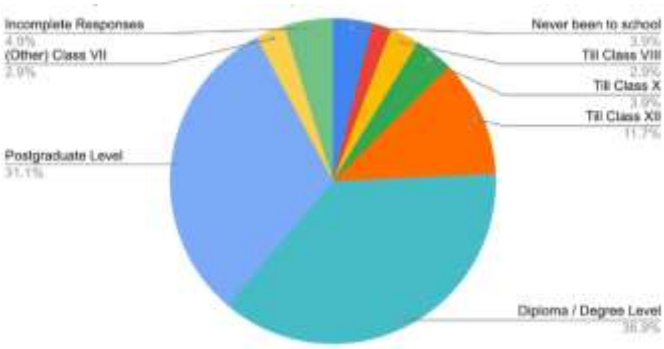

Figure 9: Disaggregation of sample by educational qualification

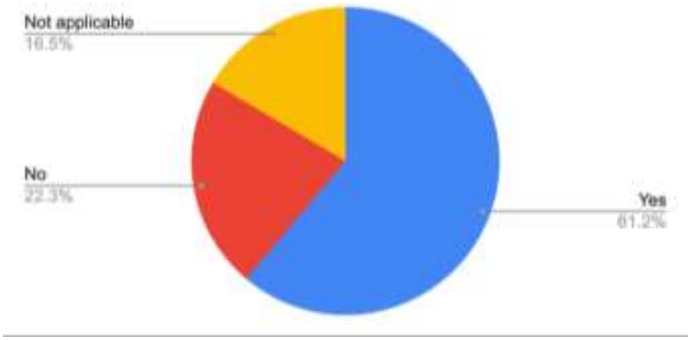

Figure 10: Percentage of respondents having received training outside of school/college

In the realm of education and employment, any scaling of this survey will benefit from further disaggregation, as detailed in the methodological limitations (refer page 8). In one illustrative example, the range of self-employed respondents included handicrafts workers from rural Rajasthan as well as fine artists from Mumbai. This disparity in the category is not adequately reflected in the statistics. This popularity of self-employment as a category also begs the

question of choice or necessity. Are PwDs self-employed because they would like to be or because formal employment sources are inaccessible?

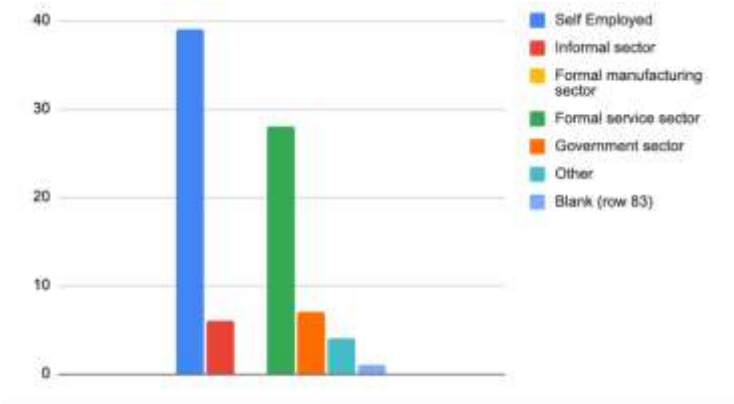

Figure 11: Sample disaggregation by current occupation

Further, while accessible technology emerged as a popular category for training, the survey revealed that recreational trainings were not very popular. This suggests an opportunity area to be delved into in more depth.

Going beyond participation, when asked about accessibility of education and employment, respondents revealed that places of employment are far more accessible on all counts than educational institutions. Read alongside the popularity of formal employment among respondents, this suggests a positive impact of the DEI movement in corporate India. However, it was also revealed through conversations that "accessibility" is often understood as the existence of certain accommodations, without necessarily paying heed to their usability. This was particularly true in the case of sports and transport, for example, where ability to be on the field or climb onto the bus was seen as a symbol of accessibility. In fact, in most cases, this is a greater reflection of the nature of the disability and not the state of the infrastructure. This suggests that accessible infrastructure is often so difficult to come by that the simplest of accommodations is celebrated by the community.

Close to 60% of respondents who had been to school revealed that infrastructure was not accessible for their needs. In comparison, less than 30% of respondents currently employed said that the infrastructure in their place of work was entirely inaccessible. However, many reported experiences of accessible infrastructure being limited to the availability of ramps and their personal comfort in their individual work stations. "Higher order" accessibility needs

such as sensory rooms, large print material and sign language interpreters were very rarely available. This, therefore, presents opportunities both by way of sensitisation as well as market solutions.

Key Takeaways:
Many PwDs receive some form of training but the focus is largely skewed towards employability skills. The universe of recreational training may offer possibilities. With regards to accessibility, many PwDs saw 'existence' as a proxy for accessibility, reflecting opportunities for advocacy. Even in spaces of increased accessibility, infrastructural accommodations rarely included "higher order" needs like sensory rooms or sign language interpreters. This presents an opportunity particularly within corporate DEI initiatives.

Healthcare

Respondents seemed to prefer allopathic medical care, primarily from private hospitals. This could be a reflection of the quality of care at public institutions and/or a commentary on the socio-economic identity of the participants at Purple Fest. Interestingly, some respondents said they do not visit any healthcare institution at all, preferring instead to manage any health needs independently or with the assistance of friends and family. This also suggests that any study of healthcare accessibility is strongly correlated to the nature of disability – how much active management does the disability require?

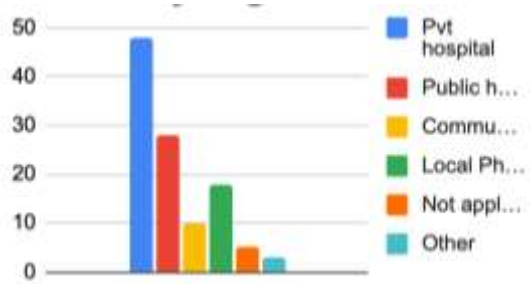

Figure 12: Disaggregation of sample by typical source of healthcare

With regards to accessibility, close to 60 respondents said that their healthcare facilities were wheelchair friendly, reflecting the common reduction of accessibility to ramps and wide doors. A majority also found staff to be sensitised, while less than 30% reported having necessary communication support by way of Braille signages, sign language interpreters, etc. available. About 30% also said that their healthcare institutions had none of the accessibility features

mentioned in the survey. This is interestingly correlated against a similar percentage seeking treatment in public institutions. Thus, the data revealed potential opportunities in fulfilling "higher order" accessibility needs that go beyond railings, ramps and wide doors in healthcare.

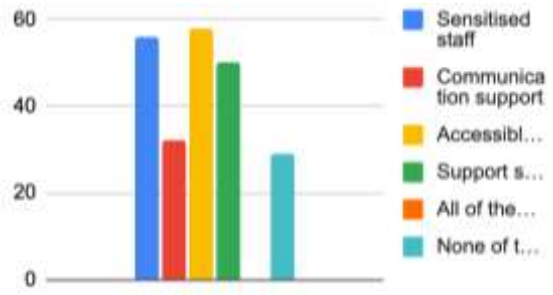

Figure 13: Availability of accessibility features in healthcare facilities

Key Takeaway:
"Higher order" accessibility needs need to be addressed in healthcare, offering opportunities across awareness creation, product innovation and service provision.

Transport

The most common mode of transport was independent private transport. This reflects a significant correlation with the large percentage of respondents being persons with physical disabilities. Further, the NeoMotion intervention was quoted as a gamechanger to mobility by multiple participants. This model, therefore, of private sector product innovations is an important case study for accessible service provision.

Success Spotlight:

NeoMotion is an IIT Madras incubated start-up and creates life transformative products for the physically challenged and the elderly. NeoMotion developed India's first indigenous motorised wheelchair attachment known as the NeoBolt. Further, it launched a personalised wheelchair called NeoFly that visions to enhance the health and lifestyle of PwDs. The company aims to impact one lakh lives per year by 2025.

Source: YourStory

Second to independent private transport, metros and taxis were seen as being most comfortable. Interestingly, those with specific physical disabilities like lower limb amputees with leg prostheses found taxis to be inaccessible, given that doors do not open fully and mandate bending at the knee to get in and out. Further, while metros and taxis were seen as being very accessible, numerous respondents also pointed out that many cities and towns do not have metros or app-based taxis today. Thus, this question also reinforced the need to complicate accessibility across type and extent of disability as well as geographic location.

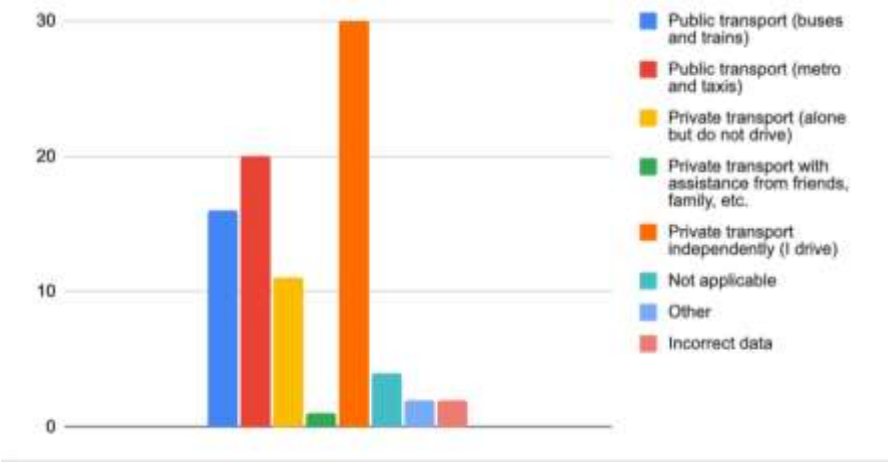

Figure 14: Disaggregated sample based on typical mode of transport

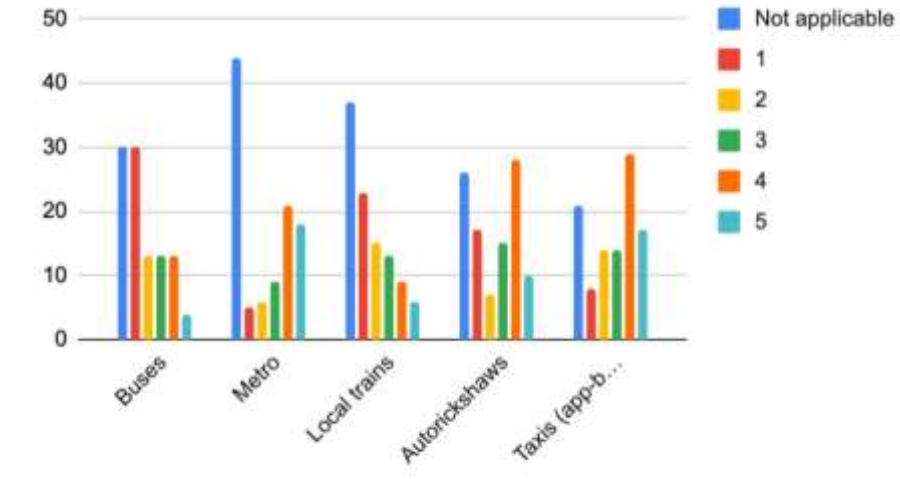

Figure 15: Perceived accessibility of modes of transport

A few respondents specifically mentioned walking as their chosen mode of transport, reflecting opportunities for pedestrian-friendly solutions and innovations. In another argument for the concept of universal accessibility, some respondents also spoke of safety concerns as being an impediment to independent travelling. There are, therefore, opportunities for collaboration between those working on gender-based violence prevention, urban safety, disability accessibility, and so on.

Key Takeaway:
Opportunities for pedestrian-friendly innovations are plenty, as are possibilities of collaboration with those working on other aspects of public mobility and safety including gender-based violence prevention, bystander intervention, urban safety, etc.

Places of Worship

The survey showed that, for believers, religion played a key part in their daily lives. However, this was limited to formal places of worship and a vast majority did not participate in other religious gatherings such as *satsangs* or prayer meetings. Of those who visited places of worship regularly, a majority found the premises inaccessible due to a variety of factors, with over 50% ranking them between 1 and 3 (with 5 being perfectly accessible).

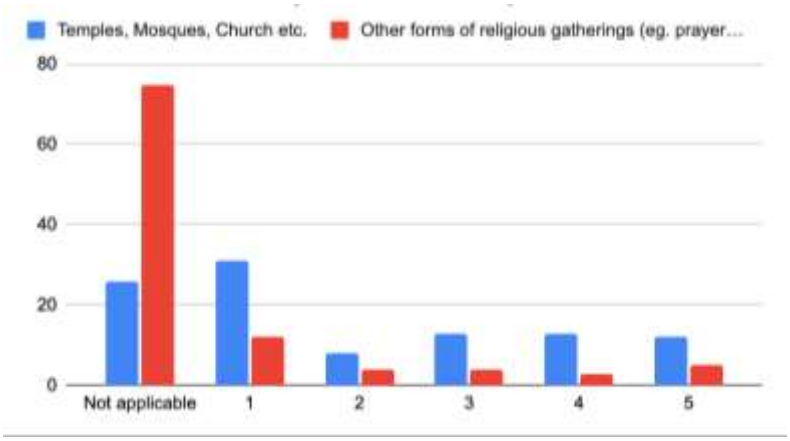

Figure 16: Accessibility of places of worship

The challenges that were most common include the absence of ramps, unavailability of assistance, and difficulty in accessing the place of worship. Some specific challenges spoken

Key Takeaways:
Given the primacy that believers place on religion, there is a plethora of opportunities within the broader arena of 'making religion accessible and inclusive.'

of included long distances of walking within the church, the mandate to wash legs in the temples, and uneven stone surfaces. Many respondents felt that special lines for PwDs would address many of these access challenges, allowing them easy access without long lines, crowds and so on. In some cases, respondents did communicate feeling unwelcomed in these places of worship, speaking of superstitions surrounding disability as well as social norms that do not account for disabled bodies.

Key Learnings from Qualitative Interviews

Living with disability: An Overview

"Every person in the country might not experience what disability is, but every person at some point in their lives becomes disabled." (P13, Lucknow)

With 2.21% of the population in India being disabled, persons with disabilities (PwDs) in India have to navigate a complex landscape marked by persistent systemic challenges. Over the course of 16 qualitative interviews with PwDs drawing from diverse economic, regional and health contexts, the study underscores the multifaceted nature of challenges faced by PwDs in India today.

Respondents consistently stated that the main issue they faced was the lack of sensitivity and empathy from the general public. Across various aspects of public life, from transportation to employment to leisure, respondents were emphatic about experiences of pervasive exclusion and disregard. Even when respondents tried to proactively engage with authorities and advocate for improved accessibility, they noted that their recommendations were rarely implemented. Excuses cited by authorities for stalling implementation typically revolved around constraints such as insufficient budget or manpower, indicating a systemic failure to prioritise the needs of PwDs.

Furthermore, the research highlights a paradox in the treatment of PwDs, who find themselves either celebrated or sensationalised, rather than being normalised within society. Some respondents shared experiences of being invited as guests of honour at events like World Disability Day, but this superficial acknowledgment underscores a broader issue of performative recognition that does not translate into real change. By overlooking the voices and needs of PwDs, not only is a significant portion of India's population relegated to the margins, but also, there is a lost opportunity to create environments that are truly inclusive for everyone irrespective of ability.

Further insights about the general experience of living as a PwD in India

1. *Importance of familial and social support:* Respondents who reported having sufficient family support and were included in social activities in their wider community did not find

their disability a burden. More importantly, finding a community of PwDs was integral for respondents to accept their disability and navigate challenges.

2. *Gendered impact of disability:* For several female respondents, their disability has meant restrictions in their freedom of movement and potential employment opportunities since their parents are not in favour of them being away from the home, citing safety concerns. While the respondents understood their parents' apprehensions, they mentioned that they would have liked to explore opportunities the way their non-disabled peers and relatives are allowed to do.

   In the case of one respondent, who is an acid attack survivor, the disability was caused by gender-related crime. She notes that, while other forms of disability cannot be avoided since they are genetic or caused by accidents, the disability she lives with would not have happened if the law restricting the sale of acid was implemented strictly.

3. *Regional differences in access to PwD-friendly infrastructure and resources:* Location emerged as a critical determinant of access to reliable health infrastructure, sensitised public officials, employment opportunities and other resources on navigating disability. Respondents in smaller towns and rural areas reported challenges owing to underdeveloped infrastructure for PwDs in such areas. Several respondents would have to travel long distances for treating their illness since the doctors in their area were not well equipped or knowledgeable enough.

4. *Differences in perceptions for congenital vs non-congenital disabilities:* The study had a mix of respondents with congenital disabilities as well as disabilities acquired or diagnosed at a later stage in life.

Type of disability	No. of respondents (out of 16)
Congenital disability	6
Disability diagnosed/ occurred at a later stage in life	10

Figure 17: Tabulated disaggregation by temporal occurrence of disability

Respondents who acquired their disability later in life faced an uphill task in accepting their disability. They noted that there were very few resources or avenues of support to help them adjust to their sudden loss of abilities. Since many of them had no other PwDs in their social circle, the respondents reported feelings of isolation and confusion, underscoring the urgent need for mental health support as a priority in PwD-focused healthcare schemes. They also noted that navigating education and employment was especially difficult in this regard as they did not know enough about the opportunities that were available.

Some respondents with congenital disabilities reported having fewer struggles with accepting their disability, but noted that it irked them when people viewed them with pity on account of their disability. One respondent, who has been visually impaired since birth, stated that there is an overwhelming focus from her family and relatives on what she is not able to do due to her disability. The challenge she faces is from older people and relatives trying to 'cure' her, as opposed to giving her the resources she needs to live independently.

Drivers of self-reliance

For respondents who were able to live independently in spite of their disability, there are a few common factors that contributed to their self-sufficiency.

Nothing in his way: A journey of self-reliance

After an accident in 2017 that required the amputation of both his legs above the knee, a Mumbai-based respondent found himself in extremely challenging circumstances. Shortly after the accident, his wife and child left him. Fortunately, he had supportive family members and colleagues who helped him adjust to moving around in a wheelchair as well as using prosthetics. His priority was to live independently, and his turning point came when he began using a NeoMotion Scooter, which has allowed him to move around with confidence. He now lives on his own, and travels around smaller cities, encouraging younger PwDs to achieve

Visions of autonomy: Remaking the world to be inclusive and accessible

A Hyderabad-based respondent lost her vision after a brain tumour when she was in college. After her visual impairment, she had to set aside her hopes of a career in media and filmmaking. She trained as a rehabilitation counsellor in the LV Prasad Eye Institute. Currently, she has her own assistive tech start-up focused on products that enhances accessibility for people with visual impairment. She never gave up her love for art, as she makes 3D paintings. She uses these paintings to let PwDs who are congenitally blind to get a sense of commonly-used visual imagery like emojis. She also organises regular meet-

Driver	Factors
Social	Self-acceptance Supportive family and social circle Being part of a wider community of PwDs
Economic	Skill training Continuing education Being employed in a PwD-friendly workplace
Financial	Health insurance Savings plan
Infrastructural	Accessible public spaces Reliable and sensitised healthcare Confidence to move around on one's own
Technological	Assistive technology (incl. screen-readers; apps like TalkBack, BeMyEyes) Accessibility-enhancing gadgets (e.g. Spacefelt) Mobility devices (incl. motorised wheelchairs, mobility scooters)
Political	Awareness of rights and entitlements Awareness of government schemes, having a UDID card, disability certificate Advocating for PwD rights Interacting with public authorities and business owners
Emotional	Having faith (in oneself, or in a higher power) Having aspirations to work towards achieving Being able to indulge in leisure activities Focusing on abilities, despite their disability

Figure 18: Drivers of self-reliance as described by respondents

Navigating education as a PwD in India

According to the Ministry of Social Justice and Empowerment in India, nearly 55% of the total PwD population in India are literate. Urban areas fare better than rural zones in literacy, and illiteracy among women is high in both urban and rural areas. Worryingly, 54% of children with multiple disabilities have not gone to any form of educational institution. Disparities in education have long-term consequences for the economic security of PwDs, affecting their earning potential and access to employment.

The respondents in the study had all completed their basic schooling, with several being graduates. Most of the respondents, including those who had visual impairment, attended educational institutions without special educators or resources for students with disabilities. One respondent was severely autistic and attended a special needs school with faculty trained to teach children with intellectual disabilities.

Insights from interviews

1. *Role of teachers and peers*

High barriers to entry: Schools averse to admitting students with special needs

A wheelchair-bound respondent who has spinal muscular atrophy, a congenital disorder affecting motor neurons, said that she was homeschooled for the duration of her primary education. Her mother was advised to enrol her in a regular school after Class 10th. She reported having difficulties getting admission despite having a high CGPA of 9. School authorities refused admission because they did not know if they could accommodate her needs. More importantly, they did not want admit her since it would mean they would have to admit other children with similar disabilities as well.

A key theme that emerged from the interviews was the pivotal role that teachers and peers played in the perceptions of their school and college life.

Respondents with negative perceptions described a time in their lives where they felt shunned and isolated. Some respondents recalled how they were not allowed to participate in school functions such as the daily morning assembly, cultural competitions, sports day events and the school's farewell day function. Moreover, they faced bullying and exclusion from their fellow students owing to their disability. The lack of meaningful friendships affected them deeply, making them inhibited and diffident to this day.

However, for respondents who had positive associations with their school and college life, they reported having teachers and peers who were proactive in making them feel included, being encouraged to take part in extracurricular activities.

Notably, visually impaired respondents who attended institutions without special facilities did not report much difficulty with navigating their physical surroundings, despite the lack of accessible infrastructure. In such cases, parents would drop and pick them up from their school. Teachers and friends would help them in initially orienting them, and the respondents would be able to manage independently afterwards.

2. *Lack of accessible study material*

Creating one's own form of education

A respondent who is visually impaired since birth noted that she would have to work harder than her sighted peers since she would not have sufficient study materials when she was training to be a physiotherapist. A lot of her time went into creating accessible materials for herself since they were not provided to her otherwise.

Since many of the respondents attended schools and colleges without special educators, their understanding of complex subjects like mathematics and science depended entirely on the teachers' willingness to take after-school classes. Especially for visually-impaired students, subjects like physics and chemistry were particularly difficult to understand. Lab experiments and practicals were also inaccessible for them. One respondent had a teacher who would show her how the experiments worked by letting her touch the equipment.

A Goa-based respondent stated that their school would teach mathematics to visually impaired students only up to Class 7, which proved to be a challenge for him later on, since he began preparing for government exams, which had math-based questions. Other visually-impaired respondents also concurred with the lack of accessible preparatory materials for competitive exams such as the UPSC, NET and other public exams. As a result, they highlighted how such exams were not a level playing field. They would navigate these challenges by enrolling in online coaching institutes such as Unacademy, which has a screen-reader compatible app, as well as being up-to-date in trends in competitive exams. In some instances, respondents gave examples of how some of their teachers were reluctant to tutor them because of their disability.

3. *Challenges faced by PwDs with intellectual disabilities*

The study had one respondent with dyslexia and dysgraphia, who had much trouble getting a diagnosis for her condition despite demonstrable evidence. She noted that in India, most diagnostic tests for dyslexia are designed for children of school-going age. As an adult, she faced reluctance from psychiatrists and other doctors in getting a diagnosis since the way her symptoms manifested did not align with their idea of a dyslexic person. Moreover, her parents were also resistant in supporting her diagnosis since they thought she was imagining her

symptoms. It was only after her younger brother was diagnosed with dyslexia that she was taken seriously.

For children with severe autism, the role of educational institutions is indispensable since special schools are among the few spaces where such children are accepted for who they are. The study had a respondent who was the parent of an autistic individual. For them, the main concern is equipping the child with basic life skills such as going to a bank, navigating public transport etc. They also reported that the lack of sensitivity and awareness as a key challenge. Especially in the case of healthcare personnel, training on how to treat children with severe autism is crucial.

4. *Challenges faced by PwDs with invisible disabilities*

Progressive congenital illnesses such as multiple sclerosis (MS) are considered to be 'invisible' disabilities, since the person's outward appearance may not reflect their struggle to perform basic cognitive and motor skills. In such cases, the challenge they face is being believed when they mention their health issues. In the case of two respondents, both of whom were diagnosed with MS when in college, teachers and other authority figures thought they were making up their symptoms to evade work. The issues are compounded by the fact that MS symptoms manifest in people differently and common signs like migraines, fatigue and/or sensory overload are misinterpreted or dismissed by teachers as laziness.

Navigating the workplace as a PwD in India

"Having a disability doesn't mean that we aren't able to contribute. We want to work. There should be opportunities for us. It's not the case that if we earn, the money will remain with us. We're going to spend it; the money will circulate, and go back to the economy. So there should be opportunities to utilise our skills and talents." (P7, Jharkhand)

Being gainfully engaged in work emerged as a key driver of self-reliance over the course of the qualitative interviews.

Most of the respondents in the study, unless they were students or otherwise unable to work, were either employed or had some experience of being in the workplace.

Employment status of respondents	No. of respondents (out of 16)
Currently employed	11
Self-employed/ Entrepreneur	*3*
Employed by the government	*2*
Employed by a private business/ NGO	*6*
Not currently employed due to health challenges but has work experience	2
No employment experience	3

Figure 19: Employment status of respondents

Insights from interviews

1. *Disability-specific skill-training as a turning point for many PwDs*

Especially for PwDs without congenital disabilities, the point at which they were able to develop positive associations with their employment potential was when they enrolled in skill training programs. For the ten respondents in the study whose disabilities were diagnosed or occurred at a later stage in life, a common thread was finding new possibilities through skill training programs held by organisations such as EnAble India or the National Association of the Blind. These programs not just equipped the PwDs with relevant skills to navigate their disability, but they were also an important source of networking and community-building.

2. *Attitudes towards PwDs at the workplace*

In exploring the attitudes towards respondents from their employers and colleagues, the interviews uncovered a landscape marked by exclusion and significant barriers to employment. In many cases, they are deemed to not be 'suitable' candidates purely on the basis of their disability. Even if they secured a job, they would encounter further challenges in requesting medical leaves, managing their workload or articulating their health needs.

Respondents who reported positive associations with their employer had the following factors in common:

- Acceptance of one's disability as an ordinary fact of life; that did not make them any less than their non-disabled colleague, leading to a feeling of inclusion and cooperation at the workplace
- Provision of accessibility enhancing softwares such as screen-readers and captioning softwares (for those with difficulties in auditory processing) as well as the construction of ramps and wheelchair-friendly bathrooms
- Flexibility in terms of work hours and project deadlines to accommodate for what the respondent is able to realistically achieve
- Provision of mental health support, health insurance, medical leaves and an open, positive environment

3. Challenges faced by PwDs with invisible illnesses

As highlighted in the section on education, respondents with invisible illnesses such as multiple sclerosis (MS) face the additional challenge of experiencing varying symptoms that change in response to their circumstances. This makes it hard to negotiate with employers since the respondents may look outwardly fine, despite experiencing severe fatigue, migraines, even partial paralysis. As a result, respondents with MS reported having to change their jobs often since their workplaces were not able to accommodate their health needs.

Such respondents also faced the dilemma of whether they should disclose their illness to their employer or not. It is worth noting that respondents who were in favour of disclosing their disability status either had a supportive workplace or were self-employed. The respondent who was not in favour of disclosing their disability to hiring managers had negative experiences when they opened up about their disability.

4. Being self-employed vs. Being an employee

A few respondents noted that they preferred to be self-employed as a freelancer or an entrepreneur since it was better for their health. However, a respondent with their own business noted the lack of business networking forums that would help them make more connections and reach a wider public.

Making the workplace truly equal: Actionable suggestions from respondents

Based on their experiences of being at the workplace, respondents had the following recommendations to enhance accessibility and inclusivity in employment:

1. Provide sensitisation and awareness training to employees at all levels in both public and private workplaces. For PwDs new to a workplace, provide orientation training and an office assistant until they are comfortable with the space.
2. Provide skills training and awareness of career opportunities for PwDs. Engage with private businesses to create a collaborative framework of possibilities for PwDs at the workplace.
3. Provide accessible physical infrastructure such as ramps, accessible toilets, sensory rooms, elevator access, as well as accessibility-enhancing softwares and gadgets, such as screen-reader equipped laptops. Take recommendations from PwDs about what accessibility means to them, and what features would improve their work conditions.
4. Make it easier for PwDs to take loans to set up their own businesses. Set up forums and communities for professional networking among PwDs.
5. In government jobs, increase the quota for PwDs so more people have access to job security. Moreover, program implementation for government schemes should be strengthened so that the benefits reach a wider group of PwDs.
6. Enable flexibility in taking leaves, as well as being able to work from home. There should also be flexibility in job applications, by allowing those with low levels of digital literacy to apply in-person even when an online form is mandated.

Navigating Healthcare as a PwD in India

"Hospitals are not accessible. There are no labs to detect blood disorders, there are no psychologists to detect intellectual disabilities. There is also a problem in acquiring disability certificates. For a PwD to get a certificate, one has to travel at least 100kms and the added expenses of such travels cannot be ignored." (P15, Latur)

Healthcare in India for the general public is fraught with myriad challenges of access, pricing and availability. These issues are compounded for PwDs, who have to navigate multifaceted obstacles in seeking healthcare. From disparities in access to trained medical personnel and

updated treatment regimens, to the limited availability of specialised services and infrastructure for PwDs, targeted healthcare for PwDs remains out of reach for many even today.

The personal experiences of respondents in the interviews revealed a mix of perceptions about healthcare, which highlighted a few patterns:

- Respondents with positive experiences of accessing healthcare described accessible infrastructure, sensitised medical staff, and timely diagnosis and treatment of their condition. These respondents were located in urban areas.
- Respondents with negative experiences of healthcare described a lack of basic accessibility infrastructure such as ramps, poorly trained medical staff and doctors who were ill-equipped to treat their condition. These respondents were from both rural and urban areas, but many of them who had received treatment in big cities emphasised the lack of health infrastructure in rural areas and government-run hospitals.
- Respondents who had conditions such as multiple sclerosis and dyslexia described a long ordeal of trying to get a diagnosis. Owing to the nature of their symptoms, which manifested in ways that were often misdiagnosed by doctors in their locality, the respondents reported going through many inconclusive treatments before they received their diagnosis.
- Most respondents, irrespective of the ability to go to a hospital on their own, preferred to go with a family member or a friend. Their rationale was that hospital procedures are often long-winded, involving an indefinite wait and having to go to different counters and sections. Since hospital staff could not always be relied upon to provide clear instructions or assistive support, the respondents had to take someone along with them whenever they had to visit a hospital.

Insights from interviews

1. *Lack of accessible physical infrastructure in hospitals*

Despite hospitals requiring mandated ramps, elevator access and bathrooms with wheelchair access, several respondents noted that such facilities were either absent or poorly

constructed. This situation is also seen in hospital-adjacent buildings, such as pharmacies and ATMs. Respondents noted that it was hard for PwDs to move independently in hospitals due to poor organisation, lack of tactile flooring, and over-crowdedness.

2. *Regional differences in access to healthcare*

As mentioned earlier, hospitals in smaller cities and rural areas were described as being marked by rampant absenteeism in medical personnel, poor coordination between medical departments in patient treatment, run-down physical infrastructure, dated information on medical treatments and the lack of advanced diagnostic equipment. For PwDs who cannot afford private medical treatment in larger urban hospitals, this precarious state of government-provided healthcare in rural areas could compromise their health further.

3. *Lack of trained staff sensitised to the needs of PwDs*

Especially for respondents who were wheelchair users, hospital staff who were not trained well posed a major challenge since they could risk injuring the respondents when moving them. Another instance where sensitised hospital staff was critical involved autistic patients. A respondent who was the parent of a severely autistic individual noted how empathetic and sensitive staff could make all the difference in the experience of going to a hospital.

4. *Poor coverage of health insurance for PwDs*

Among the respondents surveyed, half had health insurance coverage. However, the majority of respondents reported difficulties in getting insurance owing to their disabilities.

Insurance status	No. of respondents (out of 16)
Has insurance	8
Does not have insurance	5
Insufficient data	3

Figure 20: Tabulation of respondents covered by insurance

Respondents without health insurance reported encountering multiple hurdles in getting private insurers to cover them. Especially for those with pre-existing conditions, getting insurance coverage proved to be an uphill task since most private insurers were not willing to

accept their claims. A respondent with an autistic child noted that no insurer – private or public – was willing to cover their child's needs.

Uninsured and excluded: Notes from an acid attack survivor

A Jharkhand-based respondent highlighted how acid attack victims are often turned down by private insurance companies. Herself a survivor of an acid attack, she was rejected by private insurers despite being able to afford the cost of insurance. She couldn't understand why insurance was denied to her and other survivors of acid attacks.

Insured after an uphill battle: Notes from a respondent with MS

A Maharashtra-based respondent with MS described that she recently managed to get private health insurance (HDFC ergo) after an arduous process. Noting that most insurance providers don't cover PwDs with a pre-existing illness, the respondent described having to educate insurance providers about MS. Despite that her insurance claims would often be rejected.

Among the respondents who had health insurance, two were covered by the insurance provided by their employer. However, one noted that it was a generic health insurance that did not make any accommodations for their disability. Only one respondent stated that they were covered by the Niramaya Scheme.

Another respondent, who worked in a government job, stated that though the Ayushman Bharat scheme existed, its benefits seldom reached PwDs since there were a lot of political discrepancies in the way the cards were issued.

5. *Difficulties in getting diagnosed*

Undetected and dismissed: The difficulty of getting a diagnosis

A respondent with MS noted how difficult it was to get a diagnosis at times owing to the way the symptoms would manifest. If they went to the doctor with symptoms like fatigue, they would be given vitamin tablets. Other symptoms would include incontinence, for which PwDs would be referred to a urologist. If the urologist wasn't aware of what MS was, the process of diagnosis would drag on inconclusively. Only until something severe happened, such as the loss of vision, would doctors realise that the issue was neurological in origin.

Respondents with multiple sclerosis noted that the ordeal of getting a diagnosis was complicated because many of their early symptoms went unnoticed or dismissed. As their

symptoms progressed, doctors in their locality treated only the symptoms without realising that the issue could be neurological in origin.

One respondent with dyslexia had challenges in receiving a medical diagnosis since the diagnostic tests were designed for children of school-going age. Moreover, the psychiatrist she had consulted was of the opinion that she could not have an intellectual disability since she did not conform to their assumptions of what the disability manifested as, for e.g., having low IQ.

The lack of diagnostic infrastructure, both in terms of equipment as well as updated information on treatment regimens, was particularly concerning as it often causes delays in PwDs getting regular health check-ups. Moreover, women who had neurological conditions tend to be dismissed by medical practitioners as being 'mentally imbalanced' or 'overly emotional'. Gender sensitisation therefore has to be part of the awareness training since disabilities and illnesses have gendered impacts on PwDs.

Making healthcare truly accessible: Actionable suggestions from respondents

1. Provide sensitisation training for healthcare personnel, from doctors and nurses to attendants. They should be aware of how to handle wheelchair users as well as provide priority assistance to PwDs. Irrespective of their specialisation, doctors and nurses should be trained in being able to treat autistic children.
2. Update physical infrastructure according to mandates for accessibility. This means making ramps less steep, providing safety railings on the sides of the ramps, installing tactile flooring as well as making toilets wheelchair accessible. Having a separate helpdesk for PwDs would be useful since their needs can be attended to quicker.
3. Improve diagnostic infrastructure, which ranges from having essential equipment such as MRI scanners in government hospitals to training neurologists about conditions such as MS.

Navigating challenges of mobility in India

"I have travelled across all major Indian cities, and I can tell you that in every city, there are challenges that PwDs have to contend with. Everywhere, people are fighting for their basic rights, their rehabilitation and their health. Why should we be fighting for all this? It's not our

fault that this happened to us. The improvements for PwDs are on paper only, not a reality." (P1, Bokaro)

In India, the mobility challenges faced by PwDs are a testament to the urgent need for inclusive design and policy reform. Despite legislative strides, public spaces, infrastructure, and transport systems remain largely inaccessible. Steep steps without accompanying ramps, non-existent or malfunctioning elevator access, and a lack of tactile paths for the visually impaired are among the many barriers PwDs have to contend with in public spaces. Over the interviews, respondents described having to take several precautions to account for poor public infrastructure as well as encountering spaces that are out of bounds since they have not been designed with PwDs in mind.

Type of Mobility Support Used	No of Respondents (out of 16)
Uses a wheelchair	2
Visually impaired (uses cane, mobility apps, takes the help from sighted friends or relatives)	7
Uses a mobility scooter	3
Faces mobility challenges owing to chronic illness and intellectual disability	4

Figure 21: Tabulated disaggregation by mobility support used

Mobility challenges described by respondents:

1. *Lack of accessible public infrastructure*

Several respondents noted that the needs of PwDs are an afterthought in public spaces, buildings and transport services. Buildings are constructed without taking into account the mobility requirements of PwDs, even if they have been mandated by law. Even in buildings where mobility concerns should be paramount, such as hospitals, respondents pointed out the abject lack of ramps, tactile paving, elevator access and accessible toilets. Despite bringing this to the notice of concerned authorities, respondents noted that very little has been done to improve the situation.

2. *Issues faced by wheelchair users and users of mobility scooters*

PwDs who use wheelchairs noted the lack of ramps and elevator access in buildings as detrimental to their mobility. Some respondents described getting injured due to the substandard construction of ramps. Attendants in establishments were often not trained in handling wheelchair users and would risk injuring the respondents. Respondents also described how toilets in many public establishments wouldn't be wide enough to accommodate a wheelchair.

Respondents who use mobility scooters find that while they are able to move around independently, the poor organisation of public transit makes it difficult for them to safely reach their destination.

3. *Issues faced by those with visual impairment*

Respondents with visual impairment who were familiar with traveling through multiple modes of transport described having to do a lot of preparatory research and planning prior to the journey. Moving around in the city was difficult owing to the haphazard construction of public sidewalks that are often occupied by street vendors. Respondents also noted the lack of infrastructure that provide haptic or auditory feedback, such as tactile paving on sidewalks, having elevators that announce the floor they're on, metro trains that announce when the doors are opening and closing, and also pedestrian crossings where one can press a button and be alerted if they can cross the road or not. Even when accessibility provisions for people with visual impairment were provided, the process of getting them could be very difficult. Interestingly, one respondent stated that even if she was in an area that she was able to navigate without any mobility support or assistance, she would still use the cane just so that people around her would be aware and more careful around her.

4. *Issues faced by respondents with chronic illnesses*

Respondents with compromised mobility due to illnesses such as multiple sclerosis noted that, since their symptoms tend to change, their mobility was often compromised based on the state of their illness. In such cases, they required wheelchair assistance, but faced the additional hurdle of having to 'prove' that they are sick, since there are no outwardly evident signs of sickness. This attitude also extended to authorities who were in charge of issuing

disability certificates. They judged the respondent by their outward physical appearance and doubted their claims of needing a disability certificate.

5. Challenges of taking public transport as a PwD in India

One respondent with dyslexia noted that she preferred to drive herself rather than take public transport. Taking the bus, for instance, required her to read a number while the bus was moving, which is difficult for her. Respondents with visual impairment who also took the bus reported needing a sighted person's assistance.

Respondents with visual impairment also noted that taking the trains can prove to be a challenge at many levels. To begin with, government websites are often not compatible with screen readers, so they required a sighted person's help at times to book a ticket or particular facilities. Once the train has been booked, respondents described the difficulty of having to find the platform, the compartment and their seat, especially since the railways could change the designated platform of the train with only a few minutes to spare. This would require them to rush along with the rest of the crowd in situations where asking for help is also difficult as sighted passengers are also in a hurry.

Levels of inaccessibility: Experiences from a PwD who uses a mobility scooter

A respondent who uses a mobility scooter noted that using public transit was complicated by poor planning and design. For instance, in Victoria terminal, for him to get on to the coach reserved for the disabled required two people's help. Across the railways and metros, there should be facilities that allow for direct wheelchair access into the railcoach.

Levels of inaccessibility: A visually-impaired PwD's experience of public transport

A Hyderabad-based respondent who is visually impaired described how public transit systems was inaccessible despite facilities for PwDs. For e.g., in the railways, there is an option to book a wheelchair, but not the buggy (a battery-operated cart that will pick up the passenger from the entrance and drop them to their coach). Even if the respondent called the station and got the buggy driver's number, the drivers would be unavailable. The option to book the wheelchair is also complicated by the lack of screen-reader compatibility with the railways website.

For respondents who used mobility scooters, getting on to the train compartment from the platform required the support of two people. At times, they had to be carried by the people around them, and in the process, could risk injury. Another key challenge they faced was the

general public occupying the coach reserved for PwDs, to the point where PwDs are crowded out of the very coach that is reserved for them. Often, stationmasters turn a blind eye to this issue, making it a very uncomfortable experience.

Type of mobility-enhancing device/ app	Details	Experiences from respondents about the use and maintenance of the device
White cane	Cane with marshmallow tip	It is a rolling tip that can be affixed to the end of a white cane. Instead of the two-tap touch points, this cane can be rolled on the ground, providing better feedback about where potholes, speed-breakers and stairs are. A respondent who uses a white cane noted that the small elastic rope inside the cane was prone to breakage.
Motorised wheelchair	NeoMotion scooter	The current cost of the NeoMotion scooter was estimated to be Rs 1,05,000. A respondent noted that he had driven the scooter for over 12,000km and had to change the front tire only after 10,000km.
	NeoBolt motorised wheelchair	Respondent was able to move around within his apartment complex, but moving around the city was difficult owing to the changes in terrain.
Crutches	Alimco crutches	A respondent noted that the crutches tend to slip in wet or muddy areas, causing fractures as a result. The crutches also have to be changed every 6 months since the quality is not good, thereby making it unaffordable since the frequency of replacement is so high.
Apps for navigation	Where's My Train BeMyEyes Lazarillo Google Lookout iRA Screenreaders	These apps for navigation help in orienting the respondents while traveling. Respondents with VI noted that many government websites are not compatible with screen-readers, which becomes a challenge. Another issue they face is when such apps do not work offline, as internet access can be disrupted when in transit.

Figure 22: Type of mobility enhancing supports used by respondents

Making public space universally accessible: Actionable insights from respondents:

1. Engage builders, architects and relevant public authorities in the necessity of mainstreaming accessibility. Ramps have to be built according to specifications, in order to ensure that they are not too steep or slippery. There should be support railings on either side of the ramp for extra stability. Penalties should also be imposed on constructions that do not meet the requirements of accessibility.

2. Respondents noted that accessibility concerns also should be extended to other facets of the building, such as:

    - Having bathrooms with sliding doors, which requires the person to apply lesser pressure to open the door
    - Having automatic soap dispensers, so that people who have tremors in their hands or difficulties with balance, would not have to push against a knob

3. Ensure government-run websites are compatible with screen-readers.

4. Enable navigation apps to be available offline or in low-data settings.

5. Respondents noted that many of these recommendations had been submitted to various authorities, but are rarely implemented. Responsive public institutions are important players in improving the lives of PwDs.

Navigating Public Services as a PwD in India

"Policies are made in good faith, but implementing them requires awareness at every level." (P12, Mumbai)

When accessing public services, respondents noted that many of the challenges they had outlined in previous sections were present in this sector as well. Issues such as overcrowding of spaces, poor management, lack of accessible facilities were rampant.

Respondents noted that, while government schemes for PwDs were available, they were implemented haphazardly. Prolonged delays in program implementation hampered the benefits of such schemes from reaching beneficiaries. Moreover, respondents suggested that reservations for PwDs, currently at 3%, be increased so that more PwDs can have job security. Since such revisions are often done for caste-based reservations, respondents noted that it could be done for PwDs as well. But owing to negative perceptions of reservation-based policies, PwDs who are employed by the State are often denigrated as people who take advantage of the system. For instance, a respondent noted that people with visual impairment

would not be given any support at their workplace, and would still be treated with contempt by their sighted peers.

The implementation of policies required a political will that respondents found lacking in authorities across various levels of government. At an estimated 2.21% of the total population in India, PwDs may be a minority, but the needs of over 26 million people cannot be put aside because they are numerically marginal. To this end, one respondent noted how important it was for PwDs to have political representation.

Resource Spotlight:
Reframing Disability is a newsletter focused on disability inclusion for content creators in an effort to reframe their storytelling. In its latest edition, it focuses on the need for inclusive media coverage of India's elections, specifically drawing attention to the needs of nearly 1 crore disabled voters is significant today. The newsletter delves into the need to critique campaigns and media stereotypes, advocate for systemic change, and enhance accessibility and voter education for PwD voters in our country. While respondents called for political representation, gaining recognition as a voter is also of key importance. Access the newsletter here.

No longer marginal: Importance of political representation for PwDs

A Bhandara-based respondent described the crucial role played by political representation: "Take the example of the National Budget. Why is there no representation from PwDs about how they are affected by the budget? We also equally contribute to the economy. So, we should be part of mainstream conversations. But more importantly, there should be political participation. I was very happy as a woman when the 33% reservation was passed, but I would like to see this extend into political spaces as well otherwise our needs will be never be heard. Unless I am not there in the system, I can't change the system."

Further insights on accessing public services:

1. *Experience of obtaining essential documents*

When applying for documents such as UDID card, Aadhaar card, and Voter's ID, respondents described chaotic scenes at overcrowded government offices, being made to wait the whole day or having to run around sourcing additional documents. There would not be sufficient clarity provided by issuing authorities on what the acceptable documents are, and their brusque, unhelpful manner would make the experience unpleasant. Several respondents reported having relatives or external agents handle the application for such documents.

Respondents noted that there should be a separate desk for PwDs so that their needs could be attended quickly.

2. *Experience of banks and ATMs*

Respondents found private banks to be more accessible than public banks. Notably, ATMs of both private and public banks posed similar challenges of accessibility, due to bad ramp design, lack of safety railings and slippery floors. Respondents were emphatic that sensitisation of staff members had to be the first level of intervention in making banks more PwD-friendly.

3. *Experience of going to places of religious worship*

Respondents noted that places such as temples were inaccessible since such places tend to be overcrowded and marked by poor accessibility measures such as a lack of ramps or elevator access. Those with visual impairment reported that the loud sounds of religious processions were very disorienting, causing them to lose the sense of where they are in space and needing assistance from sighted individuals.

Desires and ambitions for the future

When asked to describe their ambitions for the future, the responses from participants in the study could be grouped into three patterns:

- The desire to live independently as a PwD
- The desire to help other PwDs to live independently
- Achieve their career potential

"I work with a few NGOs focused on PwDs. If we had more funds, we would be able to change the lives of so many PwDs. My wish is to make PwDs independent and self-reliant. I don't want us to have to ask for help from the government or anyone else."

P1, Bokaro, Acid attack survivor

"I want to be among the few IELTS trainers in the country who can train students irrespective of their abilities because I don't want to leave anyone behind. I want to devise a training the trainer course that sensitises trainers to the needs of PwDs."

P2, Bhandara, Multiple sclerosis

"Getting a burger at a restaurant may seem simple, but if it sensitises the owner to the needs of PwDs, then I am happy. I want a world where people are sensitive, aware and empathetic. I want a world where we don't have to constantly fight for these basic things."

P4, Hyderabad, Visually impaired

"I want to spread awareness on how to live independently despite disability, to help younger PwDs discover the many kinds of abilities that are present within them. I want to meet a lot more people, especially in smaller cities, and share my life experiences with them."

P9, Mumbai, Wheelchair-user

Above all, respondents wanted to work towards substantive change in the lives of PwDs. To this end, respondents offered a few measures that could bring about improvements:

1. Sensitisation programs at every level of education and employment. Highlight the importance of inclusion as a social good.
2. Positive and normalised representations of PwDs in the media. Some films present the challenges of PwDs in the context of valourising them. Having more PwDs in the media landscape will go a long way in mainstreaming the awareness of PwDs and their needs.
3. Include PwDs in key discussions and conversations on public issues, thereby highlighting their personal experiences and needs. Conversations that include PwDs often sensationalise or celebrate people living with disabilities, but rarely normalises them.
4. Leverage technology so that PwDs have access to wider resources. Especially in the case of those with visual impairment, the focus should not be on learning Braille. Digital literacy can ensure that they have access to more or less the same sources of information as the general public.

5. Creation of communities and arenas for networking for PwDs, so that PwDs have access to more sources of information and resources on navigating their challenges. Such communities also provide a valuable source of psychological support otherwise missing in their immediate social circles.

Navigating leisure and consumption as a PwD in India

When asked to describe their choice of leisure activities, respondents described a wide range of hobbies from traveling to cooking to 3D painting. However, respondents noted that in many activities, since PwDs were not a part of the imagined consumer base, they faced challenges in taking part in the leisure activities along with their non-disabled peers and family members. These challenges included:

1. *Being overlooked as a consumer*

Respondents noted that the needs of PwDs do not even figure in the priorities of business owners since they do not think that PwDs would want to go out and enjoy the same things as the non-disabled public does. Going to a museum or a restaurant are simple joys that PwDs should also have access to without it having to be an arduous struggle to sensitise business owners about inclusion and PwD rights.

2. *Being able to partake in a leisure activity, but only up to a certain extent*

In the case of going to a movie, respondents noted that the process was accessible enough for them to book a ticket online and go to the movie theatre in a mall, which usually had ramps and elevator access. However, for wheelchair-users, they noted that they would be seated either close to the entrance or too close to the screen since there were no wheelchair-friendly seats in the theatre.

3. *Lack of accessible infrastructure in public spaces of leisure*

Respondents pointed out that most public parks did not have wheelchair friendly bathrooms. Even the entrances to such places would have hampered accessibility. For e.g., even if there was a ramp, there would be a metal road where the ramp meets the gate that would make it difficult for wheelchair users to cross on their own.

4. *Being treated as 'too fragile' and thereby excluded*

Respondents who would have liked to partake in outdoor activities reported being treated with kid gloves and prevented from taking part in the activity. They mentioned that if safety was the concern of the business owner, there should still be avenues where PwDs can participate in outdoor activities without harm or injury.

5. *Attitude of the staff*

Respondents described negative attitudes of shop attendants or mall staff when they requested assistance. PwDs are often treated as burdensome despite being a consumer on par with abled people.

Insights from interviews on consumption patterns

1. *Online vs Offline Shopping*

Respondents chose between online and offline shopping on the basis of their ability and convenience. Since most shopping apps are screen-reader friendly, respondents with visual impairment reported using apps since they are convenient. However, some also noted that they preferred to shop offline, by going to malls and shops since they liked to touch and feel what they were buying. In such cases, they would either have someone accompanying them or they would have to seek the help of the shopkeeper or sales assistants. Respondents with visual impairment noted that they would take the suggestions from volunteers in the BeMyEyes app or the iRA app, since salespeople would be inclined to push certain products instead of giving an unbiased opinion.

Many respondents mentioned they liked to shop at malls due to the convenience and accessibility of the space, but found that they received no support from the mall staff. A wheelchair-user even noted that delivery executives are often impatient when she takes a while to open the door.

2. *Cash vs Digital Transactions*

Most respondents noted that digital transactions, through UPI or net banking, were far more convenient and safe as compared to using cash. Since the currency notes changed in 2017, PwDs with visual impairment noted that they have trouble differentiating between the new currency notes since many of them are similar in size and colour. They noted they had the same issue with recently issued coins. Furthermore, UPI transactions are quicker, and they can give the exact amount. One respondent noted that since he mostly uses UPI transactions, he does not have to keep a lot of cash at home, which is safer since he lives alone.

3. *Regular vs Luxury Purchases*

Regular purchases included essential daily goods such as groceries, clothes, skincare products, books, sanitary napkins, and shoes. Luxury purchases typically included perfumes, watches, and gifts for friends and family. When discussing buying non-essential luxury goods, respondents usually mentioned accessibility-enhancing gadgets and assistive technology-related items such as a lifting-hoist for a respondent with congenital spinal atrophy. It is worth noting that such items have an immediate improvement on their daily quality of life, but are still considered an indulgence. Other luxury items mentioned involved items that the respondent could not use owing to their disability. For instance, a respondent with visual impairment whose vision declined in their teens said they liked to buy and wear wristwatches, even though they used their smartphone to tell the time. Another respondent, who is a wheelchair-user, said they liked to buy shoes from luxury brands.

Factors influencing their consumption involve the necessity of the product, its affordability, how durable it is, how easy it to use or how comfortable it is for the respondent.

Specific Possibilities & Opportunities

1. **Social sensitisation** to the needs and experience of PwDs is of utmost importance. Unanimously, respondents noted that awareness and sensitisation training would have a more tangible improvement in their lives rather than focusing only on accessibility measures.
2. **Investment of resources in smaller cities and rural areas** is important since PwDs in such localities face mounting challenges in getting their needs met.
3. Set up **community outreach programs** in creating safe spaces and forums for PwDs to interact and share experiences and resources. This is especially important for PwDs who are entrepreneurs and small business owners, who have to juggle multiple roles while also looking for networking opportunities.
4. **Invest in start-ups** in assistive technology and accessibility-enhancing devices. Also, open service centres for the maintenance and upkeep of such devices.
5. The majority of the respondents noted they would be **willing to pay for accessibility as a service** provided that it is reasonably priced and does not lead to further exclusion since not all PwDs would be able to afford a priced service. A few respondents differed from the majority view, noting that in government establishments, especially, accessibility services must be provided for free.
6. PwDs have to be **reimagined as a consumer with equal consumption power** as a non-disabled person. Therefore, not including PwDs in business activities or accommodating their specific needs is actually a loss of business opportunities. Since PwDs pay taxes, have the desire to buy goods and engage in economic activities, not including PwDs in the wider mandate of the economy is a loss for the nation at large.

Annexure A: About Partner Organisations

EnAble India

EnAble India is a non-profit organisation working on the ground for the last two decades and impacting thousands of persons with disability. The organisation's vision is a world where persons with disability are active citizens and nation builders, and the aim to live in a society where people reach their full potential by finding solutions and learn to value each other through constant inclusion. EnAble India, therefore, is on a mission to build sustainable livelihoods for millions of persons with disabilities to live a dignified life while having a positive impact on the economy and society.

Driven by a commitment to excellence, EnAble India endeavours to build aspirations in PwDs and their families, and marginalised populations across different geographies through outreach programmes and workshops, build potential of stakeholders, build accelerators and changemakers.

AuxoHub

AuxoHub is a women-led development sector consultancy that focuses on providing support services to non-profits, grant organisations, and CSR departments. Our areas of support span four key verticals – documentation and collateral creation, research, CSR advisory and impact reporting, and accessibility services through interpretations and translations. We currently offer services in 7 languages apart from English (Tamil, Telugu, Malayalam, Kannada, Hindi, Marathi and Bengali). Since inception in 2018, we have completed 200+ projects across 13 states in India and have an active network of 200+ NGOs across the country. All of AuxoHub's projects are delivered by a core team of young, development sector professionals supported by a network of 1300+ freelance consultants from across the country.

The organisation is rooted in the faith that all of us want a more equitable world to live in. Working towards this requires multiple stakeholders to come together towards a shared goal. For the most effective change to take place, these stakeholders should be empowered to play to their individual strengths while also focusing on collaboration and synergy to enable social change.

It is at this intersection and call for collaboration that AuxoHub works. By providing crucial administrative support services to our clients, we seek to strengthen organisational resilience, formalise sectoral knowledge, and contribute towards a body of learning that is synergistic, equitable, and representative. Through our strength in communications and our commitment to the principles of equity, inclusion and representation, AuxoHub seeks to act as a key ecosystem enabler for a stronger, more robust Indian social sector.

Annexure B: Data Collection Tools

Quantitative Tool

1. I consent to participating in this research project.
    a. Yes
    b. No

2. I am willing to participate in the qualitative data collection.
    a. Yes
    b. No

3. If yes, please give us your name _____

4. If yes, please give us your phone number _____

5. Where are you from? _____

6. How do you identify yourself?
    a. Non-Binary
    b. Transgender
    c. Male
    d. Female
    e. Other:
7. Please select the age range that applies to you.
    a. 18-25
    b. 26-40
    c. 40-59
    d. 60+

8. Type of Disability:
    a. Physical Disability
    b. Sensory Disability
    c. Intellectual Disability
    d. Chronic Illness
    e. Multiple Disabilities:

9. Do you have the following?
    a. AADHAR
    b. PAN Card
    c. Voter ID
    d. Ration Card
    e. UDID
    f. None of the above

10. What is your educational qualification?
    a. Never been to school

b. Till Class V
c. Till Class VIII
d. Till Class X
e. Till Class XII
f. Diploma / Degree Level
g. Postgraduate Level
h. PhD
i. Other:

11. Have you ever received any training outside of school/college? (E.g. vocational skilling)
    a. Yes
    b. No
    c. Not applicable

12. If yes, which of the following have you received? (You may choose more than one option.)
    a. Adaptive sports and recreational activities
    b. Rehabilitation (including Braille), sign language, mobility training etc.
    c. Accessible Technology Courses (e.g. computer skills, web design including graphic)
    d. Soft skills and communication (incl. English speaking)
    e. Vocational Training (e.g. carpentry, welding, plumbing, electrician, culinary, weaving)
    f. Other:

13. How did you pursue these courses?
    a. Online
    b. Offline or on-campus
    c. Privately/enrolled personally (one-on-one)
    d. Not Applicable
    e. Other:

14. If you have pursued any of these courses offline or on-campus, please mention the name and region of campus. _____

15. Do you currently work for payment?
    a. Yes
    b. No

16. If yes, what is your current occupation?
    a. Self Employed (e.g., freelancers, entrepreneurs, small business owners etc.)
    b. Informal sector
    c. Formal manufacturing sector (e.g., textile factories, production plants, steel plants etc.)
    d. Formal service sector (e.g., healthcare, banking, education, hospitality etc.)
    e. Government sector
    f. Other:

17. If you are currently unemployed, have you ever had a job?
    a. Yes
    b. No
    c. Not applicable

18. If yes, what was your occupation?
    a. Self Employed (e.g., freelancers, entrepreneurs, small business owners etc.)
    b. Informal sector
    c. Formal manufacturing sector (e.g., textile factories, production plants, steel plants etc.)
    d. Formal service sector (e.g., healthcare, banking, education, hospitality etc.)
    e. Government sector
    f. Not Applicable
    g. Other:

19. What type of facilities were provided for persons with disabilities at your school? (You may choose more than one option)
    a. Wheelchair Accessibility
    b. Assistive Technology
    c. Accessible Classrooms
    d. Sign language interpreters
    e. Counselling services
    f. Braille and Large Print Materials
    g. Sensory Rooms
    h. Inclusive sports and recreation
    i. Transportation services
    j. All the above
    k. None of the above
    l. Not applicable (acquired disability later)

20. What type of facilities were provided for persons with disabilities in your place of work where you were previously or are presently employed? (You may choose more than one option)
    a. Wheelchair Accessibility
    b. Assistive Technology
    c. Accessible Workspaces
    d. Sign language interpreters
    e. Counselling services
    f. Braille and Large Print Materials
    g. Sensory Rooms
    h. Inclusive sports and recreation
    i. Transportation services
    j. All the above
    k. None of the above
    l. Not applicable (have never been employed)
    m. Not applicable (work from home)

21. Where do you get your medical treatment?
    a. Pvt hospital
    b. Public hospital
    c. Community/Primary Health Centres
    d. Local Physician
    e. Not applicable
    f. Other:

22. Which of the following are available at your healthcare facility?
    a. Sensitised doctors, nurses and other staff
    b. Communication support (Braille signages, large text boards, sign language interpreters, etc.)
    c. Accessible physical infrastructure (ramps, wide doors, appropriate tiles, etc.)
    d. Support staff to provide assistance (guides, escorts, etc.)
    e. All of the above
    f. None of the above

23. Do you go out of your house in your free time?
    a. Yes
    b. No
    c. Sometimes

24. How do you typically travel outside your home?
    a. Public transport (buses and trains)
    b. Public transport (metro and taxis)
    c. Private transport (alone but do not drive)
    d. Private transport with assistance from friends, family etc.
    e. Private transport independently (I drive)
    f. Not applicable
    g. Other:

25. On a scale of 1 (completely inaccessible) to 5 (perfectly accessible), how accessible do you find in these public places?

	Never used	1	2	3	4	5
Bus stops and terminals	O	O	O	O	O	O
Train and metro stations	O	O	O	O	O	O
Airports	O	O	O	O	O	O
Government buildings (Courts, government offices)	O	O	O	O	O	O
Educational institutions	O	O	O	O	O	O

Medical facilities	O	O	O	O	O	O
Parks, gardens, playgrounds etc.	O	O	O	O	O	O
Markets, shopping centres, malls	O	O	O	O	O	O
Hotels, restaurants, and cafes	O	O	O	O	O	O
Places of worship	O	O	O	O	O	O
Hotels	O	O	O	O	O	O
Banks and ATMs	O	O	O	O	O	O
Cultural and heritage sites	O	O	O	O	O	O
Public Restrooms	O	O	O	O	O	O
Public Libraries	O	O	O	O	O	O
Public events	O	O	O	O	O	O

26. What challenges did you face in accessing the mentioned public locations? *(You may choose more than one option.)*
    a. No ramps
    b. No signage
    c. No guiding blocks
    d. No access to public facilities
    e. Difficulties in crowded places / crossing roads
    f. Unavailability of required assistance
    g. Crowded
    h. Other: _____

27. How often do you use public transport in a month?

	Never	Every 6 months	Every month	Every week	Everyday
Buses	O	O	O	O	O
Metro / Local Trains	O	O	O	O	O
Autorickshaws	O	O	O	O	O
Taxis (app-based & otherwise)	O	O	O	O	O

28. On a scale of 1 (completely inaccessible) to 5 (perfectly accessible), how accessible do you find different modes of public transport?

	Not applicable	1	2	3	4	5
Buses	O	O	O	O	O	O
Metro / Local Trains	O	O	O	O	O	O
Autorickshaws	O	O	O	O	O	O
Taxis (app-based & otherwise)	O	O	O	O	O	O

29. How often do you visit places of worship in a month?

	Every day	Every week	Every two weeks	Once a month	Never
Temples, Mosques, Church etc.	O	O	O	O	O
Other forms of religious gatherings	O	O	O	O	O

30. On a scale of 1 (completely inaccessible) to 5 (perfectly accessible), how accessible do you find your place of worship?

	1	2	3	4	5
Temples, Mosques, Church etc.	O	O	O	O	O
Other forms of religious gatherings	O	O	O	O	O

31. What challenges did you face in accessing in the mentioned places of worship? *(You may choose more than one option.)*
    a. No ramps
    b. No signage
    c. No guiding blocks
    d. No special lines for persons with disabilities
    e. Difficulties in accessing
    f. Unavailability of required assistance
    g. Feeling unwelcomed / restricted from entering
    h. Other: _____

32. Do you have disability-friendly infrastructure in your locality?

a. Yes, all of it.
b. Yes, some of it.
c. Not at all

33. Have you ever voted as a PwD?
    a. Yes
    b. No
    c. I don't have a Voter ID

34. How important are these factors in your decision to vote?

	Not important	Maybe/ Don't know	Very important	Unrelated
Disability friendly polling stations / vote banks	O	O	O	O
Assistance at polling stations / vote banks	O	O	O	O
Accessibility of voting materials such as disability friendly ballots	O	O	O	O
Availability of information and inclusive policies	O	O	O	O

35. How much do you agree/disagree with the following statements. The government has...

	Disagree	Don't know	Agree
Ensuring public spaces and infrastructure are universally accessible.	O	O	O
Built disability-friendly schools and providing the necessary support in schools	O	O	O
Improved accessibility and affordability of healthcare services for persons with disabilities.	O	O	O
Provided social welfare programs and other forms of awareness programs	O	O	O
Built/provided affordable technology	O	O	O
Hosted initiatives towards community inclusion to reduce social isolation	O	O	O
Helped access to information on laws, rights, and policies	O	O	O
Ensured affordable Mental Health support	O	O	O

36. Have you availed government welfare schemes for any of the following? *(You may choose more than one option.)*
    a. Financial Aid and Support (e.g., pension, fuel subsidies, scholarships etc.)
    b. Healthcare and Medical Support (e.g., medical check-ups, counselling services, early interventions etc.)
    c. Mobility Assistance and Devices (e.g., motorised tricycles, aids, and assisted devices etc.)
    d. Education and Skill Development (e.g., primary / secondary education, vocational skill trainings etc.)
    e. Community and Social Support (e.g., awareness programmes, community interactions etc.)
    f. None of the above
    g. Other: _____

37. On a scale of 1 (extremely disadvantageous) to 5 (extremely advantageous), how would you rate your experience with government sponsored welfare schemes?

	1	2	3	4	5
Financial Aid and Support	O	O	O	O	O
Healthcare and Medical Support	O	O	O	O	O
Mobility Assistance and Devices	O	O	O	O	O
Education and Skill Development	O	O	O	O	O
Community and Social Support	O	O	O	O	O

38. Which government sponsored welfare schemes have you been a part of?
    _____

Qualitative Summary Tool

Mobility:

1. Where do you live? How do you usually travel? Are you comfortable going out of the house by yourself? Do you feel safe in doing so? If no, why?
2. Do you need any assistance / tools to move?
    a. If yes, where do you find it? Is it easily available in your area to find such tools? How do you maintain them?
    b. Throughout the year, how often do you update or maintain your tools? Do you find the maintenance affordable?
3. Are there any particular services or things you wish were available to make it easier for you to move around because of your disability?

Leisure

1. How do you like to spend your free time?
2. Have you participated in any leisure activities (music, arts & crafts, gaming, adaptive sports etc.)?
    a. Do you feel any physical challenges in participating in leisure activities?
    b. Have you faced social barriers or stigma preventing you from participating in leisure activities?
3. Are there any specific services or accommodations you wish were available in places like restaurants, movie theatres, malls, parks etc. to enhance accessibility or improve your overall experience due to your disability?

Consumption

1. What are the different types of products you buy on a regular basis as a necessity?
2. Are there any leisure / luxury products that you like to buy often?
3. What are the factors that influence your purchasing decisions?

Education and Employment

1. Do you currently work for payment? If yes, where do you work? If no, what do you do?
    a. If yes, is yours an equal opportunity employer? Tell us why you think it is/is not. Do you think you are adequately supported and compensated?
    b. If you are self-employed or an entrepreneur, how do you handle barriers to enable you to earn?
2. What kind of education / training would you be interested in receiving?
3. What are the challenges you have faced in seeking a job around your locality?

Healthcare

1. As a person with disability, what has been your experience in healthcare institutions?
2. What are the ways in which the healthcare facilities in your locality can improve in order to support persons with disabilities?
3. Do you have health insurance?
4. Are there any specific services or accommodations you wish were available in hospitals or other places of healthcare (including sensitised staff) to enhance accessibility or improve your overall experience due to your disability?

Public Services

1. What challenges have you faced as a PwD while accessing public services? What challenges prevent PwDs from accessing them?
2. Are there any public facilities in your locality which made you feel comfortable while accessing them? If yes, which one and why?
3. Are there any specific services or accommodations you wish were available in banks or other places of public service (including sensitised staff) to enhance accessibility or improve your overall experience due to your disability?

Government and Regulations

1. Have you ever visited any other cities that were more suited to your needs than the present city/town/village?
2. What kind of policies / efforts do you think can help support your accessibility in the city?
3. If government schemes were more flexible, what improvements or changes do you think could have been made to better accommodate the needs of individuals with disabilities?

'Imagine' questions

1. What is the one support function or role that would make the biggest change in your life?
2. If accessibility was a paid service, what would that look like for you and how much would you be willing to pay for it?
3. Are there specific aspects of your life where you feel your quality of life is on par with that of individuals without disabilities?
4. If you could buy anything at all, what would you buy?

Annexure C: Sample Disaggregation

Broad Primary Data Collection

Quantitative Data Collection Sample Details

Categories of Disabilities	No. of respondents
Physical Disabilities	56
Sensory Disabilities	19
Intellectual Disabilities	11
Chronic Illness	12
Multiple Disabilities	5
TOTAL	**103**

Age Brackets	No. of respondents
18-25	14
26-40	54
41-59	34
60+	1
TOTAL	**103**

Gender	No. of respondents
Female	38
Male	65
Transgender	0
Non-binary	0
TOTAL	**103**

Qualitative Data Collection Sample Details

Px code	Location	Gender	Type of disability	Congenital/ Acquired	Age range applicable to px
1	Bokaro, Jharkhand	F	Physical	Acquired	41-59
2	Bhandara, Maharashtra	F	Chronic Illness	Congenital	26-40
3	Hyderabad, Telangana	F	Intellectual	Congenital	26-40
4	Hyderabad, Telangana	F	Sensory	Acquired	26-40
5	Raipur, Chhattisgarh	F	Sensory	Congenital	18-25
6	Goa	M	Sensory	Congenital	26-40
7	Jharkhand	M	Chronic Illness	Congenital	26-40
8	Goa	M	Sensory	Acquired	26-40
9	Mumbai	M	Physical	Acquired	41-59
10	Goa	F	Sensory	Congenital	26-40
11	Orissa	F	Physical	Acquired	41-59
12	Mumbai	F	Sensory	Congenital	41-59
13	Lucknow	F	Physical	Congenital	18-25
14	Hyderabad	M	Intellectual	Congenital	18-25
15	Latur	M	Intellectual	Congenital	41-59
16	Trivandrum	M	Physical	Acquired	18-25

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