

PERSONS WITH DISABILITIES (PwDs) — COMBINED UPSC MASTER NOTES

GS-II Social Justice • Governance • Health • GS-III Inclusive Growth • GS-IV Ethics • Current Affairs 2025–26

Basis: Consolidated and reorganised from the uploaded “PwD notes.docx”, with duplicate/overlapping material merged into a fixed thematic framework. The source contains 13 distinct article/CA sections; all are mapped into these notes.

Core principle: From charity → welfare → rights → dignity → empowerment → equal citizenship.

Use: Prelims facts + Mains analytical framework + case-law keywords + current affairs + schemes + governance reforms + ethics dimensions.

Important source note: Figures, claims, article-specific formulations and current-affairs details below are retained as source-derived material unless explicitly marked otherwise.

1. Rights-Based & Constitutional Framework

A. Constitutional foundation

- Preamble: justice—social, economic and political; liberty; equality of status and opportunity; fraternity and dignity.
- Article 14: equality before law and equal protection of laws.
- Article 15(1): prohibition of discrimination; disability jurisprudence has expanded the substantive-equality approach.
- Article 16(1): equality of opportunity in public employment.
- Article 21: life and personal liberty; judicially linked with dignity, autonomy, accessibility and substantive inclusion.
- Article 38: State to promote social, economic and political justice and minimise inequalities.
- Article 41 (DPSP): within economic capacity, effective provision for right to work, education and public assistance in cases of unemployment, old age, sickness and disablement.
- 7th Schedule—State List, Entry 9: relief of the disabled.
- 11th Schedule/Article 243-G, Entry 26: social welfare including welfare of handicapped and persons described in the constitutional text as mentally retarded.
- 12th Schedule/Article 243-W, Entry 9: safeguarding interests of weaker sections including handicapped persons and persons described in the constitutional text as mentally retarded.

B. RPwD Act, 2016 — rights-based shift

- Replaced the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995.
- India ratified the UN Convention on the Rights of Persons with Disabilities (UNCRPD); the Act aligns domestic law with the Convention.
- Shift: medical/charity model → social/human-rights model: disability emerges from the interaction between impairment and societal barriers.
- Recognises 21 specified disabilities, expanding the earlier 7 categories.
- Definition focuses on long-term physical, mental, intellectual or sensory impairment which, in interaction with barriers, hinders equal participation.
- Benchmark disability: not less than 40% of a specified disability certified by the competent authority; the threshold is a criterion for specified benefits/reservations, not the whole definition of disability.
- Reservation: 4% in government employment and 5% in higher education for persons with benchmark disabilities.
- Free education for children with benchmark disability in the 6–18 age group.
- Universal accessibility obligations for buildings, transport, ICT, information and communication.
- Reasonable accommodation is central to substantive equality.
- Guardianship: movement from plenary control towards limited guardianship and supported decision-making.
- Special Courts, Chief Commissioner/State Commissioners, Central/State Advisory Boards, National/State Funds and penalties provide institutional enforcement.

C. Core rights vocabulary

- Equality ≠ identical treatment: substantive equality may require different support to achieve equal participation.
- Reasonable accommodation: necessary and appropriate modifications/supports, without imposing disproportionate or undue burden.
- Universal Design: products/environments/services designed for use by all people to the greatest extent possible.
- Accessibility is a prerequisite to education, employment, health, mobility, digital governance and political participation.
- Disability justice: remove structural barriers rather than merely compensate individuals for impairment.

Mains line The constitutional question is not whether PwDs can fit into existing systems, but whether public systems are designed so that disability does not become a barrier to equal citizenship.

2. Current Status, Demography & Statistical Profile

Indicator	Source-derived figure / fact
PwDs	2.68 crore; 2.21% of population — Census 2011
Male prevalence	2.4%
Female prevalence	1.9%
Recognised disabilities	21 under RPwD Act, 2016
Employable PwDs	≈1.3 crore
Employed	≈34 lakh
Literacy, PwDs aged 7+	52.2% — 76th National Sample Survey
Fully accessible buildings	≈3% in a 2018 government report cited in source
Schools with functional ramps + handrails	≈49.7%
Accessible school toilets	≈25–30%
Fully accessible buses	8,695 of ≈1.45 lakh, about 6%
Fully accessible international airports	35 (source figure)
Fully accessible railway stations	709 (source figure)
DDRCs	264 functional against target of 310 (source figure)
Women vs men employed	Women ≈23%; men ≈47% (source figure)
PRASHAST screening	>92 lakh students screened
UDID	>1.25 crore cards by 2025 (source figure)
Disability welfare expenditure	≈0.02% of GDP (source estimate)

Statistical and governance problem

- Census 2011 remains a major baseline; changing disability prevalence, definitions and certification practices create data gaps.
- Statistical invisibility can produce under-allocation, weak targeting and poor outcome measurement.
- UDID is intended to create a centralised disability database, unique identity, portability, duplicate elimination and benefit integration.
- Certification problems include delays, portability issues, digital barriers, reassessment difficulties and risk of fraudulent/duplicate records.
- Data should move from static headcounts to lifecycle, needs-based and outcome-oriented disability data.

3. Disability Welfare & Social Security

From charity to rights

- Charity model: PwD as passive recipient.
- Welfare model: State provides targeted benefits.
- Rights model: PwD is an equal citizen with enforceable rights.
- Empowerment model: focus on agency, livelihood, accessibility, participation and leadership.

Major schemes / instruments

- ADIP — Assistance to Disabled Persons for Purchase/Fitting of Aids/Appliances: assistive aids/appliances and support for corrective interventions, including cochlear implants.
- NDFDC — National Divyangjan Finance and Development Corporation: concessional finance for self-employment; Divyangjan Swavalamban Yojana and Vishesh Microfinance Yojana.
- ALIMCO — Artificial Limbs Manufacturing Corporation of India: affordable rehabilitation/assistive aids; non-profit Miniratna enterprise.
- DDRS — Deendayal Divyangjan Rehabilitation Scheme: grants to NGOs for education and rehabilitation.
- SIPDA — umbrella implementation support for RPwD Act, including accessibility, awareness, inclusion and capacity building.
- Indira Gandhi National Disability Pension Scheme / state disability pensions: source highlights low and uneven pension levels.

Social-security gaps

- Pensions in some States can be only ₹300–₹500/month—insufficient for mobility, healthcare, assistive devices and dignified living.
- State-wise variation makes entitlements dependent on domicile and fiscal capacity.
- Source proposes a Minimum Universal Disability Pension Floor Rate.
- Source proposes a National Disability Pension Authority for uniform eligibility, DBT delivery, grievance redress and performance monitoring.
- Financial inclusion: accessible banking, alternative authentication, concessional credit, microfinance, SHGs, priority-sector linkage and interest support.
- Disability insurance should account for actuarial fairness while preventing exclusion of high-risk persons.

4. Laws, Institutions & Disability Governance Architecture

Instrument / Institution	Role
RPwD Act, 2016	Rights, equality, accessibility, inclusive education, employment, social security, enforcement
National Trust Act, 1999	Welfare, guardianship and support for autism, cerebral palsy, intellectual disability and multiple disabilities
RCI Act, 1992	Regulates rehabilitation professionals; standardises training; central register
Mental Healthcare Act, 2017	Rights-based mental healthcare; dignity and access
DEPwD	Nodal department for policy, schemes and inter-ministerial coordination
Chief Commissioner / State Commissioners	Monitoring, quasi-judicial grievance redress and rights enforcement
Central/State Advisory Boards	Policy advice, coordination and review
Special Courts	Speedy trial of specified offences
National/State Funds	Financial support under disability framework
National Institutes / CRCs	Rehabilitation, training, research, skill development and awareness
DDRCs	District-level rehabilitation and service delivery
CDEICs / DEICs	Early identification, intervention and developmental support

Governance principles

- Whole-of-government disability lens: social justice + health + education + skills + urban development + transport + digital governance.
- District and local governments are crucial for last-mile implementation.
- Accessible grievance redressal must be available in physical, digital, sign-language and assisted formats.
- Performance should be measured by usability and outcomes, not merely expenditure or installation.
- CAG/social/accessibility audits and public dashboards can expose implementation gaps.
- Panchayat/ULB-level single-window disability service hubs can reduce fragmented applications.

5. Accessibility & Barrier-Free India

Dimensions of accessibility

- Physical/built environment: ramps, lifts, toilets, tactile paths, signage, seating and safe circulation.
- Transport: buses, railway stations, airports, metro, last-mile mobility and end-to-end accessible travel.
- Digital: websites, apps, KYC, payments, e-governance, screen-reader compatibility and accessible authentication.
- Information/communication: captions, audio description, sign language, Braille and accessible documents.
- Institutional: accessible procedures, forms, grievance systems and reasonable accommodation.
- Social/attitudinal: removal of stigma and paternalism.

Sugamya Bharat / Accessible India

- Accessible India Campaign focuses on built environment, transport and ICT.
- Sugamya Bharat 2.0: stronger community/user participation, accessibility audits and digital mapping.
- Source notes over 1,030 Central Government buildings fully retrofitted under the campaign.
- End-to-end accessibility is more meaningful than isolated ramps: toilets + tactile paths + lifts + accessible ticketing + boarding + last-mile connectivity.
- Formal compliance can coexist with actual unusability because of poor maintenance or operational gaps.

2025–26 developments in source

- Revamped Sugamya Bharat App (2025): accessibility mapping, scheme directory and direct grievance redressal.
- 2026 barrier-free environment guidance is listed in DEPwD's current document framework.
- Source cites a March 2026 accessibility requirement for films: audio description plus same-language subtitles/closed captions for visual/hearing accessibility.
- GIGW 3.0 and WCAG-oriented digital accessibility should be mainstreamed in government platforms.

6. Digital, Assistive Technology & Disability Data Ecosystem

UDID

- Centralised national database + Unique Disability Identity Card.
- Online certification, renewal/reassessment, duplicate elimination, portability and MIS.
- Integration with welfare, pensions, education, rehabilitation and employment services.
- 2026–27 to 2030–31 financial-support framework and 2026 SOPs in the source/official DEPwD material for rejected applications, e-KYC, API data sharing, reassessment and fraud prevention.

Assistive technology

- AI-enabled prosthetics, hearing aids, refreshable Braille, e-Braille and augmentative/alternative communication.
- Divyang Sahara Yojana (Budget 2026–27, as cited in source): support for AI-integrated limbs and e-Braille/assistive technology.
- Assistive Technology Marts can reduce information asymmetry and improve access to devices and maintenance.
- Domestic manufacturing can lower import dependence and cost barriers.

Accessible digital governance

- Accessible KYC and alternative authentication are necessary for banking, welfare and public services.
- Screen-reader-friendly documents, captions, sign language, keyboard navigation and accessible PDFs should be default.
- Digital accessibility is not an optional IT feature; it is part of substantive equality and, as recognised in the source's judicial discussion, Article 21.

7. Education, Inclusive Learning & Braille Ecosystem

Education

- RPwD Act: free education for children with benchmark disabilities aged 6–18.
- 52.2% literacy among PwDs aged 7+ (76th NSS figure cited).
- 49.7% schools with functional ramps/handrails; accessible toilets remain much lower.
- Early intervention in 0–6 years is critical for developmental disabilities.
- Inclusive education requires trained special educators, co-teaching, accessible curriculum and assistive technology—not mere enrolment.
- Accessible learning formats: Braille, e-text, audio, captions, Indian Sign Language, screen-reader PDFs.

PRASHAST and early screening

- PRASHAST: school-level screening/early identification tool; >92 lakh students screened according to source.
- Early identification should connect to assessment, referral, rehabilitation, assistive devices and family counselling.

Braille — current affairs

- World Braille Day: 4 January.
- Braille is a tactile code, not a language; it uses six-dot cells arranged in two columns of three dots.
- Census 2011 figure cited: 50.32 lakh persons with visual impairment.
- Bharati Braille / Standard Bharati Braille Code (2025): Unicode-mapped approach for digital accessibility across Indian languages.
- Sugamya Bharat Abhiyan and Sugamya Pustakalaya: accessible public infrastructure and multilingual digital learning resources.
- NIEPVD source material mentions Draft Bharati Braille 2.1 (2026) for technological/digital compatibility.
- UNCRPD requires accessible information and education formats, including Braille.

8. Healthcare, Rehabilitation, Mental Health & Euthanasia / End-of-Life Governance

A. Healthcare and rehabilitation

- Healthcare barriers: inaccessible facilities, shortage of trained personnel, specialised equipment, rural gaps and high out-of-pocket expenditure.
- Source example: a quality wheelchair may require 3–5 years of savings for a rural minimum-wage family; maintenance is often not covered.
- ADIP, ALIMCO, DDRS, NDFDC, National Institutes, CRCs and DDRCs form the rehabilitation ecosystem.
- Community-Based Rehabilitation (CBR) connects services with local institutions and families.
- Niramaya provides health insurance support for eligible persons under the National Trust ecosystem.
- Tele-MANAS and the Mental Healthcare Act, 2017 are relevant to psychosocial disability and mental-health access.

B. Mental health as a disability/governance issue

- WHO source article (5 Sep 2025): 13.6% of world population has a mental disorder; prevalence rose faster than global population growth between 2011–2021.
- Anxiety and depressive disorders together account for over two-thirds of cases in the cited report.
- Young adults 20–29 showed the highest rise (1.8%) in prevalence since 2011, as cited.
- Suicide accounts for 1 in 100 deaths globally; it is a leading cause of death among young people.
- India: NMHS 2015–16—about 10.6% of adults with mental disorders; urban 13.5%, rural 6.9%; treatment gap 70–92%.
- India has 0.75 psychiatrists per 100,000 against WHO-recommended 3 per 100,000 (source figure).

- RPwD Act recognises mental illness as a disability; Mental Healthcare Act, 2017 adopts a rights-based approach.
- Tele-MANAS (2022): free 24/7 support; source notes 20 languages.
- Ethical dimensions: equitable access, autonomy, duty to prevent harm, compassion/empathy and collective good.

C. Euthanasia — concepts

- Euthanasia literally derives from Greek eu (good) + thanatos (death): intentional ending of life to relieve unbearable suffering.
- Active euthanasia: direct act causing death, e.g. lethal injection — not legally permitted in India.
- Passive euthanasia: withholding/withdrawing life-sustaining treatment, allowing natural death — recognised subject to safeguards.
- Voluntary: competent patient consents; non-voluntary: patient cannot consent and surrogate/best-interest process applies; involuntary: against the patient's wishes and unlawful/ethically unacceptable.
- Assisted suicide differs: the patient self-administers the lethal medication; euthanasia involves another person causing death.
- Palliative care: symptom/pain relief and quality-of-life support without intentionally causing death.

D. Indian judicial evolution

Case	Key proposition
Maruti Shripati Dubal v. State of Maharashtra (1987)	Bombay HC recognised a broad right-to-die proposition; later overruled at Supreme Court level.
P. Rathinam (1994)	Earlier SC view that Article 21 included a right to die; subsequently overruled.
Gian Kaur v. State of Punjab (1996)	Right to life does not ordinarily include a general right to die; dignity at death remains constitutionally relevant.
Aruna Shanbaug v. Union of India (2011)	Recognised passive euthanasia under safeguards; persistent vegetative state context.
Common Cause v. Union of India (2018)	Right to die with dignity under Article 21; passive euthanasia and advance medical directives/living wills recognised.
Common Cause modification (2023)	Procedure streamlined; specialist-experience requirement reduced and time-bound medical-board opinions introduced.
Harish Rana v. Union of India (2026)	First major 2026 passive-euthanasia development in source; withdrawal of life-sustaining treatment/CANH permitted under safeguards in PVS context.

E. Harish Rana Case — 2026 current affairs

- Source describes a patient with severe brain injury, prolonged persistent vegetative state and long-term dependence on clinically assisted nutrition and hydration (CANH).
- Supreme Court permitted withdrawal/withholding of treatment under the applicable legal/medical safeguards.
- CANH was treated as medical treatment/medical intervention in the source's account.
- Key principles: best interests, medical futility, patient dignity, palliative/end-of-life care and safeguards.
- The judgment highlighted the need for a comprehensive statutory framework.

F. Passive-euthanasia procedure

- 2018 framework: two-stage medical review—Primary Medical Board and Secondary Medical Board.
- 2023 modification: boards retained but specialist experience reduced from 20 years to 5 years; opinions preferably within 48 hours; composition/procedure streamlined.
- Source describes Primary Board as hospital-based and Secondary Board as independent/reviewing.
- Living Will/Advance Medical Directive enables a competent adult to specify future treatment preferences.
- For patients lacking capacity, the framework relies on advance directives where valid or best-interest/substituted-judgment safeguards.

G. Euthanasia — arguments supporting vs concerns

Dimension	Arguments supporting autonomy / passive withdrawal	Concerns / safeguards
Autonomy	Bodily integrity; informed refusal of treatment; self-determination.	Consent may be compromised by incapacity, depression or coercion.
Dignity	Avoid futile prolongation of suffering.	Disability must never be equated with undignified or low-value life.
Suffering	Relief where suffering is unbearable and treatment non-beneficial.	Strengthen palliative care before considering withdrawal.
Family/system burden	May reduce futile emotional/financial burden.	Economic pressure can make vulnerable persons feel like a burden.
Medical ethics	Treatment should have therapeutic purpose and patient-centred goals.	Do-no-harm principle; protect professional integrity.
Governance	Clear regulated framework can create predictable safeguards.	Slippery-slope, unequal healthcare and procedural misuse risks.

H. PwD-specific euthanasia safeguards

- Disability ≠ lack of dignity; disability ≠ medical futility.
- Assessment must separate impairment, prognosis, treatment effectiveness and actual decision-making capacity.
- Special protection is required for elderly, disabled and financially dependent persons who may face explicit or implicit pressure.
- Independent psychiatric/capacity assessment, social-worker input and palliative-care review can reduce coercion.
- Accessible communication is essential so a person with disability can express informed preferences.
- Living wills and advance-care planning should be available in accessible formats.
- Euthanasia must not become a substitute for rehabilitation, assistive devices, caregiver support or palliative care.

I. Governance reforms for end-of-life care

- Comprehensive parliamentary end-of-life law codifying judicial safeguards and Advance Medical Directives.
- Hospital multidisciplinary ethics committees with physicians, palliative-care specialists, legal/ethics experts and an independent member.
- Mandatory cooling-off period, psychological/capacity assessment and palliative-care review.
- Digital registration/retrieval of advance directives with strong privacy and access controls; source proposes a national portal.
- Transparent dashboards, anonymised audits and public reporting.
- District-level accessible oversight to reduce avoidable court delays while retaining legal safeguards.
- Training in end-of-life ethics, disability rights, consent and legal procedure for medical/nursing professionals.
- Expand hospice, home-based and community palliative care; use Ayushman Bharat and frontline workers where appropriate.

Ethics keywords Autonomy • Beneficence • Non-maleficence • Justice • Dignity • Informed consent • Best interests • Medical futility • Vulnerability • Coercion • Palliative care • Doctrine of Double Effect

9. Employment, Skills, Entrepreneurship & Economic Empowerment

Current employment picture

- ≈1.3 crore employable PwDs; ≈34 lakh employed — source estimate highlighting underutilisation.
- Marching Sheep PwD Inclusion Index 2025: 876 listed companies across 59 sectors; 33,841 permanent PwD employees; ≈0.65% workforce; 37.9% companies reported no permanent PwD employee (source figures).
- Source notes women with disabilities employed at ≈23% versus men ≈47%.
- PwD inclusion is not only a welfare issue: exclusion imposes economic costs and wastes productive potential.

Government / market mechanisms

- Divyangjan Kaushal Yojana: Budget 2026–27 source allocation ₹200 crore; task-oriented/process-driven training for Divyangjans.
- Source cites 1.44 lakh beneficiaries and 93,700+ trained in the skilling ecosystem.
- PM-DAKSH-DEPwD portal: skill development and employment linkage.
- Divyangjan Rozgar Setu: private-sector employment linkage.
- NDFDC concessional finance; Divyangjan Swavalamban Yojana and Vishesh Microfinance.
- Support self-employment, entrepreneurship, accessible banking, procurement and market access.

Workplace inclusion

- Reasonable accommodation: scribes, compensatory time, accessible workstations, flexible/remote work where appropriate and assistive technology.
- Gulshan Kumar v. IBPS (2025): source notes denial of scribe/compensatory time as discriminatory under RPwD framework.
- Move from hiring-only metrics to retention, promotion, accommodation and leadership metrics.
- Use D&I targets, disability inclusion indices, ESG-linked incentives, tax/procurement incentives and recognition mechanisms.

10. Post-18 Support, Independent Living & Lifecycle Care

Post-18 support gap

- Child-centred services often weaken sharply after age 18.
- Families may suddenly become responsible for adult care, livelihood, housing, safety and long-term financial security.
- High-risk groups include persons with intellectual/developmental disabilities and those needing lifelong support.
- Adult day care, assisted living, supported housing, vocational rehabilitation and supported employment are needed.

Lifecycle model

- Early childhood → early intervention → inclusive education → skills → employment/entrepreneurship → adult care/independent living → ageing support.
- UDID should connect certification with education, rehabilitation, skill development and social security across the lifecycle.
- Parent-led community housing can be supported through subsidised land and viability-gap funding.

- Supported decision-making should replace unnecessary substitute control.

11. Caregivers & Care Economy

- Long-term unpaid caregiving can cause lost income, reduced employment/education opportunities, social isolation and psychological stress.
- Care burden is frequently concentrated on women/mothers.
- 'Care penalty': opportunity cost borne by families, especially primary caregivers.
- Respite care is a core social-security intervention, not a luxury.
- Source example: Kerala's 'Anpu' Homes as a respite-care model.
- Caregiver allowances/pension support and mental-health counselling can reduce household vulnerability.
- DDRCs can serve as local hubs for caregiver counselling and service navigation.
- Family-centred, lifecycle disability policy is preferable to parent-dependent lifelong care.

12. Major Systemic Challenges

- Accessibility gap: ramps without usable toilets, transport, maintenance or end-to-end connectivity.
- Digital exclusion: inaccessible websites/apps, KYC, payments and documents.
- Education exclusion: low literacy, inaccessible schools, shortage of special educators and assistive technologies.
- Employment discrimination and low workforce participation.
- Healthcare and rehabilitation gaps; high out-of-pocket costs.
- High cost/limited availability of assistive technology and maintenance.
- Weak social security and uneven State-level pensions.
- Post-18 adult-care gap.
- Caregiver burden and inadequate respite support.
- Stigma, pity, paternalism and ableist assumptions.
- Gender and intersectional vulnerability.
- Financial exclusion.
- Political/civic participation barriers.
- Disaster preparedness gaps.
- Certification delays, data fragmentation and portability problems.
- Weak monitoring/evaluation and last-mile implementation.
- Fragmented departmental governance.
- Statistical invisibility and outdated baseline data.

13. Social Inclusion, Attitudes & Disability Culture

- Social trajectory: pity → charity → welfare → rights → dignity → leadership.
- CBR and Panchayati Raj/ULB participation can normalise inclusion at community level.
- Disability rights/lived experience should enter school curricula.
- Badhte Kadam: awareness/social inclusion orientation in source material.
- Purple Fest / 'Purple Revolution': shift from pity to pride, visibility, excellence and entrepreneurship.
- Divya Kala Mela: market access, visibility, entrepreneurship and Vocal for Local for artisans/entrepreneurs with disabilities.
- Accessible media can alter public perceptions and make representation participatory rather than tokenistic.

14. Gender, Intersectionality & Vulnerable Groups

- Women with disabilities face overlapping disability + gender barriers.
- Source employment figure: women ≈23% employed vs men ≈47%.
- Risks include violence, institutional abuse, reproductive-health barriers and exclusion from decision-making.
- Source cites a UNFPA-linked concern that women/girls with disabilities may be up to 10 times more likely to experience violence.
- Intersectionality: rural, poor, elderly, queer, tribal/minority and multiply-disabled persons may experience compounded barriers.
- Policy responses: accessible shelters/services, economic empowerment, financial literacy, skill training, entrepreneurship, reproductive-health access and accessible justice.
- In euthanasia/end-of-life governance, intersectionality matters because financial dependence or caregiver burden can affect apparent 'choice'.

15. Political & Civic Participation

- PwDs are citizens, voters, policy participants and potential leaders—not merely beneficiaries.
- There is no constitutional/statutory reservation of seats for PwDs in Parliament/State Assemblies in the source material.

- Accessible polling: ramps, accessible booths, accessible voter information, sign language, audio/tactile support and appropriate voting assistance.
- Source mentions vote-from-home/accessible voting arrangements and audio-tactile voting technology.
- Accessible political participation is part of substantive equality and inclusive citizenship.
- PILs have sought greater political representation, including a demand mentioned in the source for 7% reservation.

16. Sports, Culture & Social Participation

- Adaptive sports can improve health, confidence, independence, social cohesion and visibility.
- Examples: wheelchair basketball, accessible swimming/sensory-friendly pools and adapted sports facilities.
- Khelo India / Khelo Bharat-oriented inclusion and TOPS are relevant to para-athletes.
- District/state sports events should include parallel/accessible events.
- Accessible cultural spaces and media expand participation beyond employment and education.

17. Disaster Management & Disability-Inclusive DRR

DiDRR framework

- Disability-inclusive Disaster Risk Reduction (DiDRR).
- Geo-tagged/needs-based PwD registries can support priority evacuation and targeted assistance, subject to privacy safeguards.
- Accessible early warning: visual alerts, vibration, simplified audio, sign-language communication and multiple channels.
- Relief camps must provide accessible toilets, ramps, sleeping arrangements, medicines, assistive-device continuity and safe transport.
- Evacuation plans should include people with mobility, sensory, intellectual and psychosocial disabilities.
- Disaster governance should move from generic response to precision response based on identified functional needs.

18. Implementation, Monitoring & Convergent Governance

- Legal recognition is insufficient without sensitisation of government officials and citizens.
- Inter-departmental convergence: Social Justice + Health + Education + Skill Development + Urban Development + Transport + Digital governance.
- District-level single-window disability service centres can integrate certification, schemes, devices, rehabilitation, pensions and grievance redress.
- Use accessibility audits, social audits, third-party evaluation and user-led audits.
- Real-time dashboards should track not just funds but outcomes: accessibility, enrolment, employment, retention, device delivery and grievance closure.
- Maintenance and usability must be audited; an installed ramp that cannot be used is not meaningful accessibility.
- Fast-track disability justice and accessible complaint mechanisms are essential.
- CAG performance audits can identify implementation gaps across identification, rehabilitation, accessibility, education, skills, employment and social security.
- Current source material also cites 28 operational Cross-Disability Early Intervention Centres and revised 2026 CDEIC guidelines.

Key reports / committees / frameworks

- UNCRPD — international rights framework underpinning India's rights-based approach.
- Census 2011 — core demographic baseline.
- 76th National Sample Survey — literacy and disability indicators cited in source.
- CAG performance audit on RPwD implementation — implementation/last-mile lens.
- Parliamentary Standing Committee on Social Justice & Empowerment, Sixth Report (2025) — Demands for Grants 2025–26.
- Sudha Kaul Committee Report — Rights of Persons with Disabilities Bill-related deliberations.
- Harmonised Guidelines & Space Standards for Universal Accessibility in India, 2021.
- Marching Sheep PwD Inclusion Index 2025 — corporate inclusion data cited.
- WHO World Mental Health Report / Mental Health Atlas 2024 — mental-health disability context.

19. Way Forward / Reform Agenda

10-point reform architecture

1. Universal Design first: make accessibility the default in new infrastructure and procurement.
2. Digital accessibility by design: GIGW/WCAG-aligned platforms, accessible KYC and documents.
3. Lifecycle social security: connect UDID to education, rehabilitation, skills, employment, pensions and adult care.

4. Inclusive education: early intervention + special educators + accessible curriculum + assistive technology.
5. Economic empowerment: skill training, reasonable accommodation, entrepreneurship, credit and accessible markets.
6. Care economy reform: respite care, caregiver allowance/support, counselling and supported living.
7. Adult-care ecosystem: day care, assisted living, supported housing and independent living.
8. Indigenous assistive technology: domestic R&D/manufacturing, maintenance ecosystem and affordability.
9. Participatory governance: involve PwDs and DPOs in policy design, accessibility audits and monitoring.
10. Disability justice: shift from medical percentage-based exclusion to functional competence, reasonable accommodation and substantive equality.

Euthanasia-specific reform package

- Comprehensive statutory end-of-life framework.
- Accessible advance medical directives/living wills.
- Independent capacity and coercion assessment.
- Mandatory palliative-care review.
- Hospital ethics committees + time-bound medical review.
- Strong protection for PwDs, elderly and financially dependent persons.
- Transparent audit trail and grievance mechanism.
- Universal palliative-care access so 'choice' is not created by absence of care.

High-value concluding formulations

- Ramp → end-to-end accessibility.
- Beneficiary → equal citizen.
- Legal recognition → effective implementation.
- Formal equality → substantive equality.
- Medical model → social/human-rights model.
- Parent-dependent care → family-centred lifecycle support.
- Static census → real-time, needs-based disability data.
- Welfare expenditure → capability and participation investment.
- Biological survival → dignity in life and dignity in death.

Conclusion A genuinely inclusive disability policy must integrate constitutional equality, rights-based law, universal accessibility, inclusive education, healthcare and rehabilitation, economic empowerment, social security, independent living, caregiver support, civic participation and accountable governance.

20. Current Affairs, Case Laws, Schemes, PYQs & Prelims/Mains Revision Bank

A. 2025–26 current-affairs timeline from the source

Date	Development	UPSC linkage
05 Sep 2025	WHO World Mental Health Report / Mental Health Atlas 2024	Health, mental illness as disability, ethics, social justice
07 Oct 2025	Reforming the Euthanasia Framework in India	GS-II governance + GS-IV ethics + Article 21
08 Oct 2025	Passive Euthanasia in India	Judiciary, living will, end-of-life care
19 Jan 2026	Euthanasia Debate in India / Harish Rana proceedings	Disability, autonomy, vulnerability
07 Jan 2026	India's Braille Ecosystem	Inclusive education, accessibility, technology
09 Feb 2026	Redesigning India for Inclusion of PwDs	Budget, jobs, assistive tech, public spaces
20 Feb 2026	World Day of Social Justice 2026	Social justice, poverty, decent work, inclusion
11 Mar 2026	Harish Rana passive-euthanasia judgment	Article 21, CANH, dignity in dying
16 Mar 2026	Passive Euthanasia in India and Right to Die with Dignity	Governance + disability + ethics
18 Mar 2026	Building a Barrier-Free India for Divyangjan	Universal accessibility, digital inclusion
28 Mar 2026	SC Strikes Down Arbitrary Disability Ceiling — Prabhu Kumar	Benchmark disability, reasonable accommodation
01 Jul 2026	Empowering Persons with Disabilities in India	Social security, welfare architecture
Post-18 support article	RPwD Act: Bridging Post-18 Disability Support Gap	Adult care, caregivers, lifecycle support

B. Case-law quick revision

- Ravi Prakash Gupta (2010): non-identification of posts cannot be used to evade reservation obligation.
- Aruna Shanbaug (2011): passive euthanasia under safeguards.

- Vikash Kumar (2021): reasonable accommodation/scribe; substantive equality; source notes benchmark-disability threshold cannot be used to deny accommodation.
- RBI v. A.K. Nair (2023): source notes RPwD reservation in promotion for PwDs.
- Rajive Raturi (2024): accessibility linked with Article 21, dignity, movement and substantive equality.
- Om Rathod (2024): functional assessment should override rigid eligibility percentages.
- Pragya Prasun (2025): source notes digital accessibility as part of Article 21 and accessible KYC/grievance procedures.
- Gulshan Kumar v. IBPS (2025): scribe/compensatory-time issue and discrimination under RPwD framework.
- Prabhu Kumar (2026): arbitrary upper disability ceiling struck down; functional competence + reasonable accommodation; Articles 14 and 16.
- Harish Rana (2026): passive euthanasia/end-of-life treatment withdrawal; CANH; best interests; palliative care.

C. Scheme / initiative index

- RPwD Act, 2016 • SIPDA • Accessible India/Sugamya Bharat • Sugamya Bharat 2.0 • Sugamya Bharat App • UDID • ADIP • NDFDC • Divyangjan Swavalamban Yojana • Vishesh Microfinance • ALIMCO • DDRS • PM-DAKSH-DEPwD • Divyangjan Kaushal Yojana • Divyangjan Rozgar Setu • PRASHAST • Niramaya • Tele-MANAS • ISL Digital Repository • PM e-VIDYA Channel 31 • Divyang Sahara Yojana • Purple Fest • Divya Kala Mela • CDEIC • DDRC • Khelo India/TOPS/adaptive sports.

D. UPSC PYQs / source questions

Prelims

- 2011 PwD benefits: free schooling till 18, preferential land allotment for business, ramps in public buildings — source answer: (d), all three.
- 2018 Right to Privacy: Article 21 + Part III freedoms — source answer: (c).
- 2026 PwD question in source: RPwD Act statement, Sugamya Bharat domains, NDFDC institutional statement — source answer: (b), statement 2 only.

Mains

- 2022: 'The Rights of Persons with Disabilities Act, 2016 remains only a legal document without intense sensitisation of government functionaries and citizens regarding disability.' Comment.
- 2020: health-care policy and social development, especially geriatric and maternal health care.
- Source-derived euthanasia question: examine ethical/legal challenges surrounding passive euthanasia and suggest reforms for dignity in death.
- Source-derived disability question: assess RPwD Act's role in building an inclusive society.
- Source-derived end-of-life question: 'The right to die with dignity is an extension of the right to live with dignity.' Critically analyse judicial evolution.

E. Prelims fact traps

- RPwD Act year = 2016, not 2018.
- Recognised disabilities = 21 under the Act.
- Benchmark disability = $\geq 40\%$ specified disability; it is not the complete definition of disability.
- Employment reservation = 4%; higher education reservation = 5% (source framework).
- Sugamya Bharat focuses on built environment + transport + ICT.
- NDFDC is a disability-finance/development body under the Ministry of Social Justice & Empowerment ecosystem, not Ministry of Corporate Affairs.
- Passive euthanasia $\neq$ active euthanasia.
- Living Will/Advance Medical Directive $\neq$ assisted suicide.
- Braille is a tactile code, not a language.
- Accessibility $\neq$ only ramps.

F. Mains value-add keywords

- Substantive equality • reasonable accommodation • universal design • disability justice • social model • human-rights model • inclusive growth • lifecycle approach • digital accessibility • last-mile governance • caregiver economy • post-18 support gap • statistical invisibility • functional competence • end-to-end accessibility • palliative care • advance medical directive • best interests • medical futility • autonomy vs vulnerability • anti-ableism • participatory governance.

APPENDIX A — SOURCE-COVERAGE AUDIT

The uploaded source contains 13 distinct Heading-1 article/CA sections. Each is explicitly mapped below so that no source theme is silently discarded.

Source article/section	Integrated into	Coverage retained
WHO's World Mental Health Report (05 Sep 2025)	Heading 8; also Ethics/Current Affairs	Mental-health burden, India treatment gap, psychiatrist density, NMHP, Mental Healthcare Act, Tele-MANAS, ethical dimensions and keywords.
Reforming the Euthanasia Framework in India (07 Oct 2025)	Heading 8; Heading 18; Heading 20	Definitions, types, global comparison, arguments, coercion, BNS, palliative care, living wills, reforms, FAQs.
Passive Euthanasia in India (08 Oct 2025)	Heading 8; Heading 20	Ethical perspectives, reform needs, governance safeguards, cooling-off/counselling, FAQs and PYQs.
Euthanasia Debate in India (19 Jan 2026)	Heading 8; Heading 20	Harish Rana context, Law Commission 241st Report, case evolution, procedure, arguments, end-of-life reforms and FAQs.
India's Braille Ecosystem (07 Jan 2026)	Heading 7; Heading 20	Braille facts, visual-impairment figure, Bharati Braille, Sugamya Pustakalaya, NIEPVD, UNCRPD.
Redesigning India for Inclusion of PwDs (09 Feb 2026)	Headings 1–19; especially 5, 6, 9, 10, 11, 18, 19	Rights framework, institutions, Sugamya Bharat, skilling, assistive technology, NDFDC, reasonable accommodation, UDID, social security and reform agenda.
World Day of Social Justice 2026 (20 Feb 2026)	Heading 13; Heading 20	20 Feb observance, 2026 theme, Copenhagen Declaration, UNGA 2007, ILO, UNDESA, SDG 1/8/10.
SC Allows 1st Passive Euthanasia in Harish Rana Case	Heading 8; Heading 20	PVS, CANH, best interests, living will, safeguards, palliative care and statutory framework.
Passive Euthanasia in India and the Right to Die with Dignity (16 Mar 2026)	Heading 8; Heading 18; Heading 20	Judicial evolution, two-tier boards, ethical arguments, safeguards and governance reforms.
Building a Barrier-Free India for Divyangjan (18 Mar 2026)	Headings 1, 5, 6, 7, 9, 18, 19	Constitutional framework, digital inclusion, assistive tech, universal accessibility, schemes, courts and reforms.
SC Strikes Down Arbitrary Disability Ceiling — Prabhu Kumar (28 Mar 2026)	Heading 1; Heading 9; Heading 20	Benchmark disability, 90% locomotor disability, 60% cap, Articles 14/16, functional competence, reasonable accommodation and prior cases.
Empowering Persons with Disabilities in India (01 Jul 2026)	Headings 1–19; especially 2, 3, 5, 9, 18, 19	Rights-based welfare, pension floor, Census/NSS data, infrastructure, employment, healthcare, digital accessibility and reforms.
RPwD Act, 2016: Bridging the Post-18 Disability Support Gap	Headings 4, 8, 10, 11, 18, 19, 20	Post-18 gap, adult care, caregivers, policies, ADIP/NDFDC/ALIMCO/DDRS, Sugamya Bharat, UDID, PRASHAST, respite care and PYQs.

APPENDIX B — MASTER ANSWER FRAMEWORKS

GS-II: 'Discuss the challenges faced by PwDs in India.'

- Intro: Census 2011 2.68 crore / 2.21% + rights-based framing.
- Legal base: Constitution + RPwD Act + UNCRPD.
- Challenges: accessibility + education + health + employment + social security + digital + post-18 + caregiver + stigma + governance.
- Current examples: Prabhu Kumar, Pragya Prasun, Gulshan Kumar, Sugamya Bharat App, Divyangjan Kaushal Yojana, UDID.
- Way forward: universal design + lifecycle support + reasonable accommodation + convergence + user-led audits + real-time data.
- Conclusion: dignity + equal citizenship.

GS-II/IV: 'Right to die with dignity'

- Define passive euthanasia and distinguish active euthanasia/assisted suicide.
- Judicial evolution: Gian Kaur → Aruna Shanbaug → Common Cause → 2023 modification → Harish Rana 2026.
- Constitution: Article 21, dignity, autonomy, informed consent.
- Concerns: coercion, disability/age bias, poverty, capacity, palliative-care gaps, procedural burden.
- Governance: law + medical boards + ethics committees + palliative care + accessible living wills + independent oversight.

- Conclusion: neither futile prolongation nor coercive death; protect informed choice and dignity.

GS-IV ethics lens for PwD

- Autonomy: supported decision-making and accessible consent.
- Beneficence: maximise welfare and participation.
- Non-maleficence: avoid harm, neglect and coercion.
- Justice: equitable access and reasonable accommodation.
- Compassion: respect lived experience without pity.
- Dignity: treat PwDs as ends in themselves, not burdens or beneficiaries.