

Situation of Persons with Disabilities:

BARRIERS TO ACCESS SAFETY NET SCHEMES IN ODISHA

2022

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Foreword

COVID-19 pandemic have had tremendous impact on the life, living and livelihoods of people across the country. Even before that, across the world, people with disabilities had poorer health outcomes, lower education achievements, less economic participation and higher rates of poverty than people without disabilities. This is partly because people with disabilities experience barriers in accessing services that many of us have long taken for granted, including health, education, employment, and transport as well as the basic need food. For instance, lack of accessibility in the physical environment and discrimination may prevent persons with disabilities from entering the school system, restricting their skills, knowledge and future ability to work and produce economic value. Those same barriers may prevent persons with disabilities from entering the labour market, or may limit the kind and amount of work they can do, lowering their incomes. In addition, increased expenditures related to disability may have an adverse impact on financial resources and push persons with disabilities into poverty.

With regards to food, before the COVID-19 pandemic, people with disabilities had decreased access to food and around a third of food insecure households included a young adult with disability. In addition to the increased risk of COVID-19 infection among people with disabilities, measures aimed to mitigate the spread of the virus such as closure of in-person shops, interruption of public transportation, and no-visitor policies in most gated communities led to decreased access to resources and support among this group.

The first UN Report on Disability vis-à-vis SDGs in 2019, found that although the need for social protection programmes tends to be higher among persons with disabilities compared to the general population, this is not always matched by higher enrolment. As of 2016, only 27 per cent of persons with severe disabilities collected disability social protection benefits. Further, evidence from nine developing countries indicated that, on average, among persons with disabilities who needed welfare services, 76 per cent were not able to receive these services especially in the Asia and Pacific region. It went further to report that access to social protection programmes, even disability-targeted ones, has been shown to be restricted by a variety of barriers from not knowing how to apply, absence of documentation, lack of accessibility in transport, in offices, attitude and discrimination of officers etc.

The primary objective of this report is to bring to the fore the capacity of food insecurity analysis within the disability sector for improved services in achieving SDG-2. It is envisaged that this study will serve as a tool for accommodating needs of the various categories of disabilities and providing easy and smooth access to food safety nets.



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Acknowledgement

COVID-19 pandemic have had tremendous impact on the life, living and livelihoods of people across the country. Swabhiman would like to thank the more than 566 research team members, local coordinators, OSdN partners, KII, FGD and other participants, idea contributors, local volunteers and government officers from all the 11 districts whose contribution created this maiden report on SDG-2 and people with disabilities.

We thank Ms Aradhana Srivastava, Program Policy Officer, Gender and Mr. Himanshu Bal, for providing the vision and guiding the team throughout the survey and preparation of the report.

Our thanks to OSdN (Odisha State disAbility Network) partners for their personal involvement, constructive recommendations and deliberations in selecting district partners and developing the reporting format. Special thanks are due to (Youth Service Center, Bolangir) and (Shradha, Sundergarh) for conduct of FGDs, Case Study identification and logistics.

We are grateful to the government of Odisha state level officials for the significant views and suggestions received. Comments and suggestions received from district and block level officials of Food, Supplies and Consumer Welfare Department, SSEPD, S&ME and Health were also informative. We must also acknowledge the detailed inputs from Raju Mishra, advisor on the right to food act to the supreme court India and development consultant, which were useful in avoiding errors, updating the information on various developments in the State, and ensuring realism.

Heartfelt thanks to Mihir Mohanty Director Programs for being an advisor; guiding, providing handholding support to the entire research team and physical supervision of the survey. Thanks to Swatishree Maharana, Satyajit Behera, Tanmayee Sahu, Kamal Kanta Lenka who played key roles in data collection, analysis, report preparation.

We wish to thank all the KII, FGD and Case Study participants for their willingness to support the study.

Swabhiman also wishes to thank WFP India office for their generous financial support.

Our sincere gratitude to one and all who directly and indirectly contributed to this study.

Acronyms

AAY	Antodaya Anna Yojana	MLA	Member of Legislative Assembly
AADI	Action for Ability Development and Inclusion	MP	Member of Parliament
ANM	Auxiliary Nurse Midwife	MR	Mental Retardation
APL	Above Poverty Line	NCPEDP	National Centre for Promotion of Employment for Disabled People
ASHA	Accredited Social Health Activist	NFSA	National Food Security Act 2013
AWC	Anganwadi Centre	NULM	National Urban Livelihoods Mission
AYUSH	Ayurveda Unani Siddha Homeopathy (Yoga, Naturopathy, SOWA-RIGPA)	OH	Orthopedically Handicapped
BD	Blood Disorder	OSEPA	Odisha School Education Programme Authority
BPL	Below Poverty Line	OSdN	Odisha State Disability Network
BMC	Bhubaneswar Municipal Corporation	PDS	Public Distribution System
BSSO	Block Social Security Officer	PHH	Priority Household
CMRF	Chief Minister Relief Fund	PwD	Person with Disability
COVID-19	Corona Virus Disease 2019	RBSK	Rastriya Bal Swasthya Karyakram
CP	Cerebral Palsy	PMGKAY	Pradhan Mantri Garib Kalyan Anna Yojana
CwD	Children with Disability	RPwD	Rights of Person with Disability Act 2016
CWSN	Children With Special Need	SSEPD	Social Security Empowerment of Person with Disability
DSSO	District Social Security Officer	SFSS	State Food Security Scheme
DTP	Desktop Publishing	SNP	Supplementary Nutrition Programme
ECCE	Early Childhood Care and Education	TT	Tetanus Toxoid
FGD	Focus Group Discussion	THR	Take Home Ration
FPS	Fair Price Shop	TLMs	Teaching Learning Materials
GRS Card	Gratuitous Relief Card	TPDS	Targeted Public Distribution System
HI	Hearing Impairment	UDID	Unique Disability Identity
ICDS	Integrated Child Development Services Schemes	UN	United Nation
ID	Intellectual Disability	VI	Visual Impairment
KII	Key Informant Interview	WHO	World Health Organisation
LD	Learning Disability	WFP	World Food Programme
MDM	Mid Day Meal	YwD	Youth with Disability
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act		

Voices

The rapid escalation in PwD experiencing food poverty is truly shocking. It is the PwDs facing the biggest barriers to independence and inclusion that are in the worst situation, how can this possibly be acceptable? Padmashri Prof. Priyambada Mohanty-Hejmadi, First Female Vice Chancellor Odisha.

We all brothers and sisters are disabled. Our parents are non-disabled but old. We remain hungry almost every day. I do not remember having eaten full stomach in last three years. Youth with disability, Male, Balangir

Even in the times of emergency, hot food schemes like mid-day meal should not be suspended. Food must be delivered either in schools or in our doorstep. Mother of ID Child, Bhubaneswar

Along with cash programs like disability pension, I strongly advocate food assistance programs to provide food sources to very poor people with disabilities. However, food assistance programs are only available in emergency times. Besides, people with disabilities often have difficulties making their way to food distribution center or getting it collected from the centre. Food assistance programs typically do not address any of these issues. In order to fully address the connection between food insecurity and disability, people with disabilities need equal access to long-term food assistance programs which can help combat food insecurity and arrest further disabling conditions. Suresh Choudhry, OH, Sarpanch, Kalahandi.

During the study we found that households affected by disabilities account for a large share of all food-insecure households and an even larger share of all households with very low food security. Swatishree Maharana, Research Team.

In our interactions we found that food and cash assistance programs and disability assistance programs during Covid19 did not compensate for the loss of earnings and higher costs associated with secondary disabling conditions, that developed due to long term closure of therapy centers and public transport. People with disabilities suffered immensely. Satyajit Behera, Research Team.

The effects of poverty are more than just missing a meal. Our family struggles with chronic food insecurity, hunger, and malnutrition. Rakesh Pradhan, OH, Small business owner, Khordha.

No poverty programme can be effective if it ignores its poorest minority and no disability programme will be successful if it ignores the conditions faced by most disabled people. Kartik Chandra Pandab, OSdN Partner, Rourkela.

Hunger and food insecurity are nonpartisan issues and there are families, individuals, children and seniors facing hunger in every community. But families with members who have disabilities suffer the most. Less hands to work ,as family members become caregivers to the disabled, and more stomachs to feed.I have seen them having smaller meals than usual, or skipping meals; being hungry but not eating because of food costs; or not eating for a whole day during Covid-19. Umesh Purohit, OH, Balangir

Executive Summary

This study "Assessment of the Situation of People with Disabilities, including Barriers to Accessing Government Safety Nets in the state of Odisha", was conducted in various rural and urban areas of Odisha, covering 556 participants, in 2022 November-December.

The findings indicate that during the COVID-19 pandemic and the subsequent lockdown, PwDs had a higher prevalence of food insufficiency and unmet healthcare needs than people without disabilities. Notably, food access-based challenges were higher for vision, cognitive, and mobility disabilities and were greatest among those with more than one disability, suggesting that multi-component interventions are needed to address the challenges. Disability status was associated with higher rates of food insufficiency and food insecurity and delayed or forgone medical care even before the pandemic. Post Covid studies conducted by Swabhiman, NCPEDP (New Delhi) and AADI (New Delhi) had documented that having a disability during the pandemic was associated with food insecurity and lack of access to food. In this study, we found that mobility disability which has been previously linked to food insecurity via transportation barriers, experienced it intensely during the pandemic with no public transportation available to reach cooked or dry ration distribution centers. Mental health issues of people with cognitive disability exacerbated by the pandemic. Not working due to a disability and being unemployed for other reasons was associated with decreased access to food and care during the pandemic. Closure of therapy and special education classes/schools led to both secondary disabilities and regression in functional

Addressing these challenges will require improvements to underlying structural factors like accessibility and provision of free or affordable social services for people with disabilities. Additionally, changes that aim to mitigate the spread of COVID-19 should be implemented with a focus on accessibility and inclusivity. For example, alternative safe options for those who rely on public transportation should be provided.

Study limitations should be considered when interpreting the results. While trying to get disability data at state and district levels, we found that all the food security and safety network programs were missing data on disability. Thus collection of disaggregated data on disability is urgently needed to quantify, identify and address the barriers leading to disparities in access to food and safety nets for the disability community. Specific challenges faced as per limitations of individual disabilities should be taken into consideration when addressing the food, nutrition, poverty, health and social impacts of COVID-19 across society.

Background

Even in pre-Covid times, PwDs faced numerous barriers to access social security and poverty alleviation programmes of government, including food and nutrition schemes, education, employment, getting rational wages and transportation facilities. COVID- 19 pandemic, exacerbated the situation and has posed greater risk to the health and wellbeing of disabled persons, who have low immunity. COVID-19 pandemic induced restrictions, lock down and closing down of economic activities which had tremendous impact on life and livelihoods of everyone. The economic impact of COVID-19 has been enormous, the average income of the poor has gone down drastically, further the inflation and price rise have made the life of the poor despondent. The war in Ukraine is aggravating the economic woes that the world is facing. As per the World Bank, COVID-19 has marked the end of a phase of global progress in poverty reduction. There is an outright reversal in progress made pre-COVID-19. It is also estimated that during 2020 only, 70 million people have been pushed into extreme poverty¹. It is a big challenge for economies to recover from the pandemic and effectively pursue SDGs and climate actions. Within countries the poor, socially vulnerable categories, migrant workers, indigenous and minority communities are worst hit by the pandemic. In a recent report published by Oxfam² since the beginning of the pandemic, 147 million people in Asia lost their job due to COVID-19 and 148 million people in Asia were pushed into poverty. On the other hand, billionaires have increased their wealth by 74%. The situation is termed as a growing inequality virus.

Governments focused on local employment generation for inward migrants, incentivising social security support, making cash available by direct cash transfer to poor families, making available essential food items are some of the stimuli that really helped people recover from the devastation of the pandemic. Government of Odisha established care centres in every Gram Panchayat to quarantine more than 10 lakhs migrant workers returned home due to COVID-19. Apart from food, sanitation, medical care the returnee migrants were incentivised for job loss and uncertainties. All TPDS ration card holders were provided with Rs.1000 in cash, pension beneficiaries (including disability pension) were not only provided advance amount but were supported with additional ex-gratia of Rs.1000, families were also provided food items and cash whose children attend school and Anganwadi, street vendors were supported with cash, additional 5 kgs of cereals per month per person were provided free of cost to all TPDS beneficiaries (for 33 months), women members who were having Jan Dhan account were supported with cash in instalments and many more government support was worthwhile during COVID-19 crisis. It is also noted that the people centric Acts like MGNREGA, NFSA (including TPDS) was the saviour during this time of crisis that was unprecedented. It was really essential to close down schools during the spread of COVID-19 and to come up with online learning, but this opened up the digital divide, where children from poor households had to be away from education for years. Children belonging to the most marginalised section of society were affected adversely due to access gaps, due to internet connection, internet-capable devices and digital literacy. Dropout rates and the learning gap is the new front India and Odisha are fighting post-COVID-19 lockdown and restrictions.

¹Correcting Course: Poverty and shared prosperity,2022, The World Bank

²Rising to the challenge, January 2022, Oxfam International

Despite all earnest efforts by governments, poor, marginalised and minorities. PwD who need regular medical check-up were restricted to get health care services. The health system was overwhelmed, hospitals and clinics reeled under the twin challenges of renovating or expanding their facilities and capacity to treat patients with COVID-19, daily reporting to the government whilst also maintaining essential health services.

Disability is the largest minority in the world. There are over 1 billion, or 1 in 7, people who have a disability worldwide WHO, 2011 and the potential long-term health impacts of COVID-19 infection has led to increases in global disability prevalence Pomeroy, 2021.³ In India, persons with disabilities (PwDs) constitute 2.2 percent of the population, numbering about 27 million as per Census 2011. However, the RPwD Act 2016 has increased the number of scheduled disabilities from 7 to 21; the WHO report pegs it at 16%, 1.3 billion of the population, and considering the decadal growth, it would be a much higher number (at least 6% as per disability experts). PwDs are among the most vulnerable minorities in India, on account of not just the physical barriers but also financial and social impediments, including discrimination and stigma associated with their status. An emerging literature on food insecurity and disability has shown that disability is associated with higher risk of food insecurity. Following the onset of the pandemic, disabled people have seen significantly lower employment rates than nondisabled people. Further, lack of access to nutritious food has a cyclical interaction with the disability, resulting in secondary impairments and ill health, which leads to greater economic exclusion and further food insecurity. There are many published articles asserting that the COVID-19 pandemic has widened the food gaps for the disability community.

The present study aims to assess the situation of persons with disabilities in India through a case study of Odisha, focusing especially on the challenges faced by them in accessing food and nutrition schemes, as well as and inclusive education for longer term food security. In India, as an impact of various government schemes, levels of under-nutrition among children have come down over the past decade. From 2005 to 2019, stunting among under-5 children declined from 48 to 35 percent and the proportion of underweight children dropped from 43 to 32 percent. The proportion of children aged 6-59 months who were anaemic fell from 69 percent to 58 percent for the period 2005 to 2015. Odisha State has ensured food security for more than 95.74 lakh families embracing around 3.33 crore members which constitutes nearly 80 percent of the total population of the State as per 2011 census.⁴The Pioneer, Tuesday, 07 June 2022. Thus, apart from successfully implementing the National Food Security Programme, the state has also more than doubled the production of food grains in the coastal state. Today, Odisha is the third largest contributor of rice to India's PDS system. Recent studies, surveys and ground reports on impact of COVID-19 pandemic on various section of society has been coming up, but little on disability. Some studies found out about excessive hunger sufferings (about 84.7% disabled had to borrow or request money for food). It is necessary to understand why people with disability faced the many challenges of getting food and essential nutrition.

³C. Pomeroy. (2021). A Tsunami of Disability Is Coming as a Result of 'Long COVID' Scientific America. July 6, 2021

⁴The Pioneer, 07 June 2022

The Study

Rationale of the Study

The present study, focusing especially on the challenges faced by people with disabilities in accessing food and nutrition schemes, as well as other related schemes, will be useful in designing strategies and technical assistance interventions to enhance the access of PwDs to food and nutrition programmes in a state which transformed itself from ‘hunger ridden state’ in the pre-2000 era, to securing the first position in India in the domain of food security.

As disability and food insecurity have a close and well-documented relationship, the present study is an attempt at understanding the extent to which PwDs are able to utilize the Government schemes in this food surplus state; and finding out the barriers that they face in accessing these Government food-based safety nets in Odisha. Greater consideration of disability can help to understand influences of food access in Odisha’s population, highlighting heterogeneity and physical and economic influences of food access across the population.

Project Goal

Understanding barriers to safety nets to enhance access to food and nutrition for a high risk group, PwDs, to achieve zero hunger even during disasters and calamities.

Objectives

- To understand the extent to which are able to utilize Government schemes and the barriers that they face in accessing the Government food-based safety nets in Odisha
- To make recommendations to the Government to enhance access and utilization of food and nutrition entitlements available to PwDs in Odisha

Methodology

The present study to assess the situation of PwDs was a qualitative study based on the socio-ecological model approach. The qualitative study component explored the social context to understand the enablers and barriers for PwDs to access government schemes. It also recorded suggestions for enhancing access to schemes for PwDs. The qualitative data collection is based on the focus groups discussion (FGD) with PwDs themselves, parents and caregivers following random sampling methods in 10 districts of Odisha. Participants of the FGD were voluntary in nature covering cross disabilities and different geographical areas. The study also captured the views and experience of government officials, programme officials and champions of disability rights following key informant interviews (KII).

Data were collected from secondary sources, mainly from government website and other platforms available in public domain, so to map the government schemes and programmes including food and nutrition, inclusive education, certification meant for PwDs in Odisha to map the programme

Sampling

To accommodate the diversity of the State it has been divided into five geographical divisions. From among the divisions two districts were selected following and keeping these criteria into consideration, mainly the density of population, urban and rural population, tribal and general population, hilly terrain and hilly plain area. While selecting the respondents special care was taken to accommodate women PwDs / parents and female caregivers. The detail of the data collection process is as follows:

Table 1 - Geographical Regions

Division	Name of District	Number of FGDs	Number of Case Studies	Number of KII
Coastal	Khorda & Puri	6	2	3
East	Mayurbhanj & Balesore	2	2	3
North	Sundergarh & Deogarh	3	2	3
South	Koraput & Malkangiri	2	2	3
West	Balangir & Kalahandi	5	2	3

Tools for Data Collection

To accomplish the qualitative research, FGDs, KII and in-depth case studies were the three major tools used for the collection of data. 18 FGDs were conducted across 10 districts which cover both rural and urban area. Out of the 18 FGDs 4 were conducted in the tribal area, involving tribal community, 4 special FGDs were organised involving only women PwDs or their parents to know more about the gender perspective of accessing the social security schemes. Policy makers and programme functionaries involved in PwDs were selected and 10 KIIs were conducted for the study. KIIs are done taking functionaries from state, district and sub-district levels.

Profile of Respondents

Purposive sampling method was followed to select the respondents. Community based organisations working on and with PwDs and their issues were contacted before-hand to select the respondents and to conduct the FGDs and collecting in-depth case studies. The respondents were selected in such a way that they represented diverse groups like urban, rural, tribal, dalit and general geography, and gender. Deliberate attempts were made to accommodate different categories of disability. To carry out this study 556 respondents were interacted with through 18 FGDs and 10 intensive case studies.

Table 2 - Respondents Profile and Number

Total Respondents	556	100%
PwD respondents	511	91.9%
Parents of PwDs as respondents	36	6.48%
Care giver as respondents	9	1.62%

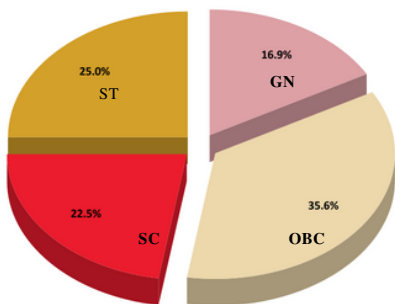


Chart 1 - Caste Wise Respondents Numbers

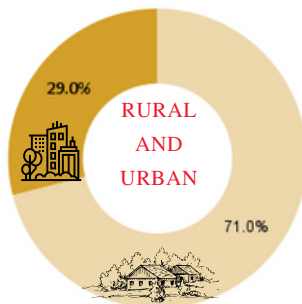


Chart 2 - Urban-Rural Wise Respondents

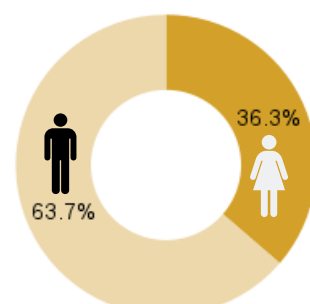


Chart 3 - Gender Wise Respondents Numbers

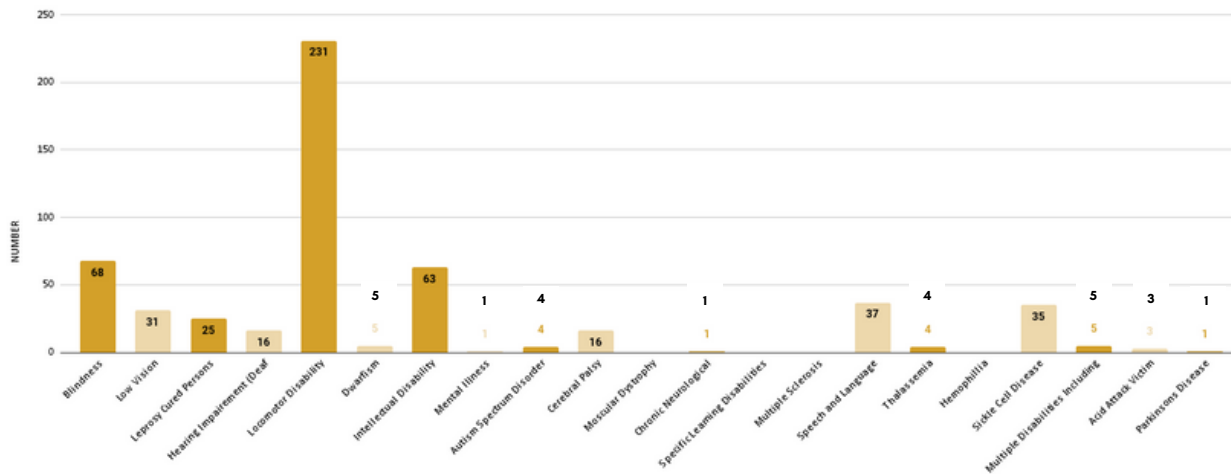
Table 3 - Age Wise Respondent Numbers

Total Age	Count	Percentage
Respondents above 40 years of age	183	33%
Respondents between the age group of 31-39	116	21%
Respondents between the age group of 18-30	164	29%
Respondents between the age group of 7-17	93	17%

Table 4 - Education Wise Respondent Numbers

Total Education	Count	Percentage
Technical / Professional	12	2.16%
Post Graduate	10	1.79%
Graduate	43	7.73%
Intermediate	43	7.73%
Matriculation	38	6.83%
Respondents who have passed class IX	219	39.39%
Respondents who have passed class VII	45	8.09%
Respondents who have passed class VIII	35	6.29%
Respondent who have attended below class VII	9	1.61%
Respondents who are illiterate	102	18.34%

Table 5 - Disability Wise Respondent Numbers



Strategies of Data Collection

Informed consent for data collection was followed through-out the process of study. Swabhiman followed the consent form as per the organisational protocol of World Food Programme. The tools of data collection were translated into simple Odia (local language) which was read out to all respondents before noting down their experience and opinions during the interview and discussions. Also written consent was taken from one and all respondents and policy makers and programme implementation officials. In case of illiterate respondents the form was read out to the respondents and their family members / community members before getting their written consent.

Data confidentiality: Swabhiman has ensured confidentiality and anonymity of all primary respondents and the information as collected. As a matter of principle Swabhiman will not retain any identifiable data in the record, data should only be available to the research team and WFP.

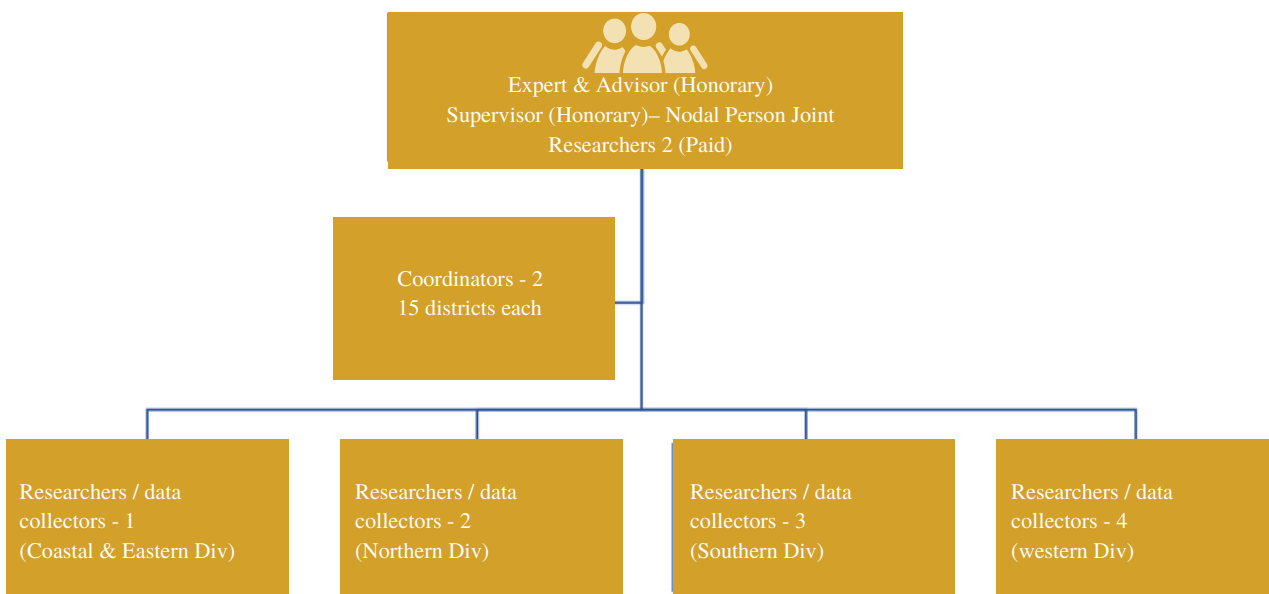
Research Team

For the convenience in data collection east and coastal division is clubbed together and there were four researchers placed for timely and quality data collection. Odisha State disAbility Network has been a part of the while process, and the network have placed another co-data collector who assisted the researcher while doing the data collection. As a matter of principle FGD, KII and case studies were collected in presence of researcher and co-data collector jointly. During the discussions and interviews one person facilitated the interview/discussion and the other took the record / note. Both the researcher and co-data collector adhered to the COVID-19 norms namely maintaining social distancing, wearing mask through-out the process and sanitising the hands on regular basis. As mentioned earlier, also as matter of principle, written consent were taken from all respondents by reading out the WFP protocol (already translated into simple Odia) before all the interviews and discussions.

To ensure quality and to monitor the way of discussion and to provide feedback and suggestions to the researchers, 2 coordinators were in place. The coordinator also took the debriefing so that important findings and information are not missing out. The principal supervisor finally checked the notes / transcripts and guided the team through-out the study also oversaw the whole process for smooth and timely completion of the qualitative research.

Apart from the expert cum advisor there was one supervisor (honorary) and joint researchers for the study. The detail of the persons involved in the study is given below.

Chart 4 - Team Pyramid



Findings

Food Habits and Food Basket

Rice is the most common form of food consumed across Odisha. They take it 3-4 times a day. Dal is used maximum one time in lunch. Vegetables, mostly from the kitchen garden, are consumed 3-4 times a week. The common vegetables are tomato, potato, brinjal and leafy vegetables, saga. Egg and chicken are eaten one or two times a month. Mutton is a festive item. In coastal Odisha fish is mainly consumed. Cheap fish forms a regular part of the diet. Seasonal fruits are eaten regularly. In a monthly basis and frequency of use in a monthly food basket 48% are rice, 16% dal, 32% vegetables 1% fruits with 3% of protein foods in rough calculation in western and southern Odisha. In coastal Odisha, rice remains the predominant part of the food basket.

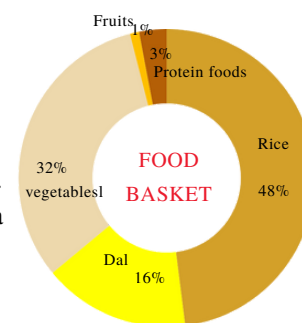


Chart 5 - Food Basket

Thus the diet is mainly carbohydrates with low protein, and low in nutrients.

In hilly and forest areas like Kandhamal, Malkangiri, and Koraput they used to collect many forest foods like mushrooms, leafy vegetables, roots, edible nuts, seeds etc. but due to government restrictions they are dependent only on rice. In the tribal area, millet was used in the morning but now we skip it.

There are more than 130 varieties of forest foods like mushrooms, bamboo shoots, and more than 100 leaf's that were used earlier in our food. Now we eat rice and rice only. A new disease has come to our community. Earlier we had never seen a diabetic in our community. (Male, OH, Daringbadi, Kandhamal)

Unemployment and Joblessness

Recent study by Swabhiman also reiterate the fact that. people with 40-55% of disabilities are working as daily wage earner despite limited physical capacities. Most matriculates in Bhubaneswar are engaged in tuition as a profession, where they teach students. In a study, Swabhiman found that only 22% of PwDs earn, and their total income of averages Rs. 4000, which is that is too meagre an amount to sustain and lead a dignified life. In this backdrop of joblessness and unemployment the social security measures for PwDs and food and nutrition programme are critical.

Food Security and Right to Food

For ensuring food and nutrition security Governments have been implementing several schemes and programmes. It was during 2013, the Government of India come up with National Food Security Act – 2013 “to provide for food and nutritional security in human life cycle approach by ensuring access to adequate quantity of quality food at affordable prices to people to live a life with dignity”. Broadly this has brought, massive and effective food and nutrition schemes of Central Government namely Targeted Public Distribution System (TPDS), Mid Day Meals (MDM), Integrated Child Development Services scheme (ICDS) and maternity benefit schemes under the purview of the Act. This Act has ensured food security of poor and marginalised as a matter of right.

During the COVID-19 pandemic and the related lock down and restrictions across the country, these initiatives of government have proved to a great saviour. Governments have successfully used these Acts (MGNREGA, NFSA and others) to reach out the poor and marginalised with food and cash. Apart from the stipulated entitlements government also provided additional support (through new schemes like Pradhan Mantri Garib Kalyan Anna Yojana – PMGKAY) and top up that has helped evade a food and nutrition crisis. Under this study TPDS, MDM, ICDS support were evaluated from the perspective of PwDs also schemes like pension and disability certification were seen from close quarters for their efficacy and efficiency.

Disability in Urban Area

In absence of livelihoods in their native villages, landless and poor PwDs have been migrating to urban areas like Bhubaneswar. When they are in the urban area, their struggle goes on without end, and they mostly rely on government support and help. The families having CwDs keep their child with neighbour/strangers and go out in search of livelihoods that make the CwDs more vulnerable.

In Bhubaneswar many migrated families still goes every month or once in two months to their native villages to collect their quota of ration under TPDS / NFSA, which make their life little easier in the expensive urban set up. Apart from this PwDs faces problem like – inaccessible kitchen space, communication challenges, and many more. They are forced to stay in cramped spaces that creates problem for OH. For hearing impaired communication remains the greatest challenge. For those with cognitive, learning, autism, ID and MD communication with staff and shopping remains a herculean task.

In Odisha, most leprosy cured persons live in colonies and nobody visits them except politicians during the time of election. Awareness level on facilities, rights and entitlements among the PwDs are abysmally low. In few urban areas (especially Puri) the local elected representatives are helpful in making the PwDs (mainly leprosy cured) aware about various social security schemes and programmes and benefits they should be getting as matter of right.

When food security is seen from PwDs perspective, it is the gender that is most vulnerable. Women with disability are the most vulnerable, as food and nutrition security is concerned. Women with disability are the last to get involved in the family meal procuring, planning, preparing and consumption.

Targeted Public Distribution System (TPDS)

The Public Distribution System (PDS) is a network of fair price shops to distribute food grains across the country. PDS which was converted to Targeted PDS (TPDS) during 1997 has been the oldest food subsidy programmes in the country, since 2nd World War. This has been converted to rights of the poor through the implementation of National Food Security Act-2013. The main objectives of TPDS has been to;

- Provide food grains and other essential commodities to the vulnerable sections of the society at a subsidised price
- Put an indirect check on the open market price of various commodities and
- Attempt to hunger eradication for the poor who are nutritionally at risk.

The TPDS under NFSA-2013 has been rolled out in Odisha since October 2015 on the basis of target (82.17% in rural and 55.77% in urban area) as set by Government of India on the basis of population based on census 2011. Odisha government is also implementing its own “State Food Security Scheme (SFSS)” since 2nd October 2018, for the poor and marginalised who were left out from NFSA / TPDS due to targeting. The SFSS is providing support to more than 8 lakh poor population of the State.

The earlier identified households and the list like Below Poverty Line (BPL) and Above Poverty Line (APL), cease to exist, with the newly identified households in Odisha under NFSA-2013, since October 2015. The newly identified households are called the priority households (PHH) and given the ration / TPDS cards with entitlement of 5 kgs of cereals per person per month as per the mandate of the Act. But due to confusion at the policy level Government of Odisha did not find out the households those who are poorest among the identified poor to provide Antodaya Anna Yojana (AAY) cards. The older and faulty list is still in use and more than 12 lakhs households are getting benefit (35 kgs of cereals per family per month).

Honourable Supreme Court Writ Petition (Civil) number 196 of 2001 has already identified and given direction to governments to consider the socially vulnerable categories into the poorest of poor category and give them AAY cards. Apart from other the order includes person with disability as poorest of poor category and are eligible for AAY card.

Awareness

As far as the awareness level of the respondents regarding processes and provisions of NFSA is concerned, the study reveals that the awareness level is low. The level of awareness on all the parameters, such as eligibility criteria for ration card, availing benefits and services of NFSA, online facility under NFSA is not satisfactory. In Bhubaneswar the local elected representatives / Corporators help in the process of identification. However in rural areas, awareness is low. **One of the important aspects of NFSA 2013, as stipulated in Section 13, is that the eldest woman of the household will be recognised as the head of the family for the ration card. The percentage of households where eldest women are not recognised as head of the family is above 25 percent in PwD families.**

Quantity, Quality and Regularity of PDS Distribution

Two important parameters of malpractices in the PDS are underweight and overcharged.

PDS food materials are not regularly disbursed to PwDs, and in western and southern regions, they receive PDS materials once in two months. In coastal areas, though distributed monthly, the date and time are not being adhered to. PDS centres are found to be closed most of the times and the vehicle hired to bring back PDS material is paid at a loss.

Wheat is available to all PwDs, but many do not receive it due to the deduction of quantity from rice. Millets also given to all the PwDs in the western and southern regions recently. But sugar and oil are not available to them which they purchase from market with Rs. 50 for 1kg of sugar and Rs 100 for 1 litre of oil. In forest and hilly areas they need kerosene oil in case of electricity failure.

As a burden on the family, I have to take rice three times a day. Onion and chilly is the maximum I eat with rice. Despite my request to cover myself in the Antyodaya Anna Yojana, nobody is helping me. (Male, VI, Karlamunda, Kalahandi)

Coverage

As per Government of Odisha guidelines also as per the Honourable Supreme Court order, disability has been the major criteria for including the person with disability into the poorest of poor category and should be given AAY card. They should be considered for auto inclusion while selecting the beneficiary under NFSA/TPDS. When the same was verified with the beneficiaries the following are some of the major findings;

- 472 (84.9%) households having persons with disability are provided with PHH (priority household) cards.
- Only 57 (10.25%) of households are provided with the AAY cards.
- It is really astonishing to find that there were 27 (4.85%) households who were completely outside of TPDS (NFSA & SFSS).
- Intra-household level exclusion is a major problem, where mainly children (even CwDs) are excluded from the PHH card issued to their families.

Children are not included in ration cards, and very difficult to manage their food intake in case of frequent illness. (Male, OH, Muribahal, Bolangir)

Here in remote areas like the Thianali and Tanteinali, Deogarh, people do not have information about the schemes, and the officials do not have information about the schemes. Government officials do not listen to the information we provide. (Male, OH, Deogarh)

My son is 15 years old with a locomotor disability. I am the only one who takes care of my son. I am daily wage labour and in search of work, I need to go outside. I lived with my son. He is helping me with household work. My wife and daughter migrated from the native village. Earlier Jagat was enrolled in the ration card but for the past three years, his name has been deleted from the list and did not get the ration. I have tried many times to include his name but could not. (Father of OH, Bolangir)

Other Issues and Challenges

For women with disability, it is very difficult who work almost 18 hours along with the primary duty of collecting PDS, collecting firewood, preparation of food and moving to hills and forests for labour work. Most of the mothers who are caregivers of CP, ID, and the severely disabled need support and stay at home, face serious food insecurity. (Female, OH, Koraput)

PwDs suffer from a double burden of food insecurity - they experience difficulties in finding stable employment and also in procuring and preparing food. While there are different roadblocks experienced by people with different disabilities, some common barriers include;

Harassment: 65% of the participants opined that missing the monthly PDS due to any emergency results in being compelled to visit the block office frequently. Besides, they have to pay some extra money. Thus PDS rice becomes pricier.

Bad behavior: The attitude of the distributors / Fair Price Shop (FPS) manager is sometimes worst for the beneficiaries due to the huge crowds.

Indifferent attitude: Lackadaisical behavior of FPS staff shows lack of commitment and motivation towards serving the disabled, leading to delays and misbehavior.

Mandatory Aadhar Linkages: Aadhar enrolment is a basic need for availing ration card, and many of the CP, ID, autistic, PwDs with deformities in hands person are not able to enrol due to thumb, eye incompatibility to the digital process. 18 numbers of PwDs in the different FGDs reported the same problem and many are out of the facility as they reported.

Male from Kadobahal villages of Malkangiri who have deformity & Chandrakanti, having CP from Karlamunda block have no Aadhar card, so are not getting ration under TPDS / NFSA.

Distance: The distance between the Panchayat (where there is FPS) and their villages is more than 3-5 km. They need the support of someone with a vehicle. The travel cost makes the PDS rice/wheat very expensive. 60% of the participants faced this issue in getting the ration from the Panchayat office.

Difficult Terrain: In hilly areas with dense jungles, covering distances on a wheelchair, tricycle, calliper, or crutch is very difficult and almost impossible. This leads to dependency on others who are paid either in cash or a share of ration is given to them.

Long Waits: The dealers are assigned to provide to more than 100 households at a time, so the PDS centre are always crowded, and it takes long hours wait to get TPDS. Parents of CwDs, single parents especially, are unable to collect their quota.

Deogarh: For 500 population they have one FPS, which is the most challenging for them. They need to cross the stream, and hilly areas, so it's not possible to bring the child with them always. So most of the Time, they tied their kids with a saree in the window.

Multiple visits: Short supply and out-of-stock items are commonplace, which requires multiple visits to get the monthly ration quota which is difficult for the disabled.

Karlamunda, Balangir: Participants expressed their concern regarding multiple visits and excess money paid to transporters. They have to hire a person giving 40 to 50 rupees, or an autorickshaw, for transporting the PDS rice to home. And when PDS shops do not open they end up spending more than they receive.

There should be inter-departmental coordination and strengthening the convergence among different departments from the grassroots to the state level.

Transfer of ration card: Government has declared that one nation one ration card system is in place but in reality there is no system in place. Transferring ration card from one place to another is not possible.

The 5kgs of rice I receive is insufficient for the family. I live in Bhubaneswar and work as a small vendor in the market building area. To get the ration, every time I have to visit my village. Due to some work, if I cannot reach the village then I miss my ration for the month. (Male, VI, Bhubaneswar)

I am a 100% visually impaired person. Previously I stayed in the Satyanagar area of Bhubaneswar. When I applied for the Government flat, I got it in the Chandrasekharpur area. But my ration card could not be transferred to the Chandrasekharpur area, so every time I have to come to Satyanagar ward office for my ration. I have applied many times for locality transfer, but did not get any positive response. (Male, VI, Bhubaneswar)

Government has declared and claimed to have implemented One Nation One Ration card, but in reality it is a distant dream. Those who have migrated to Bhubaneswar, are going once every month or once in two months to get their ration under TPDS. Once they miss the chance to collect from their FPS in their respective villages, it is not possible to get it back.

I am getting 35 kgs of rice, but sometimes it's challenging for me to avail myself as I am a single parent and must look after my 11 years old daughter with disability and 15 years son. I am the only earning member in my family and work as a housemaid in a private organisation. The PDS centre is 2kms from my house, but due to the long queue, I have to visit there more than two times a day. Sometimes, the FPS owner says that the ration is out of stock for this time and to visit during the next month. When I complained about my ration, then the controller said that as I came late, he had been given it to another beneficiary, so could only provide me 5-6kgs of ration for the month. During these two months, Govt. had provided two-months free ration and they had given me dates from 11-24 December. But every time I visited, they told me that the ration was out of stock and to visit the next day. So, my share of the ration was given to others, but not provided to me. (Mother of 11 years old Female, MD, Bhubaneswar)

In Koraput, the PDS centre from Jerati village is in Monbar Gram panchayat, which is about 10kms up and down. We have to go 20 kms in forest and hills side. We do not get the doorstep delivery announced during public distribution programs. Local AWW, ASHA, or Ward member do not inform us. (Female, OH, Koraput)

I spend my ration in paying the person who collects it on my behalf. He has to go multiple times as the FPS owner tells him to come back as they are out of stock. (Khirabdhhi Majhi, OH, 31, severe locomotor disability, Malkangiri) I am a visually impaired person since the age of 10 years. I receive 5kgs of rice, but this is insufficient for me. As the head of the family, it is difficult for me to receive the ration from the PDS centre. The attitude of the staff of the FPS is not good and they do not support me while availing of the PDS. (Male, VI, Mayurbhanj)

Integrated Child Development Services (ICDS) Schemes

ICDS or Anganwadi services is one among the largest food and nutrition programme for the children and expecting and lactating mothers. The ICDS scheme was rolled out during 1975 as a pilot programme and over the years expanded to all habitation across the country. In Odisha there are more than 71000 Anganwadi and Mini-Anganwadi centres across the state. The objectives of the ICDS scheme is;

Objectives of ICDS

- Improve the nutritional and health status of children in the age-group 0-6 years;
- Lay the foundation for proper psychological, physical and social development of the child
- Reduce the incidence of mortality, morbidity a malnutrition
- Achieve effective coordination of policy and implementation amongst the various departments to promote child development
- Enhance the capability of the mother/care giver to look after the normal health and nutritional needs of the child through proper nutrition and health education.

Government is spending[3] Rs.8 per child per day, Rs.9.50 for pregnant and lactating mothers and Rs.12 for severe acutely malnourished child. Apart from nutrition services, ICDS also provides health and pre-school education for the children and mothers. The services as provided under ICDS scheme are as follows:

Supplementary Nutrition Programme (SNP): Pregnant and lactating women and children 6 months to 6 years are provided supplementary food at the Anganwadi Center for 25 days a month.⁵THR is provided to pregnant, lactating women and children 6 months to 3 years, and hot cooked meal is provided to children of 3 to 6 years.

Immunization: Immunization of infants and children against vaccine-preventable diseases protect children from - poliomyelitis, diphtheria, pertussis, tetanus, tuberculosis and measles. TT vaccine is given to pregnant woman twice before delivery.

Health check-up: ANC of all pregnant women, PNC of lactating mothers and care of the new born. Various health services provided to children- Regular health check-ups, recording of weight, management of malnutrition, treatment of diarrhoea, de-worming and distribution of medicines.

Referral services: Sick or malnourished children, high risk pregnant women in need of prompt medical attention are referred to NRC/PHC through ICDS. Malnourished children are referred to Nutrition Rehabilitation centre.

Pre-school education: Children of 3 to 6 years are given pre-school education through song, dance, story telling etc at the Anganwadi Centre by the Anganwadi Worker (AWW).

Health and Nutrition Education: Women in the age group of 15-45 are given information and counselled on their health, nutrition and developmental needs.

During COVID-19 pandemic, the ICDS scheme played an important role in providing the food and nutrition security. Like schools, the Anganwadi Centres (AWC) were also closed for a longer time than expected and children were barred from attending the AWCs. But as per the decision of the government, both Take Home Ration and Hot Cooked Meal were provided to all the beneficiaries / rights holders at their doorsteps. As frontline worker, AWW played a major role in their respective villages to make the people aware about COVID-19, identification of cases of COVID-19 and providing them doorstep treatment also referring the critical cases to nearest Covid Care Centers and hospitals meant for COVID-19 patients. Along with ASHA and ANM they also played a critical role in ensuring the regular health care services to the children and women in their respective area.

The uninterrupted supply of THR and hot cooked meal (food materials delivered to the beneficiary at doorstep) by the AWW was highly appreciated everywhere. Since April 2011 Odisha is following the Standard Menu for SNP and eggs and other items have been a source of energy and protein for many households and beneficiaries (mainly women and children).

Mid Day Meal (MDM)

Mid Day Meal programme that was started in India from Madras Municipal Corporation area in the year was formalised and introduced across the country in the year 1995. In the year 2004 hot cooked meal was made mandatory and during 2007 MDM was extended to class VIII. The main objectives of the programme are

- Protecting children from classroom hunger
- Increase attendance and retention in school
- Ensure nutrition security of students and
- Check caste discrimination and gender discrimination

5

Revised cost norm of Supplementary Nutrition Programme under ICDS dated 15.07.2018

During COVID-19 pandemic the schools were the first institutions that were closed down and it continued for longer than expected to curb the spread of COVID-19 and also to keep the children safe. This has impacted the students belonging to poor and marginalised sections of society and also brought out the digital divide among the various sections of society. Odisha is still struggling to bridge the learning gaps. When it comes to providing food and nutrition security of student attending government and government aided schools up to class VIII, they were provided with cash in lieu of their MDM. During the pandemic, money was transferred to the account of parent against the MDM cost.

During the study, it is found that their special schools are not being provided MDM. It is urged that the special schools should be given grant to manage MDM for its children.

Pension Scheme

More than 48.5 lakhs beneficiareies are getting pension in Odisha under both National Social Assistance (NSAP) and Madhu Babu Pension Yojana (MBPY), of central and state government respectively. Compared to other social security schemes pension schemes are considered to be one among the better performing programmes in terms of regularity, coverage and scope. 15th of every month celebrated as Lok Seva Diwas and on that day pension benefit is being distributed in all Gram Panchayats of Odisha. Whether natural calamity, or other emergency or in the time of elections or any other situation, pension has been distributed among the beneficiaries without fail every month either on Lok Seva Diwas or before it. During the pandemic also, 4 months benefits were provided in advance, also top-ups were provided to the beneficiaries so that they could live a life with dignity in the before time of crisis.

Last few years have witnessed massive transformation in the implementation of pension schemes in Odisha. With the use of technology government is going ahead with distributing pension through bank and not in cash in every Gram Panchayats. On 1st April 2020 online application was introduced which has made the process of application more organised, transparent, clean and hassle free. Aadhar is verified of 100% beneficiaries. Since last one year money is being transferred through bank.

Technology induced changes have their own challenges and also possibility of exclusion error. Digital divide and gap, physical challenges that is not at par with biometric technology are there to deal with. New system has kept some genuine most vulnerable outside the system.

Pension schemes have been a major scheme that ensure life with dignity for many including the person with disability. Disability pension is one of the major sources of cash delivery to many PwDs. This is used in activities of daily living and gives the PwD a sense of dignity and financial strength.

The new pension regimes have opened up new area of challenges and discrepancies that are as follows;

- “Lok Seva Diwas” is now thing of past and with this there is no information about when the pension is being transferred to the accounts of beneficiaries. If at all the money is transferred, the beneficiaries are not aware when it was credited to their account.
- Compared to many states the amount given to disable pension holders with disability is far too less, and hardly ensures food and nutrition security.
- There is no accountability in case some of misplaced benefits. Due to technology the officials are even not aware where lies the problem and rarely seldom able to help the beneficiaries.
- Facing difficulty in withdrawing cash and sometimes local POS people deducting some money as commission.

I have visited a number of times for my pension as I did not have any information for five months, and it was not credited to my account. After given pension for two months. Have not received for rest, It is difficult for me to manage money for medicine and daily expenses,(Male, VI, 40 Bindhani Teresinga, Karlamunda, Kalahandi)

Disability Certificate & UDID Card

A disability certificate holds significant importance for PwDs with 40% and above disability. It allows them to avail the benefits, facilities and concessions offered under different government schemes. Issued usually by the medical authorities, this document validates the type and extent of the disability a person has. Furthermore, the Department of Empowerment of Persons with Disabilities, Government of India has introduced the provision of a Unique Disability Identity (UDID) card for PwDs that allows them to keep a single document for their identification and disability verification.

Almost all participants in our FGDs had a disability certificate. UDID cards are also available with almost all PwDs in Western Odisha. Despite several announcements, PwDs are not renewing certificates. 29% of our FGD participants had old certificates. The basic cause of not renewing of old certificate shared by the respondents were;

- No information about the renewal process and organised camps.
- No online facility and the centres are more than 30km in average involve expenses in travelling.
- Frequent travelling for the process like online application, attending camps and collecting the documents.
- Percentage is reduced during renewal the earlier certificate
- Rejection of certification many times and
- Frequent uploading of documents.

Case Studies

CASE STUDY ON MALE, OH, KHORDHA

Focusing on the Person's Life Cycle

His father is a farmer and younger brother assists him in cultivation. His sister works in a private organization. His mother is does home-based work. When he was studying in plus 2, he met with an accident and was admitted to SCB medical where he came to know that he has a spinal cord injury. Then he went to SVNIRTAR, Olatpur for further treatment.

Highlights and Person's Own Efforts to Address Disability Issues

After consulting with the therapists, he became sure that he will not be able to walk again. But when he heard the story of Dr Sruti Mohapatra, CEO & Founder of Swabhiman on YouTube, he visited Swabhiman to meet Dr Mohapatra. It was after meeting her that all his frustration and sorrow evaporated. Now he is full of positive energy and with his disability, he can live like other people in society with dignity.

Optimistic and Positive Outlook of the PwD

The current pension scheme is not enough for individuals who have a disability. 5kgs of ration is not enough. They need other food supplements like cooking oil, wheat and other necessary goods as per needs. A minimum of rupees 5000 is required for a person with a disability to meet with his/her monthly needs. Land and housing facility is a priority and for which a proper system should be developed, so that the PwDs will get the benefits.

Identifying the Key Challenges for the Disabled

Entitlements like bus passes and train passes are available but still, all the bus owners are not respecting them. The State Government should run special buses with accessible features for the PwDs. SMS service and Helpline regarding government facilities and notifications to the PwDs should be provided which will help PwDs get prior information. Trained PwD staff at the district level, Panchayat and block levels should be deployed to look after the grievances.

Message

Families need to support the PwDs irrespective of their physical limitations. They are an integral part of our society and with care and support, they can live a healthy lifestyle. With a little inclusion they can be the most productive persons It's all about accepting them with their disability as nobody knows when an accident will occur.

CASE STUDY ON MALE, OH, KHORDHA

Focusing on the Person's Life Cycle

He is living with his father, mother and elder brother. In 2016 when he was sleeping his elder brother poured acid on his legs. He went for medical treatment and it took him 2 years to become stable. Since the incident, he is using a wheelchair for movement and daily work.

Highlights and Persons Own Effort to Address

Before disability, he was working in the nearby mining area and was able to live a happy life. But the situation changed after that and now without support from family members, he could not think about his progress in life. His father and brother help him with daily work.

Linkages of Services and Entitlements

As he is not in a position to work the only support is a disability pension. He came to know about it from the counsellor. He has no knowledge about government facilities or schemes. He is interested to work as per his ability, if support is given.

Identifying the Key Challenges

He is not getting ration individually as per the disability. The ration card is in the name of his father. He had visited SVNIRTAR, Olatpur, of Cuttack for artificial legs but have not used them due to pain in the legs.

Suggestion

As per educational qualification job opportunities should be given to PwDs. A separate system should be developed to identify and provide facilities to the PwDs as most of the PwDs are still deprived of their rights like him. Those who have disabilities because of accidents are not getting ration in most cases as their name is registered in family ration cards under the Government PDS system.

Conclusion

The National Food Security Act 2013 aims to provide for food and nutritional security by ensuring access to adequate quantities of quality food at affordable prices. It appears that current food and nutrition assistance programs and disability assistance programs designed to help PwDs meet their basic needs, including food security, are not fully compensating for the reduced earnings and higher costs associated with disability. Food insecurity among PwDs is a result of structural issues in the state that undermine the food system in a country. While COVID-19 has had a serious impact on livelihoods and food security among PwDs in Odisha, it can only be partly attributed to the decline of food security over the past decade. The physical barrier of hilly terrain, lack of access to food during natural disasters, diversified needs among different disability groups, infrastructural barriers, attitudinal barriers among the service providers, low earning capacity among PwDs, and the lack of effective support system at the community level are all factors that contribute to food insecurity in among PwDs in the state of Odisha. Unaffordability of healthy foods also leads to malnutrition and forces families having P/CwDs to adopt unsustainable and negative coping strategies. While the state of Odisha has several strong laws and policies, implementation of these is lacking due to limited financial and personnel capacity investment. Appropriate convergence amongst different Govt. departments and other stakeholders needs strengthening, and strong leadership and accountability are needed at all levels in order to design food and nutrition-related schemes that properly and holistically address the underlying causes of access the food security schemes among PwDs.

Accordingly, the recommendations that emerged remain very relevant for future courses of action. The overarching recommendation is to urgently invest and implement the policies that already exist with appropriate changes, and to undertake the threatening task of transforming the entire public distribution system, MDM, and other relevant food and nutrition-related schemes implemented by the state in the context of persons with disabilities. Now the Govt should focus on a policy review to inform medium to long-term amendments in the state related to increasing the inclusiveness in food security of PwDs and other vulnerable people. The aim is to identify existing policies that are already sufficient to support a shift in approach that includes the private sector, policies that need to be bolstered, and areas that have complete policy gaps.

The key recommendations given in this report were developed by a multi-sectoral group engaged in this assessment process of experts from the Government, the WFP, NGOs partners, academia, and DPOs during the entire process of this assessment in the last three months of time.

Policy-makers may consider using targeted and tailored policies to reduce barriers to social and financial inclusion of disabled people to reduce food insecurity. For example, improving access to education, adequate and secure incomes, social care, welfare support and health services as well as supporting reduction of stigma and discrimination, may offer possible targets of public policy to address barriers to food security.

Suggestions for Improvement

Despite well intended efforts to ensure a life with dignity to all the PwDs there are some lapses that need to be plugged, so to ensure food and nutrition security with dignity at the time of emergency. Based on the study aftermath of COVID-19 pandemic, the following are some of the important suggestions for improvement;

On TPDS

- Fresh identification and selection process[1] should be initiated across Odisha to include the poorest of the poor into the Antodaya Anna Yojana. As per honourable Supreme Court order (Writ Petition (Civil) 196/2001), dated 21 November 2001) and State government circulars all the eligible PwDs should be included in the AAY scheme.
- PwDs are in the auto inclusion criteria for selecting PHH, but there are many eligible left out households (inter and intra household exclusion) that need to be addressed with immediate effect.
- Dynamic Ration Card Management: Many family members are outside the existing ration card who should be included in the TPDS beneficiary list with immediate effect.
- Addressing exclusion error: Eligible families with PwDs/CwDs are awaiting to be included in the TPDS, they should be included wither in NFSA or SFSS with immediate effect. There should be clear time frame for including the eligible.
- Diversification of TPDS: Only cereal has not ensured either food or nutrition security, so there is need for diversification by including edible oil, iodised salt, pulses in the TPDS.
- Regularity: In western and south Odisha, cereals under TPDS is being distributed every two months, which need to be regularised and be given to families every month.
- Further Decentralised distribution at Panchayat level decentralised distribution is needed in tribal inaccessible and geographically challenging area. This will help accessibility of TPDS by PwDs.
- One Nation One Ration: has been declared but it is not being materialised. Transfer of cards should be made easy and to be done in priority.
- Relaxation for PwDs while dealing with technology: due to non-seeding of Aadhar or other technical / biometric issues no PwDs should be, excluded from TPDS benefits.
- Doorstep delivery of TPDS items for PwDs, who are unable to collect the same from FPS.
- A single window or the one-stop solution centre should be formed at the Panchayat to State level, so that they can get the services in one place without hassle.

On MDM

Fresh identification and selection of AAY families have not been done while selecting Priority Households under NFSA during 2015 in Odisha. So fresh selection, based on set criteria by Hon'ble Supreme Court should be adhered to. Adequate and secure incomes, social care, welfare support and health services as well as supporting reduction of stigma and discrimination, may offer possible targets of public policy to address barriers to food security.

- Special Schools should be covered under MDM provisions of Government.
- The children who are not able to attend schools or Anganwadi Centre due to their mobility issues should be provided with cooked food to dry ration at their doorsteps.
- Quality with required nutrition and hygiene should be maintained so that children can happily avail MDM.
- There should be some extra care to be taken for the CwDs so that they can receive equal services.

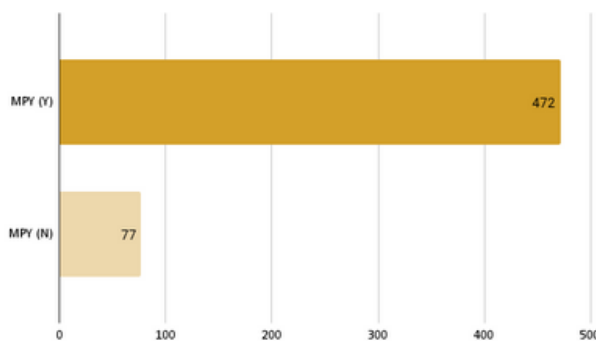
On ICDS

- All frontline workers mainly ASHA and Anganwadi Workers (AWW) need to be sensitised on the disability category for the early intervention and care.
- There should be a provision to doorstep distribution of cooked food or dry ration to all the severely disabled or bedridden children.
- A facility for providing home-based education by AWW should be included at AWC.
- Like ASHA and Anganwadi workers Govt. should appoint early intervention and rehabilitation workers at the grassroots level for effective rehabilitation of Children with Disabilities.

On Pension

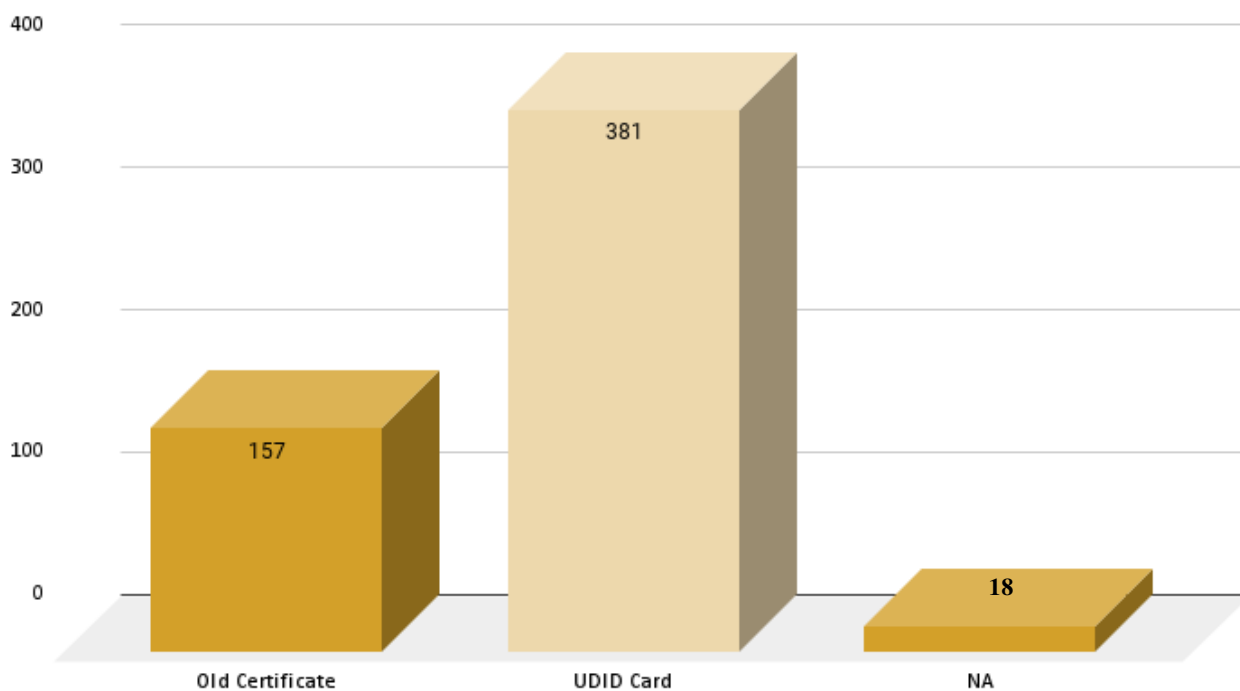
- Government should increase the amount of pension from Rs.700/- to Rs. 5000/- so that PwDs can lead a dignified life in society.
- PwDs have to capacitate on the virtual training mode for easy digital accessibility of bank services during the withdrawal and depositing of money.
- The transition from Cash to Bank transfer has been a major issue for many Disability Pension holders. The issues in areas where less density of banking institution should be provided their benefits at door step, as per earlier system.
- Rather than adding many items to the PDS, if the Government can increase the amount of MBPY, it could be another great support for the PwDs.

Graph 1- MBPY Status from FGDs



On UDID

- Bhima Bhoi Samarthy Sibir need to be conducted at the cluster level rather than at the block level. There should be smooth and quick certification and assessment process.
- Government should have a proper grievance redressal mechanism for rectifying the wrongly issued certificates.



Graph 2- Status of Disability Certificate and UDID Card

EASTERN REGION



COASTAL REGION



SOUTHERN REGION



NORTHERN REGION



Founded in 2001, by TEDx speaker Dr. Sruti Mohapatra, Swabhiman (www.swabhiman.org) is a registered nonprofit, a cross disability organization, advocating for and serving persons with disabilities in Odisha and India. Swabhiman has been in the forefront of several policy changes in India such as new rights based disability law, accessible election and Census. It specifically focuses on supporting education, strengthening youth for availing employment opportunities, increasing public awareness on the issue of disability, working towards accessible cities and conducting research for enabling advocacy.



Swabhiman works with its network (Odisha State disAbility Network) for promoting and protecting rights of persons with disabilities at all levels. Prerana, Sashakt, Saksham, Anjali, Adhikar, Addhyayan, Raahat are some its ground breaking programmes.

Odisha State disAbility Network, headed by Dr Sruti Mohapatra, was founded in 2003. OSdN is a conglomeration of about 50 NGOs and over 500 individuals with disabilities, parents and NGO and DPO representatives from across the state. The members come together to raise “United Voices” for achieving various goals. Notable achievements include, successful lobbying and advocacy for designation of Minister as “Minister Disability; establishment of a separate department; establishment SCPD office; “Single Window Approach” for ease of accessing entitlements which today is the Bhima Bhoi Abhiyan of Government; facilitated the 1st Political convention in 2004 in Bhubaneswar.

Odisha State disAbility Network

OSdN PARTNERS

District	Organisation
Bolangir	Youth Service Center (YSC)
Deogarh	Joint Endeavour for Emancipation Training & Action of women Training & Action of Women (JEETA)
Kalahandi	Kalahandi Divyang Manch (KDM)
Kandhamal	BANABASHI
Koraput	EKTA
Malkangiri	Malkangiri Zilla Vinnakhyama Sangathana (ZVS)
Mayurbhanj	SADHANA
Sundargarh	SRADHA
Sundargarh	DISHA
Balasore	Manaba Utthana Seva Sansthana

Swabhiman

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Swabhiman