GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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UNIVERSITY INCLUSION AND ACCESSIBILITY CELL
UIAC UTTHAAN

IN COLLABORATION WITH
UNIVERSITY SCHOOL OF MANAGEMENT STUDIES (USMS)

INCLUSION & ACCESSIBILITY(I&A) E-MAGAZINE

Volume 10

THEME – INCLUSIVE MEDICARE AND WELLNESS (for children and adults with & without Disabilities)

Editor's Note By:

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KEY HIGHLIGHTS OF THE E-MAGAZINE VOLUME-10

- Cover Story on **"Action for Autism"** (AFA), The National Centre for Autism, India
- Interview with **Dr. Mohd Atif**, Assistant Professor at Jamia Millia Islamia and a visually impaired academician
- **Scholarly Articles** Contributed by GGSIPU fraternity

MESSAGE FROM
PROF (DR) MAHESH VERMA,
VICE CHANCELLOR, GGSIPU, NEW DELHI
PADMA SHRI AWARDEE
DR. B. C. ROY AWARDEE

I am pleased to share that the **University Inclusion & Accessibility Cell (UIAC-UTTHAAN)** of Guru Gobind Singh Indraprastha University (GGSIPU), Delhi, is bringing out the **Tenth issue** of its esteemed ***Inclusion & Accessibility*** **e-Magazine (2025)**. The magazine stands as a testament to the university's unwavering commitment to fostering an inclusive, equitable, and accessible environment for all.

I extend my heartfelt congratulations and best wishes to the dedicated editorial team on this significant milestone. I wish the release of this issue every success and continued impact in promoting the values of inclusion and accessibility.

FROM THE EDITOR'S DESK
PROF (DR) SHALINI GARG
GGSIPU, NEW DELHI

Namaskar!!

It gives me immense pride and heartfelt joy to introduce **Volume 10** of the *Inclusion & Accessibility (I&A) E-Magazine*, an initiative curated by the **University Inclusion & Accessibility Cell (UIAC-UTTHAAN)** at Guru Gobind Singh Indraprastha University. This milestone volume is centered on the deeply relevant and timely theme "**Inclusive Medicare & Wellness"**, which calls for a thoughtful interrogation of how healthcare systems can be made more accessible, equitable, and sensitive to the diverse needs of individuals, particularly those with disabilities.

The focus on inclusive healthcare arises from the increasing need to recognize that persons with disabilities often face systemic barriers in accessing even the most basic health services. These barriers are not limited to physical infrastructure but extend to attitudinal prejudices, communication challenges, and a lack of tailored policies. This volume attempts to address these gaps by bringing together evidence-based insights, lived experiences, and reflective narratives from professionals, scholars, and advocates dedicated to the cause.

The **Cover Story on "Action for Autism"** offers a powerful exploration of the pioneering work being undertaken to support individuals with intellectual and developmental disabilities. Through this feature, a deeper understanding is offered of how organizations are challenging conventional approaches and promoting neurodiversity with compassion and competence.

An insightful **set of interview responses by Dr. Mohd Atif**, Assistant Professor at Jamia Millia Islamia and a visually impaired academician, presents an authentic and profound perspective. His thoughts, point of view, and reflections illuminate the intersection of disability, healthcare access, and academic responsibility, enriching this volume with both intellectual and experiential depth.
This edition also carries **three articles contributed by research scholars** from Guru Gobind Singh Indraprastha University. These articles are rooted in critical inquiry and aim to stimulate conversations that lead to structural change.

The section on **Events Organized by UIAC UTTHAAN** captures the recent observance of the **International Day of Persons with Disabilities** by UIAC UTTHAAN, where the spotlight was placed on the theme **"Women with Disabilities Transforming Leadership Landscapes."** The event served as a platform to reaffirm the importance of inclusive leadership and acknowledge the resilience and capabilities of women with disabilities in redefining leadership roles across sectors. UIAC UTTHAAN Participated in the Academic and Research Exhibition to exhibit its outstanding contributions and progressive work in the field of disability inclusion during the prestigious **Academic and Research Exhibition** held as part of the **'Culmination of Silver Jubilee' and 'Foundation Day' Celebrations** of **GGSIPU.**

Additionally, **segments such as Trivia and News & Updates** present emerging developments, inclusive innovations, and noteworthy actions from within and beyond institutional settings, broadening the scope of the magazine beyond academic discourse. This volume has been envisioned as more than just a compilation of articles. It stands as a reflection of the urgent need for inclusive thinking in healthcare policy and practice, and as a call to action for educators, healthcare providers, administrators, and civil society to work in alignment with principles of dignity, equity, and accessibility.

Gratitude is extended to all authors, contributors, interviewers, and the editorial support team whose commitment has made this publication possible. May the thoughts and insights contained herein inspire deliberate efforts toward creating a healthcare system that serves with empathy, empowers through access, and transforms through inclusion.

Warm regards,
Prof. (Dr.) Shalini Garg
Editor-In-Chief, I&A E-Magazine
Director, University Inclusion and Accessibility Cell (UIAC UTTHAAN)
Grievance Redressal Officer (Disability Matters)
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INDEX

COVER STORY

Action For Autism: A Movement of Respect, Inclusion, and Dignity

- **By Action for Autism Team**

Action For Autism (AFA), The National Centre for Autism in India, is a not-for-profit organization that has led the autism movement across South Asia. Since its beginning in the early 1990s, AFA has worked with a simple but powerful belief: autism is a different way of being, not something that needs to be fixed. We do not see autism as a tragedy, but as one of the many ways of experiencing the world.

This core belief drives everything we do. Our work is centered on respect—respect for the individual, for diverse ways of thinking, learning, and being, and for the rights of autistic people to live full and meaningful lives. At AFA, we do not try to change who autistic people are. Instead, we work to change the environment around them—to make it more understanding, accepting, and inclusive.

Our Journey and Recognition

AFA began as a parent support group in the late 1980s, when autism was still little known in India. These families came together to support one another and to demand a better future for their children. Out of their determination grew a national movement—and a trusted organization that today serves individuals and families across India and neighboring countries.

Over the decades, AFA has impacted hundreds of thousands of lives through direct services, professional training, research, and advocacy. We reach around 50,000 individuals every year**,** and the ripple effect of our work touches many more.

We are proud to have been recognized with several honors, including the National Award for Best Service Institution (2011) from the Government of India for our outstanding work in empowering persons with disabilities. More than awards, though, we value the trust placed in us by families, professionals, and most of all, the autistic individuals we serve.

Our Philosophy in Practice

AFA's philosophy is not just a belief. It guides every aspect of our work. We believe that autism is a natural variation of the human experience, that every individual has value, and that every life holds potential. We are committed to providing respectful, person-centered support that fosters growth, and we firmly believe that it is society, not just individuals, that must adapt to be truly inclusive. We see diversity as a strength that enriches communities. This philosophy shapes how we design our learning spaces, train professionals, support families, and advocate for systemic change. It ensures that our services are not only effective but also ethical and empowering.

What We Do

At AFA, we walk alongside autistic individuals through every stage of life - from early childhood to older adulthood. Our services are designed to be flexible, respectful, and inclusive of every individual, regardless of their background or life circumstances. We welcome individuals from all social, cultural, and economic backgrounds, including those who communicate in different ways, those with co-occurring conditions, and those with diverse support needs. Our focus is always on understanding the person as they are and building meaningful support around their unique strengths and challenges.

Assessments

We offer a range of assessments to help understand each person's abilities, needs, and learning profile. These assessments are supportive and strengths-based. While we recommend in-person assessments, online options are considered in certain situations.

Assessments offered include: autism diagnosis, functional skills assessments (early learner to adult), academic and vocational assessments, occupational and sensory processing assessments, and psychological assessments.

Individual and Group Sessions

Our educators, psychologists, and occupational therapists offer sessions tailored to the individual's needs and learning style. These may be one-on-one or in small groups, and can be conducted in person or online.

Focus areas include:

- Early Learning and School Readiness
- Academic Support (for mainstream schools, NIOS, and higher education)
- Daily Living and Adaptive Skills
- Communication and Social Understanding
- Sensory and Occupational Support
- Counselling and Mental Health Support
- Self-Advocacy
- Family Counselling

Parent-Child Training Program

This 10-14 week program empowers parents and children to learn together. Parents are guided by experienced educators to support their child's development at home and become advocates not just for their child, but also for inclusive practices in their communities.

School Program

For children aged 5 to 18, our school program offers a safe, joyful space to learn important social, communication, and everyday living skills. The program helps children prepare for inclusive education, community participation, and the transition to adulthood.

Work and Employment Programs

At AFA, we believe every adult has the right to meaningful work and economic independence. We support autistic adults in finding, preparing for, and thriving in work environments.

Programs include:

- **Employment Readiness** – Building life skills, communication, and workplace behavior
- **Technical Skills Training** – Learning computer use, digital tools, and job-specific skills
- **On-the-Job Training** – Supported internships at real-world workplaces
- **Supported Employment** – Ongoing support for both the employee and employer to create inclusive workspaces
- **Vocational Centre** – India's first sheltered workplace for autistic adults, offering dignified, paid work in a safe and inclusive setting

Ananda: Assisted Living for Adults

Ananda is AFA's long-term supported living program for adults who need lifelong care. It is more than a residence, it is a community built on trust, respect, and belonging. Located in Gurugram amidst the peaceful Aravalli hills, Ananda offers a nurturing, home-like environment where adults with autism live with dignity and comfort. Residents take part in everyday life, working, socializing, relaxing, and contributing to the local community. Ananda answers the question so many families worry about: "What after us?" It provides peace of mind to families and meaningful lives to residents.

Training and Capacity Building

We believe real change happens when more people understand autism and know how to support autistic individuals respectfully and effectively. AFA trains thousands of people every year: educators, parents, therapists, students, and more.

Our training programs include:

- **B.Ed. in Special Education (autism spectrum disorder)** – A two-year, full-time degree affiliated with GGSIPU and certified by the RCI
- **Diploma in Special Education (Intellectual and Developmental Disabilities)** – For school-leavers, affiliated with NIEPMD and certified by the RCI
- Short-Term Certificate Courses and Continuing Education Programs
- **Workshops and Conferences** with experts from India and around the world
- **Customized training** for schools, companies, civic bodies, and NGOs (e.g., Delhi Metro, CISF)
- **Support for New Initiatives** – Helping start schools and programs across India and South Asia, and training teams to carry forward inclusive practices


ACTION FOR AUTISM


Do not deny People with Autism accept them
I AM DIFFERENT NOT LESS
Do not deny people with Autism, accept them
ACTION FOR AUTISM
National Centre for Autism India
different...and proud of it


Wait

Volunteering and Internship

At Action for Autism, we welcome volunteers and interns from all walks of life who are committed to learning from and with autistic individuals in a respectful, inclusive environment. Rooted in a neurodiversity-affirming philosophy, our opportunities span education, advocacy, research, creative arts, training, and assisted living. Volunteers and interns engage meaningfully across programs, supporting empowerment, dignity, and self-advocacy.

Research and Publications

Research helps us better understand autism and improve our services. AFA conducts studies independently and in collaboration with Indian and international researchers. We support students, scholars, and professionals who want to work in the field of autism.

Our knowledge-sharing efforts encompass a range of resources designed to inform and empower diverse audiences. These include books, guides, and training materials, as well as articles published in newspapers, magazines, and journals. Since 1994, we have also published Autism Network*,* a quarterly journal that reaches 15,000 readers annually. In addition, we maintain a well-resourced library that serves as a valuable hub of information for parents, students, and professionals.

Awareness and Advocacy

Since its inception, Action for Autism (AFA) has been deeply committed to raising awareness, changing societal attitudes, and advocating for the rights of autistic individuals. AFA has played a key role in the inclusion of autism in both the **National Trust Act** and the **Rights of Persons with Disabilities Act 2016**. We have advised government on critical issues such as education, health, travel, employment, and accessibility. Our public awareness campaigns have aimed to reduce stigma and promote inclusion, while we continue to share reliable information through print, media, and social platforms. Notably, AFA launched **India's first autism website** (www.autism-india.org), which remains a trusted and widely used source of information.

Our advocacy work is about more than laws; it is about helping society understand, accept, and include autistic individuals as equal and valued members of our communities.

Conclusion: Together for an Inclusive Future

Action For Autism is more than just an organization; it is a movement shaped by compassion, respect, and the unshakeable belief that every autistic person has the right to live a meaningful, self-directed life. For over three decades, we have stood with individuals and families, building spaces of belonging, creating systems of support, and pushing society to embrace neurodiversity.

As we move forward, our vision remains the same: a world where autistic individuals are not merely included but celebrated; where support is built around the person, not the other way around, and where difference is not only accepted but welcomed. Together, we can continue to shape a society where everyone, regardless of ability, can live with dignity, joy, and purpose.

INTERVIEW

INTERVIEW WITH DR. MOHD ATIF, ASSISTANT PROFESSOR AT JAMIA MILLIA ISLAMIA AND A VISUALLY IMPAIRED ACADEMICIAN

- **Conducted by**
  Ada Rehman
  Ph.D. Scholar
  USMS, GGSIPU

Dr. Mohd Atif is a distinguished researcher and academician, now serving as an **Assistant Professor in the Department of Commerce and Business Studies at Jamia Millia Islamia** in New Delhi. He possesses a **visual impairment**, although he has never allowed his disability to hinder his pursuits. He has instead harnessed it as a source of strength, becoming a paragon of resilience, excellence, and inclusivity in higher education. Dr. Atif possesses a Gold Medal in Bachelor of Commerce (Honours) and has been awarded the UGC Junior Research Fellowship (JRF). He is dedicated to education, teaching, and research. He has almost a decade of experience in teaching and research, having published articles in reputable journals and contributed chapters to scholarly books on subjects such as Islamic FinTech, stock market dynamics, and sustainable financial practices.

Despite the challenges of entering academia, Dr. Atif has excelled in his field and actively supports scholars in complex fields such as option-implied measures, Basel regulations, and shareholder wealth analysis. His current portfolio of doctoral supervision demonstrates his ability to direct and conduct innovative research with acuity and profundity. Dr. Atif is a dedicated educator who advocates for equitable academic environments and inclusive pedagogy. His involvement in academia demonstrates the significance of delivering transformative educational opportunities for those with disabilities.
Dr. Atif motivates students and colleagues not only due to his extensive knowledge, but also because he embodies the principles of diligence, respect, and excellence.

1. “Dr. Atif, your academic and professional accomplishments speak volumes about your dedication and intellect. Alongside these, you've navigated your journey with the unique perspective of someone living with visual impairment. Could you tell us a bit about your early experiences, what drew you toward academia, and how your life experiences, including managing your disability, influenced your approach as a teacher, researcher, and mentor?”

Early Experiences

Growing up with Retinitis Pigmentosa—an inherited condition that gradually robs you of sight—taught me resilience from a young age. As my vision declined, I adapted continuously: learning to read enlarged text, memorizing routes by touch and sound, and relying on my other senses to compensate. A major challenge was the lack of general awareness. In school and my early college years, most teachers saw nothing amiss—my eyes looked “normal”—so they underestimated how little I could actually see. I vividly recall climbing the stairs after recess and accidentally brushing past a teacher’s arm; he angrily slapped me, shouting, “Dekh ke nahi chal sakte?” (“Can’t you see where you’re going?”). Moments like that left me embarrassed and alone, with no one to explain why I kept bumping into people or struggling to read the blackboard.

Academically, I always loved physics, but both my parents and teachers discouraged me after tenth grade, fearing that my low vision (about 25–30% functional sight at the time) would make laboratory work and complex diagrams impossible. Socially, I'd walk with confidence yet fail to recognize classmates; they mistook my blindness for arrogance and drifted away. I resisted using a white cane for years, until my remaining vision shrank further and independence became impossible without it. Adopting the cane transformed my life: I could navigate crowded streets safely, approach people for assistance without apology, and participate more fully in class and social activities. Yet even today, many friends and neighbors still don’t realize how little I see.

Towards Academia

Growing up, my parents and I spent many weekends at eye clinics. During my B.Com. (Hons), I dreamed of becoming a Chartered Accountant—until a doctor warned that a low-vision auditor might miss critical details and cause serious errors. That setback pushed me to reconsider. In my first year of M Com, I realised that civil services or university teaching would let me turn my strengths—love of learning, clear communication, and persistence—into a fulfilling career. My passion for knowledge and for helping others learn made academia the natural choice.

Influence on Teaching, Research & Mentoring

Living with low vision taught me patience and empathy—qualities I bring to every class and research project. Almost all of my students in the past 12 years have been sighted; only two have been visually impaired (one low-vision student and one already using a screen reader). I know how it feels to be overlooked, so I design every lecture and handout for maximum accessibility: clear verbal explanations, screen-reader–friendly notes, and plenty of pauses for questions. As a mentor, I share practical tips—using built-in magnifiers, screen readers on PCs, and voice-over features on phones—so every student can work confidently, regardless of ability.

2. You've taught at two central universities for over a decade. How has your teaching philosophy evolved across institutions and student cohorts?

Over the past twelve years—four at the Central University of Himachal Pradesh and eight at Jamia Millia Islamia—my teaching philosophy has evolved from a purely challenge-driven style to a more balanced, student-centered approach. Early in my career, I believed that confronting students with the toughest problems from day one would sharpen their minds. Over time, however, I realized that most students first need a solid grasp of fundamentals before they can tackle complexity with confidence.

Today, I open each course by grounding students in the basic tools of our discipline: clear definitions, step-by-step demonstrations in Jamovi and RStudio, and hands-on exercises in Microsoft Excel or Google Sheets. Rather than relying on PowerPoint, I project a Word document during lectures, pausing to write examples and annotating diagrams in real time. This live writing not only keeps students engaged but also allows me to address questions and clarify misunderstandings on the spot.

Once students feel secure with core concepts, I introduce more advanced exercises—survey-based assignments that teach research design, and case studies in operations research. Feedback has shown that these practical projects resonate deeply, helping students see exactly how theory drives practice and sparking genuine enthusiasm for quantitative techniques. My own experience of adapting to low vision has shaped every aspect of my teaching. I regularly seek feedback through anonymous polls and one-on-one check-ins, adjusting pace and content to ensure no student falls behind. This journey—from rigorous beginnings to a nuanced, inclusive pedagogy—has strengthened both competence and confidence in diverse student cohorts.

3. What have been some of the key strategies or tools that helped you thrive academically despite visual challenges?

A never-give-up attitude has been my foundation. Early on, I developed a daily routine that maximised every minute, breaking tasks into small, manageable chunks so I could balance study, adaptation to vision changes, and self-care. Careful time management meant that even when reading a single page through a handheld magnifier took twenty minutes, I always made progress by utilizing every small bit of time.

Technology has truly been the game-changer. When I still had some sight, I relied on high-power handheld magnifiers and later on digital video magnifiers—tools that improved clarity but still limited my reading speed. Once I lost most of my vision, I switched to desktop screen readers. Suddenly, I could navigate textbooks, journal articles, and spreadsheets in SPSS, RStudio, Excel, or Google Sheets entirely by keyboard and spoken feedback. Learning new accessibility tools—like MathPlayer or Nemeth-encoded equations for listening to mathematical expressions, and using alt-text and structured headings for charts—has kept me independent in both qualitative and quantitative work.

Perhaps most surprisingly, life became easier once I went fully blind. Adopting the white cane gave me confidence moving around campus, and combining that mobility with screen-reader technology let me engage fully in lectures, research discussions, and data analysis. Today, I continue to explore emerging tools—sonification for data visualization, voice-controlled software, and accessible data analysis platforms—so that nothing, not even graphs or complex formulas, slows me down.

4. Can you share a moment in your academic journey when you overcame a significant accessibility barrier, and how that shaped your perspective?

Early in my career, I struggled to access the dense equations and graphs in statistics and financial-engineering texts. A turning point came when I discovered InftyReader, a Japanese OCR tool that preserves mathematical notation during PDF conversion. Suddenly, I could navigate formulas independently, without waiting for someone to read them aloud or transcribe them by hand. To supplement my screen-reader workflow, I asked sighted students to record just 10–15 minutes of audio from new chapters each week. Between screen-reader output and these brief recordings, I gained the confidence to tackle advanced material on my own, and I learned the value of small, regular accommodations rather than one-off favors.

5. How do you ensure an inclusive and engaging classroom experience for all students?

Preparation is key. Before each lecture, I map out clear learning objectives and imagine how each concept might challenge students. Instead of PowerPoint slides, I project a Word document so I can annotate and answer questions in real time. I strive to build rapport from day one—introducing myself, encouraging questions, and sharing my own learning strategies—so that every student feels comfortable speaking up. If there is a visually impaired student in class, I provide tailored notes in advance, with structured headings and alt-text for graphics, and I offer extra office-hour time to review any difficult content one—on-one.

6. Do you see yourself playing a role in institutional policy-making to make universities more accessible and inclusive?

Absolutely. As a student at Jamia Millia Islamia, I was deeply involved in setting up the Learning Centre for Differently-Abled Students, where I advocated for large-screen magnifiers, instant-book readers, accessible computer labs, and other essential resources. Today, I work alongside four fellow visually impaired faculty members to shape campus-wide policies—from ensuring every instructor provides editable course materials and tagged PDFs, to training lecturers in universal-design principles, to streamlining the accommodation-request process so students can obtain extra time or scribes without endless paperwork. While much remains to be done, I'm convinced that steady, data-driven policy improvements are the key to building a truly inclusive academic culture.

7. What changes would you like to see in Indian higher education to improve disability inclusion, universal-design learning, and accessibility?

First and foremost, we must transform faculty perceptions. Too many still assume that a student with visual impairment cannot perform at the same level, denying them fair opportunities. Conversely, others treat every visually impaired student as uniquely gifted, overlooking their real need for support. Both attitudes leave these students without the accommodations they deserve.

Universities should require mandatory training in accessible teaching: providing lecture notes in Word or tagged-PDF formats, offering audio recordings, and granting simple adjustments—such as typed rather than handwritten assignments—without tedious approval processes.

All exam superintendents and invigilators need clear guidance on legally mandated accommodations—extra time, scribes, and the like—so students aren't forced to waste hours securing permissions. While competitive examinations often have well-defined protocols, many individual colleges remain unaware of these rights. I have even been denied extra time because an invigilator preferred to leave rather than wait a few extra minutes, despite my legal entitlement.

Finally, institutions must embed universal-design principles campus-wide: from digitally accessible libraries to barrier-free laboratories and exam centers, making accessibility integral rather than an afterthought.

8. How can technology bridge the gap for persons with visual disabilities in commerce and finance teaching?

Modern assistive tools—screen readers, digital magnifiers, and voice-controlled interfaces—allow visually impaired learners to engage directly with complex datasets and software. In my courses, I demonstrate how to navigate SPSS, RStudio, Excel, and Google Sheets using keyboard shortcuts and speech output. For charts and graphs, I teach sonification techniques and Python libraries that describe visualizations audibly. By integrating these tools into the curriculum, I ensure that every student—not just those with disabilities—gains fluency in accessible workflows, preparing them for an increasingly digital workplace.

9. What is the most rewarding feedback you've received from a student or peer about your academic impact?

Over the years, my classes have consistently had the highest attendance in the department. Students often tell me that my teaching style—notably the live annotations and real-world case exercises—makes difficult subjects "click" for them. Hearing that they chose my class over others and seeing them apply quantitative methods confidently in their projects is the greatest validation I could ask for.

10. What keeps you inspired and focused in your teaching and research, and what are your aspirations for the next phase of your academic journey?

Seeing my former students pursue PhDs at premier institutions like the IITs and IIMs—and crediting my courses for their foundation—is deeply motivating. I'm driven by the belief that knowledge liberates; my own independence and respect today come from the education I received. Looking ahead, I plan to deepen my expertise in advanced econometric and machine-learning techniques and to develop open-source, accessible tools for statistical analysis. Ultimately, I aspire to help position my university—and India at large—as a global leader in inclusive, cutting-edge research and teaching.

ARTICLES CONTRIBUTED BY EXTERNAL EXPERTS AND GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY COMMUNITY

Beyond One-Size-Fits-All: Integrating Intersectional Approaches into Diversity, Equity, and Inclusion Initiatives in Healthcare Systems.

Dr Syed Mohd Minhaj, Assistant professor, Delhi Skill and Entrepreneurship University (DSEU)

Introduction

Intersectionality emphasizes that individuals may encounter various forms of disadvantage due to their race, gender, sexuality, class, and other identities. Comprehending intersectionality is essential for establishing a genuinely inclusive workplace and advancing diversity and equity.

According to intersectionality theory, people are not merely a single identity, but rather they have a web of identities that influence life experiences and views of the world. For example, if we look at Black women with reference to White women and Black men, their lives are entirely different. Almost all of them will meet the racism and sexism in that society. One might point out, however, that combining identities is never a simple matter for most traditional survey methods and ways of getting data (Mosley et al., 2025). As a consequence, there still exist no figures on how intersectionality affects wages. If we can collect statistics in terms of different kinds of prejudice or disadvantage, then our findings will reveal much about what lies ahead for people who are both women and minority members in the medical field.

Intersectionality serves as a critical approach to Equity, Diversity, and Inclusion (EDI).

Intersectionality is a critical analytics paradigm that reveals the multi-layered and interacting causes of individual experience, privilege, and poverty. In 1989 Kimberle

Crenshaw was the American Black feminist, lawyer, and civil rights activist who first used the term "intersectionality."

Black American women, she said, are victims of both racial and sexual prejudice. If a single category were portioned around, it alone, the substance of these discriminations would be ignored. Instead, she argued that studying discrimination systematically conceals the multiple coalition marks, which cannot be viewed as merely "extensions" but need to be opposed in their own right (Crenshaw 1989; Yu 1992). Beyond the borders of the United States, the central tenets of intersectionality can be found in a variety of cultural traditions all over the world. Some of the many people whose work shines a light into the many ways in which people live and are brought into shape include Black feminists and activists, Latinx people, working-class people, LGBT people, and indigenous people, along with others (Bear Don't Walk et al., 2024).

One of the main points about intersectional is that it doesn't treat different forms of power as distinct or simply a matter of addition. Instead, what happens to make these forces interrelated and mutually reinforcing? The goal of intersectionality as a whole is to get people to understand how the various social identities they possess (such as "race," "indigeneity," gender, class, sexual orientation, age, geography, handicap, ability, migratory status, religion, and so on) all add up to who each person is. These various interactions result in intertwined healings. Simultaneously, these interactions also encompass areas of resilience. This is because they take place within powers (such as colonialism, racism, patriarchy, policies, and institutions) (Kalavagunta et al., 2025).

In the public health domain, intersectionality has received an unprecedented groundswell of recognition that is transforming it into a framework for studying and

solving health disparities. In this sense, dedication to social justice—meaningful social and structural change—is just a central tenet of intersectionality. We must insist on integrating intersectionality critically into every stage of EDI's life cycle if we are to realize our objectives of health equity and educational opportunity for all. (Salami et al., 2025)

Kelly et al. (2022) recently brought out the fuzziness of intersectionality, health disparities, and EDI. In response, they focus on the crucial differences among these three issues in relation to health research. Organizations use intersectionality as a methodology and EDI as a tool to monitor and accelerate change, fostering diverse, equitable, and welcoming environments. This realization constitutes firm underpinning for "future scrutiny into the quality and nature of intersectionality" (McCall, 2005).

Equity, diversity, and inclusion (EDI) in the health field

To offset the exclusion of underrepresented groups in places like schools, hospitals, and workplaces, EDI brings in policies and programs. Moreover, EDI has transformed from simply trying to raise numbers of people of color into nurturing inclusion and change—both inside and outside institutional settings. This is one of the greatest assets it possesses. Up to now, EDI initiatives have mostly targeted academic and workplace environments. (Lam et al., 2024)

There has been some recent adoption of EDI in the health sector. In particular, it has gained traction in areas such as health workforce recruiting and employment policies, research procedures, financing and publishing, and training and education needs. Health research funders and publishers have EDI agendas, medical schools are striving to attract a diverse student body, and many health organizations have

developed EDI task committees and specialized personnel (Holman et al., 2021). Too far, most efforts have concentrated on tackling prejudice and discrimination in training and education and guaranteeing diversity across health workforces, although the definition of EDI and its goals can vary between institutional and jurisdictional contexts. Electronic data interchange (EDI) is considered a capital investment in healthcare systems because it has the potential to increase efficiency, effectiveness, and productivity (Chinenye Gbemisola Okatta et al., 2024).

Moving beyond a "one-size-fits-all" approach to diversity and inclusion means actively seeking to incorporate different viewpoints.

- When making decisions, try to discover and incorporate different viewpoints. Be sure that teams and leadership roles include people from various backgrounds and identities. Rather than merely accepting diversity in the workplace, it is necessary to create an environment that embraces and revels in it.
- Offer professional development training in intersectionality and related topics such as microaggressions, unconscious bias, etc. By doing so, staff could broaden their empathy and tolerance for other people's differences while learning more about their coworkers' lives. This training will also help workers become more aware of their own hidden biases and stereotypes, leading to fewer incidents that could result in legal issues. Above all, it will foster a welcoming environment for everyone. Moreover, it will help employees learn to escape the trap of their assumptions and preconceptions. This will contribute toward creating a workplace with less discrimination rather than more.
- Make a continuous effort to learn and improve. This necessitates a system of continuous improvement that includes reviewing and reevaluating diversity

and inclusion initiatives. Improve policies and procedures by soliciting employee input.

- If you want to build a workplace that welcomes and appreciates diversity, you must have a firm grasp of intersectionality. We can build a more equitable and respectful workplace culture by acknowledging and removing the specific obstacles encountered by people who identify with multiple identities.

Recommendations

Please find a way to talk today about the potential cost of my announcement. I'll just quote a few dozen figures for all activities, and that forms our future regular budget. Without first being clear about its objectives and how a critical perspective like intersectionality may help achieve them, someone promising to implement EDI is always at risk of delivering mere rhetoric. For real EDI projects, you must have a clear goal, a plan for achieving it, and a way to deal with difficulties (White et al., 2025). The case study and other promising intersectionality-informed EDI guidelines can inform these endeavors if they are adapted to meet the needs, viewpoints, and circumstances of the individuals affected. To achieve the public support necessary to bring about significant change, EDI must be perceived as practical, applicable, and rooted in the everyday, as highlighted in a recent expert assessment.

Conclusion

Using intersectionality as a lens, we can see how EDI can be used to promote health equity. Nevertheless, efforts to achieve social justice encompass more than just EDI policy proposals that are intersectionality-informed. Discriminatory systems that have been in place for a long time cannot be changed, for instance, by training for health care personnel. Nonetheless, initiatives like those taking shape in medical education have the potential to alter the attitudes and actions of those with a stake in

the health system, leading to improvements in provider-patient relationships and other areas where equality is lacking. A better grasp of the ways in which intersecting injustices show themselves and potential intervention sites can lead to more dedication, activism, and cooperation among varied stakeholders in the fight for health equality and social justice.

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Bridging the Gaps: Advancing Inclusive Medicare for Women with Disabilities

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Introduction

Women with disabilities (WWDs) are among the most marginalized populations in global health systems, facing multiple layers of discrimination based on both gender and disability. According to the World Health Organization (2011), more than one billion people live with some form of disability, and women comprise nearly half of this population—yet their unique health needs remain significantly unmet. The intersectionality of gender and disability results in systemic exclusion from essential healthcare services, especially in areas related to reproductive health, mental health, and chronic illness management (UN Women, 2018; Hughes et al., 2012).

This article advocates for *inclusive medicare*—a healthcare paradigm that ensures equitable, accessible, and responsive care for women with disabilities. It critically examines the social, structural, and policy barriers that contribute to their exclusion, including inaccessible health infrastructure, absence of disability-friendly policies, lack of trained healthcare providers, and pervasive stigma within medical institutions (WHO & World Bank, 2011; Shakespeare, 2014).

Key Themes Explored:

- The intersection of disability and gender in healthcare delivery (Crenshaw, 1991; UNFPA, 2018)
- Invisibility of WWDs in sexual and reproductive health narratives (Women Enabled International, 2020)
- Structural, institutional, and attitudinal barriers to healthcare access (WHO, 2011)
- Role of inclusive technology and digital health equity (Lancet Digital Health, 2021)
- Legal and policy frameworks including the Rights of Persons with Disabilities Act (India, 2016), UNCRPD (2006), and SDG targets 3 and 5

The article underscores the urgency of adopting a rights-based, intersectional approach to healthcare that acknowledges the distinct needs of women with disabilities. Core recommendations include:

- Policy integration of gender and disability perspectives
- Strengthening healthcare infrastructure with universal design principles
- Sensitization and capacity-building of healthcare professionals
- Community-based participatory approaches
- Generation and utilization of disaggregated data (by gender, disability, and age)

Inclusive medicare is not only a public health necessity but a matter of human rights and gender justice. It aligns with international commitments such as the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2006) and Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-being) and SDG 5 (Gender Equality). Advancing inclusive healthcare is vital to building just, equitable, and resilient health systems for all.

Defining Inclusive Medicare and Its Relevance in Public Health Discourse

Inclusive medicare refers to a healthcare system that actively removes physical, attitudinal, communicational, and systemic barriers to ensure equitable, accessible, and quality healthcare for all, especially marginalized groups such as persons with disabilities (PWDs). It is rooted in the principle of universal health coverage (UHC) and aligns with the right to health, as recognized by the World Health Organization (WHO) and enshrined in international frameworks such as the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2006).

Despite global commitments to achieving UHC, the specific healthcare needs of women with disabilities (WWDs) often remain invisible or overlooked. Inclusive medicare is thus not just a health policy imperative—it is a social justice and human rights obligation that seeks to dismantle longstanding inequities embedded in healthcare systems (WHO & World Bank, 2011).

Overview of Disability and Gender Intersectionality

The concept of intersectionality, introduced by Kimberlé Crenshaw (1991), helps explain how multiple identities—such as gender and disability—interact to compound discrimination. Women with disabilities often experience intersecting marginalizations, which lead to compounded disadvantages in healthcare access, treatment, and outcomes.

Unlike men with disabilities or non-disabled women, WWDs face dual layers of stigma—gender-based discrimination and ableism. These intersecting identities impact their health-seeking behavior, autonomy in decision-making, and access to services, especially in sexual and reproductive health (UN Women, 2018; Women Enabled International, 2020).

Why Focus on Women with Disabilities: Demographic, Social, and Policy Neglect
Globally, over 500 million women and girls live with some form of disability, yet they are largely excluded from mainstream public health strategies and gender development programs (UNFPA, 2018). In India, according to the Census 2011, around 44% of all persons with disabilities are women, but this number is likely underreported due to social stigma and invisibility in data systems.
Socially, WWDs are often perceived as dependent, asexual, or incapable of motherhood, leading to neglect in crucial services such as gynaecological care, family planning, cancer screenings, and psychosocial support (Hughes et al., 2012). Policy frameworks also tend to silo disability and gender issues, leading to fragmented and ineffective interventions.
Most national health policies, including those in developing countries like India, fail to recognize the unique needs of WWDs. Health infrastructure remains inaccessible; service delivery mechanisms lack trained personnel; and there is a pervasive absence of disaggregated data to inform inclusive policies (Shakespeare, 2014; WHO, 2011). This article aims to bring attention to the urgent need for a gender-and-disability-sensitive healthcare model—one that affirms bodily autonomy, ensures dignity in care, and provides equal access to all dimensions of health and well-being.

Understanding the Barriers
Despite constitutional guarantees and policy mandates, women with disabilities (WWDs) continue to encounter multifaceted barriers in accessing quality healthcare. These barriers are not merely infrastructural—they are deeply embedded in the health system's structures, institutions, attitudes, and economic frameworks. Recognizing these barriers is the first step toward dismantling them and ensuring an inclusive and equitable healthcare ecosystem.

a. Structural Barriers
Healthcare systems are often designed with a "one-size-fits-all" model, which disregards the diverse access needs of women with disabilities. This results in exclusion from even the most basic medical services.

- Inaccessible Healthcare Infrastructure: Many health facilities lack ramps, accessible examination tables, tactile signage, and accessible toilets. Diagnostic equipment is often not usable for persons with physical or sensory disabilities (WHO, 2011).
- Lack of Transport and Assistive Services: The absence of accessible public

transport and ambulance services disproportionately affects WWDs, especially in rural or underserved areas.

- Communication Barriers: For women with hearing or speech impairments, the absence of trained sign language interpreters and accessible information (e.g., Braille, audio, or large print) severely limits their ability to communicate with healthcare providers (Women Enabled International, 2020).
- Technology Gaps: Digital health solutions, while promising, often remain inaccessible due to poor design, lack of screen-reader compatibility, or failure to incorporate inclusive UX standards (Lancet Digital Health, 2021).

b. Institutional Barriers

The exclusion of WWDs is often institutionalized through policy neglect and data invisibility.

- Gender-Insensitive and Disability-Exclusionary Policies: Health policies frequently silo "gender" and "disability" without addressing their intersection. Most national health programs lack targeted strategies for women with disabilities, especially in sexual and reproductive health services (UNFPA, 2018).
- Lack of Disaggregated Data: Absence of reliable, disaggregated data by gender, age, and disability type limits evidence-based policymaking. Without such data, WWDs remain statistically invisible, resulting in under-allocation of resources and limited program design (Groce et al., 2013).

c. Attitudinal Barriers

Attitudinal biases among healthcare professionals can severely restrict healthcare access and quality of care.

- Ableism in Medical Practice: Many healthcare providers unconsciously harbor ableist assumptions—such as viewing disabled women as asexual, dependent, or incapable of making informed decisions (Shakespeare, 2014).
- Gender Bias and Stereotyping: Gender stereotypes are amplified when combined with disability. WWDs are often denied agency over their bodies, with their symptoms trivialized or misdiagnosed. In some cases, they are excluded from reproductive health counselling or subjected to forced sterilization (Hughes et al., 2012; Women Enabled International, 2020).

d. Economic Barriers

Economic vulnerability is both a cause and consequence of poor healthcare access for women with disabilities.

- Financial Dependence and Poverty: WWDs often face limited employment opportunities and socio-economic dependence on caregivers, which restricts their ability to afford healthcare, travel, or medication (World Bank, 2021).
- Low Health Insurance Penetration: Mainstream insurance schemes often exclude pre-existing disabilities or do not cover essential services like rehabilitation, therapy, or assistive devices.
- High Cost of Assistive Technology: Devices such as hearing aids, wheelchairs, and screen readers are often prohibitively expensive and not subsidized under most government health programs (WHO, 2011).

Policy and Legal Frameworks: Existing and Missing Links

Over the years, both national and international legal frameworks have made significant strides in recognizing the rights of persons with disabilities. However, the intersectional needs of women with disabilities (WWDs)—especially in the context of healthcare—are often inadequately addressed or entirely absent.

Key Frameworks and Commitments

- UN Convention on the Rights of Persons with Disabilities (UNCRPD, 2006)
    - *Article 25* recognizes the right of persons with disabilities to the enjoyment of the highest attainable standard of health without discrimination.
    - *Article 6* emphasizes that women with disabilities face multiple discrimination and must be ensured full development, advancement, and empowerment.
- Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, 1979)
    - While CEDAW broadly addresses women's rights, it does not sufficiently elaborate on disability-related healthcare needs—reflecting early gaps in intersectionality.
- Sustainable Development Goals (SDGs)
    - *Goal 3*: Ensure healthy lives and promote well-being for all at all ages.
    - *Goal 5*: Achieve gender equality and empower all women and girls. Despite inclusive language, indicators rarely capture disability-specific outcomes (UNDESA, 2021).

- The Rights of Persons with Disabilities Act (RPWD Act, India, 2016)
    - Includes Section 25: Provision for healthcare and barrier-free access.
    - Mandates specific healthcare services for women with disabilities, including reproductive healthcare.
      However, implementation remains weak due to poor awareness, lack of guidelines, and limited monitoring mechanisms (NCPEDP, 2020).

Gaps in Implementation

Despite the existence of these frameworks, several persistent challenges hinder their effectiveness:

- Lack of disability- and gender-disaggregated data in health statistics.
- Absence of standardized inclusive healthcare protocols at local and institutional levels.
- Weak monitoring and low budgetary allocations for disability-specific programs in health ministries.
- Inadequate representation of women with disabilities in health policy formulation bodies.

The Role of Inclusive Technologies in Healthcare

Digital transformation in healthcare—especially post-COVID-19—has the potential to enhance access. However, it can also reinforce exclusion if technologies are not designed inclusively.

Accessibility Challenges in Digital Health Ecosystems

- Telemedicine Platforms: Often lack screen reader compatibility, captioning, or Indian Sign Language (ISL) support.
- AI in Diagnostics: AI models are frequently trained on datasets that do not represent persons with disabilities, risking misdiagnosis or exclusion (O'Neil, 2016).
- mHealth Apps and Portals: Lack alternative navigation modes for people with visual or motor impairments.

This creates a "digital divide within the disability divide", where WWDs face compounded marginalization (Lancet Digital Health, 2021).

Opportunities for Innovation and Inclusion

- Screen Readers & Text-to-Speech Tools: Integration into public health apps like *Aarogya Setu* or *CoWIN* can improve accessibility.
- Mobile Apps in ISL and Regional Languages: Co-creating with DPOs can

address communication gaps for Deaf women.

- Accessible Diagnostic Machines: Devices with adjustable height, tactile buttons, audio guidance, or haptic feedback improve physical accessibility.
- Wearable Tech: Can support remote monitoring of maternal and reproductive health for women with mobility impairments.

Global Examples:

- Be My Eyes: An app that connects blind users with sighted volunteers for real-time video assistance, increasingly used in telehealth contexts.
- Microsoft's Seeing AI: Provides narrations of the world for visually impaired users—useful in navigating medical instructions.
- AIIMS Delhi Teleconsultation for PwDs: Piloting sign language-integrated teleconsultation platforms with support from ISLRTC.

Investing in inclusive digital health is not merely a technological challenge—it is a matter of equity, ethics, and innovation.

Towards Inclusive Medicare: Recommendations

Building an inclusive healthcare system for women with disabilities (WWDs) requires multi-level reforms, grounded in intersectional, rights-based, and participatory principles. The following recommendations offer a roadmap to address systemic inequities and promote gender-responsive disability inclusion in medicare:

a. Policy Interventions

- Mainstream Disability in All Gender and Health Policies
  Health and gender policies must explicitly integrate disability concerns, moving beyond tokenism to substantive inclusion. For instance, the *National Health Policy of India (2017)* recognizes vulnerability but lacks operational strategies for WWDs (MoHFW, 2017).
- Develop Gender-Specific Disability Health Guidelines
  Ministries of Health should collaborate with disabled persons' organizations (DPOs), gender rights bodies, and WHO to formulate tailored healthcare protocols for WWDs—particularly in reproductive, maternal, and mental health domains (UNFPA, 2018).

b. Training and Sensitization

- Mandatory Disability and Gender Sensitivity Training for Healthcare Providers

Incorporate compulsory modules in medical, nursing, and public health curricula on intersectional health equity. Training should cover communication with patients with sensory impairments, use of assistive devices, and respect for reproductive rights (WHO, 2011; Women Enabled International, 2020).

c. Infrastructure and Accessibility

- Upgrade Public and Private Health Facilities
  Enforce accessibility audits and ensure compliance with *Harmonised Guidelines and Standards for Universal Accessibility in India (2021)*, including ramps, accessible toilets, adjustable exam tables, and clear signage.
- Integrate Universal Design for Learning (UDL) and Universal Design (UD)
  Apply UDL principles to health communication materials, ensuring diverse means of representation (e.g., visuals, audio, tactile formats). Apply UD in physical spaces to ensure usability by all, regardless of ability or gender.

d. Community-Based Healthcare and Peer Support

- Train ASHA/ANM Workers on Disability Inclusion
  The frontline health workforce should be equipped to identify, refer, and support WWDs, especially in rural and marginalized settings. Incorporate disability inclusion in the *National Health Mission (NHM)* training modules.
- Promote Self-Advocacy and Peer-Led Awareness Drives
  Support community-driven models such as Disability Self-Help Groups (DSHGs) and peer navigators to build trust, counter stigma, and raise awareness about rights and available services.

e. Research and Data

- Disaggregated Data Collection (By Gender, Disability Type, and Age)
  Integrate inclusive indicators into Health Management Information Systems (HMIS), ensuring visibility of WWDs in all stages of healthcare planning and evaluation.

- Encourage Participatory and Qualitative Research
  Invest in community-based participatory research (CBPR) approaches that involve WWDs as co-researchers, helping to uncover lived experiences, local solutions, and context-specific policy needs (Groce et al., 2011; Shakespeare,

2014).

Conclusion

Healthcare is not a privilege—it is a fundamental human right, as upheld by global frameworks including the *Universal Declaration of Human Rights*, *UNCRPD*, and the *Right to Health* under international law. For women with disabilities, realizing this right demands the urgent adoption of an intersectional lens that acknowledges and addresses the interlocking systems of gender-based discrimination and ableism. An inclusive medicare model must be more than reactive; it should be proactive, transformative, and co-designed with the voices of those most affected. From national policy to local health centers, the commitment to inclusion must become institutionalized—not as a welfare measure, but as a social justice imperative.

This responsibility cannot rest on governments alone. It calls for a collective effort—from public institutions, academia, civil society, healthcare professionals, technologists, and communities—to create a health system where every woman, regardless of ability, is seen, heard, and cared for with dignity.

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BRIDGING THE HEALTHCARE DIVIDE: INCLUSIVE HEALTHCARE FOR PEOPLE WITH INTELLECTUAL DISABILITIES IN INDIA

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INTRODUCTION

The promise of "Healthcare for all" remains an unfulfilled ideal for millions of people with intellectual disabilities (ID) in India, who are excluded from conventional medical treatments. Despite the passage of the Rights of Persons with Disabilities (RPWD) Act of 2016 which states fair access to healthcare, the lived reality of people with intellectual disabilities continues to reflect systemic neglect, social stigma, and infrastructural barriers. Most of the healthcare departments in India lack skilled specialists who can deeply address the needs of people with intellectual disabilities. While the broader focus on disability inclusion in India has gained traction in areas such as education and employment, the healthcare system still falls short of meeting the unique requirements of PWIDs. Failure to adapt healthcare services for people with intellectual disabilities not only causes inequality but also hinders the country's goal of obtaining Universal Health Coverage (UHC).

Inclusive healthcare requires person-centric treatments that address the unique health needs of people with intellectual disabilities. This includes open communication, skilled healthcare workers, integration of mental health services, and effective policy implementation. In a country as diverse and highly populated as India, inclusive healthcare is more than just a social justice concern. It is also required for maintaining public health and human dignity.

UNDERSTANDING INTELLECTUAL DISABILITIES

Intellectual disability is a condition characterized by significant limitations in both intellectual functioning (such as reasoning, learning, and problem-solving) and adaptive behavior, which covers a range of everyday social and practical skills. This condition originates before the age of 18 (American Association on Intellectual and Developmental Disabilities [AAIDD], 2021). Intellectual disabilities are defined by limits in intellectual functioning and adaptive behavior that sometimes overlap with other social disadvantages, resulting in poor health outcomes and a much higher risk of other preventable diseases.

Key Characteristics of IDs: -

1. Significantly below average intellectual functioning of the brain, which can be measured with an IQ score (approximately 70 or below IQ score).

2. Deficiencies in Adaptive Behavior such as difficulty in: -
   - Self-care
   - Communication
   - Social skills
   - Home Living
   - Use of community resources
   - Self-direction
   - Functional academic skills
   - Work and leisure

3. The onset of ID is during the developmental period (before adulthood): - The signs and symptoms of intellectual disability begin to appear in the early stages of life usually before the age of 18 years.

CAUSES FOR HAVING INTELLECTUAL DISABILITIES INCLUDE: -

- Genetic dysfunctions (Down syndrome & Fragile X syndrome)
- Prenatal factors (such as alcohol or drug usage during pregnancy, and various infections)
- Perinatal issues (such as complications during the birth of the child)
- Postnatal factors (such as traumatic brain injury, lack of nourishment, and infections)

BARRIERS TO HEALTHCARE ACCESS FOR PERSONS WITH INTELLECTUAL DISABILITIES IN INDIA

People with intellectual disability (ID) in India face numerous barriers to accessing healthcare facilities. These issues are numerous and frequently reinforced by structural gaps in service delivery, social stigma, and a lack of disability-inclusive practices.

- **Communication difficulties** are a big issue for individuals with intellectual disabilities, as they may struggle to communicate symptoms or seek medical advice. Healthcare workers are frequently unable to interact effectively with this population, and readily available health information is also scarce.

- **Negative societal attitudes and stigma** persist, even in medical settings. People with intellectual disabilities are frequently misunderstood or disregarded, and their health problems are sometimes mistakenly attributed to their disability.

- **Inaccessibility in hospitals and clinics** for those with intellectual disabilities such as long waiting hours and overcrowded places, further limits access to healthcare.

- In remote places, **the lack of nearby health facilities and reliable transportation** makes things even more difficult.

- **Financial constraints** are also a significant hurdle. Many families of people with intellectual disabilities are ignorant of or unable to obtain government health care or disability benefits, resulting in significant out-of-pocket expenses.

- There is a **shortage of trained medical practitioners** who understand the health needs of individuals with intellectual disabilities. In India, medical education typically does not cover intellectual and developmental disorders in depth.

- Navigating India's complex healthcare system necessitates **bureaucratic literacy and caregiver support**, which many people with intellectual disabilities do not receive. If caregivers are unavailable or uninformed, access to therapy becomes impossible.

- **Cultural attitudes and social marginalization** can prevent people from obtaining medical attention. Disability is still considered a source of shame or pity in many parts of India, which can discourage families from prioritizing medical care for their members with intellectual disabilities.

GOVERNMENT INITIATIVES AND POLICY FRAMEWORKS FOR PERSON WITH DISABILITIES

Rights of Persons with Disabilities (RPWD) Act, 2016 – The RPWD Act, 2016 includes 21 categories of disabilities. This act promotes inclusive healthcare, accessible infrastructure, and digital access to the PwDs according to the type of disability they have. The updated guidelines of the RPWD Act prioritize inclusive design in both physical and digital spaces.

The Accessible India Campaign (Sugamya Bharat Abhiyan) – This campaign is an initiative of the Government of India that focuses on making public buildings, transport

systems, and ICT platforms more accessible for People with Disabilities. Several State Governments have also introduced local initiatives to promote inclusive education, inclusive healthcare, and rehabilitation services to safeguard of needs of the People with Disabilities.

PATHWAYS FOR AN INCLUSIVE FUTURE: RECOMMENDATIONS

Key Areas	Strategic Actions
Infrastructure	The government should take necessary actions to accelerate upgrades to healthcare facilities under the Accessible India Campaign to ensure universal accessibility standards are met.
Digital Inclusion	Standardize initiatives like adapting to telemedicine services like e-Sanjeevani for accessibility and alignment with the Ayushman Bharat Digital Mission.
Healthcare Workforce	The country should incorporate intellectual disability-focused models in the medical training of healthcare professionals and family-inclusive therapy models, focusing on the specific needs of PWIDs.
Local Access Models	Community-based rehabilitation centers and mobile health services like MMUs and therapy vans should be strengthened and made accessible to all.
Financial Support	Government should broaden financial assistance to include therapy, oral health, and assistive devices under schemes like Ayushman Bharat and Niramaya.
Data Monitoring	Ensure intellectual disability data in health surveys and digital health platforms is monitored properly and aligned with global standards to formulate effective inclusive policies for PWIDs.
Public–Private Partnerships	Support collaborations between Government agencies, the Private sector, and NGOs to pilot and leverage inclusive innovations like VirtuCare for the empowerment of People with Intellectual Disabilities

CONCLUSION

Creating an inclusive healthcare system for people with intellectual disabilities in India is more than just a legislative need; it is about social fairness and human dignity. Despite progressive laws and programs like the Rights of Persons with Disabilities Act and the Accessible India Campaign, this population's healthcare requirements remain underserved owing to structural, societal, and financial hurdles. Inaccessible infrastructure, a lack of skilled healthcare workers, communication gaps, and widespread stigma have resulted in a fragmented system that does not fully meet their requirements.

To narrow this gap, India must implement a multifaceted plan that includes accessible infrastructure, disability-sensitive training for medical professionals, inexpensive care, and vigorous community engagement. Technology and telemedicine, if made available, present considerable promise for expanding services to rural and underprivileged communities. Equally crucial is the collection of disability-specific data to assist in effective policy decisions and monitoring progress. It is only through intentional design and sustained policy focus that India can ensure equitable, quality healthcare for all—including those with intellectual disabilities.

By emphasizing equity and accessibility, India can get closer to a healthcare system that serves everyone, regardless of ability. Ensuring the full participation of people with intellectual disabilities in healthcare planning and delivery is critical to creating a society that truly leaves no one behind.

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PROMOTING EMPATHY AND CREATING A STIGMA-FREE ENVIRONMENT

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Understanding Stigma:

Social norms and historical context shape the broad and culturally varied notion of stigma. Ervine Goffman provided the first description of stigma, defining it as the public's opinion of an individual who is "seriously discredited within a particular social encounter" because of a quality that does not meet social norms (Cui, 2023). Stigma arises from negative attitudes or discrimination toward people based on characteristics such as mental health conditions, disabilities, gender identity, socioeconomic status, or ethnicity. Stigma can lead to social isolation and loss of self-esteem and may discourage individuals from seeking help or engaging in social activities. For instance, the stigma surrounding mental health issues consistently deters people from seeking therapy or counseling for fear of being characterized as "weak" or "unstable." It has the potential to influence how others perceive a person's character and to affect the thoughts and behaviors of individuals. Research has demonstrated the stigmatization of overall personality, which involves behavior, thinking, and the ability to handle diverse life situations. Observers of stigma may go through emotional and relational difficulties. These stigmas can include mental illness, disabilities, gender identity, sexual orientation, religion, race, class, and more. The stigma attached to the disease can lead to discrimination, rejection, and social exclusion, all of which disrupt the lives and futures of affected people. In recent times, stigma related to disabilities has become increasingly popular as a research topic. It is widely accepted in the literature that individuals may try to conceal their disability in order not to be stigmatized. It is also worth noting that the negative consequences of social stigma on the life of the disabled need to be studied by taking the factors affecting ID (Intellectual Disability) and (Physical Disability) into account. The results indicate that the stigma has a detrimental impact on psychological well-being and quality of life for disabled people. It increases rates of psychological distress and despair and renders people more vulnerable to mental

health conditions. They are at a higher risk of mental health problems. (Cui, 2023).
Examples of Stigma in Everyday Life

- People tell a person with depression to "just get over it."
- Someone with a physical disability faces barriers to employment or education.
- Bullies target students due to their sexual orientation.
- Authorities unfairly profile or mistreat a person from a marginalized community.
- Authorities judge a woman for opting for a career over marriage.

Consequences of Stigma

Stigmas can make life difficult for some people, so it's crucial to know how challenging it can be to deal with them. By understanding the consequences of stigma, one can uncover the reasons behind certain harsh behaviors and responses:

1. **Social isolation**: People who suffer from stigma tend to withdraw socially. People isolate themselves and seek solitude due to the fear of being condemned and discomfort with their identity.
2. **Mental and Psychological Effects**: Stigma leaves a permanent impression on the mind of a being, which results in psychological and emotional damage. People frequently experience stress and feelings of loneliness. People often experience depression, anxiety, and feelings of worthlessness.
3. **Barriers to Help-Seeking**: Fear of labeling or rejection may prevent people from seeking medical, psychological, or legal help. Therefore, these issues remain untreated and develop over time.
4. **Inequality and Injustice**: Stigma, which is equivalent to limited access to education, jobs, housing, and basic human rights, creates injustice and inequality in society.

Understanding Empathy

Empathy is the ability to comprehend and share the feelings of others. It's something stronger than sympathy, which is merely the feeling of compassion or pity for someone. Empathy involves putting yourself in their position, viewing the world from their perspective, and subsequently showing compassion. This is when people

practice empathy, the ability to honor each other's experiences without judgment, to support and connect. Empathy is one of the fundamental building blocks of human interaction and social functioning. It is a great connector among people and a powerful tool to connect people with differences and build stronger and more compassionate communities. Here are some of the key scenarios where empathy matters as an individual, as a society, and as a professional. It is feeling safe , asking for help in compassionate environments.' This approach alleviates feelings of isolation and shame, particularly for individuals experiencing mental health issues, trauma, or bereavement.

Promoting empathy is crucial

Empathy plays a vital role in human interaction and social development. It serves as a bridge that connects people across differences and helps build stronger, more compassionate communities. Here are some key roles empathy plays in personal, social, and professional contexts:

1. **Enhances Social Bonds:** Empathy allows individuals to connect on a deeper emotional level. Understanding and acknowledging each other's sensitivities can build trust, resolve conflicts, and maintain healthy, supportive relationships in families, friendships, and romantic partnerships. Empathy strengthens relationships by encouraging active listening, kindness, and understanding.
2. **Promoting Inclusivity and Reducing Discrimination:** Empathy helps people recognize the struggles and experiences of others, especially those who come from different backgrounds or face marginalization. This understanding fosters tolerance and acceptance, reducing prejudice, racism, and social exclusion. When we empathize with others' experiences, especially those different from our own, we are less likely to stereotype or discriminate.
3. **Encouraging Helping Behavior:** Empathetic individuals are more likely to help others in need. When we feel others' pain or hardship, we are naturally motivated to offer support, whether through kind words, acts of service, or advocacy for social justice. This helping behavior helps build social connections and mutual trust, creating a healthy environment.
4. **Improving Communication** Empathy enhances active listening and meaningful dialogue. It encourages individuals to listen without judgment,

respond thoughtfully, and avoid misunderstandings. Such empathy is essential in personal conversations and professional settings like counseling, healthcare, and education. Good communication assists in building trust and belief in the speaker, and he connects himself to the listener and has a sense of belonging, which results in healthy relationships.

5. **Support Mental Health and Well-being.** In empathetic environments, people feel safe expressing their emotions and seeking help. It reduces feelings of isolation and stigma, particularly for individuals dealing with mental health challenges, trauma, or grief. Stigma-free environment enables people to discuss struggles and access help without shame or fear.

6. **Developing Stronger Communities** Empathy fosters a sense of belonging and shared humanity. At the time that communities prioritize empathy, they become safer, more collaborative, and more resilient, especially in times of crisis or social change. Empathy encourages acceptance, making spaces more welcoming for people from all backgrounds and identities.

7. **Enhancing Leadership and Workplace Culture** Empathetic leaders inspire loyalty, improve morale, and create inclusive work environments; they understand the needs of their team members and make decisions that reflect fairness and emotional intelligence. Empathetic leaders help their subordinates achieve their goals and manage their mental peace. Good leadership promotes mental peace even in conditions of extreme pressure and workload.

In essence, empathy is not just a soft skill—it is a powerful force for social harmony, emotional well-being, and ethical behavior. It is the foundation of kindness, the root of connection, and a critical tool for addressing many of society's challenges.

HOW TO CREATE A STIGMA-FREE ENVIRONMENT:

To create a stigma-free environment, the following strategies can be helpful (Shahwan et al., 2022):

1. **Raising Mental Health Awareness:** The council is to have anti-stigma awareness campaigns for the general public to reach a broad spectrum, from the young to the elderly. They suggested using traditional and social media, besides organizing well-known mass events like marathons and festivals, for

outreach. Additionally, they emphasized the need to repeat these efforts, arguing that more exposure to the subject will eventually result in greater familiarity and acceptance of this taboo.

2. **Social Contact** These social contacts are potentially further divided into three kinds: opportunities to engage with people with mental health disorders, celebrity disclosures, and testimonies of their achievements. Local celebrities' revelation of mental health issues has a particularly significant influence. Initiatives to combat stigma can incorporate motivational recovery tales of individuals with lived experiences, in addition to famous individuals. These tales, they reasoned, show that mental illness need not be a hindrance to achieving a meaningful existence, that individuals with mental health disorders could contribute to society, be brave and strong in the face of hardship, and inspire hope in others who are concerned about their own or a loved one's future. Direct social interaction with individuals who have lived experiences would benefit those who do not have mental illnesses. This approach can be advantageous in that it enables individuals to relate to those who have experienced stigma more intimately and dispel excessive notions of mental disease.

3. **Advocacy by Influential Figures or Groups is essential.** Organizations other than psychiatric experts should lead the initiatives. Mental health professionals should collaborate with groups that have more clout. Politically affiliated people and organizations can be especially appropriate because of their networks, funding, and authoritative influence.

4. **Legislation of Anti-Discriminatory Laws T**he statement of mental illness can be eliminated from scholarship and employment application forms. The applications were directly caused by their disclosure, and this condition can be discriminatory as well as useless. In addition to increasing employer knowledge, the government can assist in encouraging firms to hire people with known mental health disorders. By establishing rules, we can educate employers on how to react tactfully to individuals who wish to reveal themselves.

5. **Encourage Open Dialogue**: Creating and encouraging open dialogue is a crucial step toward breaking down stigma and promoting empathy. Open dialogue refers to honest, respectful, and inclusive communication where

individuals can express their thoughts, feelings, and experiences without fear of judgment, rejection, or punishment. This approach is especially important when discussing sensitive issues such as mental health, identity, discrimination, or social inequalities.

Conclusion

Stigma is a potent social force that causes harm, yet it also has the potential to transform. Knowing what stigma is and how it works, we can start breaking it down, turning fear and stereotypes into empathy, knowledge, and inclusion. A stigma-free society is one where everyone can live with dignity and respect, regardless of their identity or what life brings. Media and civic leaders can help lead efforts to push for better care for people with psychiatric issues and reduce the stigma they face.
To understand the impact, it is essential to evaluate the latest anti-stigma strategies continuously and introduce new projects from time to time.

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EVENTS ORGANIZED BY UIAC UTTHAAN FOR SENSITIZATION AND AWARENESS ABOUT DISABILITY INCLUSION AND ACCESSIBILITY

International Day of Persons with Disabilities 2024

On **3rd December 2024**, Guru Gobind Singh Indraprastha University (GGSIPU), Dwarka, New Delhi, marked the **International Day of Persons with Disabilities (IDPD)** with a thought-provoking and inspiring celebration organized by the **University Inclusion and Accessibility Cell (UIAC UTTHAAN)**. The day was steered under the visionary leadership of **Prof. (Dr.) Shalini Garg**, Founding Chairperson and Current Director of UIAC UTTHAAN and University Grievance Redressal Officer (Disability Matters), GGSIPU. The event unfolded in the Chief Patronship of **Prof. (Dr.) Mahesh Verma**, Hon'ble Vice Chancellor, Padma Shri and Dr. B.C. Roy Awardee, and **Dr. Kamal Pathak**, Registrar, GGSIPU, as Patron.
Aligning with the **United Nations' 2024 global theme, "Amplifying the leadership of persons with disabilities for an inclusive and sustainable future,"** the UIAC further refined the focus with a powerful sub-theme: **"Women with Disabilities Transforming Leadership Landscapes."**

A Landmark Moment: Launch of the UIAC E-Magazine Compendium

A key highlight of the celebration was the **launch of the UIAC E-Magazine Compendium**, which compiled **Volumes 1 to 9 (2020–2024)**. This special release, edited by Prof. (Dr.) Shalini Garg, served as a testament to the collective institutional journey towards accessibility, representation, and rights-based inclusion. The compendium features a rich array of narratives, reflections, scholarly perspectives, and community voices, chronicling the university's sustained efforts to foster inclusion over the years. This landmark release under the Chief Patronage of Prof. (Dr.) Mahesh Verma reflected a commitment to **knowledge dissemination and inclusive scholarship**, acknowledging the resilience, innovations, and advocacy that have shaped disability inclusion practices at GGSIPU.

Voices of Impact: Keynote Addresses by Distinguished Experts

The event brought together **nationally recognized voices and experts** in disability rights, universal design, and inclusive education:

- **Dr. Anjlee Agarwal**, a renowned Universal Accessibility & Sustainable Mobility Specialist and Co-founder of Samarthyam, delivered an impassioned keynote on **barrier-free environments and mobility solutions** that prioritize dignity and independence.
- **Mr. Debabrata Chakravarti**, a Universal Design Specialist and Master Trainer, elaborated on the **transformative role of inclusive and universal design**, emphasizing participatory approaches and policy integration.
- **Ms. Aarushi Gambhir**, Disability Inclusion Strategist and founder of Enable Education, addressed **inclusive education and leadership from a gendered lens**, highlighting the critical role of women with disabilities in reshaping policy, pedagogy, and perception.


University Inclusion and Accessibility Cell
(UIAC UTTHAAN)
International Day of Persons with Disabilities
Disability
And
Inclusivity

Together, their insights illuminated pathways for **institutional transformation, advocacy, and intersectional leadership**.

Celebrating Resilience: Felicitation of PwD Achievers

In a moving recognition segment, the event honoured **in-house Persons with Disabilities (PwD) from the GGSIPU community** who have demonstrated excellence in academics, leadership, and service. The **Award Felicitation Ceremony** served as a poignant reminder that **inclusion is not merely a principle, but a practice of celebrating ability, resilience, and contribution**. These honourees symbolized the very spirit of the day—of **thriving beyond barriers and leading with purpose**.

Building Capacities: Certificate Distribution for the Online Course

The event also witnessed the **Certificate Distribution Ceremony** for participants of the **6-Week Online Certificate Course** titled *"Advancing Disability Inclusion Practices: Communication, Accessibility, and Legislation."* aimed to cultivate **cross-**

sectoral awareness and professional capacity to implement inclusive practices. Participants representing academia, civil society, and the private sector completed this transformative journey, equipped with tools to advocate for **accessible workplaces, inclusive communication, and legal rights of persons with disabilities**.

A Musical Tribute to Inclusion: Anhad Band Performance

The day concluded on an emotionally resonant note with a **musical performance by *Anhad Band***—featuring **three visually impaired artists** whose soulful renditions brought the audience to its feet. Their performance not only captivated hearts but also beautifully reinforced the message that **art transcends ability**, and music becomes a medium for unity, empowerment, and joy.

A Day of Reflection, Recognition, and Resolve

The observance of the **International Day of Persons with Disabilities 2024** at GGSIPU was a **resounding call to action**—to create spaces that are **not only accessible but empowering**, to amplify voices that have long been marginalized, and to embrace the leadership of persons with disabilities, especially women, in shaping a more **just, inclusive, and sustainable world.**


LET'S ROCK
CLAPBOX

UIAC UTTHAAN'S PARTICIPATION IN THE ACADEMIC AND RESEARCH EXHIBITION

DURING CULMINATION OF SILVER JUBILEE & FOUNDATION DAY CELEBRATION

DATE: 12TH–13TH DECEMBER 2024

VENUE: GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY (GGSIPU), DELHI

Introduction

UIAC UTTHAAN was honoured with the invitation to exhibit its outstanding contributions and progressive work in the field of disability inclusion during the prestigious **Academic and Research Exhibition** held as part of the **'Culmination of Silver Jubilee' and 'Foundation Day' Celebrations** of **GGSIPU** on **12th and 13th December 2024**.

This landmark event was graced by the **Hon'ble Lieutenant Governor of Delhi** and the **Chief Minister of Delhi**, along with distinguished academic leaders, researchers, and university dignitaries.

UIAC UTTHAAN: Advancing the Agenda of Disability Inclusion

At the exhibition, **UIAC UTTHAAN** showcased a wide range of achievements, innovations, and initiatives aligned with its core mission to promote **inclusion, accessibility, and empowerment of persons with disabilities (PwDs)**.

Key Highlight: Presentation of the UIAC UTTHAAN Resource Kit

A moment of immense pride was the **presentation of a specially curated RESOURCE KIT** titled:

"Advancing Disability Inclusion Practices: Communication, Accessibility, and Legislation"

This **authoritative kit** was **presented to the Hon'ble Lieutenant Governor of Delhi**, symbolizing UIAC UTTHAAN's commitment to knowledge dissemination, accessibility, and inclusive development. See Link https://x.com/shalini50251722/status/1868133138129694783?s=46

- **Patronage:** Prof. (Dr.) Mahesh Verma (Vice Chancellor, GGSIPU)
- **Authored and Edited by:** Prof. (Dr.) Shalini Garg
- **Published by:** Bloomsbury
- **Contents:**
    - Scholarly perspectives on disability rights and inclusion
    - Best practices in communication and policy outreach
    - Practical tools and guidelines for accessibility
    - Legal frameworks promoting equal opportunity and protection for PwDs

This kit serves as a **valuable academic and policy resource** for universities, policymakers, development professionals, and civil society organizations engaged in the field of inclusion.

Presence of Eminent Dignitaries

The gracious presence of:

- **Hon'ble Lieutenant Governor of Delhi**
- **Hon'ble Chief Minister of Delhi**
- Senior Government Officials
- Academic luminaries and researchers

… added immense prestige to the event. UIAC UTTHAAN's interactions with them further strengthened collaborative prospects for inclusive policy integration and implementation.

UIAC UTTHAAN's participation in this grand academic platform reaffirmed its standing as a **thought leader and changemaker** in disability inclusion. The Resource Kit and exhibition stall were deeply appreciated by visitors, and the dialogues initiated during the event are expected to translate into **collaborative projects, policy frameworks, and capacity-building programs** in the near future.

With continued support and visionary leadership, UIAC UTTHAAN remains committed to **enabling an inclusive, accessible, and just society** for all.

Prestigious Recognition: UIAC UTTHAAN Mentioned in LG's Convocation Speech

In a **remarkable and proud moment**, the **Hon'ble Lieutenant Governor of Delhi** made a **special mention of UIAC UTTHAAN** in his **Convocation Address** during the **GGSIPU Convocation Ceremony**. See link https://x.com/shalini50251722/status/1911102643734262087?s=46

This public acknowledgment of UIAC UTTHAAN's contributions is a matter of **great pride** and affirms its relevance and excellence in the field of inclusive research and advocacy.

Such high-level recognition not only reflects the **institutional impact** of UIAC UTTHAAN but also reinforces its role as a **national leader in disability inclusion efforts**.


भारत का संविधान
UIAC-UTTHAAN
DEVELOPED INDIA MISSION
विकसित भारत अभियान


UNIVERSITY INCLUSION & ACCESSIBILITY CELL
UIAC-UTTHAAN
UIAC UTTHAAN SUPPORTING @ACCESSIBLE INDIA CAMPAIGN
UIAC INCLUSION & ACCESSIBILITY E-MAGAZINES
(2020-2024)
VOLUME 1 TO VOLUME 9
UIAC UTTHAAN
IN NEWS
A RESOURCE KIT


UNIVERSITY INCLUSION AND ACCESSIBILITY CELL
UIAC-UTTHAAN
UIAC UTTHAAN PARA SPORTS ACTIVITIES
Guru Gobind Singh Indraprastha University
University Inclusion & Accessibility Cell
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Grievance Redressal Officer (Nodal Officer-Disability Matters)


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TRIVIA

- **Curated by**
  Ishika Dubey
  Ph.D. Scholar
  USMS, GGSIPU

1. **What does the term "Inclusive Medicare" mean?**
   A. Health services only for the elderly
   B. Health services only for people without disabilities
   C. Health services that are accessible and equitable for everyone, including persons with disabilities
   D. Free health services for government employees

2. **Which of the following is a barrier to accessing healthcare for persons with disabilities?**
   A. Friendly healthcare providers
   B. Physical accessibility of clinics
   C. Lack of accessible transportation
   D. Availability of assistive devices

3. **Why is inclusive wellness important for persons with disabilities?**
   A. It helps them become rich
   B. It improves overall health and participation in society
   C. It reduces the need for healthcare
   D. It is only important for children

4. **Which policy in India promotes rights and entitlements of persons with disabilities?**
   A. Right to Education Act
   B. National Health Policy
   C. Rights of Persons with Disabilities Act, 2016
   D. Food Security Act

5. **Which of the following is an example of an inclusive wellness activity?**
   A. Gym accessible only by stairs
   B. Yoga class with sign language interpreter
   C. Health camp without assistive support
   D. Nutrition program that excludes people with special needs

6. **What is one key element of inclusive healthcare?**
   A. High-cost medicines
   B. One-size-fits-all treatment
   C. Respect for individual needs and dignity
   D. Ignoring cultural beliefs

7. **What role do caregivers play in inclusive wellness?**
   A. They discourage independence
   B. They support daily living and emotional well-being
   C. They replace doctors
   D. They control treatment decisions alone

8. **Which government initiative aims to improve healthcare access for people with disabilities in India?**
   A. PM Awas Yojana
   B. Accessible India Campaign (Sugamya Bharat Abhiyan)
   C. Beti Bachao Beti Padhao
   D. Digital India Mission

9. **Which professional is essential in designing inclusive wellness programs?**
   A. Architect
   B. Software engineer
   C. Occupational therapist
   D. Driver

10. **Inclusive wellness programs must address:**
   A. Only physical health
   B. Only mental health
   C. Both physical and mental health needs of persons with disabilities
   D. None of the above

11. **What is a key goal of inclusive wellness programs for persons with disabilities?**
   A. To separate them from mainstream society
   B. To reduce healthcare facilities
   C. To promote their full participation and independence
   D. To focus only on their physical health

12. **Which of the following best supports inclusive healthcare in rural areas?**
   A. Lack of transportation
   B. Mobile health clinics with accessible services

C. Hospitals with stairs only
D. No community health workers

13. Which professional can help improve communication with persons with hearing impairments in healthcare settings?
A. Physiotherapist
B. Interpreter
C. Orthopaedist
D. Pathologist

14. Why is community awareness important in inclusive wellness?
A. It increases discrimination
B. It prevents people from visiting doctors
C. It helps reduce stigma and promote inclusion
D. It replaces the need for government programs

15. What is universal design in healthcare facilities?
A. Designing hospitals only for people with physical disabilities
B. Customizing rooms for individual patients
C. Designing spaces that are accessible to all, regardless of ability
D. Building hospitals in urban areas only

16. Which of the following supports mental wellness in persons with disabilities?
A. Isolation
B. Lack of routine
C. Inclusion in social and recreational activities
D. Ignoring emotional needs

17. Which document guides disability-inclusive development in India?
A. Indian Penal Code
B. National Policy for Persons with Disabilities, 2006
C. Forest Conservation Act
D. Water Pollution Act

18. What does early intervention in healthcare mean for children with disabilities?
A. Providing treatment only after age 10
B. Avoiding medical tests
C. Providing support and therapy at a young age
D. Focusing only on academic performance

19. What is assistive technology?

A. Entertainment apps
B. Tools that help persons with disabilities carry out daily activities
C. A type of internet service
D. Software for engineers

20. Who is responsible for promoting inclusive healthcare?

A. Only doctors
B. Only caregivers
C. All stakeholders – including government, healthcare providers, families, and community
D. Only NGOs

Correct Answers

1. Health services that are accessible and equitable for everyone, including persons with disabilities
2. Lack of accessible transportation
3. It improves overall health and participation in society
4. Rights of Persons with Disabilities Act, 2016
5. Yoga class with sign language interpreter
6. Respect for individual needs and dignity
7. They support daily living and emotional well-being
8. Accessible India Campaign (Sugamya Bharat Abhiyan)
9. Occupational therapist
10. Both physical and mental health needs of persons with disabilities
11. To promote their full participation and independence
12. Mobile health clinics with accessible services
13. Interpreter
14. It helps reduce stigma and promote inclusion
15. Designing spaces that are accessible to all, regardless of ability
16. Inclusion in social and recreational activities
17. National Policy for Persons with Disabilities, 2006
18. Providing support and therapy at a young age
19. Tools that help persons with disabilities carry out daily activities
20. All stakeholders – including government, healthcare providers, families, and community

NEWS AND UPDATES FROM THE WORLD OF DISABILITY INCLUSION

- Compiled by
Ishika Dubey
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Ramps and Wheelchair Areas for Disabled

Government Housing Quota for PWDs

11th International Yoga Day for Divyang Empowerment

Inauguration of Mitti Café by Jeet Adani

Visually Impaired Raviraj secured 182nd rank in UPSC 2024

Judgement of Supreme Court allowing Medical Education for Candidates with disabilities

Purple Talks 2.2

National Conference on "AI for empowering PWDs"

These DU Students Are Helping Disabled People Make Clothes for Their Own Community & Earn From It!

In a small workshop, Avishi Gupta and her Enactus DCAC team are changing lives. Partnering with over 100 people with disabilities, they're designing adaptive clothing that goes beyond fabric — it's about creating a space where each person can stitch their own path to independence and self-respect.

By Raajwrita Dutta

April 18, 2025 8 Min Read

"Adaptive clothing is not just about design. It's about independence and giving people with disabilities the freedom to express themselves without limitations. It's about making them feel heard," says Avishi Gupta, a 20-year-old student at Delhi University's Delhi College of Arts and Commerce (DCAC).

Delhi University students helping Disabled people make clothes and earn

Divyang Empowerment
@socialpwds

Several significant Memorandums of Understanding (MoUs) were signed in New Delhi between the National Institute for Empowerment of Persons with Visual Disabilities (NIEPVD), Dehradun, under the Department of Empowerment of Persons with Disabilities (DEPwD), Ministry of Social Justice and Empowerment, and various non-governmental organizations working towards the empowerment of persons with disabilities (Divyangjan).

These MoUs, signed with six organizations across the country, aim to foster collaboration in key areas such as the use of modern technology, artificial intelligence, psychological support, protection against online fraud, accessibility in technological applications, utilization of modern teaching and learning materials, and technical training for teachers working in special education.

On the occasion, Shri. Rajesh Aggarwal, Secretary, DEPwD, said, "Today marks an important milestone, and we are confident that the positive impact of these collaborations will be evident in the lives of Divyangjan in the near future."

This partnership represents a major step towards enhancing the capabilities and well-being of persons with disabilities by ensuring their access to vital resources and support.
@PMOIndia
@Drvirendrakum13
@blvermaup
@rajeshaggarwal
@PIB_India
@DehradunNiepvd

Memorandums of Understanding signed in New Delhi for empowerment of PWDs

Union Minister laid the foundation of new CRC building for divyangjan rehabilitation

Scholarship scheme for students with disabilities

Health equity for persons with disabilities

1.3 BILLION
people globally have significant disability

1 in 6 people

80% is the estimated number of persons with disabilities living in **low- and middle-income countries** where access to basic health services are especially limited for persons with disabilities

Persons with disabilities experience health inequities

Many of them:

- Are likely to die **20 years** earlier
- Experience poorer health – having more than **double** the risk of developing conditions such as diabetes, stroke or depression
- Have more limitations in functioning – for example inaccessible health facilities are up to **6 times** more hindering for them

Investing in health equity for persons with disabilities means investing in Health for All, bringing high dividends to individuals and communities

There could be a

US$10 return per **US$1 spent**

on implementing disability inclusive prevention and care for noncommunicable diseases

Interventions such as family planning and vaccination could be highly cost-effective when provided in disability inclusive manner, despite the additional cost required

Achieving

3 GOOD HEALTH AND WELL-BEING **SDG 3**

and the global health priorities of

- **pursuing universal health coverage**
- **preventing and responding to health emergencies**
- **promoting healthier populations**

FOR ALL requires action to address health inequities for persons with disabilities

Countries are only 40 steps away from achieving health equity for persons with disabilities

All governments and health sector partners need to commit to **3 recommended principles** when implementing actions

- **Include health equity at the center of all actions**
- **Empower and include persons with disabilities**
- **Monitor the impact of health section actions for persons with disabilities**

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actions to achieve health equity for persons with disabilities

Political commitment, leadership, and governance

1 Prioritize health equity for persons with disabilities

2 Establish a human rights-based approach to health

3 Assume a stewardship role for disability inclusion in the health sector

4 Make international cooperation more effective by increasing funding to address health inequities for persons with disabilities

5 Integrate disability inclusion in national health strategies, including preparedness and response plans for health emergencies

6 Set actions that are specific to the health sector in national disability strategies or plans

7 Establish a committee or a focal point the Ministry of Health for disability inclusion

8 Integrate disability inclusion in the accountability mechanisms of the health sector

9 Create disability networks, partnerships and alliances

10 Ensure the existing mechanisms for social protection support the diverse health needs of persons with disabilities

Health financing

11 Adopt progressive universalism as a core principle, and as a driver of health financing, putting persons with disabilities at the centre

12 Consider health services for specific impairments and health conditions in packages of care for universal health coverage

13 Include into health-care budgets the costs of making facilities and services accessible

Engagement of stakeholders and private sector providers

14 Engage persons with disabilities and their representative organizations in health sector processes

15 Include gender-sensitive actions that target persons with disabilities in the strategies to empower people in their communities

16 Engage the providers of informal support for persons with disabilities

17 Engage persons with disabilities in research and including them in the health research workforce

18 Request that providers in the private sector support the delivery of disability-inclusive health services

Models of care

19 Enable the provision of integrated people-centred care that is accessible and close to where people live

20 Ensure universal access to assistive products

21 Invest more finances in support persons, interpreters, and assistants to meet the health needs of persons with disabilities

22 Consider the full spectrum of health services along a continuum of care for persons with disabilities

23 Strengthen models of care for children with disabilities

24 Promote deinstitutionalization

Health and care workforce

25 Develop competencies for disability inclusion in the education of all health and care workers

26 Provide training in disability inclusion for all health service providers

27 Ensure the availability of a skilled health and care workforce

28 Include persons with disabilities in the health and care workforce

29 Train all non-medical staff working in the health sector on issues related to accessibility and respectful communication

30 Guarantee free and informed consent for persons with disabilities

Physical infrastructure

31 Incorporate a universal design-based approach to the development or refurbishment of health facilities and services

32 Provide appropriate reasonable accommodation for persons with disabilities

Digital technologies for health

33 Adopt a systems-approach to the digital delivery of health services with health equity as a key principle

34 Adopt international standards for accessibility of digital health technologies

Quality of care

35 Integrate the specific needs and priorities of persons with disabilities into existing health safety protocols

36 Ensure disability-inclusive feedback mechanisms for quality of health services

37 Consider the specific needs of persons with disabilities in systems to monitor care pathways

Monitoring and evaluation

38 Create a monitoring and evaluation plan for disability inclusion

39 Integrate indicators for disability inclusion into the monitoring and evaluation frameworks of country health systems

Health policy and systems research

40 Develop a national health policy and systems research agenda on disability

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