

# Disability Inclusion in PVTG Communities — Designing from Scratch

Persons with disabilities in PVTG communities in Odisha face exclusion operating at multiple levels simultaneously:

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**Geographic exclusion:** PVTG communities live in remote forest areas. Government rehabilitation services — assistive device distribution under ADIP, speech therapy, orthopaedic services — are located in district towns accessible only by difficult roads that flood in monsoon. A person with mobility impairment in a Bonda hamlet in Malkangiri cannot reach a district disability rehabilitation centre in any practical sense.

**Bureaucratic exclusion:** Every government scheme for persons with disabilities requires a disability certificate — issued by a government hospital — and, increasingly, an Aadhaar-linked Unique Disability ID (UDID). Obtaining these requires: travelling to a government hospital, which may be half a day's journey; presenting in front of a medical assessment committee; completing forms in a language the person may not speak; and having documentation (Aadhaar, ration card) that many PVTG community members lack.

**Cultural exclusion:** In many PVTG communities, disability is understood through spiritual and cosmological frameworks that do not map onto biomedical classification. A person who the medical system would classify as having an intellectual disability may be understood within the community as spiritually gifted, cursed, or otherwise engaged with non-ordinary reality. This is not always wrong — it is a different framework that may provide dignity and social inclusion that the biomedical model does not. It may also prevent the person from accessing specific support that would help them.

**Programmatic exclusion:** Most disability programmes in India are designed for urban or peri-urban contexts — assistive device distribution, special schools, vocational training for formal sector employment, inclusive education in mainstream schools. None of these designs work in a PVTG community where the nearest school is hours away, the relevant livelihoods are forest-based and agricultural rather than formal sector, and the infrastructure for service delivery doesn't exist.

**Exclusion from other programmes:** Persons with disabilities in PVTG communities are excluded not only from disability-specific programmes but from general tribal development programmes that are not designed with their access needs in mind. An NTFP collection programme that requires walking hours through forest excludes someone using a wheelchair or with significant mobility impairment. A literacy programme in a standard classroom excludes someone with a visual or hearing impairment for whom the format is inaccessible.

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## **What the RPWD Act Provides — and Where It Reaches**

The Rights of Persons with Disabilities Act 2016 is one of India's most progressive disability laws — aligned with the UN Convention on the Rights of Persons with Disabilities, recognising 21 categories of disability (expanded from 7 under the previous law), and mandating inclusion across education, employment, and social protection.

### **What it provides that is relevant to PVTG communities:**

- 5% reservation in poverty alleviation and other government schemes for persons with disabilities
- 5% reservation of land allotted under government schemes for persons with disabilities
- The ADIP (Assistance to Disabled Persons) scheme provides free assistive devices — wheelchairs, crutches, hearing aids, white canes, tricycles — through camps organised at district and block level
- Disability pension under NSAP (National Social Assistance Programme) for BPL families with severely disabled members
- Reservation in government employment — not directly relevant to PVTG communities, but relevant for educated tribal youth with disabilities from these communities

### **Where it doesn't reach:**

The RPWD Act was challenged in 2024 by an NGO arguing that Rule 15(1) on accessibility standards was ultra vires — the Supreme Court agreed and directed the government to frame a single, comprehensive accessibility framework within three months. Rural sector specific accessibility standards were notified in 2023, acknowledging that the mainstream accessibility framework designed for urban infrastructure is not applicable to rural contexts. But even with these rural standards, the application to remote forest communities where infrastructure is essentially absent is largely uncharted.

The disability certificate process — the bureaucratic gating mechanism for all RPWD Act entitlements — is particularly inaccessible to PVTG communities. Remote location, language barriers, unfamiliarity with formal processes, and absence of documentation create barriers to certification that the law does not address.

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# Practical Programme Design: A Community-First Framework

Given the evidence gap, the following framework starts from what is known about inclusive programme design in comparable contexts and adapts for the PVTG context.

## Step 1: Community-level disability mapping

Before any intervention, understand who has a disability in the communities you work in, what their current situation is, and what support — if any — they currently receive.

### Mapping approach:

- Conduct household visits with a simple functional assessment question: "Is there anyone in this household who has difficulty seeing, hearing, moving, communicating, understanding, or doing daily activities compared to other community members their age?"
- This functional framing (difficulty with activities) is more culturally accessible than the medical/diagnostic categories the RPWD Act uses
- For each person identified, understand: What is the nature of their difficulty? How does it affect their daily life? Are they attending school/involved in economic activities? Do they have a disability certificate? Are they receiving any government scheme benefits?

This mapping typically identifies significantly more persons with disabilities than government records show — because most have never been registered.

## Step 2: Document and certificate support

For each person identified who does not have a disability certificate:

- Identify the nearest government hospital with an assessment committee (Medical Superintendent office at district hospital)
- Organise a group transport arrangement for a batch of community members needing certificates — the economies of a group trip make the process more feasible than individual trips
- Support the documentation preparation: Aadhaar, ration card, any medical records that exist
- At the hospital, if language support is needed, a bilingual community member accompanies the person through the assessment process

This is patient, case-by-case facilitation work. It does not scale easily. But a disability certificate is the legal foundation for ADIP device assistance, disability pension, and all RPWD Act

entitlements. Without it, nothing else is accessible.

### **Step 3: ADIP device camps — facilitation, not delivery**

The ADIP scheme distributes assistive devices through district-level camps organised by ALIMCO (Artificial Limbs Manufacturing Corporation of India) and its state partners. Odisha has district-level ADIP camp programmes.

#### **NGO role:**

- Know when ADIP camps are scheduled in your operational district (contact the District Social Welfare Officer — DSWO)
- Mobilise persons with disabilities from PVTG communities to attend — organising transport, accompanying them, ensuring they bring the required documentation
- At the camp, support assessment and device selection — particularly for persons with communication challenges or those unfamiliar with the formal process

**Critical note:** Assistive devices that do not match the terrain are useless. A standard wheelchair issued at an ADIP camp cannot be used on the unpaved paths of a forest village. Advocate with ADIP camp organisers for terrain-appropriate devices — tricycles and manual wheelchairs designed for rough terrain, not urban-style chairs. This advocacy at the district level, while uncomfortable, is the difference between a device that works and one that sits unused.

### **Step 4: Integration into general programmes — not parallel structures**

The most sustainable approach to disability inclusion in PVTG communities is integrating access considerations into general programmes rather than creating separate disability-specific programmes that require their own implementation infrastructure.

#### **Practical integration examples:**

**Entitlements mapping:** When conducting household entitlements mapping (see Practice Note: Entitlements Mapping), ensure persons with disabilities in each household are specifically identified and their entitlements — disability pension, ADIP, 5% scheme reservation — are mapped alongside general entitlements.

**SHG and Mission Shakti:** Ensure that SHG membership and the economic benefits of group membership are accessible to women with disabilities. A woman with a mobility impairment may need meeting location flexibility. A woman with a hearing impairment needs a signer or visual communication accommodation. These are not expensive modifications — they require awareness, not infrastructure.

**MGNREGS:** The MGNREGS Act mandates inclusion of persons with disabilities. Job cards should include all household members, including those with disabilities. Worksites should include

accessible tasks. In PVTG communities where disability is higher than average due to poor health systems, this matters practically.

Agricultural programmes: Technology demonstrations, seed bank operations, and collective marketing activities should be designed to include persons with disabilities — through task allocation that matches ability, participation in decision-making even where physical participation in fieldwork is limited, and ensuring that benefit distribution reaches disability-affected households equitably.

## **Step 5: Advocacy for remote service delivery**

The structural problem — that disability services are located in district towns inaccessible to PVTG communities — cannot be solved by individual NGO programmes. It requires advocacy for service delivery models that come to communities rather than requiring communities to come to services.

### **Specific advocacy points:**

- Mobile disability assessment camps at block level (not only district headquarters)
- ADIP device distribution at block-level ADIP sub-camps
- UDID registration through CSC (Common Service Centres) at panchayat level rather than requiring district hospital visits
- Block-level DSWO capacity to handle ADIP applications and disability pension applications

These are systemic changes. Individual NGOs can raise them consistently with district-level officials — DSWOs, District Collectors, block-level BDOs. The accumulation of consistent advocacy from multiple organisations eventually produces policy response. Document every instance where a person with disability from a PVTG community was denied access to a service because of structural barriers — and include that documentation in any district planning process you have a voice in.

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## **Being Honest About What We Don't Know**

This Practice Note cannot provide proven, evidence-based programme models for disability inclusion in PVTG communities because those models do not yet exist in any documented form. What works in this specific intersection — the unique needs of persons with disabilities from 13 Odisha PVTG communities, in remote forest settings, with the specific cultural frameworks through which disability is understood in these communities — has not been systematically studied.

What NGOs working in this space are doing is important, necessary, and genuinely experimental

in the best sense: building practice that does not yet have a model to follow. The obligation this creates is to document what you try and what happens — honestly — so that the next organisation to work in this space has more to learn from than this note can provide.

JaBaSu's Knowledge Commons is a platform for exactly this kind of field learning. If you are working on disability inclusion in PVTG communities and have documentation of what has worked and what hasn't, we want to hear from you: [knowledge@jabasu.org](mailto:knowledge@jabasu.org).

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Related Knowledge Commons content: Social Justice & Tribal Welfare Sector Primer (*Sector 03*) · Practice Note: Entitlements Mapping — for disability scheme access · Practice Note: VLCPC Activation — for child disability identification and protection

Evidence Grade: C — Expert consensus and field practice. This Practice Note draws on the RPWD Act 2016 and 2024 Amendment Rules, RPWD Amendment Rules 2023 (rural sector accessibility standards), DEPwD programme documentation, the Social Justice Sector Primer evidence on PVTG compounded exclusion, and global literature on disability inclusion in indigenous and remote communities. Last reviewed: April 2026.

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