

DISABILITY & REHABILITATION SERVICES IN NAGALAND



The Working Paper “Disability & Rehabilitation Services in Nagaland” has been prepared by Dr Sunil Deepak (consultant, Mobility India); Cover & back images are by Dr Sunil Deepak; editing support for this version is by Ms. Aviya Chadha.

Mobility India’s vision is “an inclusive and empowered community where people with disabilities, their families and other disadvantaged groups have equal rights to education, health, livelihood and a good quality of life. For reaching this vision Mobility India (MI) promotes Disability-inclusive Development by focusing on children, women and older people.

Mobility India – North East (MI/NE) is the north-east office of Mobility India. It is based in Guwahati (Assam) and operates in the eight states of the North-East.

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ACRONYMS

ADIP	Assistance to Persons with Disabilities for Aids & Appliances
AFSPA	Armed Forces Special Powers Act
BPL	Below Poverty Line
CBR	Community-based Rehabilitation
CBRF	CBR Forum
CBS	Cherry Blossoms Society
C-NES	Centre for North-Eastern Studies
DAN	Development Association of Nagaland
DDRC	District Disability Rehabilitation Centre
DPO	Disabled People's Organisation
ICRC	International Committee of Red Cross
MI	Mobility India
MI-NE	Mobility India – North East
NGO	Non-Governmental Organisation
NSDF	Nagaland State Disability Forum
NREGA	National Rural Employment Guarantee Act
PwD	Person with Disability
RCI	Rehabilitation Council of India
RTA	Rehabilitation Therapy Assistants
SSA	<i>Sarva Shiksha Abhiyaan</i> (Universal access to education)

SUMMARY

With a population of 1.9 million, Nagaland is one of the smallest states in India. Its population is composed of different ethnic groups. Till the end of 1990s, for many decades Nagaland was a conflict-affected area. In spite of occasional new threats of conflicts, over the past one and half decade, the state has been relatively peaceful. This has allowed a period of rapid growth in the state.

The state shows good results in terms of literacy. However, in terms of health services and infrastructures, the situation in Nagaland remains critical, though some health indicators show a positive trend.

Disability and rehabilitation services and programmes are inadequate in terms of quality, coverage and range of services in the whole of north-east region of India, especially outside the big cities like Guwahati, Tezpur, Jorhat, Dibrugarh, Dimapur and Shillong. However, even among the north-east states, the situation in Nagaland seems especially critical in this area. Often, even the minimum services like the provision of disability certificates and basic rehabilitation facilities, are lacking or difficult to access.

Among the Government programmes, *Sarva Shiksha Abhiyan* (SSA) for promoting universal access to education is playing an active role in promoting inclusive education and distribution of assistive devices to school age children in Nagaland.

Some disability and rehabilitation programmes in the state, especially community-based rehabilitation (CBR) and inclusive education programmes, are provided through voluntary organisations such as Prodigal Home, Development Association of Nagaland (DAN), People in Need Foundation (PNF), Youth Action for Rural Development (YARD) and Cherry Blossoms Society (CBS). However, these programmes are mostly limited to areas around a few cities like Kohima, Dimapur and Mokokchung.

A recent welcome initiative in Nagaland has been the setting up of a state level federation of persons with disabilities (NSDF). Though still limited to a small number of DPOs, it hopes to develop and have a wider coverage. Along with the voluntary organisations involved in rehabilitation, CBR and inclusive education, in the coming future NSDF can play a key role in advocacy for the human rights of persons with disabilities.

The voluntary organisations active in the domains of livelihood, social participation and empowerment of persons with disabilities are very few and have a limited coverage. The

state needs many more organisations active in the area of disability & rehabilitation. CBS is involved in distribution of some technical appliances in different districts of Nagaland, through a camp approach. The state needs a better coverage of rehabilitation services, along with CBR programmes and access to assistive devices.

Above all, the state needs strengthening of rehabilitation services through the Government hospitals and health centres, including the District Disability Rehabilitation Centres (DDRCs) and a revitalisation of the role of the State Disability Commissioner.

INTRODUCTION

This working paper is about the situation of persons with disabilities and the rehabilitation services in the state of Nagaland in the north-east region of India. The documents presents some general and demographic information about Nagaland, followed by information on persons with disabilities and the different programmes and services targeted at them in the state.

Methodology of Preparing This Working Paper: An initial literature review about disability and rehabilitation services and programmes in Nagaland was carried out for Mobility India. During this review, secondary data from census reports, NGO reports, research studies, books, websites and newspapers was consulted and analysed.

This was followed by meetings in Guwahati with the representatives of some voluntary organisations from Nagaland. Finally a field visit in Dimapur and Kohima districts was carried out in July 2015. During the field visit Dr Deepak visited different organisations active in the area of disability and rehabilitation and some of their field programmes. **Annex 1** (p. 26) provides a list of organisations visited and persons met during the visit. It also provides brief information about a few other organisations and DPOs active in the area of disability and rehabilitation. However, this list is not exhaustive.

The vision of Mobility India (MI) is to work for “*an inclusive and empowered community, where people with disabilities, their families and other disadvantaged groups have equal access to education, health and livelihood and enjoy a good quality of life*”.

The **North-East office of Mobility India** (MI-NE) was started in April 2015. Its aim is to strengthen rehabilitation services in the 8 states of this region – Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura. Mobility India aims to establish a regional centre for **Inclusive Assistive Technology** in Guwahati (Assam). More information about Mobility India and its North-East office is provided in the **Annex 2** (p. 28) of this document.

The first part of this working paper provides demographic and general information as well as a brief background to the conflicts affecting Nagaland.

Its second part focuses on the disability data from the national census carried out in 2011 and presents some information about disability and rehabilitation issues in the state,

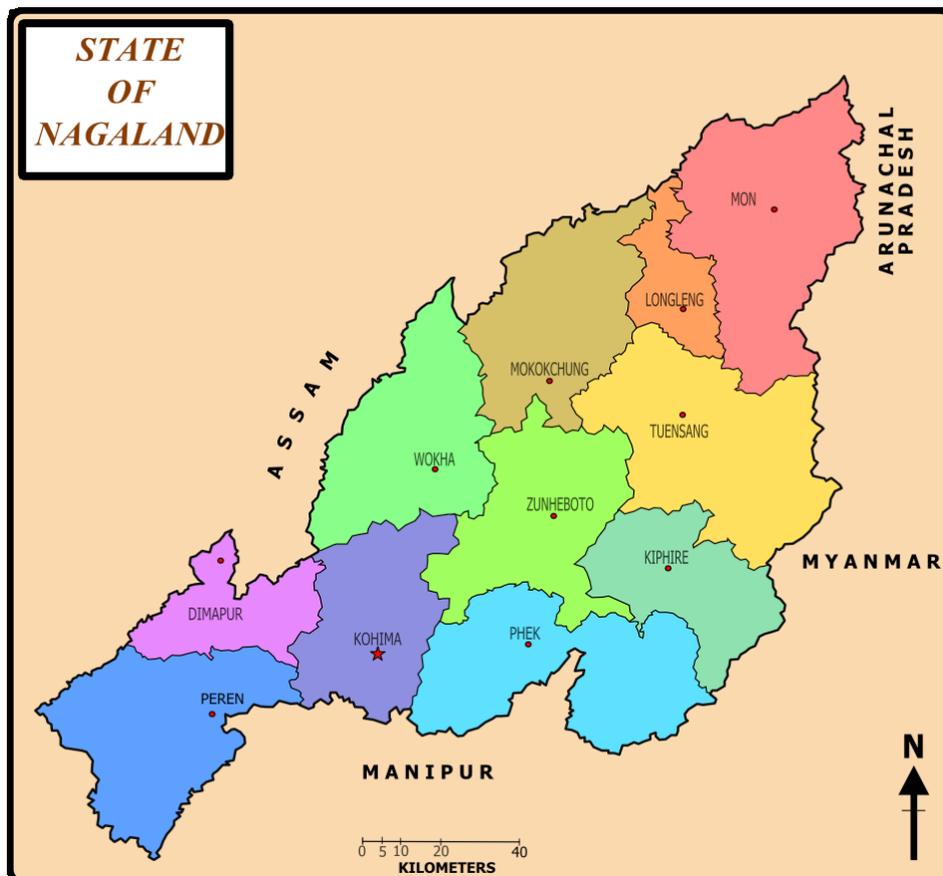
highlighting the achievements, challenges and gaps. It includes information on the organisations of persons with disabilities (DPOs) and the community-based rehabilitation (CBR) programmes in Nagaland.

GENERAL AND DEMOGRAPHIC INFORMATION ABOUT NAGALAND

India is a federal republic composed of 29 States and 7 Union territories. Each state is governed by a State Government and enjoys a wide degree of autonomy in a large number of areas including health, social services, and disability programmes. At the national level, India is a signatory to the U. N. Convention on the Rights of Persons with Disabilities (CRPD). However, it is still awaiting a new law in accordance with CRPD and its disability policy still follows the Persons with disabilities Act of 1995.

Nagaland Geographical and demographic information: Nagaland has a surface area of 16,579 square kilometres (6,401 sq. miles) with a population of 1,980,602 (2011 Census of India), making it one of the smallest states of India with a low population density. Around 52% of the state is covered by forests.

A Map of Nagaland



Nagaland is divided into 11 districts. The state shares borders with 3 other Indian states in the north-east – Assam, Manipur and Arunachal Pradesh. It also has a 280 km long international border with Myanmar.

The state is inhabited by 68 tribes who speak more than 100 languages and dialects. Some tribes speak more than one dialect – for example, the Chakhesang, Ao, Konyak and Rengma tribes. (Nekha K.N., 2015) Among these, there are 16 major tribes - Ao, Angami, Chang, Konyak, Lotha, Sumi, Chakhesang, Khiamniungan, Dimasa-Kachari, Phom, Rengma, Sangtam Yimchunger, Thadou, Kuki, Zeme-Liangmai (Zeliang) and Pochury. Each tribe is unique in character with its own distinct customs, language and dress.

Two threads common to all the different tribes of Nagaland are language and religion – use of English is common and Nagaland is one of three states in India where the population is mostly Christian. However, Nagamese (a mixture of Naga and Assamese languages) and Hindi are also common.

Agriculture & Cottage Industries: Agriculture is the main occupation of almost 70% of the state population. They cultivate chilies, oranges, pineapples, lemon, banana, papaya and vegetables such as cucumber, bean, cotton, ginger and pan (betel) leaves. The other traditional occupations among the Nagas include weaving, fishing, hunting, and producing baskets and other things with cane and bamboo.

Rice is the staple food and its cultivation occupies about 70 per cent of the total farming land. *Jhum* cultivation (burn and shift cultivation) is very much popular, though the Angami and the Chakhesang tribes have traditionally practiced wet terrace cultivation. There are no absentee landlords and no landless individuals among the Nagas. Domestic animals such as pigs, cows, fowls, goats, *mithun* (*Bos frontalis*) and dogs occupy important places in the economy of the Nagas. Mithun, which had a great religious significance, has become a very rare species. (FINCOM 2009, p. 293)

Education & Health services: According to the 2011 national census, in Nagaland the literacy rate was 80%. The Millennium Development Goals' report of Government of India (2015) noted almost 100% enrolment of children in primary schools. This data points towards a good basic education system in the state.

However, questions have been raised about the quality of education, especially in the Government schools. For example, a newspaper report (Sunday Post, 8 September 2014)

mentioned that, *“Government schools in Nagaland are almost entirely filled with children from the economically weaker families who cannot afford to send their children to private schools like their better placed counterparts. However, what makes one ponder upon the fate of these little children is not about from which economic background they come from but the general deterioration in the overall pedagogical health of the government run schools in Nagaland. ... While the state takes pride in the fact it has progressed exceedingly well in improving its literacy rate, literacy should not be confused with the presence of educational infrastructure and manpower.”*

In terms of health system, the situation is more complex. For example, the “Under 5 years infant mortality rate” of Nagaland is among the best in India - 18 per 10,000 live births,

However, the national report on the Millennium Development Goals in India presented in 2015, showed some areas of weaknesses in the health services in Nagaland (MDG-India, 2015):

- The situation of underweight and malnourished children below 3 years of age in Nagaland had actually worsened between 1998-99 and 2005-06, from 18.8% to 23.7%.
- Nagaland had a low coverage (52.2%) of essential immunization among infants below 1 year.
- Percentage of child births assisted by trained personnel was also low (43.8%).
- It also had the highest percentage of pregnant women who were positive for HIV.

A study in the border areas of Nagaland (FINCOM, 2009) had shown that *“... AIDs is widespread in the border areas of Nagaland. The basic reasons are proximity to Golden Triangle, high unemployment, high migrant population, psychosocial instability of the youths and inadequate health infrastructure to prevent and cure such disease.”*

In the beginning of 2015 a local voluntary organisation had carried out a baseline survey on the health indicators in 120 villages from 5 districts of Nagaland. Report of this survey showed that *“90% of the villages lack manpower and infrastructural support that are needed to ensure basic health care for the people. The infrastructural shortcoming is not limited to healthcare infrastructure but also includes shelter, water and sanitation.”* (DAN, 2015)

Resources and Infrastructures: With its green mountains covered with lush forests, rapid rivers and waterfalls and a land rich in natural resources, Nagaland looks like an Alpine paradise, a mini-Switzerland, though it only has about 40% of the land area of Switzerland and 25% of its population.

In spite of the natural resources, the state has a huge debt burden and has difficulties in contributing even the 10% of the resources required to utilize the funds from national Government. For example, a news report in the Nagaland newspaper Eastern Mirror (27 June 2015) had quoted the chief minister of Nagaland, *“Schemes like NLCPR and NEC which are meant for NE States should be 100% funded by the Government of India as providing 10% of the project cost was extremely difficult for the States.”*

An economic columnist of a local news paper (The Morung Express, 29 July 2015) had written about the Gross Domestic Product of Nagaland with the following words: *“... what about production of goods in our State? Again, we hardly have any factory or manufacturing company worth mentioning. So, how can we really talk about Gross Domestic Product of Nagaland when we are not actually producing anything?”*

Even the basic infrastructures in the state are inadequate. For example, Dimapur is the largest city of Nagaland and one of the fastest growing cities in the north-east, but it has many main roads with big pot-holes, that fill up with water during the monsoons and make it difficult to walk or use a vehicle in the city.

Tribes, conflicts and Development: Globalization and modernity are both influencing and changing cultures all over the world. The Naga culture is not immune to these changes. For example, a recent book on the Naga culture mentions, *“The present day sees the increasing intolerance among the people, races, religions and classes; every group of people and race seems to see enmity and antagonism in others, there is a complete loss of trust in one another ...”*. (Nekha K.N., 2015)

Naga tribes are spread across the neighbouring states – Manipur, Arunachal Pradesh and Assam, as well as in the neighbouring Myanmar. On one hand this has created demands for a “Greater Nagaland area” and on the other, fuelled demands of autonomy and independence. Such demands have occasionally provoked protests in the neighbouring states. A report in a national newspaper had commented on this situation (First Post, 7 March 2015), *“Nagaland has always remained a disturbed state right from its birth in*

July 1960, continuously locking its horns with the neighbouring states of Manipur and Assam for greater territorial control to form the Greater Nagalim or Greater Nagaland.”

Coupled with the significant immigration from neighbouring states and other parts of the subcontinent (for example, more than 50% of inhabitants of Dimapur are immigrants) this has created situations of endemic conflicts that seem to quieten for sometime and then suddenly flare up.

Some in-fighting among the tribes for the control of power and resources still continues, with negative consequences for the general population. Different persons met by the consultant in Nagaland had talked about the insurgent groups of different tribes who fight to protect their own rights and collect “taxes” by threatening others.

However the conflicts related to demands of autonomy and independence from the Indian state were much more serious. Indian Government had responded with military forces to counteract these challenges, though there were a few parallel initiatives of dialogue. Due to these conflicts, till the end of 1990s large parts of Nagaland were under the Armed Forces Special Powers Act (AFSPA) called the Nagaland Security Regulation Act (NSRA).

The report of a research study carried out by Centre for North-East Studies (C-NES) on the impact of the conflict in Nagaland (C-NES, 2005) had noted that *“Sustained militancy and violence has affected the civilian population in a number of ways. For example, highly mobile rebel groups take shelter with villagers, ambush security forces and then move on. In many cases, the security forces have retaliated by descending on the village and unleashing what are known as “counter-insurgency” operations. This has translated into harassment for the local civilian population, including sexual abuse of women and girls and other human rights violations. Villagers are accused of and frequently formally charged with aiding and abetting the militants.”*

The disillusion of Naga people with the Indian state and people is expressed in the following words of a member of the Planning Commission of the Government of India, *“The distance between mainstream India and the warm but fiercely independent Naga is not just physical, but psychological and emotional. It is a distance born out of a series of political mishaps and policy failures, of atrocities committed by armed personnel, of the uncaring and callous attitude of the rest of India.”* (Hameed S. & Veda G., 2012, p. 40)

During the past 15 years, the signing of peace agreements with Naga organisations had gradually improved the situation in the state and had led to an easing of the military controls. However, in 2015, after the expiry of the agreements with Naga groups and the attacks on the military personnel, Nagaland has been again declared as a “disturbed area”. During the visit of the consultant in July, military in full battle gear was visible in the cities and streets of Nagaland. This had provoked widespread protests in the state, though some people had also expressed satisfaction that the visibility of armed forces had reduced the “tax-collection” by the insurgent groups and the road travel had become safer.

Recently there have been some initiatives to initiate a new peace dialogue. In August 2015, Government of India has signed a new peace agreement with a Naga group.

The endemic conflicts and perceived risks of conflict, along with lack of infrastructures has contributed to extremely limited investments and industrialization in the region. Though it has the natural beauty and resources, even tourism remains extremely limited in the state. Lack of resources, infrastructures and lack of livelihood opportunities also have a negative effect on the disability and rehabilitation services and programmes in the state.

As evidenced by the repeated quotes from newspaper articles in this report, very few systematic reviews and analysis exist about Nagaland. Research thesis and articles in peer reviewed journals about the different aspects of life in the state are rare. During the last couple of years, renewed plans for better roads & rail links and new infrastructures have raised hopes for kick-starting the development process in the north-east and in Nagaland. Hopefully this will also lead to better information collection and analysis of the situation through systematic research studies and reports.

SITUATION OF PERSONS WITH DISABILITIES AND THE REHABILITATION SERVICES IN NAGALAND

The situation of persons with disabilities and of rehabilitation services remains extremely critical. At the same time, finding information about the situation of disabled persons in Nagaland is difficult as published materials, reports and articles on this theme are limited.

Persons with disabilities in Nagaland: According to the 2011 national census, there were a total of 29,631 persons with disabilities in Nagaland, which means around 1.5% of the total population. Thus, according to the census data in the north-east states, Nagaland was among the states with the lowest percentage of persons with disabilities.

Among the persons with disabilities, 16,148 (54.5%) were male and 13,483 (45.5%) were female. Around 26% of the persons with disabilities had less than 18 years.

District Disability Rehabilitation Centres (DDRC) in Nagaland: According to the initial plans of setting up District Disability & Rehabilitation Centres in the north-east in 2000, Nagaland was supposed to have at least 3 DDRCs (in Dimapur, Tuensang and Mon). However, in 2015, it did not have even one functioning DDRC.

The national Government had initiated one DDRC in Dimapur in 2000. After 5 years, it was supposed to be taken over by the State Government. However the State was not ready to take it and thus, for one additional year it was managed under national Government. Then it was closed for some years as the state government was unable to provide funds for its functioning.

The Dimapur DDRC was resuscitated by International Committee of Red Cross (ICRC) in 2010 and it had received funds and equipment from them till 2013. During this period, Mobility India had also provided technical support to this DDRC for setting up of an orthopaedic workshop. However, once the ICRC funding finished, the state was unable to provide any resources and thus the Dimapur DDRC was again closed.

According to a news report in The Nagaland newspaper Eastern Mirror (26 March 2015), “... Nagaland’s population of persons with disabilities still did not have even basic infrastructure, leave alone assistance from the government. Walking inside the Dimapur District Hospital’s complex, one will come across a three-storied building with a board announcing, ‘District Disability Rehabilitation Centre.’ Nagaland’s only rehabilitation

centre for persons with disabilities remains unused for more than two years. The centre in Dimapur is the only centre for the entire people of Nagaland where help can be availed by persons with disabilities. ... The apathy proves that persons with disabilities in Nagaland have been left at mercy with no help coming from the government except for some few private clinics and nongovernmental organizations ...”

Another recent local newspaper report (Morung Express, 28 June 2015) touched on this situation with the following words: *“Nagaland is the only state in the North East without an operational Disability Rehabilitation Centre, revealed the Nagaland State Disability Forum (NSDF) today. Expressing anguish at the plight of people living with disabilities in the state, the NSDF informed that the only District Disability Rehabilitation Centre (DDRC) in Nagaland, located in Dimapur, stopped functioning in early 2013.”*

State Disability Commissioner in Nagaland: 2 Years ago in 2013, after long demands and advocacy by NGOs and disability activists, the Nagaland State Disability Commissioner (DSC) was appointed – Dr Atha Vizol.

During the visit of the consultant in Nagaland in 2015, many persons with disability and activists complained that the appointment of Dr Vizol has not made any change in their situation or in the rehabilitation services. Some persons who knew Dr Vizol told that he has not been allocated any budget by the State Government.

In a blog report published in May 2014, the situation of the SDC of Nagaland was described in the following words, *“A year back, Nagaland State realized the need for a special disability commissioner. Dr. Atha Vizol, State Disability Commissioner said, ‘It has only been a year since I joined the office as a Disability Commissioner but I don’t have any staff till date.’”* (Nawaz M. F., 2014)

Disability certificates: According to the 2011 census, only 5.17% of the persons with disabilities in Nagaland had a disability certificate, the lowest in whole of the north-east region.

During the visit to the State, the consultant looked at some of the disability certificates received by persons. Many contained wrong or incomplete information. For example, a girl with Down syndrome had been given a disability certificate for a visual disability.

Some persons with disabilities in Dimapur explained that there was a physical medicine specialist in Dimapur who had the skills in the disability-rehabilitation domain and who

had made it much easier for persons with disabilities in Dimapur to receive the disability certificates. However, in 2015, this health professional was transferred to a remote district and thus the State lacks doctors with knowledge about different disabilities.

For example, a newspaper report (Morung Express, 27 November 2015) about the World Disability Day explained the difficulties of getting a disability certificate in Mokokchung: “.. *the presently practiced process of issuing Disability Certificates to PWDs needed a review. The Medical Board of IMDH is the sole issuing authority of the all-important certificate for PWDs in Mokokchung, which Imchawati says must be made more “disabled friendly” specially keeping in mind the welfare of PWDs from far flung areas. The certificate is issued only after physically verifying the PWDs but in most cases, the PWDs are unable to ‘physically present themselves’ at IMDH ...*”

Disability Pensions and other schemes in Nagaland: The State Disability Pension scheme is managed by the Directorate of Social Welfare of Nagaland. The monthly grant of the pension is Rs 200. To be eligible for this pension, the persons must have at least 40% of disability, have more than 18 years, must belong to a BPL family (Below Poverty Line) and should not be receiving any other pension or financial assistance.

Another pension scheme called “Indira Gandhi National Disability Pension scheme” provides 300 Rs per month to persons with severe disabilities, belonging to a BPL household and of 18 - 79 years.

Disabled students belonging to BPL households and with at least 40% of disability can also receive financial assistance (scholarship) of Rs 200 per month for school studies from class three of the primary school onwards. Free bus passes can be given to blind persons and their accompanying persons.

In addition, persons below the poverty line have the right to receive free technical appliances. However it was not possible to find out the pre-requisites of this scheme and other information such as - how many persons had received free appliances in 2014-15, what kind of pre and post delivery care/training was given to those who had received the appliances.

Reports from CBS presented pictures showing distribution of technical appliances in different districts of Nagaland during 2013-14 and 2014-15. However, these reports also

did not provide any information on the total need in the state and number of different appliances distributed.

In an answer for a “Right to Information” query, Department of Social Welfare of Nagaland had provided some details of beneficiaries. (RTI, 2015) According to this document 1500 “*needy invalid persons*” and 200 “*totally blind persons*” receive a “financial assistance” of Rs 200 per month. In addition, 499 persons with disabilities had received loans for income generation activities.

Thus, compared to some other states in the NE such as Meghalaya and Sikkim, the amount of disability pension is very low and only a small number of persons receive it in Nagaland.

Community-based Rehabilitation (CBR) Projects in Nagaland: In 2007-8, the CBR Forum (CBRF) from Bangalore had started supporting some CBR projects in Nagaland. At present some of these projects have been discontinued (PINF, Akimbo society, Nagaland Development & Outreach, Guardian Angels and YARD-Kohima).

Prodigal Home Dimapur is running a CBRF supported CBR project that will conclude in 2016. The other on-going CBRF supported CBR projects in the state are by Development Association of Nagaland (DAN) in Dimapur and Care & Support Society in Mokokchung.

The coverage of the CBRF supported CBR programmes is quite small, usually one block or even less. For example, a CBR project managed by DAN covers 30 villages under Chumukedima block of Dimapur district and during 2014-15 it had reached 228 persons with disabilities. (DAN, 2015)

However, even with their limited coverage, these programmes can still have a significant impact on the lives of persons with disabilities. For example, the annual report of another voluntary organisation running a CBR programme in Dimapur district (Prodigal Home, 2015) provided the following information:

“A DPO of persons with disabilities, children with disabilities and parents was formed in 2008 and christened “Meimlong Disabled people’s Organization”. This group helped the community of persons with disabilities, children with disabilities and parents to come together, share their problems and address the issues by themselves. They approached the Deputy Commissioner for BPL Card, and applied for BPL rice from food and Civil Supplies. They also organized meeting with village council leaders to advocate for ramp in the newly constructed community

hall, inclusion of PwDs in NREGA programme and to reserve 3% in all poverty alleviation schemes for them in the village. The response all bore fruit. Later, the group started income generation activities.”

Another important achievement of the CBRF supported CBR programmes in Nagaland is the setting up of Nagaland State Disability Forum (NSDF), a state level Disabled People’s Organisation (DPO).

Given the lack of Government services and the positive impact of CBR on persons’ lives, Nagaland requires much larger support to start new CBR programmes and to extend the coverage of existing programmes.

Inclusive schools in Nagaland: A report on the inclusion of children with disabilities in the education system under the *Sarva Shiksha Abhiyan* (SSA – “Education for All” programme of the Government of India) for the period 2009-2010 had reported that in Nagaland there were a total of 3,672 children with disabilities out of which 2,904 children (79.1%) were going to regular schools, 403 children were in special schools and 365 children with severe disabilities were under the home-based education programme. Thus, according to this report 100% of children with disabilities in Nagaland were receiving education.

According to this report, in 2009-2010, there were 46 resource teachers in Nagaland for the children with disabilities and a total of 189 school teachers had received specific training on inclusive education under SSA. In the same period, out of the 1,938 schools in the state, a total of 678 schools (35%) were made barrier-free. Finally, there were 2,385 children with disabilities who needed technical appliances and in 2009-2010, a total of 989 children (41.5%) had received the appliances. (SSA, 2010)

However, a more recent report had presented a less positive picture. A review of implementation of SSA in Nagaland was carried out in January 2014. This review noted that no surveys had been carried out to identify out of school children for the past five years. A total of 8,589 school children, who were not going to school were identified in 2013-14, but no records on this issue were found at block and district levels, so it was difficult to confirm if the reported figures were correct. Out of 125 cluster resource centres for supporting school education planned in Nagaland, 123 were not functioning. (SSA, 2014)

The 2014 SSA review report also provided the following information about the situation of inclusive education in Nagaland:

The state had identified 9,197 children with mild to moderate disabilities which is 2.38% out of the total child population. In 2013, they reported that 9,171 children were identified, out of whom 7,329 were enrolled in schools, 1,868 severe cases were reported who were to be covered through home based education and 1190 aids and appliances were provided to children across the 11 districts. Braille books have been printed but are yet to be distributed to the children. Large print books are yet to be printed. This process has to be expedited as the state has identified a total of 3,418 children with visual impairment, out of whom 255 are blind. Assessment is done by the volunteers in collaboration with Department of Health and Family Welfare, and ALIMCO. There are 76 Resource Teachers and 92 Education Volunteers placed at the EBRC level across the state. In the absence of a state based institution 25 of these resource teachers are untrained. Short duration trainings are conducted by RCI, in Shillong, and in Mountfort School in Guwahati. Training and sensitisation of regular teachers is a challenge due to lack of a state based training institution. The state has started four Resource Rooms operating as Day Care Centres in 4 EBRCs, one of which was visited by the Mission team. They are manned by qualified and trained Special Educators as well as a physiotherapist and cater to children with special needs, offer counselling services to parents and organise sensitisation courses for teachers. These are expected to be upgraded as Study Centres for the Foundation Course Training to be offered by RCI. Of the 5 schools visited by the team, none of them had any CWSN enrolled. None of them had ramps, although some of them were new constructions or had constructed a new set of classrooms.

Thus, in spite of very positive report on inclusive education in 2009, the actual situation in 2014 seemed to be a little different. However, in terms of disability and rehabilitation services, thanks to the SSA programme, inclusive education is the only area about which periodic reviews are conducted and reports are easily available. Similar information about health and social services, as well about the livelihood opportunities for persons with disabilities in Nagaland could not be identified.

DPOs in Nagaland: The Nagaland State Disability Forum (NSDF), the state level DPO, was formed with support from CBRF in January 2014. Mr. Kezhaletto Zecho is its first

president. Since NSDF does not have representations from persons with different kinds of disabilities, they have yet to identify and elect their board. With closure of many CBR projects, it is difficult for disabled persons from those project areas to receive information about NSDF and to participate in its activities.

In March 2015, 70 village level DPOs from Dimapur, Kohima and Mukokchung districts were members of NSDF. According to the NSDF newsletter (NSDF, 2015), the challenges faced by persons with disabilities in Nagaland included the following:

- lack of aids and appliances
- Out of 29,631 persons with disabilities identified in the national census in 2011, less than 10% were receiving disability pension
- Lack of district disability and rehabilitation centres
- Lack of state disability policy

There are also some other older DPOs in Nagaland such as some organisations of parents of disabled children and the Mon District Handicapped Society (President Mr. M. Wongshok). Without funding and any support, it is difficult for them to network with others and carry out any meaningful work.

Mr. Zecho, president of NSDF said that at present the network of DPOs from CBRF-funded projects is new, so they would like to focus on strengthening it before trying to expand the network by opening to other DPOs. Another issue is lack of resources to reach out to other DPOs existing in Nagaland to bring their representatives to the meetings of NSDF.

NGOs providing rehabilitation services in Nagaland: Among the voluntary organisations, Prodigal Home in Dimapur has a small rehabilitation department, set up with support from Mobility India, and a trained Rehabilitation Therapy Assistant (RTA). Cherry Blossoms Society in Kohima also has trained RTAs and a therapy unit.

Some voluntary organisations involved in inclusive education and/or CBR programmes, collaborate with ADIP scheme to distribute some technical appliances. For example, as mentioned earlier, during 2014-15 a voluntary organisation of Kohima, Cherry Blossoms Society (CBS), distributed aids and appliances such as wheel chairs, walking sticks and water mattresses, in all the eleven districts of Nagaland. (CBS, 2015)

Many persons, including children, who need rehabilitation services and assistive devices, need to go to other big cities in the region such as Jorhat, Guwahati or Shillong. This means that persons in poor families often face greater hardships in accessing rehabilitation services.

While in big cities of the NE, government services are lacking, there are private specialized services for those who can afford to pay. In cities of Nagaland, even the private hospitals and clinics providing disability and rehabilitation services are few.

CONCLUSIONS

Disability and rehabilitation services and programmes are inadequate in whole of the north-east region of India, especially outside a few big cities like Guwahati, Tezpur, Jorhat, Dibrugarh, Dimapur and Shillong. However, among the north-east states, the situation in Nagaland seems especially critical. Even the minimum services from the Government like the provision of disability certificates and basic rehabilitation services are lacking or difficult to access.

The only viable services are provided through voluntary organisations like Prodigal Home, Development Association of Nagaland, People in Need Foundation, Youth Action for Rural Development and Cherry Blossoms Society, especially through community-based rehabilitation (CBR) programmes. However, the state needs many more CBR and assistive appliances programmes and to increase the coverage of existing programmes.

A welcome initiative in Nagaland has been the setting up of a state level federation of persons with disabilities (NSDF). Though still limited to DPOs set-up under the CBR projects supported by CBR-Forum, it hopes to develop in future, have wider coverage and a greater role in advocacy for the rights of persons with disabilities in Nagaland.

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ANNEX 1

NAGALAND ORGANISATIONS VISITED BY DR DEEPAK IN JULY 2015

- **Ministry of Social welfare**, Government of Nagaland, Nagaland Civil Secretariat - Joint Secretary Department of social welfare, Mr Nyusietho Nuyiethe
- **Nagaland State Disability Forum (NSDF)**, Kohima – Mr Kezhaletto Zecho (president)
- **Mon District Handicapped Society (MDHS)**, Mon – Mr. M. Wangshok (met in Kohima)
- **Prodigal Home**, NSCB Building, 5th floor, East Wing, Kher Mahal, Dimapur – Mrs. K. Ela (Director), Mr Maong (Deputy director) and Ms Asang Jamir (Assistant). Also visited the CBR & rehabilitation centre of Prodigal Home near the Dimapur railway station - Ms. Katia (Coordinator), Mr Obed, Ms. Mariam, Ms. Abeula and Ms Amanwange (CBR workers).
- **People in Need Foundation**, House n. 2, United North Block, Burma Camp, Dimapur; the NGO office is on Kohima road, after Town hall, in front of Saramoti hotel - Joe Ngamkhuchung (Chairperson).
- **Akimbo Society**, House n. 163, Supply Colony, Dimapur; they have a Drop-in centre for HIV in Naga Bazar off Lotha road near the railway station – Mr Kaisii John (Project Director) and Mr Nathaniel Bogh (Programme manager).
- **Development Association of Nagaland (DAN)** office inside Carmel High school at 4th mile on Kohima road, near Duphipar police station - Fr Charles (Executive director), Mr Jiji Jospeh (Senior Programme officer), Ms Chubarenla (CBR coordinator), Ms Kevilesieno Cynthia, Ms Kaini Teresa and Ms Merusrula (CBR workers).
- **Cherry Blossoms Society**, Lerie Chazou, Kohima - Ms. Purnima Kayina (director inclusive school), Mr D. Adani (President) and Ms Zeneilenuo Solo (Rehabilitation Therapist Assistant)
- **Family Planning Association (FPA India)**, Nagaland Branch, Main Office, Main Town, Daklane – Kohima, - Mr Vincent Belho (director)

OTHER ORGANISATIONS/INDIVIDUALS RELATED TO DISABILITY AND REHABILITATION SERVICES IN NAGALAND (NOT VISITED BY DR DEEPAK IN JULY 2015)

- Nagaland State Disability Commissioner, Kohima - Dr Atha Vizol
- Ms. Inatoli Choppy, Director, Guardian Angel, Fellowship Colony, Dimapur
- Chewang Society, Minister Hill, Kohima
- Ms Diethono Nakhro, Alderville School, Phezu, Kohima Science College Jotsoma, Kohima (Disability activist)
- Ms. Ella Mary, Youth Action for Rural Development (YARD), 2nd floor, Kharu complex, NST bus terminus, Kohima – NGO running CBR programme
- Mr Niketu Iralu, Sechu Subza (Elderly person, Peace and human rights activist, prominent and respected personality in Nagaland)
- Mr. Imchawati Kichu, Director, Care and Support Society, Townhall Road, near DC office, Mokokchung
- Fr George, Community Health project, village 40 km from Kohima
- Sr Rita, nurse, Diocesan coordinator for Community Health activities and NECHA coordinator for Nagaland, Kohima

Note: This list is incomplete. There are many other organisations and DPOs active in the area of disability and rehabilitation in Nagaland. Suggestions for adding to this list are solicited.

Annex 2

MOBILITY INDIA

Mobility India (MI), an independent, democratic and secular disability and development organization, was established in Bangalore as a registered society in 1994. Its vision is to work for “*an inclusive and empowered community, where people with disabilities, their families and other disadvantaged groups have equal access to education, health and livelihood and enjoy a good quality of life*”. It promotes inclusive development by providing rehabilitation services, education and training programs in assistive technology (prosthetics, orthotics and wheel chairs), rehabilitation therapy, community-based rehabilitation and accessibility.

Its Rehabilitation Research and Training Centre in Bangalore was set up in 2002. Many of the training courses of MI are recognised by International Society of Prosthetics and Orthotics (ISPO), Rehabilitation Council of India (RCI) and Rajiv Gandhi University of Health Sciences (Karnataka).

MI’s Regional Resource Centre in Kolkata was established in 1998. In addition, MI has undertaken some pioneering work in the promotion of community based inclusive development in some urban slums and rural areas.

Mobility India North East (MI-NE): MI has been supporting and facilitating organizations in the North-Eastern Region of India Since 2004-05. It strengthens organisations working in the area of disability through capacity building and training, assisting in setting up/upgrading of prosthetic & orthotic workshops with physiotherapy and occupational therapy units.

The North-East office of MI (MI-NE) was set up in April 2015. Its aim is to strengthen rehabilitation services to the 8 states of this region – Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura.

The medium term goal of MI-NE is to establish a regional centre for **Inclusive Assistive Technology** in Guwahati (Assam).

At the same time, in the initial phase, MI-NE is going to focus on the following activities:

- Strengthen capacity building of rehabilitation professionals and persons working in community-based rehabilitation (CBR) programmes through organisation of

training courses and facilitating participation of students from the north-east in the academic training courses organised by MI in Bangalore.

- Design and implement innovative community-based rehabilitation (CBR) and community-based inclusive development (CBID) programmes that can serve as models for expanding the services for all the different groups of persons with disabilities and other vulnerable groups in this region.
- Promote networking and collaboration among the organisations of persons with disabilities (DPOs) and non-governmental organisations (NGOs) active in the disability and rehabilitation sector.

In addition, to the above-mentioned activities, building an evidence-base about the effectiveness of disability & rehabilitation services through multi-disciplinary research initiatives will be a cross-cutting theme touching all the different activities of MI-NE.

Regular information about different activities of MI-NE is available on the following webpage: <http://mobility-india.org/> and on the MI-NE blog <http://mobilityindiane.blogspot.in/>



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