

INTERNATIONAL JOURNAL FOR LEGAL RESEARCH AND ANALYSIS



Open Access, Refereed Journal Multi-Disciplinary
Peer Reviewed

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DECENTRALIZED DISPARITY: A COMPARATIVE STUDY OF STATE-LEVEL IMPLEMENTATION OF THE RPWD ACT, 2016

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ABSTRACT

The enactment of the Rights of Persons with Disabilities (RPWD) Act, 2016, marks a paradigm shift in Indian disability jurisprudence, transitioning from a medical model of charity to a rights-based framework aligned with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and constitutional guarantees of substantive equality. This paper critically evaluates the implementation of the RPWD Act, revealing a stark dichotomy between its progressive legislative intent and the systemic administrative lethargy that characterizes its practical realization.

While the Act significantly expands recognized disability categories to twenty-one and mandates reasonable accommodation, the analysis exposes profound gaps in social security and welfare distribution. The study highlights how statutory escape hatches regarding "economic capacity" and the stagnation of the Indira Gandhi National Disability Pension Scheme (IGNDPS) have resulted in exclusionary eligibility criteria that leave the vast majority of persons with disabilities outside the social security net. Furthermore, the decentralization of welfare has created a "postcode lottery," resulting in severe inter-state disparities in pension amounts and a widespread failure to implement caregiver allowances or High Support Needs assessments.

The paper further interrogates the institutional failure to establish mandated Special Courts and State Commissions, arguing that bureaucratic "gatekeeping" through rigid medical certification processes continues to violate the right to dignity. Concluding that the Act's transformative potential is currently undermined by fiscal apathy and executive inaction, the research calls for decoupling welfare from restrictive poverty lines and enforcing robust fiscal commitments to bridge the gap between constitutional ideals and ground-level justice.

Keyword's: RPWD Act, 2016, Substantive Equality, Disability Jurisprudence, Social Security, Reasonable Accommodation.

1.1 Introduction: The Paradigm Shift in Disability Jurisprudence

The enactment of the Rights of Persons with Disabilities (RPWD) Act, 2016, represents a profound watershed moment in the trajectory of Indian disability jurisprudence and social policy. Replacing the antiquated and heavily criticized Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, the 2016 legislation was fundamentally catalyzed by India's ratification of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2007.¹ This transition is not merely a legislative update; it signifies a radical philosophical reorientation in how the Indian state and its legal apparatus conceptualize, define, and interact with citizens possessing physical, mental, intellectual, or sensory impairments.²

The historical narrative of disability in India has been predominantly characterized by invisibility, charity, and medical confinement.³ The 1995 Act was inextricably anchored in the medical model of disability, an approach that views disability as an inherent physiological pathology, a "defect," or a personal tragedy requiring charitable compensation, rehabilitation, or a medical "cure."⁴ Under this paradigm, the focus of the law was heavily restricted to alleviating the supposed physical deficits of the individual, thereby distracting attention from the systemic, social, and structural barriers that actively prevent the equal participation of disabled individuals in public life.⁵ In stark contrast, the RPWD Act, 2016, embraces the social and biopsychosocial models of disability, defining it as an evolving construct resulting from the interaction between a person's impairment and the attitudinal, environmental, and structural barriers that hinder their full and effective participation in society on an equal basis with others.⁶ This paradigm shift fundamentally moves disability from the realm of social welfare and state charity to the realm of enforceable human rights.⁷

This Research Paper critically examines the social security and welfare provisions embedded within the RPWD Act, 2016. While the legislation boasts profound theoretical strengths particularly in its alignment with constitutional guarantees of substantive equality and human dignity its practical realization is marred by systemic administrative lethargy, fiscal apathy, and institutional vacuums. By dissecting the provisions of Section 24 (Social Security) and Section 38 (High Support Needs), alongside an exhaustive analysis of decentralized state-level implementation, this research paper exposes the stark dichotomy between the statute's rights-based ambitions and the ground-level reality of welfare distribution in India. The analysis interrogates the persistent gaps in funding, the exclusionary nature of pension criteria, and the uneven landscape of caregiver allowances, ultimately contrasting these implementation failures with the constitutional ideals of justice and dignity.

1.2 Strengths in Alignment with the Constitution: The Rights-Based Shift

The most profound contribution of the RPWD Act, 2016, is its statutory alignment with the core tenets of the Constitution of India, specifically Articles 14 (Equality before law), 15 (Non-discrimination), 21 (Right to life and personal liberty), and 41 (Right to work, education, and public assistance).⁸ By internalizing the principles of the UNCRPD, the RPWD Act transcends the limited scope of its predecessor and weaves disability rights into the very fabric of Indian constitutionalism.

1.2.1 The Transition from Formal to Substantive Equality

The transition to a rights-based approach operationalizes the constitutional ideal of substantive equality. Traditional legal frameworks have often relied on formal equality the principle that "like cases must be treated alike" which inherently fails marginalized groups because it assumes a level playing field and ignores historical disadvantages, structural barriers, and specific vulnerabilities. Substantive equality, conversely, recognizes that treating unequal entities equally perpetuates inequality, thus necessitating affirmative action, reasonable accommodation, and differential treatment to achieve a genuinely equitable outcome.

The RPWD Act manifests substantive equality through Section 3, which mandates the appropriate government to ensure that persons with disabilities enjoy the right to equality, life with dignity, and respect for their integrity equally with others.⁹ This is not merely a directive

to avoid active discrimination, but an affirmative obligation on the state to dismantle existing barriers. The Supreme Court of India has played a pivotal role in cementing this alignment through progressive jurisprudential interpretation. In the landmark judgment of *Vikash Kumar v. Union Public Service Commission* (2021), the Court extensively analyzed the principle of "reasonable accommodation" defined under Section 2(y) of the RPWD Act.¹⁰ The Court elucidated that reasonable accommodation is an expression of the constitutional guarantees of equality and non-discrimination, acting as the very instrumentality through which substantive equality is achieved.¹¹

1.2.2 Inclusive Definitions and Intersectional Protections

The RPWD Act, 2016, significantly broadens the statutory recognition of disability, addressing one of the most egregious flaws of the 1995 Act. The previous legislation recognized a mere seven categories of disability, effectively rendering millions of individuals with other impairments legally invisible and entirely excluded from state welfare, reservations, and legal protections.¹² The 2016 Act expands the schedule of specified disabilities to twenty-one categories, encompassing physical, intellectual, mental, and sensory impairments.¹³

Another critical strength of the RPWD Act is its explicit statutory recognition of intersectionality. Section 4 directly addresses the compounded vulnerabilities of women and children with disabilities, mandating appropriate governments to take specific measures to ensure they enjoy their rights equally with others.¹⁴ This aligns perfectly with Article 15(3) of the Constitution, which allows the state to make special provisions for women and children. The legislation acknowledges that disabled women face aggravated risks of gender-based violence, economic marginalization, forced institutionalization, and exclusion from healthcare and education.¹⁵ Similarly, Section 9 mandates that a child with a disability shall not be separated from their parents solely on the ground of disability, protecting familial integrity.¹⁶ By statutorily recognizing these intersecting layers of marginalization, the Act establishes a foundation for targeted welfare interventions that move beyond a monolithic, homogenized view of the disabled population.

1.3.1 The "Economic Capacity" Escape Hatch and the Ambiguous 25% Mandate

Section 24(1) places an immediate caveat on the state's obligation, stating that welfare schemes

shall be formulated "within the limit of its economic capacity and development".¹⁷ This phrasing directly mirrors the language of Article 41 of the Directive Principles of State Policy, which are non-justiciable. By embedding this limitation within a supposedly rights-based statute, the legislation creates a statutory escape hatch. It allows central and state governments to justify inaction, inadequate funding, and delayed implementation by continuously citing fiscal constraints, thereby diluting the enforceability of social security rights.

A critical feature designed to mitigate the financial disadvantages faced by the disabled population is the proviso in Section 24(1), which mandates that the quantum of assistance to persons with disabilities under general welfare schemes "shall be at least twenty-five per cent higher than the similar schemes applicable to others".¹⁸ This provision theoretically acknowledges the "cost of disability" the substantial additional financial burden incurred due to continuous medical expenses, rehabilitative therapies, assistive devices, accessible transportation, and requisite caregiving.¹⁹ Studies indicate that households with a disabled member often spend roughly 20% of their monthly consumption expenditure on out-of-pocket disability-related costs, pushing more than half of these households into catastrophic health expenditure and poverty.²⁰

However, the implementation of this 25% mandate is highly ambiguous, poorly monitored, and routinely violated across states.²¹ The language is vague; it relies on the existence of a "similar scheme applicable to others" to establish a baseline. In practice, if a state provides a standard old-age or widow pension of ₹200 or ₹500, the corresponding disability pension under this rule would merely require an additional ₹50 to ₹125. This negligible absolute increase completely fails to offset the disproportionate economic burden of disability. The lack of an independent, objective economic assessment to quantify a dignified standard of living renders the 25% rule a mathematically hollow promise rather than a mechanism for true economic equity.

1.3.2 The Stagnation of the Indira Gandhi National Disability Pension Scheme (IGNDPS)

The most glaring gap in the Indian social security net is the architecture, funding, and accessibility of the Indira Gandhi National Disability Pension Scheme (IGNDPS), operating under the broader National Social Assistance Programme (NSAP). The IGNDPS serves as the primary central vehicle for disability income support, yet it is severely hobbled by two

interlinked factors: severe financial inadequacy and draconian, exclusionary eligibility criteria. First, the Central Government's contribution to the disability pension has remained stagnant for over a decade at a paltry ₹300 per month for individuals aged 18 to 79, and ₹500 per month for those aged 80 and above.²² In a macroeconomic environment characterized by steady inflation and rising healthcare costs, a central allocation of ₹300 (less than \$4 USD) per month is practically obsolete and borders on the offensive. It categorically violates the RPWD Act's guarantee of an "adequate standard of living" and does virtually nothing to foster independent living or community integration.²³ While states are encouraged to provide "top-up" amounts, the stagnation of the central share reflects a profound lack of political will to prioritize disability welfare at the federal level.

Second, the eligibility criteria for the IGNDPS are intensely exclusionary and fundamentally misaligned with the definitions established by the RPWD Act. To qualify for the IGNDPS, an applicant must possess a disability severity of 80% or more (classified as severe or multiple disabilities) and must simultaneously belong to a formally recognized Below Poverty Line (BPL) household. The 80% benchmark is an incredibly high threshold that directly contradicts the RPWD Act's definition of a "person with benchmark disability," which is set at 40% impairment for the purpose of accessing rights and entitlements.²⁴ By combining the 80% severity requirement with the notoriously flawed BPL metric, the IGNDPS systematically excludes the vast majority of the disabled population. Statistical analysis reveals that these strict criteria prevent more than 95% of persons with disabilities from accessing the scheme's benefits. Millions of individuals with moderate to severe (40%-79%) disabilities, who still face immense barriers to employment and incur significant disability-related costs, are left entirely outside the central social security net.

Furthermore, the issue is not merely one of insufficient initial allocation, but of acute and chronic underutilization of the funds that are provided. A prime example is the Scheme for Implementation of Persons with Disabilities Act (SIPDA), which serves as the primary funding vehicle for vital accessibility projects, the Accessible India Campaign, and infrastructure modifications nationwide. SIPDA has seen its budget actively slashed year over year: from ₹240.39 crore in 2022-23, down to ₹150 crore in 2023-24, further down to ₹135.33 crore in 2024-25, and projected at just ₹125 crore for 2025-26.²⁵

Compounding these cuts are shocking levels of unspent funds. Government data indicates that

in recent fiscal years, massive percentages of allocated funds remained unused up to 93% of SIPDA funds were reportedly unutilized in 2023-24.²⁶ This failure to absorb funds stems from administrative lethargy, complex bureaucratic procedures for grant disbursements, a lack of actionable project proposals from state governments, and poor coordination between central and state agencies. This chronic underutilization directly impedes the realization of mandatory accessibility standards in public buildings, transportation networks, and digital ecosystems, effectively halting the structural changes mandated by the RPWD Act.

1.4 Welfare Implementation Case Studies: Analysing State Variations

Under India's cooperative federal structure, the practical realization of disability rights and the disbursement of core social security measures such as disability pensions, caregiver allowances, and rehabilitation services rely heavily on state governments. The Constitution designates "relief of the disabled and unemployable" within the State List (Entry 9) and "social security and social insurance" within the Concurrent List (Entries 23 and 24).²⁷ This deliberate decentralization has inadvertently resulted in a fragmented "postcode lottery," where the quality of life, financial security, and dignity of a person with a disability are dictated not by a uniform national standard, but by the fiscal capacity, political priorities, and administrative efficiency of the specific state in which they reside.

1.4.1 Case Study 1: Discrepancies in State Disability Pensions

Because the central IGNDPS contribution is rigidly fixed at ₹300, state governments are expected to provide "top-up" amounts from their own treasuries to ensure a dignified pension. This has led to massive, unjustifiable inter-state disparities that violate the core constitutional premise of equal protection under the law (Article 14), as citizens with identical impairments experience drastically different socio-economic realities based solely on state boundaries.

- **Telangana:** The state of Telangana presents a comparatively progressive and generous model through its "Aasara" pension scheme. Recognizing the inadequacy of central funds, the state government significantly enhanced the monthly disability pension to ₹3,016, and recent policy notifications have further increased it to ₹4,016 for persons with disabilities.²⁸ Crucially, this amount is substantially higher than the pension provided to old-age citizens and widows in the state (₹2,016). This differential structure demonstrates an adherence at least in principle to the RPWD Act's Section 24 mandate of providing higher assistance to account for the unique additional costs associated with

living with a disability.

- Uttar Pradesh:** In stark contrast, Uttar Pradesh the state with the highest absolute population of persons with disabilities operates the "Divyang Pension Yojana" providing a flat rate of merely ₹1,000 per month.²⁹ The scheme is heavily restrictive, requiring the applicant to possess a minimum 40% disability while simultaneously falling within strict rural/urban poverty line income definitions (currently fixed at ₹46,080 annually in rural areas and ₹56,460 in urban areas). Notably, the state recently raised its standard old-age pension to ₹1,000 as well.³⁰ By equating the disability pension with the general old-age pension, the Uttar Pradesh government fundamentally fails to implement the 25% higher quantum rule mandated by Section 24 of the RPWD Act, effectively ignoring the compounding economic impact of disability.
- Andhra Pradesh and Kerala:** Andhra Pradesh operates a highly differentiated tiered system, providing ₹6,000 for partially disabled persons and up to ₹15,000 for fully disabled individuals, representing the highest financial commitment in the country. Kerala provides a consolidated monthly pension of ₹1,600, supplemented by specific caregiver allowances, demonstrating a holistic approach to family support.³¹
- The Laggards:** Meanwhile, states like Assam, Bihar, and Meghalaya languish at the absolute bottom of the spectrum, offering meager total pension amounts ranging from ₹200 to ₹1,100, trapping disabled residents in cycles of extreme poverty and dependency.

State / UT	Disability Pension Amount (Monthly)	Key Eligibility Criteria & Context
Andhra Pradesh	₹6,000 - ₹15,000	Tiered significantly based on partial vs. full disability assessment.
Telangana	₹3,016 - ₹4,016	Aasara Scheme; significantly higher than standard old-age pensions (₹2016), adhering to the spirit of the 25% rule.
Kerala	₹1,600	40% disability; no age bar; supplemented by specific caregiver allowances.
Uttar Pradesh	₹1,000	40% disability; strict BPL income caps; equal to old-age pension, openly violating the 25% higher mandate.
Assam	₹300 - ₹500	Minimal top-up over the central government allocation.

1.4.2 Case Study 2: The Vacuum in Caregiver Allowances

Section 24(3)(i) of the RPWD Act explicitly obligates the appropriate government to provide a "care-giver allowance to persons with disabilities with high support needs".³² Caregiving for individuals with profound intellectual, developmental, or multiple disabilities in India is predominantly unpaid, informal, and heavily gendered usually falling upon mothers and female relatives.³³ This dynamic frequently forces caregivers out of the formal workforce, leading to severe economic deprivation and psychological burnout for the entire family unit.

Despite the clear statutory mandate, the implementation of formal caregiver allowances remains abysmal nationwide, with only a select few progressive states initiating policies.³⁴ The vast majority of states completely ignore this provision.

- **Kerala (Aswasakiranam Scheme):** Kerala stands out as a pioneer in this domain through its *Aswasakiranam* scheme. The program provides monthly financial assistance of ₹600 directly to the caregivers of physically and mentally bedridden patients, including those with severe autism, cerebral palsy, and severe intellectual disabilities. Crucially, this allowance is provided to the caregiver *in addition* to the standard disability pension received by the patient, recognizing the dual economic impact on the household.
- **Karnataka:** Driven by sustained advocacy from civil society organizations like Carers Worldwide, Karnataka introduced a formal Carer's Allowance in its 2024-2025 budget. The scheme initially provided ₹1,000 per month to caregivers of individuals with cerebral palsy, muscular dystrophy, Parkinson's, and multiple sclerosis. In a significant policy expansion in March 2025, the government extended the allowance to include unpaid caregivers of those with autism, intellectual disabilities, and complex conditions such as deaf-blindness, bringing the total covered categories to seven. This demonstrates an evolving understanding of caregiving burdens beyond purely physical mobility impairments.
- **Delhi:** In September 2025, the Delhi government announced a new scheme providing a relatively substantial ₹6,000 per month to caregivers of persons with disabilities requiring high support.³⁵ However, disability rights experts have heavily critiqued the scheme's restrictive design. The scheme imposes a strict family income ceiling of ₹1 lakh annually a threshold impossibly low for the National Capital Region, effectively excluding the vast majority of the disabled population, including those in slum

settlements.³⁶ Furthermore, the scheme contains an exclusionary clause barring individuals already receiving the standard ₹2,500 state disability pension from applying, forcing families to choose between basic income support for the disabled individual and compensation for the caregiver, thereby blunting the scheme's overall impact.³⁷

For the vast majority of the country, including populous states like Uttar Pradesh, Bihar, and Maharashtra, targeted caregiver allowances remain non-existent. The absence of comprehensive national guidelines for caregiver compensation forces families into deep poverty, accelerates caregiver burnout, and directly contravenes the RPWD Act's broader objective of promoting community living and preventing the forced institutionalization of individuals with high support needs.

1.4.3 The Failure of Section 38: High Support Needs Assessment

The provision of caregiver allowances, specialized housing, and intensive rehabilitation is intrinsically linked to the operationalization of Section 38 of the RPWD Act. This section allows individuals to apply to a notified authority to be formally certified as having "high support needs" defined as requiring intensive physical, psychological, or other support to carry out daily activities, access facilities, and make informed decisions.³⁸

To standardize this, Rule 14A of the RPWD Rules 2017 outlines a rigorous 100-point assessment matrix to be utilized by District-level Assessment Boards.³⁹ The matrix weighs various parameters: severity of physical disability (25 points), severity of mental/developmental disability restricting informed decision-making (25 points), the extent to which daily activities (bathing, feeding, mobility) are hampered (35 points), cognitive abilities to use transport or avoid danger (5 points), environmental barriers to healthcare (5 points), and socio-economic status (5 points). A cumulative score of 60 or above formally qualifies an individual as having high support needs.⁴⁰

However, the implementation of Section 38 is practically paralyzed across the nation. Audit reports, including the Comptroller and Auditor General (CAG) report for Karnataka (2024), have starkly observed that state governments consistently delay notifying the designated authorities or formulating the specific procedures required to operationalize these Assessment Boards.⁴¹ Without the constitution of these District Boards, the highly detailed 100-point

scoring system exists solely on paper. This administrative failure renders it legally impossible for severely disabled individuals to be certified, thereby blocking them from claiming the high support provisions, specialized care, and caregiver allowances promised by the Act.⁴² Furthermore, the statutory requirement that the Assessment Board comprise multiple specialists including a District Chief Medical Officer, District Social Welfare Officer, occupational therapists, speech therapists, and clinical psychologists completely ignores the acute and chronic shortage of specialized medical rehabilitation professionals in rural and semi-urban India. This transforms the theoretical right to certification into an insurmountable bureaucratic wall, exposing the disconnect between ambitious central drafting and the realities of state-level healthcare infrastructure.

1.5 Comparative Critique: Constitutional Ideals vs. Justice Delivery

The ultimate test of any rights-based legislation lies not in its aspirational prose, but in its enforcement mechanisms and its capacity to deliver justice to the aggrieved. The RPWD Act envisions a robust, multi-tiered institutional framework designed to monitor compliance, proactively address grievances, and penalize violations. However, a comparative critique of these statutory ideals against the ground-level execution exposes a systemic, nationwide failure that actively deprives persons with disabilities of their constitutional right to justice, equality, and dignity.

1.5.1 The Chimera of Special Courts and Grievance Redressal

To ensure speedy trials for offenses committed against persons with disabilities such as physical abuse, financial exploitation, intentional insult, or the denial of statutory rights Section 84 of the RPWD Act mandates state governments, with the concurrence of the Chief Justice of the High Court, to designate a Court of Session as a Special Court in each district.⁴³ Complementing this, Section 85 requires the appointment of an advocate with at least seven years of practice as a Special Public Prosecutor for these courts.⁴⁴

Data and judicial observations indicate that compliance with these critical justice delivery provisions is dismally low. A 2024 analysis highlighted that numerous states have entirely failed to establish these Special Courts or appoint the specialized prosecutors required to operate them. The absence of dedicated judicial infrastructure means that persons with disabilities, who already face immense physical, communicative, and attitudinal barriers, are

forced to navigate the notoriously backlogged, inaccessible general judicial system. This lack of access to speedy and specialized justice fundamentally violates the right to equal protection of laws (Article 14) and the right to constitutional remedies.⁴⁵

Furthermore, accessibility within the courts themselves remains egregiously poor. Structural audits and Supreme Court reports reveal a glaring lack of accessible physical infrastructure (ramps, tactile paving, accessible restrooms), an absence of sign language interpreters during proceedings, and severe deficits in digital accessibility within e-filing systems and virtual court portals across district courts.⁴⁶ This physical and digital exclusion effectively shuts disabled individuals out of the very institutions designed to protect them, rendering the promise of access to justice an illusion.

1.5.2 *Seema Girija Lal v. Union of India: A Judicial Reprimand of Executive Apathy*

The profound institutional apathy towards the RPWD Act culminated in decisive intervention by the Supreme Court of India through the ongoing public interest litigation *Seema Girija Lal v. Union of India* (2023-2024).⁴⁷ Initiated by disability rights activists frustrated by the lack of grassroots implementation, the case forced the apex court to take judicial notice of the "dismal position" and "gross default" regarding the Act's execution across the country.

The Court's proceedings revealed that fundamental statutory obligations were being brazenly ignored by state governments years after the Act's passage. Specifically, several states including Chhattisgarh, Maharashtra, and Andhra Pradesh had failed to frame the requisite operational rules under Section 101, failed to constitute state funds for persons with disabilities under Section 88, and failed to operationalize District Level Committees.⁴⁸

Most alarmingly, a significant number of states had failed to appoint independent, full-time State Commissioners for Persons with Disabilities under Section 79. State Commissioners are designed to function as the primary executive facilitators and quasi-judicial authorities responsible for monitoring implementation, reviewing safeguards, issuing summons, and addressing citizen complaints at the state level. The failure to appoint these officials creates an absolute institutional void, leaving aggrieved disabled citizens without a dedicated, accessible regulatory body to approach for the enforcement of their rights. The Supreme Court's continuous issuance of strict deadlines to Chief Secretaries of defaulting states underscores the extent to which the executive has abdicated its constitutional and statutory duties toward the

disabled population.

1.5.3 Dignity Deferred: The Bureaucratic Violence of Certification

At the core of the justice delivery failure is the very mechanism through which the state officially recognizes disability: the certification process. While the RPWD Act proudly promotes a social model of disability in its definitions, accessing any substantive right, pension, educational reservation, or reasonable accommodation is strictly predicated upon acquiring a medical certificate of disability or a Unique Disability ID (UDID) card.

This certification process remains heavily medicalized, inherently exclusionary, and deeply bureaucratic, effectively acting as a barrier to rights rather than a facilitator. As of recent survey data, only roughly 28.8% of persons with disabilities possess a formal disability certificate, highlighting massive under-coverage. Severe shortages of specialized medical boards at the district hospital level, complex and rigid evaluation criteria, and persistent technological hurdles in the centralized UDID portal transform the right to recognition into a prolonged, exhausting ordeal. For individuals with invisible, fluctuating, or complex disabilities, proving their "benchmark" status to a skeptical, over-burdened medical board often leads to the denial of their legal identity and subsequent exclusion from all welfare benefits.⁴⁹

Recent jurisprudence highlights the cruelties of this medicalized gatekeeping. In *Union of India v. Rohitash Kumar Sharma* (2025), the Supreme Court heavily criticized the government for denying disability pensions to a veteran by aggressively disputing medical board findings and launching frivolous appeals against the individual.⁵⁰ Similarly, in cases involving candidates seeking accommodations for the NEET medical entrance examinations, courts have had to intervene against rigid Disability Assessment Boards that prioritize technical percentages over an individual's functional capacity and potential, sacrificing candidates "at the altar of technicalities".

This systemic, bureaucratic gatekeeping constitutes a direct assault on human dignity. As the Supreme Court has articulated in its broader jurisprudence, dignity is not merely the absence of humiliation; it is the active facilitation of an individual's autonomy, self-worth, and equal participation in society. When the state forces persons with disabilities to endure protracted, inaccessible, and humiliating administrative labyrinths simply to prove their existence and claim meager, statutorily guaranteed welfare entitlements, it fundamentally violates the right to life with dignity protected under Article 21 of the Constitution. The reduction of a human

being to a medical percentage, and the subsequent denial of their rights based on bureaucratic inefficiency, stands in stark contradiction to the inclusive ethos the RPWD Act sought to champion.

1.6 Conclusion

The Rights of Persons with Disabilities Act, 2016, is undoubtedly a legislative masterpiece that theoretically aligns Indian disability law with the highest ideals of constitutional justice and international human rights paradigms. Its transition toward a rights-based framework, its expanded recognition of diverse impairments, and its codification of reasonable accommodation represent a monumental leap toward achieving substantive equality for a historically marginalized population.

However, the critical analysis of its social security, welfare, and justice delivery provisions reveals a profound and systemic implementation deficit. The statutory escape hatches tied to "economic capacity," the stagnation and highly exclusionary criteria of central pension schemes like the IGNDPS, and the severe, persistent underutilization of dedicated departmental budgets expose an alarming lack of political will at the federal level. Furthermore, the decentralization of welfare delivery has birthed a deeply fragmented reality where fundamental rights are contingent upon state boundaries, evidenced by the stark, unjustifiable disparities in disability pensions and the near-total absence of formal caregiver allowances in most jurisdictions.

Most critically, the institutional paralysis regarding the establishment of Special Courts, the appointment of State Commissioners, and the operationalization of High Support Needs Assessment Boards strips the Act of its enforceability, rendering its promises largely illusory for those at the grassroots level. The ongoing judicial reprimands in cases like *Seema Girija Lal* serve as a stark indictment of executive apathy. For the RPWD Act to fulfill its transformative promise, the Indian state must bridge the vast chasm between legislative intent and executive action. This requires discarding the rigid medicalization of welfare access, decoupling financial aid from restrictive BPL criteria, fully funding accessibility infrastructure, and ensuring that the mandate for inclusive, dignified living is backed by robust, mandatory fiscal commitments and functioning institutional oversight, rather than discretionary charity.

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D. Schemes and Programmes

1. **Accessible India Campaign (Sugamya Bharat Abhiyan).**
2. **Aswasakiranam Scheme** (Social Security Mission, Government of Kerala).
3. **Indira Gandhi National Disability Pension Scheme (IGNDPS)**, under National Social Assistance Programme (NSAP), Ministry of Rural Development.
4. **Scheme for Implementation of Rights of Persons with Disabilities Act (SIPDA)**, Department of Empowerment of Persons with Disabilities (DEPwD).

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