## Hear Voice of the Voiceless and Excluded

# Improving Disability Data Collection for 2026–27 Census

## Leave No One Behind

DAWN

ENGAGE I ENABLE I EMANCIPATE

**[A  Policy Paper for Inclusive Census 2026-27]**

**DAWN DAKSH FOUNDATION**

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# List of Abbreviations

| **Abbreviation** | **Full Form** |
|---|---|
| ACA | Accessible Canada Act |
| ACS | American Community Survey |
| AI | Artificial Intelligence |
| ASHA | Accredited Social Health Activist |
| AWW | Anganwadi Worker |
| CBO | Community-Based Organization |
| CRPD | Convention on the Rights of Persons with Disabilities |
| CSD | Canadian Survey on Disability |
| DPO | Disabled Persons Organization |
| DEPwD | Department of Empowerment of Persons with Disabilities |
| FDD11 | Functioning and Disability Disaggregation Tool |
| HCES | Household Consumption Expenditure Survey |
| IADL | Instrumental Activities of Daily Living |
| ICF | International Classification of Functioning, Disability, and Health |
| IDA | International Disability Alliance |
| ILO | International Labour Organization |
| ISL | Indian Sign Language |
| LMS | Learning Management System |
| MPCE | Monthly Per Capita Consumption Expenditure |
| NACDAOR | National Centre for the Advancement of Disabled and Other Rights |
| NCC | National Cadet Corps |
| NCPEDP | National Centre for Promotion of Employment for Disabled People |
| NDAP | National Data & Analytics Platform |
| NDIS | National Disability Insurance Scheme (Australia) |
| NFHS | National Family Health Survey |
| NIMHANS | National Institute of Mental Health and Neurosciences |
| NITI Aayog | National Institution for Transforming India Aayog |

| **Abbreviation** | **Full Form** |
|---|---|
| NSS | National Sample Survey |
| OBC | Other Backward Class |
| OECD | Organisation for Economic Co-operation and Development |
| PMC | PubMed Central |
| PMAY | Pradhan Mantri Awas Yojana |
| PMJAY | Pradhan Mantri Jan Arogya Yojana |
| PwDs | Persons with Disabilities |
| RPwD | Rights of Persons with Disabilities Act, 2016 |
| SDAC | Survey of Disability, Ageing and Carers (Australia) |
| SDG | Sustainable Development Goal |
| SECC | Socio-Economic and Caste Census |
| SHG | Self-Help Group |
| SLIC | Socio Legal Information Centre |
| SSA | Sarva Shiksha Abhiyan |
| ToT | Training of Trainers |
| UDID | Unique Disability ID |
| UK | United Kingdom |
| UN | United Nations |
| UNCRPD | United Nations Convention on the Rights of Persons with Disabilities |
| UNDP | United Nations Development Programme |
| UNESCO | United Nations Educational, Scientific and Cultural Organization |
| UNSD | United Nations Statistics Division |
| USA | United States of America |
| WG | Washington Group on Disability Statistics |
| WG-SS | Washington Group Short Set |

# Chapter 1: Introduction

1.1. The importance of complete counting of the marginalised, disadvantaged and the excluded, for inclusion in the country's development planning, is best exemplified in the protracted debate, demand and persistent public discourse, for counting of the Castes in the current Census cycle of 2021 (now delayed to 2026-27). There has been a universal acknowledgement that the current databases and architecture of development planning, including Census data, do not fully reflect the numerical strength of the 'Backward Castes'. This has prevented the policy planners and practitioners from formulating appropriate development interventions specially for the Other Backward Castes (OBCs). The decades old protracted debate for counting the OBCs finally ended in Government of India finally deciding, in April 2025, to count of the castes in the national Census of 2027. This was a final culmination of seemingly endless debate that was ignited in the last decade, with nearly all political parties cutting across all ideological spectrum, demanding that this be done. In order to show that this demand cannot be deferred, the Bihar State unilaterally decided to do the State wide Caste Census and completed it in 2023.

1.2. One would wonder as to why the counting of the castes issue is raised here. Firstly, let us consider that the demand to count the castes was fuelled by a vociferously vocal and politically and economically improving OBCs. Despite their massive numerical strength, the decision to count the castes took several decades of demand and demonstrations. If that be so for such a powerful vocal social segment, one ruefully wonders as to when the real Census that comprehensively counts all the disabled population in India would come through. It is not that the Census of 2011 did not count the disabled population; it did as we shall see, but it has become increasingly evident that their counting did not correctly estimate their population. It is felt that a correct estimate of disabled population alone can help form proper perceiving perspectives, powering policy and programmatic interventions leading to their progressive empowerment, enablement and emancipation.

1.3. None denies that the Government of India has done much by mainstreaming the disabled perspective in development planning and programmes since the nineties. But, in juxtaposition, there is also a universal assessment and belief that India’s estimates of disabled population is grossly underestimated, and resultantly many are being excluded from reaping the entitled benefits bestowed on them. It is not by deliberate design that their numbers are under estimated; it happened due to theoretical and operational deficiencies during the last Census operations. Though the demand for course correction was made but their voices were not heard as they remain a voiceless group for all practical purposes. They are unable to act as a pressure group except when led by a spirited group, institution or an individual, who can make plentiful noises asking ‘not to be left behind’ and be counted. In other words, for most part, they need someone else to stand up and say something for their rights, if not shout from the rooftops for them.

1.4. We all know that in a democracy, if you can swing an opinion for a cause powered by public, the benefits will also swing in your favour sooner than later. Unfortunately, though a large group, the disabled, are not a vote bank that can swing fortunes for some electoral candidates. The disabled have severe limitation, as it is, to come together as a group and organise themselves; to expect them to function as pressure group agitating for their rights and entitlements is like asking for the heavens. For this reason, only few well-meaning individuals and institutions take up cudgels on their behalf and become the voice of the voiceless. For this reason, one sees that in majority of cases, it is champions like Javed Abidi, Arman Ali, Dr. Satendra Singh, Nipun Malhotra, Subhash Vashishth, Dr. Shruti Mahapatra, Virali Modi, Pradeep Raj, Srinivasu Chakravarthula and others who have contributed to the cause of the welfare of the disabled.

1.5. In this perspective, the **DAWN Daksh Foundation** is privileged to take up the role of acting and becoming the voice the voiceless. It seeks to ensure that their issues are flagged and favourable solutions are found. And for that, the first step is ensure that the disabled population accurately figures in the official figures of the government. And this golden opportunity currently knocks at the door as the decennial Census is currently underway. What is critical is that unlike the usual once in a decade opportunity of being counted in the decennial Census, this time the opportunity is coming back after a long gap of fifteen years (last was in 2011), and by the time the full details would be available for use, it would nearly be two decades of living with the old disabled databases and datasets.

1.6. When India is already expending extensive efforts to count the castes, a minor incremental effort be made and an opportunity should be utilised to properly and correctly count the disabled. And the disabled don't want to miss this golden chance coming back after fifteen years. In such a long period, an entire generation can miss availing of endless opportunities for their empowerment, enablement, emancipation and elevation. In other words, consider the opportunity cost involved in letting this once in a generation opportunity to go unutilised. This should not happen this time around when the Census cycle takes a round.

# Chapter 2: Context and Need

2.1 As stated above, the debate and demand for counting the castes in the Census exercise is rather old and the demand for a caste-based census has resurfaced in recent decades to better understand social and economic inequalities and inform policies aimed at social justice and affirmative action. If this is the primary objective behind such a demand, then who can more deserving than the voiceless sections as the disabled- demanding 'not to be left behind' this time around in counting rounds of the Census.

2.2 The concern and a call for proper counting of the disabled population gathered momentum with the passing of the primary legislation, namely Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995; this was replaced by a comprehensive Act, namely Rights of Persons with Disabilities (RPwD) Act, 2016 to align India's commitment with international provisions- specially the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) (India ratified in 2007). Since the Act of 2016 was enacted after the conduct of Census in 2011, the corresponding alignment in policy and project/programming architecture could not be done, and all resigned to take up this effort when the Census 2021 was to come. And that opportunity has come now. Let us examine as to why this opportunity cannot be allowed to go unutilised.

2.3 Accurate disability data is critical for acting as inputs for informed and inclusive policymaking, ensuring equitable resource allocation, access to education, healthcare, employment, and social protection. World Bank reports have emphasized that inaccurate data undermines development and delivery of social protection systems. Bilateral donors and multilateral agencies have frequently highlighted India's disability statistics as unreliable, affecting funding decisions and global indices on inclusion.

2.4 As stated above, India's decennial Census datasets and databases, despite numerous reservations about its methodology in data collection, collation compilation and conclusions, still remains the crucial cornerstone in entire edifice of evidence-based policymaking. One the other hand there is a universal acknowledgement amongst all stakeholders that the Census's approach to enumerating persons with disabilities (PwDs) has consistently fallen far short of expectations, and has left many more millions uncounted. This can be seen in wide variation in figures estimated by different stakeholders.

2.5 While looking at the broader picture, one sees that the officially reported disability percentages have remained disproportionately low despite continuing changes in definitions, and increase in the numbers of disabilities noted in the rules and regulations. These wide variation in the figures can be seen in the following:

2.5.1. **Census 2001**showed 2.13% of the population as disabled while counting only 5 types of disabilities.

2.5.2. **The World Health Survey (2002-2004)** estimated that 25% of India's population has some form of disability, though it acknowledged that its estimates have methodological limitations..

2.5.3. **World Bank (2007)** estimated India's disabled population at 6–7%.

2.5.4. **Census 2011** counted 8 types of disabilities and reported the percentages as only 2.21% (26.8 million) with 20.3% having movement disabilities, 18.9% hearing impairments,18.8% visual impairments, and 5.6% mental disabilities. Low estimates were attributed to underreporting arising due to outdated question formats, such as yes/no questions on mental or physical disability, limited enumerator training etc.

2.5.5. **World Health Organisation (2011)** while considering the global disability prevalence of disability at 6–8%, suggested India's real figure could exceed 70 million. WHO currently estimates that 15% of the population lives with some form of disability. While WHO doesn't provide specific disability figures for India, they do highlight that over 80% of those with disabilities live in low and middle-income countries, which would include India. If we take this into account there is a possibility that India's estimates are significantly lower; and if we accept the projections of generally accepted global estimates of 15–26%, India may be potentially excluding over 200 million disabled population in India. This is a possibility and has been proven in some countries that improved their parameters of counting the disabled( this is elaborated later in this paper when we discuss the methodologies adopted for counting the disabled)

2.5.6. **NSS 76th Round (2018)** reported the percentage at 2.28%.

2.5.7. **UNDP/ILO/UNESCO** data supports a range of 4–7% for developing countries.

2.5.8. The **National Family Health Survey-5** (NFHS-5, 2019-2021) reported a disability prevalence of 0.93% (95% CI: 0.920.95) which is lower than the 2011 Census (2.21%) with 5.11% of households having at least one person with a disability (PMC 2023). The NFHS-5 asked about family members with disabilities; it was not designed to capture the full spectrum or severity.

2.6. To a researcher, India's 2011 Census figures of the disabled would seem definitely incongruous when one observes that 21.9% of population was living below the poverty line during the same period, 165 million children were stunted( 26% of the global child population under age 5), 3.2 % of children were malnourished and the per capita income was also about Rupees sixty thousand only. The social security mechanisms were virtually non-existent, except for right based wage employment (MNREGA)and almost free foodgrains distribution under the National Food Security Act had only begun in 2013. So, if one takes into account the intersectionality of these elements specially in the rural areas, one can estimate that the figures of the disabled would be higher as disability shows higher percentages amongst the poor. Studies have shown that households with lower monthly per capita consumption (MPCE), representing lower socio-economic status, report a higher percentage of disabled members[1,2,3].

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[1] https://www.mospi.gov.in/sites/default/files/reports_and_publication/statistical_publication/social_statistics/Chapter%202%20-Overview.pdf

[2] https://ij-healthgeographics.biomedcentral.com/articles/10.1186/s12942-024-00363-w

[3] https://pmc.ncbi.nlm.nih.gov/articles/PMC10569625/#:~:text=The%20World%20Bank%20figures%20states%20that%20there,in%20India%20receive%20government%20assistance%20%5B7%2C%208%5D.

2.7. This is likely when we see that in 2011, the global figure of people experiencing disability was estimated to be over one billion, which is about 15% of the world's population. So, it would a wonder of wonder that India was showing better figures than the world figures. Anyway, debates about the past errors lead to nothing unless we draw lessons to improve. So, to that extent, we should learn from the gaps and shortcomings from the past and improve working in the present to improve the future. In this perspective only, this paper is being presented to planners, policy makers and practitioners.

2.8. The mismatch between India's official statistics and global estimates is usually explained with big brush strokes description viz. fundamental flaws in methodology, stigma-driven underreporting, training gaps, accessibility gaps and systemic exclusions. Others elaborate a little more by stating that this wide divergence in estimated population of disabled stems from a continuum of data collection methodologies, made from outdated mindsets, and antiquated modes/models of disabled categorization; besides the socio- cultural stigmas of being identified and ostracised, in combination with operational inefficiencies typically seen in a such a gigantic exercise undertaken involving over one and half billion population.

2.9. The non-government agencies and organisations contend that in contrast to the methodologies adopted in India, countries like Canada, Australia, and the United Kingdom employ functional, inclusive, and disaggregated approaches, yielding robust data that informs the customised, specific and equitable policies that can reach the disabled.

2.10. There is a need to prepare a comprehensive framework to address these shortcomings in data collection in the ongoing Census exercise- with examination of applicability of modernized methodologies adopted in countries with similar issues, improving systems for stakeholder engagement, reviewing, reformulating, reforming of entire series of staff engaged with particular focus on improvements in enumerator’s engagement and training, and incorporating mechanisms for accessible data collection based on experience of other nations.

2.11. The DAWN Daksh Foundation is impelled to address the basic need of India in having a correct data of the disabled population. As India prepares for the Census 2026–27, India should not miss this, once in fifteen years opportunity, to review the entire Census counting system, and then undertake a professional exercise to best count the whole population of the disabled. DAWN Daksh Foundation has attempted to examine the issue in entirety, so that the gaps and shortcomings are addressed at the conceptualisation stage itself. Failure to address these is fraught with serious risks of non-inclusion of the disabled, and by implication perpetuating exclusion of the deserving, besides the handicap of formulating of data deficient and data-disinformed policies with corresponding consequences of inadequate and inequitable resource allocation.

# Chapter 3: Issues on Data Collection through Census

3.1 It is an axiomatic truth that accurate data collection is the foundation for finding first steps to further action in longer journey i.e. realisation of the issue at hand, the gaps and shortcomings, and consequences for inaction or delayed action, then followed by a formulation of effective policy design. Richard E. Matland's policy implementation framework, developed in 1995, analyses policy implementation issues based on two key factors: ambiguity and conflict. Matland's policy implementation framework identifies key barriers to success: ambiguous definitions, inadequate training, and lack of stakeholder involvement; and one finds all three apply to the theoretical framework and actual field operations of the Census. Additionally, for disability Censuses, the usual barriers of exclusion are further exacerbated by the social stigma arising out of life long partial or full dependency specially if felt subjectively , methodological rigidity, and logistical challenges in diverse settings posed by vast geography and linguistic diversity of a vast country like India.

3.2 Though the Indian Census data does have disaggregated datasets , there is need to do more like including all 21 disabilities enumerated under the PwDs Act of 2016. This will somewhat comply with the CRPD's emphasis on the need for disaggregated, high-quality data to monitor inclusion. The Census 2026-27 would also need to address the concerns of the UN Flagship Report on Disability (2018)[4] highlighting the global shortfall in comparable disability statistics including the need for having a disaggregated datasets and databases. Moreover, with the increasing application of AI driven tools, imagine what government of India and planners can do for planning for the disabled with the relatively accurate data.

3.3 A hybrid incorporating both the top-down and bottom-up approaches ,combining standardized tools with local adaptation features is essential to overcome these challenges and can ensure data reflects lived experiences. This

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[4] https://www.un.org/en/desa/un-disability-and-development-report-–-realizing-sdgs-and-persons-disabilities#:~:text=In%20addition%2C%20more%20than%201.2,and%20evaluation%20of%20the%20SDGs.

paper highlights the need to build synergies with not only all stakeholders including with bottom of the pyramid people and institutions.

3.4 We have briefly mentioned the well-publicised shortcomings in India's Disability Census Operations. Let us examine the issue in detail.

3.5 India's disability data collection is generally perceived and is said to suffer from systemic flaws. These are discussed below :

## A. Definitions : Narrower and Not Inclusive

3.6 The 2011 Census had chosen to use a medicalized( medical terms suffused), combined with binary perceiving perspective best exemplified in the primary/ direct binary question like 'Is this person disabled?' in the context of considering only eight categories of disabilities viz. seeing, hearing, movement, mental etc. It needs no further discussion than considering the question that, if these were medicalised definitions, whether the enumerators were adequately/ elaborately trained to conceptually comprehend such definitions and handle such questions and related responses. Besides the definitions, the interaction between the enumerator and the respondent involves nuanced interaction. They definitely do not seem to be equipped with assessing and arriving at the decision for inclusion or exclusion, in the limited time available with them while visiting the house. Their trainings were not customised and built to include arriving at a preliminary medicalised assessment. Neither one time interaction at household level could allow proper assessment when the enumeration is expected to cover a large area in a day. Besides these limitations, the exercise fails to capture functional limitations or milder impairments. Moreover, the response of the respondent is taken as final with no effort to see corresponding records or visual assessment of functional disability and this was not advised too.

3.7 Since the conduct of Census of 2011, the Rights of Persons with Disabilities Act (2016) has expanded the definition of disability to 21 criteria/categories. The Census methodologies have to fully integrate this framework in a combination of medicalised and non-medicalised vocabulary easily understood both by the enumerator and the respondent or the person replying on behalf of the respondent.

## B. Socio -Cultural Values and Social Stigma

3.8 In India’s rural society, where women continue to be considered as subject partners even now, the position of disabled, particularly in rural areas where 69% of PwDs are reported, is worrisome. What aggravates the problem is when the elements of poor, women, Dalit, Adivasi intersect along with disability, more is the motivation to avoid self-reporting first and when reported, conceal the true picture from outsiders. Families often conceal disabilities due to risks of social exclusion or shame, especially for people suffering from mental health or differential degrees of intellectual disabilities. Declaration of a disabled openly does and can impact the marriage prospect of siblings in the traditional setting – just to quote an example- and socio cultural factors like these also affect correct collection.

3.9 The championing of the disabled rights, unlike the action regarding rights for the SCs and STs , were kickstarted only in the nineties, and were consolidated through the PwDs Act of 2016. Hence, there is limited awareness about disability rights among the people as well as the disabled about the rights accruing to them. Moreover, whatever rights and entitlements were bestowed, they were primarily pertaining to the action by the government sector. The private sector has only begun to intervene to help this cause, since the coming of the PwDs Act, and under their own requirements to meet parameters of good governance and Corporate Social Responsibility action. This transition in mindset to help and enable the disabled has come to be taken seriously since the last decade only. These factors have exacerbated underreporting, particularly among marginalized groups like women and Scheduled Castes/Tribes who anyway feel excluded .

## C. Inadequate Enumerator Training

3.10 There is a unanimous agreement amongst all stakeholders that the Enumerators lack disability specific sensitization and customised training orientation; and combined with improper questionnaire forms (not multilingual and audio assisted) based on binary seeking and recording of information, inconsistent data collection is inevitable.

3.11 In rural India where 69% of the disabled live and traditional socio-cultural behavioural patterns still dominate, the individual identity is subsumed under identities of the social group. The 2011 Census grossly erred in relying on household heads' responses, often overlooking individual experiences or hidden disabilities.

3.12 Inadequate trainings and less sensitivity to diverse disabilities such as autism, psychosocial conditions, also resulted in misclassification or omission.

3.13 Actually everyone misses how the India's successful public action campaigns have achieved remarkable success through active involvement of the Panchayats as seen in national campaigns of Pulse Polio or Total Literacy Mission etc. It would be better if the Ward Panchayats members are involved when the enumerators do household surveys; and counting of the disabled is cross checked by the Gram Panchayat in a Gram Sabha meeting to endorse the total numbers including the figures for the disabled. This will deter wrong data collections on the part of enumerators and others; and would also validate the data right there and then, even if Canada model of doing post census surveys are not resorted to by India.

3.14 Comprehensive training programmes are essential to equip enumerators with the skills and sensitivity to administer questions based on inputs and suggestions incorporated from the Washington Group-Short Set on Functioning( WG-SS) questions (if accepted to be adopted by the Census organisation). Training should include simple to understand/comprehend different of disabilities (21 as enumerated in the RPwD Act), and their implications and corresponding visual signs or pointers. Proper administration of WG-SS questions must necessarily avoid using terms like "disability" to reduce defensive withdrawals and stigma stimulating behavioural patterns. It is generally difficult to train and teach techniques for interacting respectfully with persons with disabilities. The Washington Group provides training modules, such as those used in Namibia's census, which can be adapted for India( UNSD 2021) .

## D. Accessibility and Logistical Barriers

3.15.Ensuring Accessibility elements in the Census process was not given much emphasis as during the last Census exercise (2011) , the awareness and importance of this element was generally missing. But its importance was felt once the gaps about Census figures came to be known into public domain. It must be ensured that the Census must incorporate accessibility features during the Census 2026-27 exercise- incorporating use Accessible Formats including providing training and sensitivity to enumerators on using these formats .

3.16. Census forms are not accessible in formats like Braille, Indian Sign Language (ISL), or screen-reader-compatible versions and this leads to exclusion of PwDs from direct participation in the Census exercise. Now that the Government of India is championing the Accessibility cause through Accessible India Campaign ( also known as Sugamya Bharat Abhiyan ),and has now put in public domain the draft Accessibility Standards, it is time that these features are incorporated in the entire Census exercise .

3.17. The Census materials should use all available options through the medium of Braille, large print, audio, and Indian Sign Language. Census should consider deploying the ISL interpreters in training schedules and calendar to impart basic working knowledge of using Indian Sign Languages. Indian Sign Language interpreters can be employed to assist respondents with hearing impairments.

3.18. While dedicated Learning Management Systems (LMS) specifically built for sensitizing enumerators or officials on interacting with disabled individuals are not widely publicized, the general structure of LMS platforms[5] [6]makes them suitable for delivering this type of training. Platforms like Docebo, Moodle ,and even systems like Google Classroom[7] and Microsoft Teams can be adapted for this purpose. Government may create a Learning Management System for sensitizing the government functionaries and a symbolic beginning can be made now.

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[5] https://www.intechopen.com/chapters/76384

[6] https://research.com/software/best-open-source-learning-management-systems#:~:text=Accessibility%20and%20Inclusivity:%20Open%20source%20LMS%20platforms,in%20any%20open%20source%20online%20learning%20platform.

[7] https://www.kovaion.com/blog/top-learning-management-systems-for-higher-education/

3.19.With India’s massive programme of Digital India, digital accessibility should be fully incorporated in the Census exercise and for that Government should ensure online census platforms are screen-reader compatible and comply with accessibility standards, as demonstrated in the U.S. Census( Census Bureau 2020). The US Census Bureau offers multiple response options, like online, phone, or mail, and ensures the online platform is accessible. This could be a model for India's census efforts. Government of India has already announced that 2027 Census will be first digital census[8] ,in contrast to previous paper-based censuses, and it would be utilizing mobile apps, online self-enumeration, and real-time monitoring.

3.20. House-to-house surveys struggle to cover remote and rural areas, where 69% of PwDs reside ( as per 2011 Census), leading to incomplete coverage. Use mobile units and community volunteers to reach remote areas as tested in NFHS-5.As stated above, the involvement of Gram Panchayats and Gram Sabha in Schedule V Areas would not only ensure proper collection of data but would ensure what is called ground truthing or field level validation.

3.21.One also should not miss that by now Accredited Social Health Activist (ASHA) mechanism in rural health system is well established and there is active presence of over one million ASHA workers. The Census exercise should also synergise its efforts and coopt them as field level associate partners in/while collecting data. In fact, one would suggest tagging of one ASHA activist with one enumerator while conducting household survey wherever feasible. This will add validation and cross checking of data. Appropriate honorarium can be paid from the funding of Disability related departments.

3.22. Similarly, the synergy with Anganwadi workers should be done as there are 1,293,448 Anganwadi Workers (AWWs) and 1,164,178 Anganwadi Helpers (AWHs); and they also have working as well as field level information on the people in general and disabled in particular- as both mothers and new born are always around their ground level interactions/interventions.

3.23. And there is huge potential to partner with another grass root based institutional organisation namely the Self Helf Group network. There are 90.90

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[8] https://economictimes.indiatimes.com/opinion/et-commentary/indias-first-digital-census-modis-database-for-viksit-bharat/articleshow/120828942.cms?from=mdr

lakh (9.09 million) Self-Help Groups (SHGs with approximately 10.05 crore (100.5 million) women households mobilized in their work. They can also be coopted while the enumerator collects data at household levels in each ward of the panchayats. The active partnerships with Anganwadi, ASHA and SHGs systems would not only yield rich dividends in collecting correct data for the disabled, it would add great endorsement value to entire data collected by the Census.

## E. Lack of Disaggregation

3.24 Data on disability when available suffers from several handicaps; it is insufficiently disaggregated by gender, age, severity, or socio-economic status, limiting its utility for use targeted interventions. For example, the 2011 Census reported 55% literacy among PwDs but lacked granular insights into educational access by disability type.

3.25 Moreover, the Socio Economic Caste Census of 2011 did include collection of disability data but that was never published. It is no understood as to what is difficulty in disclosing this disability data. Anyway, the Census organisation , as a government entity, can use the data of the SECC 2011; in fact, one would have liked to see what were the differences in estimates arrived at by the Census and SECC 2011 as though a joint effort, the SECC was administratively distinct (done through handheld electronic devices).

3.26 Summing up, India's enumeration of disability remains embedded in a medical, binary and exclusionary framework and all this defeats the inclusion goals of the government. When we consider the changes needed , we need to consider the following challenges:

3.26.1 Whether to continue with the current approach of over-reliance on a medical/condition-based model or to learn from the global rights-based approaches and adopt models based on functionality?

3.26.2 Whether to continue with the current yes/no binary formats which fail to capture mild, moderate, or invisible disabilities or to adopt the best features from successful best practices of the world?

3.26.3 How to correct lack of inclusion of all 21 disabilities under the RPwD Act, such as learning disabilities, mental illness, and blood disorders?

3.26.4 How to address Enumerator training deficiencies to remove issues of inaccurate or incomplete data collection?

3.26.5 How to incorporate Accessibility barriers including lack of Braille, audio, or sign language support?

3.26.6 How to proactively enhance outreach to address exclusion of institutionalized (psychiatric/mental health hospitals, juvenile homes, old age/shelters/beggar homes etc.) homeless, and migrant PwDs?

3.26.7 How to build mechanisms of post-enumeration validation so that the errors don't go uncorrected.

## F. Consequences of Shortcomings

3.27 Let us also consider as to what would be consequences of shortcomings in data collection ,if the Census operations are not reformed and recalibrated. The consequences would include the following:

3.27.1 **Policy Misalignment:** Underreported data leads to underfunded services. For instance, only a fraction of PwDs receive government assistance even when eligible. This can also be seen in current efforts of the government where it is struggling to collect the data on people with disabilities - Unique Disability ID Programme (UDID) wherein the disability cards can be issued.

3.27.2 **Inequitable Resource Allocation:** Inaccurate data skews budgets for the disabled in development programmes- like in SSA and Samagra Shiksha in education, entire gamut of healthcare interventions including PMJAY ;and this disproportionately affects rural, poor, SC, STs and female PwDs.

3.27.3 **Social Exclusion:** Undercounting reinforces invisibility, denying PwDs access to welfare schemes like the Public Distribution System (PDS), impacting over 100 million beneficiaries , inadequate house coverage for home tutors for disabled under SSA and other government schemes.

3.27.4 **International Non-Compliance:** Inaccurate data undermines India's CRPD and SDG commitments, weakening global credibility in India' commitment to the disabled causes. Countries that have not aligned with international norms for working towards proper identification and targeted programmes can face serious consequences as can be seen in cases below:

3.27.4.1 **Bangladesh:** Continued undercounting led to exclusion of children with disabilities from school feeding and health programs. UNICEF pointing that almost half of disabled children do not go to school.[9]

3.27.4.2 **Pakistan:** Limited disaggregated disability data has hindered inclusive disaster response specially during emergencies and universal education[10].

3.27.4.3 **India** itself has witnessed scheme failures— like low enrolment in UDID and poor utilization of the Accessible India Campaign—due to unreliable population data. India also reported that during Covid-19, 75% of disabled children don't go to school.[11] [12]

3.28 As stated earlier, the failure to reform and recalibrate Census 2026-27 operations is fraught with avoidable consequences and these include :

3.28.1 It would perpetuate **statistical invisibility** of PwDs.

3.28.2 Weaken India's position in meeting parameters of **global human rights, CRPD compliance and SDG assessments** .

3.28.3 Continue **underfunding of** vital schemes due to incorrect beneficiary estimation.

3.28.4 Invite **judicial scrutiny** for failing constitutional and international obligations.

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[9] https://www.unicef.org/bangladesh/en/press-releases/unicef-concerned-more-half-children-disabilities-bangladesh-do-not-go-school

[10] https://www.unicef.org/rosa/media/17011/file/Country%20Profile%20-%20Pakistan.pdf

[11] https://timesofindia.indiatimes.com/blogs/voices/excluding-the-excluded-indias-response-to-the-education-of-children-with-disabilities-during-covid-19/

[12] https://thewire.in/education/disabled-children-mainstream-education-exclusion

3.28.5 Compromise India’s credibility among **donors, global development partners, and research institutions.**

3.29 The above mentioned gaps in foregoing paras need to be addressed for which a concept paper or white paper has to be prepared and put in public domain for discussion and final formulation of framework for undertaking Census operations of 2026-27.

# Chapter 4: Lessons from Global Best Practices

India's continuing efforts to count the voiceless can be improved by taking into account the modes and mechanisms adopted in several countries including Canada, Australia, United Kingdom, USA etc. They offer models for effective and inclusive disability data collection and these are examined below :

## A. Canada: Post-Census Disability Survey

4.1.1 **Approach**: Canada implements a **Post-Census Disability Survey (PCDS).** This model is cited by the OECD and World Bank as exemplary for ensuring both data reliability and service delivery. Canada conducts a dedicated Canadian Survey on Disability (CSD) as a post-census mechanism, incorporating a set of well thought out functional questions that are based on the successes shown by using the Washington Group Short Set (WG-SS).[13] Initial enumeration identifies potential disabilities, and a detailed follow-up collects deeper information and so this operates as a double check mechanism. The incorporated questions assess difficulties in seeing, hearing, mobility, cognition, self-care, and communication and this exercise has led to capturing a prevalence of 22% disabled population (2017). India should consider incorporating these elements to arrive at a correct picture. Of course, mere incorporation of forms would be grossly inadequate. The requisite training modules would need to be incorporated using the Master Trainer and Training of Trainers Models, in cascading mode, in partnership with Washington Group Short Set (WG-SS).

4.1.2 **Strengths:** This model primarily uses the self-reported mode and is done to avoid data collection or transmission/submission by other members of the household; additionally, non-stigmatizing questions are formulated and used, and questions are mixed with motivational exemplary examples of people who have achieved stupendous successes ( India should build stories around gold medals winning disabled in para Olympics and others). The

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[13] https://www.washingtongroupdisability.com/fileadmin/uploads/wg/Documents/An_Introduction_to_the_WG_Questions_Sets__2_June_2020_.pdf

disaggregation by age, gender, and severity done in Canada can be incorporated and one should learn how Canada has integrated data so arrived with policy interventions under the Accessible Canada Act for policy impact. The Accessible Canada Act (ACA) is a Canadian federal law aimed at creating a barrier-free Canada for people with disabilities by 2040[14].

4.1.3 **Outcomes:** Improved disability benefits and workplace accommodations, reducing economic disparities for PwDs.

## B. Australia: Blended Model

4.2.1 **Approach:** The Survey of Disability, Ageing and Carers (SDAC)[15]uses both medical and social models, collecting data on functional limitations, assistive needs, and carer roles. After using these parameters in the data collection, the country prevalence of disabled was estimated at 18.3% in 2018.

4.2.2 **Strengths:** Regular data updates is done through elaborate stakeholder consultation, and linkages are established with the National Disability Insurance Scheme (NDIS), a $22 billion programme that supports 500,000 PwDs. India also has schemes like Indira Gandhi National Disability Pension Scheme, Niramaya Health Insurance Scheme, Pradhan Mantri Suraksha Bima Yojana. A comparative picture needs to be studied in this matter.

4.2.3 **Outcomes:** Enhanced infrastructure accessibility and social inclusion, with NDIS improving quality of life for 90% of participants.

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[14] https://www.canada.ca/en/employment-social-development/programs/accessible-canada.html

[15]https://www.aihw.gov.au/australias-disability-strategy/technical-resources/data-sources/australian-bureau-of-statistics-sdac

## C. United Kingdom: Functional and Inclusive Tools

4.3.1 **Approach:** The UK integrates disability questions into its census and household surveys, using WG-SS tools[16] and extended sets to capture assistive technology use matters and environmental barriers. Due to such extensive engagement , the disability is reported at 19% in 2021.

4.3.2 **Strengths:** Accessible formats (e.g., Braille, online portals) and elaborate enumerator training has helped the country to reduce underreporting. Data obtained through this has led to incorporation of their rights and issues in the Equality Act 2010. This Act consolidates various anti-discrimination laws and aims to protect individuals from unfair treatment based on protected characteristics.

4.3.3 **Outcomes:** The collection of appropriate data has resulted in targeted interventions, such as undertaking steps for better accessible public transport, benefiting 14 million PwDs.

## D. United States: Functional Aspect of Disabilities

4.4.1 The American Community Survey (ACS)17 collects data on functional disabilities using questions focused on cognition, mobility, and self-care, capturing multiple disabilities and their severity levels. The ACS uses a set of six yes/no questions related to vision, hearing, cognition, mobility, self-care, and ability to do errands to identify individuals with functional limitations. These questions assess difficulties in these areas, allowing for the identification of individuals with multiple disabilities and various degrees of severity.

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[16] https://www.washingtongroupdisability.com/fileadmin/uploads/wg/Documents/WG_Implementation_Document__1_-_Data_Collection_Tools_Developed_by_the_Washington_Group.pdf

[17] https://www.sciencedirect.com/science/article/pii/S1936657423001358#:~:text=33%2C34,Instrumental%20Activities%20of%20Daily%20Living).

4.4.2 The ACS disability questions cover six domains of functioning: hearing, vision, cognitive difficulties (concentrating/remembering), mobility (walking/climbing stairs), self-care (dressing/bathing), and Instrumental Activities of Daily Living (IADL) (doing errands). The questions are designed to capture both the presence and severity of difficulty in each domain, with options for "no difficulty", "some difficulty", or "a lot of difficulty/cannot do at all". This allows for the identification of individuals with a range of disabilities and their associated limitations, providing valuable data for understanding the prevalence and characteristics of disability in the population. Multiple disabilities and severity levels are captured. This has enabled better targeting of disability-specific services and has informed anti-discrimination laws.

## E. New Zealand: Hybrid of WGSS and Household Survey

4.5.1. New Zealand applies the **Washington Group Short Set (WGSS)** in census and follows it up and supplements it with a **Household Disability Survey.** This approach helps them gather comprehensive information about disability prevalence and experiences. The data informs transport design, employment services, and healthcare access. WG questions are suitable for censuses and endorsed by UN bodies. The US Census Bureau's switch to Washington Group questions is seen as a big step forward for disability data collection. Washington Group on Disability Statistics (WG) recommends questions for censuses, covering six domains like seeing and hearing. The first four domains are essential for accurate data. These questions use a gradient of difficulty responses, helping identify individuals with disabilities. This could be greatly useful conducting India's Census 2026-27 that would reveal correct data. Switching to WG questions offers a nuanced view of disability by capturing functional difficulties. It's been tested and endorsed internationally, including by the International Disability Alliance. Some debate exists, as seen in the U.S., where switching to WG questions raised concerns about undercounting, though experts argue it improves data quality.

## F. Brazil: Functional Limitation Approach

4.5.2. In the 2022 census, Brazil adopted a functional limitation approach to collect data on disability, moving away from a purely medical model. This approach, recommended by the Group of Washington, focuses on whether individuals can perform certain activities, rather than solely relying on medical diagnoses. This shift reflects a broader international trend and aims to provide a more nuanced understanding of disability within the Brazilian population.[18] This approach to disability has driven reforms in education and mobility by utilizing data on assistive device use, participation barriers, and activity restrictions. Data on assistive device use, participation barriers, and daily activity restrictions led to targeted reforms in education and mobility services. This approach moves away from solely relying on medical diagnoses as the basis for identifying people with disabilities.

## G. India : Post Census 2011 Disability Surveys

4.6.1 **Salem District Experience in Counting the Disabled:** We have examined the examples and experience of other countries. As stated, the issue of under-reporting has plagued the mind set of development administrators and to address this issue, we have an example of Salem District in Tamil Nadu which undertook door to door survey to accurately count the disabled and the result have been encouraging.

4.6.2 A door-to-door survey to compile data on persons with disabilities in Salem District, Tamil Nadu, began on June 2, 2025, as reported by the Hindu. This initiative, conducted by the Department of Empowerment of Persons with Disabilities (DEPwD) in collaboration with local authorities, aims to collect comprehensive data on education, livelihood opportunities, accessibility to government welfare schemes, therapy requirements, and the issuance of

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[18] https://agenciadenoticias.ibge.gov.br/en/agencia-news/2184-news-agency/news/43477-2022-census-brazil-has-14-4-million-persons-with-disabilities#:~:text=Over%20the%20years%2C%20Brazil%20has,them%2C%20which%20makes%20comparisons%20impossible.

Unique Disability Identification (UDID) cards. The survey covers all persons with disabilities in the district, providing insights that can inform the design of the national Census 2026-27.

4.6.3 The exercise has led to a comprehensive data collection as the Salem survey gathers detailed information beyond mere prevalence, including socio-economic factors and access to services. The survey emphasizes tracking UDID card distribution, which, as of December 2023, reached 10 million nationally (37.3% of the 2011 Census disability estimate of 26.8 million). Including UDID status in Census 2026-27 could help monitor coverage and identify gaps in registration.

4.6.4 Active Community Engagement includes the involvement of local disability welfare offices (e.g., Salem's Differently Abled Welfare Office).The survey assesses accessibility to welfare schemes, suggesting that Census 2026-27 should incorporate accessible formats (e.g., Braille, Indian Sign Language) to ensure inclusive participation.

4.6.5 Salem Survey in fact endorses the need to adopt the WG-SS questions to capture functional disabilities comprehensively, as Salem survey's focus was to also assess the diverse needs. Salem trained enumerators to handle sensitive disability-related questions and was facilitated by adopting survey's community-based approach. Salem exercise also made counting processes more accessible, using lessons from Salem's emphasis on therapy and welfare scheme access. The Salem District survey provides a model for localized, detailed data collection that can enhance the accuracy and inclusivity of India's Census 2026-27, ensuring better representation of persons with disabilities.

4.6.6 The experience of two related surveys, namely the Kerala Disability Census 2014–15 and the Salem Disability Survey 2025 offer critical lessons to enhance disability data collection in the Census of India 2027. Kerala's census, conducted across 8.2 million households, identified 761,843 PwDs (2.2%) using 22 disability categories and trained health professionals, improving accuracy over proxy reporting but limited by high costs and non-scalability; its use of detailed categories and community engagement informs Census 2027's adoption of the RPWD Act's 21 disabilities and enumerator training with DEPwD/ISLRTC. The Salem survey, a door-to-door initiative in Tamil Nadu, emphasized functional limitations and rural community engagement, offering a scalable pilot for Washington Group Short Set questions and mobile data units to reach remote areas (74.81% of PwDs are rural). Together, these surveys suggest Census 2027 should implement self-reporting( which Census 2027 has already professed to use[1]), AI-driven validation across all levels specially lower levels, NGO- partnered awareness campaigns, periodic surveys, while leveraging Aadhaar and NFHS infrastructure to address cost concerns. The pool of Master Trainers created during these two surveys can be utilised for further training and experience sharing in other States.

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[1] https://www.deccanherald.com/india/in-a-first-citizens-will-be-able-to-self-enumerate-during-upcoming-census-data-will-be-released-sooner-3618864#google_vignette

# Chapter 5: Washington Group Questions- Why Needed

5.1 Let us examine in little more detail about the WG-SS survey, as this model or its minor variants have been adopted by countries committed to the cause of the disabled welfare. The Washington Group on Disability Statistics (WG), established under the UN Statistical Commission, developed the Short Set (WG-SS) of six questions to measure disability in censuses and surveys (Washington Group,2021). These questions cover six functional domains: seeing, hearing, walking, cognition, self-care, and communication, with graded response options (e.g., "No difficulty" to "Cannot do at all"). This approach is endorsed by the United Nations and aligns with the World Health Organizations International Classification of Functioning, Disability, and Health (ICF) and is designed to be culturally neutral and internationally comparable( Washington Group,2020).These questions are designed to capture a range of functional limitations, reducing stigma and improving accuracy compared to India's current preference to predominantly use information through a binary based yes/no questions.

5.2 The policy makers and planners would inevitably raise the question as to what relative advantages WG-SS offers. We have already noted how virtually every stakeholders argue about the inaccuracy of Census of India’s counting exercise. There is no doubt that there would be improved accuracy as graded responses would far better capture an entire spectrum of functional limitations; additionally, the questions and information seeking methods would be reducing stigma and underreporting compared to the usual outmoded system of seeking responses to the binary mode of posing yes/no questions.

5.3 The WG methodology is fully endorsed by the UN Statistics Division and used in countries like the United States (proposed for the American Community Survey)and Namibia (Center for Inclusive Policy,2023)( UNSD 2021). Moreover, this methodology would align well with India’s endorsement of the CRPD guidelines and commitment for the UN SDG’s goals. India’s commitment to attain inclusive development goals would be fully demonstrated . The collection of data through this methodology would lead to evidence based endorsement for policy making across the Central, State, and the Local Government levels and would contribute to good governance goals. This would be a possible as WG based Census would provide granular and nuanced data for disaggregating Sustainable Development Goals (SDGs) indicators such as the status of disabled's education and employment( Washington Group 2019).

5.4 It is not that transition to WG-SS questions has been a smooth ride altogether ; its adoption has sparked debate in some contexts even in as the U.S.,where concerns were raised about potential undercounting (from 14% to 8% prevalence- Disability Rights California,2023) However, experts argue that the WG-SS provides more granular and nuanced data, capturing functional limitations that better reflect real-world exclusion (Center for Inclusive Policy, 2023)

5.5 As stated separately, the WG methodology would require detailed examination and to mitigate concerns, India should pilot the WG-SS in select regions before full implementation and involve disability communities in the process.

**5.6 What lessons can be drawn from the practices adopted by other countries? Some of the lessons are:**

5.6.1. Unlike Canada and Australia, India's Census lacks applying the functional questions and primarily rely on binary, medicalized definitions that miss milder impairments and mental health afflictions.

5.6.2. The UK's accessible formats contrast with India's inaccessible forms, exacerbating exclusion.

5.6.3. India's lack of post-census surveys or regular data updates contrasts with Canada's and Australia's iterative approaches, limiting policy responsiveness.

5.6.4. WHO has developed the Functioning and Disability Disaggregation tool (FDD11) to help countries disaggregate data by disability. The FDD11 is designed to be integrated into existing surveys or used as a standalone tool to gather information that can be broken down (disaggregated) by disability status. This allows for a more detailed understanding of how disability impacts different aspects of life and can inform the development of more targeted interventions and policies [19]

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[19] https://archpublichealth.bioofmedcentral.com/articles/10.1186/s13690-022-01001-2

5.6.5. Countries that have reformed their enumeration practices have shown measurable improvements in data quality, policy reach, and global trust. These countries show that implementing functional, validated disability data collection methods leads to real improvements in social inclusion and governance. India needs to learn and incorporate from these countries so that functional, inclusive, and disaggregated data collection drives effective policies, otherwise continuing with outdated approach will involve not only risks of inaction but would perpetuate exclusion, poverty, and policy failure inviting criticisms of poor governance .

5.6.6. We can also see how countries who collect data due to old antiquated practices aggravate the life and living of the disabled and these examples include:

5.6.6.1 **Somalia**: Due to continuing conflict and weak governance, the disability data collection is weak leading to under reporting and hence the estimated disabled population is shown as 5–10%, leading to negligible policy support and widespread exclusion.

5.6.6.2 **Haiti:** Lack of standardized tools and enumerator training results in underreporting disabled population showing to be 10% and due to continuing civil war there is no linkage to social welfare programs, exacerbating poverty post-disasters when we consider the earthquakes that devastated the country in 2010 and 2021.

# Chapter 6 : Policy Recommendations for India's 2026–27 Census

6.1 To address these shortcomings, DAWN Daksh foundation proposes a four pillars supported framework that can be considered by the Government of India and can be applied for the 2026–27 Census. These are elaborated below:

## A. Pillar 1: Consider Updated Methodologies

6.2 **Consider and Adopt/Adapt methodologies of Washington Group Short Set (WG-SS)[20]:** Replace binary questions with functional ones (e.g. "Do you have difficulty seeing, even with glasses?) to better capture a broader spectrum of disabilities, including milder impairments. Some sort of exchange can take place by inviting their staff who can act as master trainers and then India can adopt Training of Trainers and cascading model for training for the enumerators. India can also deploy training through Learning Management System route that can impart continuous training to enumerators through social media and internet.

6.3 **Incorporate RPwD Act Definitions:** Fully align Census questions with the 21 disability criteria in the Rights of Persons with Disabilities Act (2016) to ensure legal consistency. Just to cite one example, the legal rights are now facilitated by the National and State Legal Aid Authorities and government even gives financial support for fighting for legal entitlements including jobs, insurance etc. Partnerships with District Legal Aid Societies can be developed to educate and empower, while collecting data on the disabled also.

6.4 **Use Mixed-Mode Surveys:** Combine house-to-house enumeration with digital self-reporting ( e-census -ensuring digital platforms are accessible- this is already being planned) to improve coverage, especially in urban areas; and in this partnerships with IITs NITs etc. should be actively done. Provide offline e-census options and train enumerators to assist low-literacy respondents.

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[20] https://www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-wg-ss/

6.5 **Conduct Post-Census Disability Survey:** Emulate Canada's model by implementing a dedicated survey to capture detailed functional and socio-economic data, addressing Census limitations of doing one time and one person contact in the household. And this can be done post the main Census and would act as validation and confirmation of Census data collection; and would deter the enumerators for recording wrong information. It is like the two national household surveys namely National Family Health Survey (NFHS) and the Household Consumption Expenditure Survey (HCES) validating some elements of Census data.

6.6 **Case Study Impact:** Nothing illustrates the argument better than Canada's CSD effort that increased prevalence of disabled population estimates to rise from 13% to 22%, enabling targeted welfare programmes as a consequence. India could similarly identify millions more PwDs, improving resource allocation for them. Census data allocates resources for programmes like supportive housing for the disability community- 5% reservation of total rural housing units under PMAY is earmarked specifically for PwDs

## B. Pillar 2: Inclusive Stakeholder Engagement

6.7 **Engage Disability Rights Groups:** Partner with organizations like the National Centre for Promotion of Employment for Disabled People (NCPEDP), the Disability Rights Alliance (DRA), the Socio Legal Information Centre (SLIC), Samarthanam Trust for the Disabled and Sightsavers India to co-design census questions which ensure cultural sensitivity. This is only an illustrative list based on limited information available with DAWN Daksh Foundation. The Indian Government can run its own related databases and select an entire range of organisations with regions specific partnerships.

6.8 **Involve Marginalized Communities:** Prioritize input from women, rural residents, and Scheduled Castes/Tribes to address underreporting due to stigma or exclusion. In this partnerships with women Dalit and Adivasi elected representatives from the Panchayats and coopting partnerships with national commissions of OBC, SC and STs can be considered as they have field offices too. Like the reservations for the SCs STs in the Panchayats, the reservation for the disabled can come up if their figures are found significantly higher- say if they reach 15% .

6.9 **Establish Multi-Stakeholder Platforms:** Create regional task forces with government, NGOs, and PwDs to oversee implementation and validate data.

6.10 **Case Study Impact:** Australia's consultation with disability advocates ensures NDIS aligns with community needs, a model India can replicate to enhance trust and accuracy.

## C. Pillar 3: Enumerator Training

6.11 **Mandate Disability-Sensitive Training:** Train enumerators on WG-SS tools, how to negotiate issues of cultural stigma, how to assess diverse disabilities (e.g., autism, psychosocial conditions, intellectual disabilities) to improve data quality.

6.12 **Recruit PwDs as Enumerators:** Include PwDs in census operations to foster empathy and reduce bias, as seen in the UK's inclusive hiring practices.

6.13 **Standardize Protocols:** Develop clear guidelines for interviewing individuals directly (not just household heads) to capture hidden disabilities.

6.14 **Coopt and forge partnerships with field formations like the Anganwadi, SHGs, ASHA** workers besides the usual recruits like the teachers and government employees. This will help in cross checking and concurrent validation and ownership of not only data but of the whole process of counting.

6.15 Involving persons with disabilities in enumerator training and this outreach seems vital. It would ensure the process is sensitive and effective

6.16 **Case Study Impact:** The UK's training programmes reduced under-reporting by 15%, a case study for India that is likely to see improved data reliability.

## D. Pillar 4: Accessible and Disaggregated Data Collection

6.17 **Ensure Accessible Formats:** Provide census forms in Braille, ISL, and screen-reader-compatible formats to enable direct participation by PwDs. Partnerships should be developed with other stakeholders to learn more and in this workshops can be organised.

6.18 **Disaggregate Data:** Collect data by gender, age, disability type, severity, and socio-economic status to inform targeted policies, as per CRPD requirements . While the census captures basic disability types and numbers, the CRPD requires a broader approach, including data on accessibility, inclusion, and the lived experiences of persons with disabilities. The CRPD requires a comprehensive understanding of disability, including the social model of disability, which recognizes that disability is caused by the interaction between impairments and barriers in society. This data collection would reflect the social model of disability and would facilitate assessing the extent to which persons with disabilities are experiencing barriers and discrimination. It puts great emphasis on elements of accessibility, inclusion and rights based approach.

6.19 **Leverage Technology:** Use mobile apps and AI-assisted tools to enhance accessibility and coverage, especially in remote areas, while addressing digital inequities.

6.20 **Link Data to Policy:** Integrate census data with schemes like Samagra Shiksha and Accessible India Campaign to ensure actionable outcomes.

6.21 **Case Study Impact:** Australia's disaggregated data underpins NDIS, allocating $22 billion annually to 500,000 PwDs. India could similarly enhance programmes like the Unique Disability ID (UDID) scheme with other rights and entitlements that are given to the disabled.

6.22 India's undercounting leads to underfunded programmes as can be seen in the fact that only 1% of PwDs receive government aid, costing billions in lost productivity and welfare needs. Exclusion perpetuates stigma and inequity, particularly for women and rural PwDs, with 45% illiteracy rates among disabled females.

# Chapter 7: Strategic Recommendations

7.1 India’s 2026–27 Census is a critical opportunity to address decades of undercounting PwDs, aligning with global standards and CRPD commitments. India ratified the UN CRPD on October 1, 2007. Accurate disability data is necessary for India to fulfil CRPD obligations, especially monitoring and reporting on the rights of persons with disabilities. The proposed four-pillar framework—modernized methodologies, inclusive engagement, enumerator training, and accessible data collection—offers a roadmap to capture the true scale of disability (potentially 200 million people) and drive inclusive policies.

Based on our study, the recommendations in brief are as under:

## A. Recommendations for stakeholders:

7.2 **Government:** Examine/Consider to Adopt/Adapt WG-SS questions, integrate RPwD Act definitions, and pilot a post-census disability survey by 2028.

7.3 **Civil Society:** Partner with disability rights groups to co-design questions and raise awareness as that would build ownership and reduce stigma.

7.4 **International Partners:** Seek international partners that could provide technical assistance and funding to support accessible formats and training. This could be facilitated through discussions in Working Group formed with the countries having good practices ( some countries are discussed above).

7.5 **Private Sector:** It can help under Corporate Social Responsibility to develop accessible digital tools and AI solutions to enhance census efficiency.

## B. Recommendations for Census 2027

7.6 **Align Definitions with RPwD Act:** Ensure enumeration reflects all 21 recognized disability categories.

7.7 **Adopt Functional Questionnaire Models:** Incorporate the WGSS or its customized variant to measure difficulty levels in six key domains (seeing, hearing, walking, cognition, self-care, communication).

7.8 **Revise Question Format:** Move from binary Yes/No to graded options: "no difficulty," "some difficulty," "a lot of difficulty," "cannot do at all."

7.9 **Enhance Enumerator Training:** Develop standardized training materials in collaboration with DPOs. Use simulation-based training and case studies to improve understanding.

7.10 **Ensure Inclusive and Accessible Tools:** Provide forms and instructions in Braille, Indian Sign Language, large print, and local languages. Use pictorial cues for cognitive access.

7.11 **Involve Disability-Led Organizations:** Partner with NGOs and CBOs for outreach, enumeration, and post-enumeration validation.

7.12 **Introduce a Post-Census Disability Survey:** Modelled on Canada, this should correct undercounts and expand qualitative data.

7.13 **Connect Disability Data with National Systems:** Link census findings to UDID, social welfare( pensions, allowances etc), education ( distribution of scholarships, reservation compliances etc), and health databases ( PMJAY).

7.14 **Launch Awareness Campaigns:** Use print, radio, television, and social media to reduce stigma and promote self-reporting, especially in rural and tribal areas.

7.15 **Create a High-Level Taskforce:** Include statisticians, disability experts, civil society, and bureaucrats to supervise the enumeration reform.

7.16 Create **real-time dashboards –** to monitor district level disability data.

7.17 Conduct a **Pilot Disability Mini Census** or mini survey in selected districts to test improved tools, trained enumerators and fine tune questionnaire logic.

7.18 **Integrate with other Government Data Systems** like the UDID, Swavlamban camps, School disability records under SSA, NITI Aayog's health and social indicators etc.

7.19 **Create Village Level Disability Registers-** through gram panchayats and integrate with the Census. The Gram Panchayats already maintain a register of residents – also called as Ordinarily Resident Register. So, in the States which maintain this register, an additional information on disability status can be incorporated

7.20 **Allow Multi Disability Response-** allowing people to report more than one disability as many people have multiple co-existing impairments.

7.21 **Create a Disability Self-Reporting Portal with Aadhaar Linkage-** launch a voluntary **,** year-round, secure digital portal **f**or self-reporting disability status specially useful for people reluctant to disclose during census visits; allowing users to update functional limitations anytime, similar to DigiLocker ;can be pre-populated with UDID data**,** cross-validated by UIDAI, and flagged for door-to-door confirmation later.

7.22 **AI-Powered Cognitive Disability Detection via Verbal Responses -**Use AI models (trained in Indian languages) to detect speech and memory challenges during verbal census interaction. It would help in identifying mild cognitive impairments, dementia, or intellectual disabilities in seniors, which often go unreported.

7.23 Create a **Pilot Tool to measure hidden or non-visible disabilities:** mental illness, learning disorders, autism spectrum, chronic fatigue, etc. in partnership with NIMHANS or other organizations which can be tested in one or two districts and upscaled .

7.24 Consider using **Innovative Applications** like using **satellite imagery in combination with poverty data , urban density and health access** to predict **'disability hotspots'-** for example, urban slums near industrial zones with high chemical exposure or war veterans' clusters in border areas .

7.25 Create a temporary **Disability Census Internship Corps** deploying students specially from disciplines of social work, nursing, psychology, public health who can be easily trained to assist enumerators. The NSS and NCC can also be coopted for going with enumerators in this national exercise.

7.26 **Award Top 50 Performing Districts** based on quality and completeness of disability enumeration.

7.27 **Co-locate Disability Enumeration with Direct Benefit Schemes** through integration of disability questions during surveys for PM Ujjwala, Ayushman Bharat, PMAY, PDS, or pensions**.**

7.28 **Develop 'Privacy Shield'** to address the issue of Stigma-Sensitive Reporting by allowing households to report sensitive disabilities anonymously via sealed envelopes, QR-code based forms, or encrypted mobile submission, with follow-up only if consented. It will encourage openness about mental illness, epilepsy, HIV-related neuro-disabilities, etc.

7.29 By implementing these reforms, India can ensure that millions of PwDs are no longer invisible, enabling equitable access to education, healthcare, and employment, and in the process India would also be reinforcing its global leadership in inclusive development.

## C.Conclusion

7.30 Summing up, we have gathered that India is at a critical juncture to reform how it collects data on persons with disabilities (PwDs) in Census 2026-27. Currently, India's disability statistics are grossly underestimated, with far-reaching implications for policymaking, rights realization, international credibility, and resource allocation. The DAWN Daksh has attempted to review the policy of Census counting in the country and strongly recommends for a comprehensive review based on past evidence, differential estimates and best practices propagated by international development agencies and evidence-based best practices.

7.31 Census 2026-27 offers India a historical opportunity to correct its longstanding underestimation of persons with disabilities. Countries that have moved toward functional, inclusive enumeration models have improved service delivery, policy planning, and international standing. India must not lag behind. By adopting global best practices and aligning with its own legal commitments, the country can ensure every person with a disability is counted and served and None Is Left Behind(NILB).

7.32 The Census 2026-27 presents an opportunity to address longstanding issues in disability data collection, such as simplistic question formats and inadequate enumerator training, to better serve the disability community. This policy paper recommends considering and adopting the Washington Group Short Set (WG-SS) questions for the Census 2026-27 to improve data accuracy. It also advocates for comprehensive enumerator training, accessible census processes, and collaboration with disability rights organizations to ensure inclusivity. These measures will enhance data quality, support evidence-based policies, and promote a more inclusive society.

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# References :

- India’s invisible millions: Why the 2026–27 census must finally count every person with disability. *Times of India*, 2025.
- India’s disability estimates: Limitations and way forward. *PLOS One*, 2019.
- Disability in India: An Analysis of Census 2011 Data and its Implications for Inclusive Education. *Education for All in India*, 2024.
- Disability Divides in India: Evidence from the 2011 Census. *PMC*, 2015.
- Disability in India. *Wikipedia*, 2015.
- Prevalence, pattern and determinants of disabilities in India: Insights from NFHS-5 (2019–21). *PMC*, 2023.
- Disabled Population in India as per census 2011 (2016 updated). *enabled.in*, 2017.
- Delayed census: How India’s welfare schemes are suffering. *IDR*, 2022.
- Census: India set to count its population after a six-year delay. *BBC*, 2025.
- India’s indefinitely delayed census. *The Lancet*, 2023.
- THE DISABLED POPULATION AND THEIR EDUCATIONAL STATUS IN INDIA. *redalyc.org*, 2019.
- Disabilities in India - statistics & facts. *Statista*, 2023.
- Disabled Population in India: Data and Facts. *wecapable.com*, 2018.
- United Nations Flagship Report on Disability and Development, 2018.
- World Report on Disability, WHO, 2011.
- The Hindu, "Door-to-door survey to compile data of persons with disabilities begins in Salem district," June 4, 2025.
- Springer, "A cross-sectional study for assessment of quality of life among women with locomotor disability in Salem district," 2023–2024.

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