

# COVERAGE OF UNIQUE DISABILITY IDENTITY CARD IN INDIA: A DESCRIPTIVE STUDY<sup>1</sup>

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## ABSTRACT

*In September 2016, the Government of India embarked on an ambitious project of providing Unique Disability Identity Card (UDID) to all the persons with disability (PwD). The aim was to create a national database on the number of disabled persons in India and also to empower all PwDs to access and avail all government benefits efficiently and easily irrespective of their age, gender, caste, occupation and region. The study's objective was to analyze the UDID card coverage and make suggestions to improve the scheme's functionality and coverage. A survey was conducted to assess the quality and other parameters of the scheme. The findings of the study suggest the maximum coverage was in Uttar Pradesh (12.07%) while Dadra & Nagar Haveli registered lowest (0.001%) coverage. Among suggestions put forth by the UDID State Nodal agencies are online issuance of disability certificate for speeding up the process of registration as well as generation and delivery of UDID cards; the latter suggestion was accepted & notified by the MoSJ&E in June 2021.*

**Keywords:** UDID Card; PwD; MoSJ&E, India.

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1 This paper uses published report & primary data collected for a project study on "Evaluation of UDID Cards" sponsored by the Ministry of Social Justice and Empowerment (MoSJ&E), Government of India and carried out by NILERD in 2020. The sole purpose of the paper is to disseminate the welfare measures undertaken by the DEPwD. The authors thank the MoSJ&E for funding and team members who contributed to the research study. All errors and omissions are the authors' responsibility. The views are those of the authors and not of the institution to which they belong.

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## 1. Introduction

The UDID project is a flagship project of the Prime Minister's Office (PMO) aimed to create a national database for PwDs and was launched in September 2016. The national project to convert Disability Certificates (DC) into Unique Disability Identity Cards (UDIDs) was launched to ensure that Persons with Disability (PwDs) avail all government benefits irrespective of their domicile status. The UDID card with an 18-digit number was designed to ensure that benefits reach the deserving beneficiaries, eliminate the possibility of duplication and allow tracking of benefits directed at individuals based on the nature of their disability. The Rights of Persons with Disabilities (RPwD) Act, 2016, enjoined upon the Central and State governments the responsibility to provide services, create facilities and give support to PwDs to enable them to have equal opportunities.

Prior to the launch of the UDID project, the Census of India was the only source of information providing details on the number of disabled persons in India. As per the Census 2011 data, the number of PwDs stands at 26.8 million accounting for 2.21% of India's population, of which approximately 69% people reside in rural areas and 31% in urban areas. A decadal percentage change of nearly 22% was observed during the inter-Census period 2001-2011, indicating an increase of nearly 4.99 million during the period. People who have locomotor disabilities form the largest chunk (20.3% of the total disabled population), followed by hearing impaired (18.9%), visually impaired (18.8%), speech impaired (7.5%), mentally retarded (5.6%), mentally ill (2.7%) and multiple disabilities (7.9%). These numbers are bound to increase, primarily due to the definitional change in the way disability is defined. This definitional change and increase in the number of people with new types of disabilities may possibly be captured and reflected in the Census 2021 data as and when the data is made available.

In India, various schemes are being implemented for the welfare of differently abled persons by Central and various State governments. Thus, a need was felt for a national database of PwDs, which is essential to encourage homogeneity and uniformity in the system. Such a national database on PwDs is a foundation milestone for tracking the physical and financial progress of benefit delivery at all levels of hierarchy of implementation, such as village, block, district, state and national levels.

Mandated with establishing a national database for PwDs and issuance of unique ID card to each and every disabled person, the Department of Empowerment of Persons with Disability (DEPwDs) initiated the process of generating UDID cards with the help of selected implementing agencies in the States (i.e. the State Social Welfare Department) to encourage transparency,

efficiency and ease of delivering government benefits to PwDs pertaining to scholarship, skill training, inclusive education, rehabilitation, pension and railway concessions to PwDs.

Under the Swavlamban Unique Disabled Identity project (a centralised web application), online availability of data across the country is maintained. Offline applications are also accepted and subsequently digitized by implementing agencies. Online renewal and update of information by PwDs can also be done by PwDs or any party on their behalf. Differently abled persons are required to register on the UDID portal. Once registered, they are eligible to apply online for DC and UDID card. PwDs can also track the status of their application. They can put forward their request for renewal or reissuance of the DC/UDID card in case of loss of these documents.

In continuation of this endeavour, the Parliament enacted 'Rights of Persons with Disabilities (RPwD) Act 2016', in the year 2016, wherein the types of disabilities were increased from 7 to 21. The 21 disabilities as per the RPwDs Act, 2016 for which PwDs are eligible for UDID cards are as follows: blindness, low-vision, leprosy cured persons, hearing impairment, locomotor disability, dwarfism, intellectual disability, mental illness, autism spectrum disorder, cerebral palsy, muscular dystrophy, chronic neurological conditions, specific learning disabilities, multiple sclerosis, speech and language disability, thalassemia, haemophilia, sickle cell disease, multiple disabilities, including deafness/blindness, acid attack victim and Parkinson's disease. Based on these criteria and after examining the PwDs, the district health administration issues DCs to PwDs, which enable the issuance of the UDID card post-verification. This paper analyzes the data published in the Evaluation Report on UDID Cards published by NILERD in March 2021 to study age, sex and other distribution parameters of UDID card beneficiaries. Besides primary data was also collected and analyzed to study the perspectives from the field on UDID card.

## 2. Literature Review

Unlike many developed nations, until the launch of UIDAI in 2009, India did not have a single identification number for each of its citizens. Realizing the pressing need to generate an identification number for each of its citizen so that their identity can be uniquely established, the Government of India initiated the process of allocating/assigning Aadhaar (Identity) number to its citizens (UIDAI, GOI). Aadhaar is seen as a tool for distributive justice and equality. The Aadhaar platform formed the basis of many other identity databases in the country. Much of the research/ literature available on disability in Indian context are from the medical perspective and not on the real count of the number of disabled.

In 2016, the Government of India embarked upon an ambitious project to provide a unique disability identity card to PwDs (UDID, MoSJ&E). Administratively speaking, UDID is a unique initiative of the Government of India that is envisaged to provide a unique disability identity card to each and every disabled who fits the definitional criterion. The UDID database is required because after the enactment of India's RPwDs Act, 2016, the types of disabilities have been increased from 7 to 21 (Annual Report 2017-18). This means that the actual number of disabled persons in India is much more than what is reflected in the Census 2011 count (MoSPI, 2016).

A robust UDID database will facilitate efficient planning, as the exact number of the disabled population will be available down to the lowest level of administrative hierarchy and help in evolving an efficient rehabilitation mechanism. The current mechanism for generating a UDID allows PwDs to register online on the UDID website<sup>2</sup> if s/he has the relevant documents at hand (UDID, DEPwD, GoI).

Having a common database for PwDs will also help to weed out duplicate DCs. This will save resources as in the case of Aadhaar. On 2 June 2019, the then late Hon'ble Finance Minister went on record to say that Aadhaar helped the government to save Rs. 90,000 crores by the end of March 2018 (Mint, 2019).

However, creating a national database of PwDs has also had its own share of criticisms. The United Nations CRPD Alternate Report for India (CRPD, 2019; Rao KVS, 2018) submitted on 11 February 2018 highlighted issues that need to be addressed for equitable distribution of benefits among the PwDs. It is argued that with the increase in the UDID coverage and seeding of increasing number of DCs with UDID card, much of the apprehensions and criticisms will be addressed.

However, world-wide there is an increasing need for population-based databases by the researchers and policy makers for targeted interventions. The Census provides aggregate numbers at a defined interval on various indicators. However, it is not possible to track and identify the individuals from such information for targeted benefits longitudinally.

With the growth of Information Technology and digital highways, India has been at the forefront of building several databases for targeted benefits and outcomes. This is more apparent in the health sector. For example, the Health Management Information System launched in October 2008 captures data on health service delivery, training and infrastructure from across health facilities in India on a daily basis for the purpose of informed policy decisions and course correction (HMIS, MoHFW, GOI). HMIS data on health care service delivery is

used by NITI Aayog for ranking of District Hospitals across India. The HMIS data is also used in the computation of State Health Index.

Likewise, Reproductive & Child Health (RCH) database, the erstwhile Mother & Child Tracking System (MCTS), has been designed for early identification and tracking of the individual beneficiary throughout the reproductive lifecycle. MCTS was launched in 2009. Through RCH portal State governments micro manage timely delivery of full antenatal, postnatal and delivery care services. The updated information on beneficiaries with their mobile numbers are maintained. Through RCH portal the tracking of children for complete immunization services is also managed. As each pregnancy is micro managed, 'alert' or reminder text messages for the services that are due to the pregnant mothers and children are sent not only to the beneficiary but also to auxiliary nurse midwives and health managers of the facility linked to the beneficiary (RCH, MOHFW, GOI).

This has led to increase in antenatal, postnatal, delivery care and immunization services. The day when complete information on RCH database is maintained by all States, most of the health indicators could be derived from the information available in the RCH database and thus dependency on periodic surveys would be reduced.

Effective management of Co-WIN database has led to India successfully managing one of the world's largest Covid-19 vaccination programme. More than 1423 million vaccine doses have been successfully administered. (NHA, 2021).

Even in developed economies an argument in favour of linking many different databases are made so that data is portable and interoperable across platforms for better administrative and policy decisions. However, besides logistic issues involved in linking databases, there are ethical concerns. Ensuring confidentiality is key to making such a linked resource useful and accessible (Richard Chamberlayne et al, 1998). Rightly so, in order to address data confidentiality and ethical issues in India, Personal Data Protection Bill, 2019 is currently in the Parliament (NHA, 2020).

Globally, attention to the issue of disability has gained prominence. The UN Convention on the Rights of Persons with Disabilities (CRPD) as well as Incheon "Make the Right Real" Strategy call for the recognition of the rights of people with disabilities in all facets of economic, social and civic life. As a result, more and more countries are beginning to provide specific benefits to people with disabilities (Daniel Mont et al, 2019). Rightly so, the Government of India embarked on the ambitious project of providing unique identity card to all the persons with disability so that they can easily avail benefits across sectors in a hassle-free environment.

In this context, the present study is a first of its kind to highlight issues and problems encountered by various stakeholders during the registration of UDID cards online. In the absence of data on disability from the Census 2021, which has not yet been undertaken, the present study provides the baseline information on various aspects of the UDID coverage and difficulties encountered during the registration processes thereby contributing to the literature on the subject.

### 3. Methodology and Sampling

The UDID data pertaining to year 2018, 2019 and 2020 consisting of 5581 thousand beneficiaries as published in the Evaluation Report on UDID Cards, published by NILERD in March 2021, was used to study the UDID coverage. The primary data was focused on studying the quantitative as well as qualitative aspect of the scheme so that suggestions could be made to improve scheme functionality and coverage. The primary data on key stakeholders such as UDID beneficiaries, Chief Medical Officers (CMOs) and UDID State Nodals was conducted to study scheme functionality and quality. All the major states UTs and some north-eastern states were covered. As the primary data was collected in times of the ongoing pandemic, the necessary Covid-19 protocols and guidelines were followed. Quantitative data on 5322 beneficiaries was collected and analyzed, and interviews with CMOs and UDID state nodal officers were conducted. FGDs and telephonic interviews were also conducted. At first stage, 20 major States/UTs covering all the regions in India were selected. In the second stage, districts were selected according to criteria fixed a priori. Two better performing and one poor performing districts from the selected States were selected. Finally, UDID beneficiaries were selected randomly from the beneficiary list.

**Table 1: Total Number of UDID Card Issued (in thousand): 2018-20**

Year	2018	2019	2020	Total Cards issued
Number of UDID Registration / Cards Issued	1507	2298	1776	5581

Source: Evaluation Report on UDID Cards, NILERD, March 2021.

The Table 2 below provides a snapshot of state-wise primary data collected on UDID beneficiaries. The data was cleaned and entered in SPSS. The variables were coded and the open-ended responses were assigned codes before data entry. The state-wise percentages were generated and cross tabulation was done for further analysis.

**Table 2: State-wise Sample Distribution: UDID Beneficiaries**

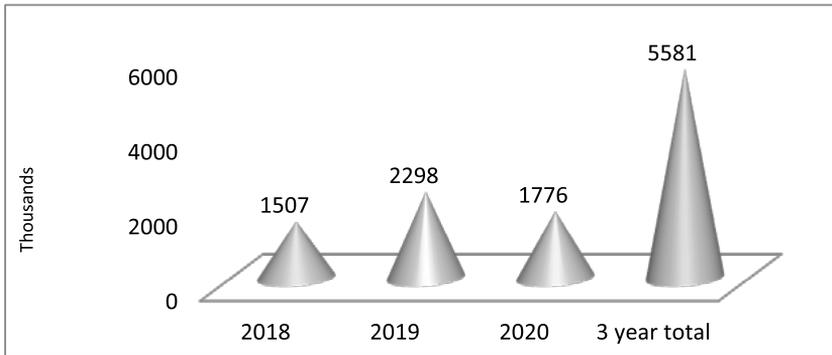
S.No.	State Name	No. of Beneficiaries
1	Kerala	107
2	Uttarakhand	125
3	Bihar	126
4	Himachal Pradesh	135
5	Odisha	140
6	Punjab	149
7	Chandigarh	153
8	Tamil Nadu	191
9	Telangana	192
10	Jharkhand	215
11	Rajasthan	216
12	Chhattisgarh	240
13	Haryana	240
14	Assam	271
15	Madhya Pradesh	290
16	Maharashtra	294
17	West Bengal	372
18	Delhi	385
19	Gujarat	683
20	Uttar Pradesh	798
	<b>Total</b>	<b>5322</b>

#### 4. Findings and Discussion of Results

##### 4.1 UDID Coverage by Background Characteristics

The UDID coverage in India and States is presented in the graphs below. The number of UDID registration/cards issued in 2018 was 1507 thousand which increased to 2298 thousands in 2019, while 1776 thousand cards were issued in 2020. In three years' period 5581 thousand cards were issued, which is phenomenal. As more and more PwDs who have received disability certificates by the State health department register for UDID cards the coverage is bound to increase. This requires massive awareness campaigns and IEC activities by the state governments to increase knowledge and awareness about the scheme. The availability of a complete database or 100% percent UDID registration and cards for all the PwDs will eliminate the dependency on Census data that takes place once in ten years.

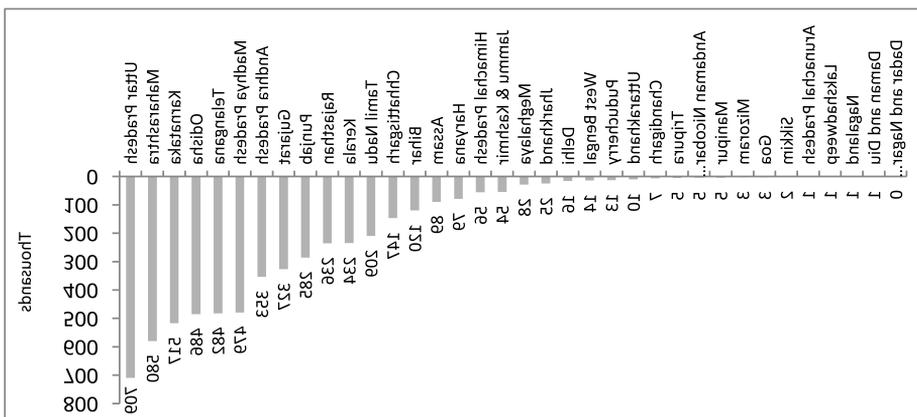
**Figure 1: Number of UDID Registration/Cards Issued in 2018-20**



Source: Evaluation Report on UDID Cards, NILERD, March 2021.

The State-wise distribution of the UDID cards issued during the three-year period is shown in the Figure 2 below. As per the figure, a maximum of 709 thousand UDID registration/cards issued during the three-year period belonged to Uttar Pradesh, followed by 580 thousand in Maharashtra, 517 thousand in Karnataka; 486 thousand in Odisha; 482 thousand in Telangana; 479 thousand in Madhya Pradesh; 353 thousand in Andhra Pradesh; 327 thousand in Gujarat. This was followed by Punjab, Rajasthan, Kerala, Tamil Nadu, Chhattisgarh, Bihar and the rest of the states. As per the Census 2011, the highest number of disabled persons were from Uttar Pradesh. Rightly so, the maximum number of UDID cards was issued in the state of Uttar Pradesh. This is also a reflection on the professionalism of the State Social Welfare Department and State Health Department for the timely issue and verification of disability certificate facilitating UDID card issuance.

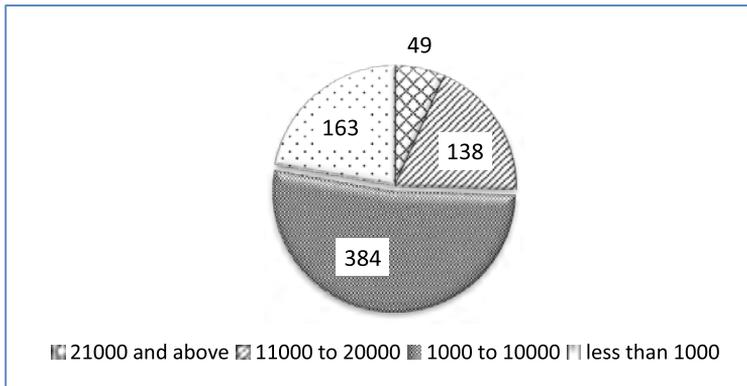
**Figure 2: State-wise UDID Registration/Cards issued in 2018-20**



Source: Evaluation Report on UDID Cards, NILERD, March 2021.

Figure 3 shows that of the 734 districts on which data were available, 49 districts issued more than 21,000 cards, followed by 138 districts that issued cards in-between 11,000-20,999. In addition, 384 districts issued cards ranging in-between 1000-10000. Another 163 districts issued less than 1000 registration/ cards during the three-year period and were categorized as poor-performing districts. The DEPwD should design strategy such that in phase 1, the 384 districts that issued 1000-10,000 cards should be encouraged to increase their coverage. This will boost the overall UDID registration/card issuance at the aggregate level as the number of districts falling under this category is large. Planning should be done in such phase-wise manner to enhance coverage. This will also facilitate better monitoring of the scheme implementation at district level.

**Figure 3: Distribution of Districts by UDID Cards issued in 2018-20**

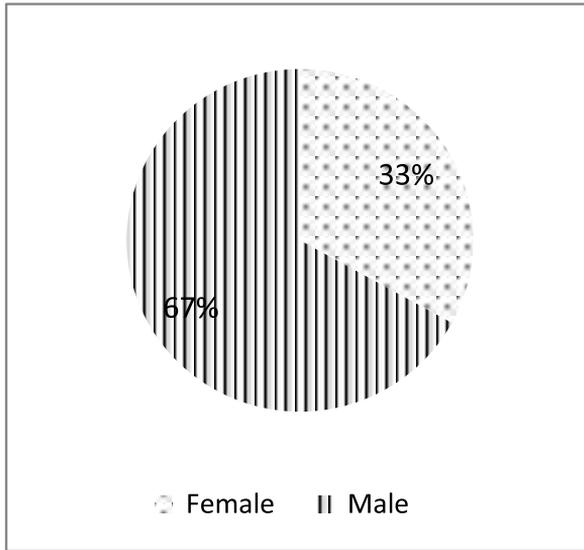


Source: Evaluation Report on UDID Cards, NILERD, March 2021.

Among the best performing 49 districts in India having maximum coverage in terms of UDID card issuance, to name a few of them, include East Godavari (Andhra Pradesh) district which topped the chart, followed by Belgaum (Karnataka), Krishna (Andhra Pradesh), Pune (Maharashtra), Baleshwar (Odisha), and Vizianagaram (Andhra Pradesh).

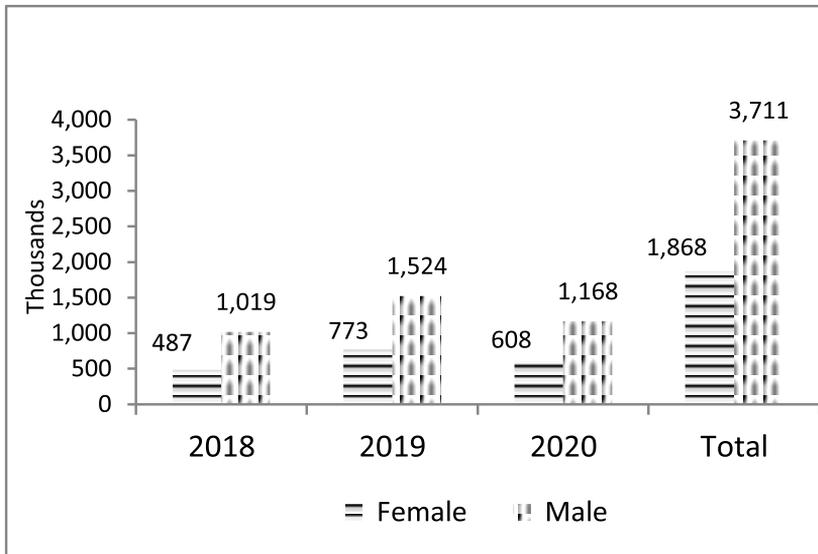
Figures 4 and 5 provide the gender distribution of the UDID cards during the three year period. The total of the three-year period shows that 33% of UDID registration/cards issued were for females while 67% were for males. Year-wise distribution of UDID cards issued by gender is shown in the graph 5 below. It is apparent from the graph that male UDID card registrations were more than females. This may also be indicative of females being less disabled compared to male counterparts. This may be concluded precisely once the UDID database is complete and each and every disable person is accounted for.

**Figure 4: UDID Registration/Cards issued by Gender in 2018-20**



Source: Evaluation Report on UDID Cards, NILERD, March 2021.

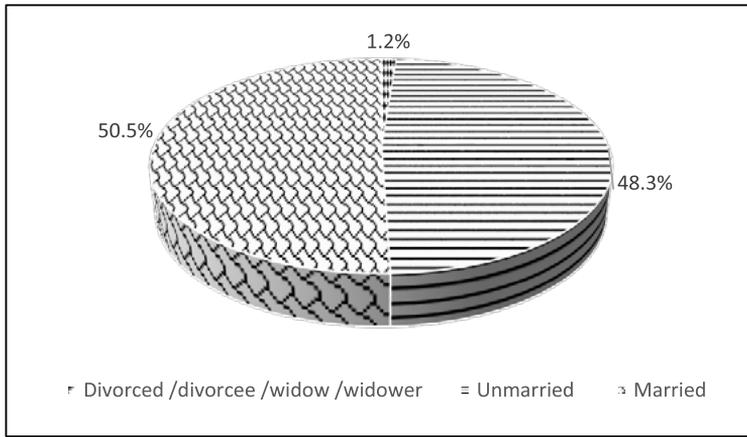
**Figure 5: Year wise UDID Registration/Cards issued by Gender in 2018-20**



Source: Evaluation Report on UDID Cards, NILERD, March 2021.

Figure 6 shows the available marital status of the beneficiaries of the UDID cards during 2018-20. Of these 50.5% were married, 48.3% were unmarried and 1.2% were divorced/divorcee/widow/widower.

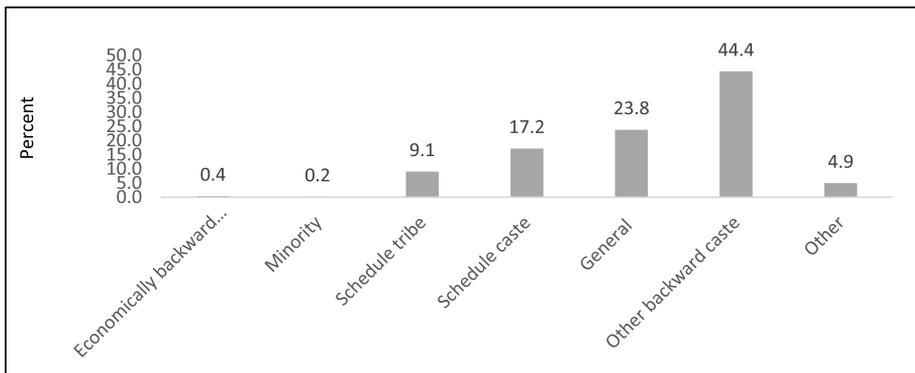
**Figure 6: Percentage Distribution of UDID Cards issued by Marital Status in 2018-20**



Source: Evaluation Report on UDID Cards, NILERD, March 2021.

Figure 7 shows the distribution of beneficiaries of UDID by their social class to which they belong. During the three-year period from 2018-20, those belonging to Other Backward Castes (OBCs) had the highest number of UDID registration/cards issued (44.9%), followed by general category (23.8%), SC category (17.2%), STs (9.1%) and castes other than those listed (4.9%). Those belonging to the economically backward category seeking UDID cards were in small proportion. The findings reflect UDID card/scheme’s coverage covering all sections of society, regardless of their social class.

**Figure 7: Percentage Distribution of UDID Cards issued by Social Class in 2018-20**

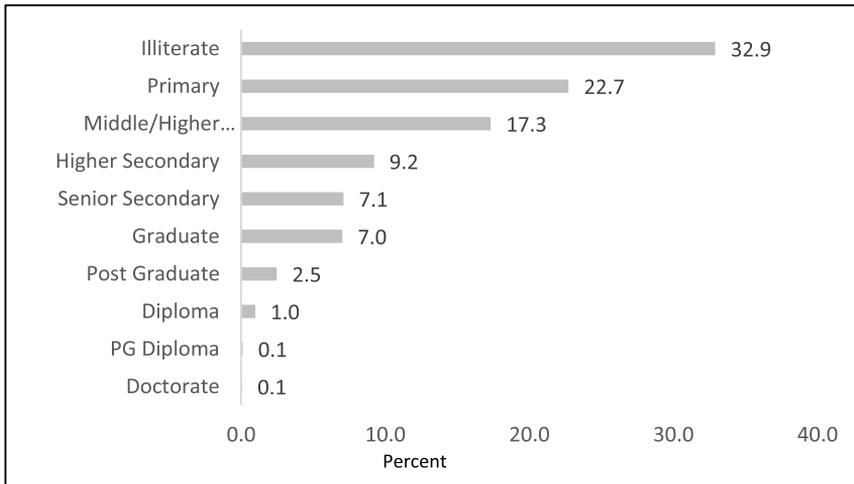


Source: Evaluation Report on UDID Cards NILERD, March 2021.

Figure 8 shows available educational background of the UDID beneficiaries during the three-year period 2018-20. Those educated up to primary level were 32.9%, followed by 22.7% illiterates, 17.3% educated up to middle/higher

primary levels, 9.2% educated up to higher secondary school levels, 7.1% educated up to senior secondary school levels, 7.0% educated up to graduation and 2.5% educated up to the post-graduation level. Those with professional degree, postgraduate diploma and doctorate degree were less than 1.0%.

**Figure 8: Percentage Distribution of UDID Cards issued by Social Class in 2018-20**

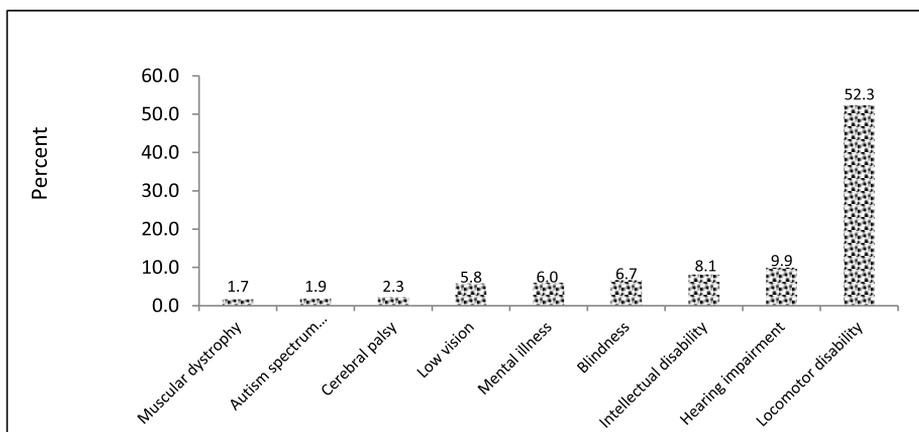


Source: Evaluation Report on UDID Cards, NILERD, March 2021.

During the three-year period of 2018-20, occupation was available against 683 thousand UDID cards issued. Issues like erroneous strings and multiple strings may be tackled by assigning predefined numeric codes to the various occupation categories. Likewise, age data may be recorded in broad age categories. Besides, extreme values arising out of key punch errors may be tackled by defining age range.

Figure 9 shows percentage distribution of UDID cards issued by 21 disability types during 2018-20. Locomotor disability (52.3%) was the predominant type of disability for which UDID cards were issued, followed by hearing impairment (9.9%), blindness (6.7%), mental illness (6.0%), intellectual disability (8.2%) and low vision (5.8%), cerebral palsy (2.3%), autism spectrum disorder (1.9%), muscular dystrophy (1.7%), while rest of the disability types were less than one percent of the total cards issued. The Figure 9 below shows the percentage distribution of disability types for whom the UDID cards were issued for those above one percent of the total (for pictorial quality of the Figure). Because of the definitional change in identifying disability based on 21 disability types instead of 7 disability types as recorded in Census 2011, it is important to conduct regular training of health functionaries to sensitize them so that they are able to identify all 21 disability types.

**Figure 9: Percentage Distribution of UDID Cards issued by Main Disability Type: 2018-20**

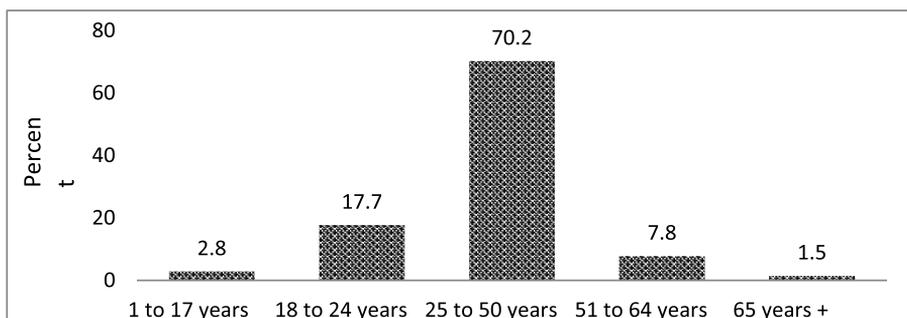


Source: Evaluation Report on UDID Cards, NILERD, March 2021.

#### 4.2 Reflections from Field

Findings from the primary survey are discussed in this section. Information was collected to assess the functionality of the UDID card and bottlenecks, if any. The information was collected from the individual beneficiaries; UDID State Nodal Officers and Chief Medical Officers (CMO)/Civil Surgeons (CS) of the districts across States. Figure 10 below shows the percentage age distribution of the beneficiaries in the sample. As per the figure, the age bracket to which the beneficiaries belong is as follows: 1-17 years (2.8%), 18-24 years (17.7%), 25-50 years (70.2%), 51-64 years (7.8%), 65 years + (1.5%).

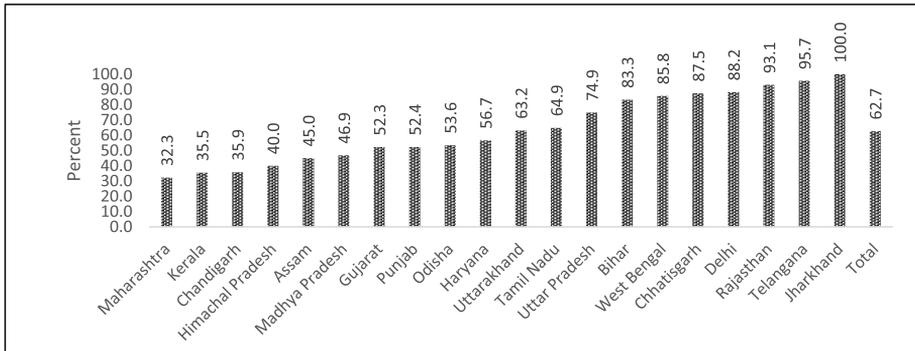
**Figure 10: Percentage age Distribution of the Beneficiary in the sample**



Source: Evaluation Report on UDID Cards, NILERD, March 2021.

Figure 11 below shows that across states locomotor disability was the predominant type of disability among the UDID card beneficiaries. Among the beneficiaries the locomotor disability was registered maximum in Jharkhand (100%) and lowest in Maharashtra (32.3%).

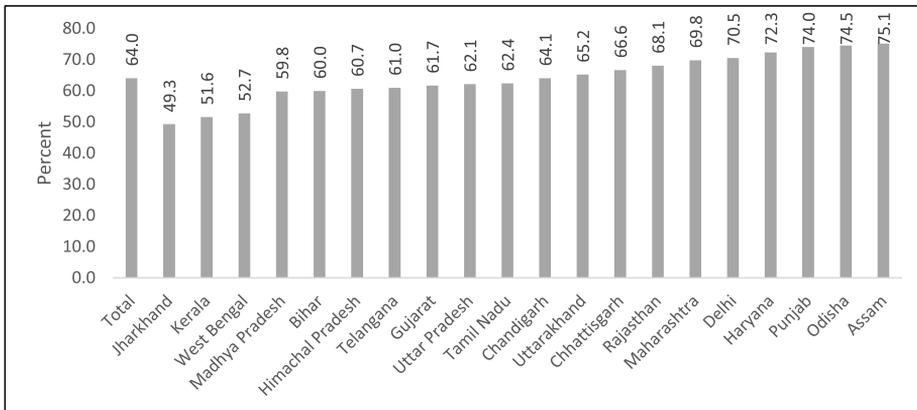
**Figure 11: Percent Distribution of State-wise Predominant Disability Type: Locomotor Disability**



Source: Evaluation Report on UDID Cards, NILERD, March 2021.

Figure 12 below presents the state-wise disability percentage. The average disability percent among the beneficiaries in the sample was 64.0%. The state-wise average disability percentage ranged from maximum of 75.1% in Assam to lowest in Jharkhand (49.3%) in the sample. These findings are congruent with the UDID guidelines for issuance of UDID card.

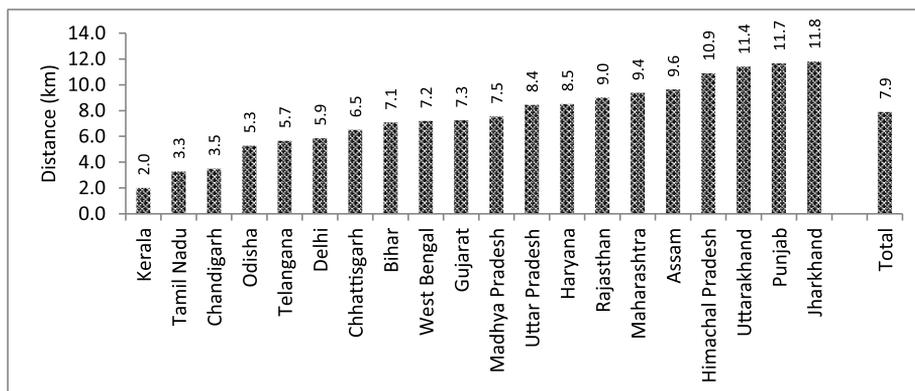
**Figure 12: State-wise Average Disability Percent among Beneficiaries**



Source: Evaluation Report on UDID Cards, NILERD, March 2021.

UDID card beneficiaries were asked questions regarding the distance they had to travel to get to nearest health facility for services. Figure 13 below shows the mean distance to nearest health facility was 7.9 km. The state-wise variation in the distance to health facility ranged from a minimum of 2.0 km in Kerala to a maximum of 11.8 km in Jharkhand. Figure 13 below shows the state-wise variations in the average distance to health facility among sampled states.

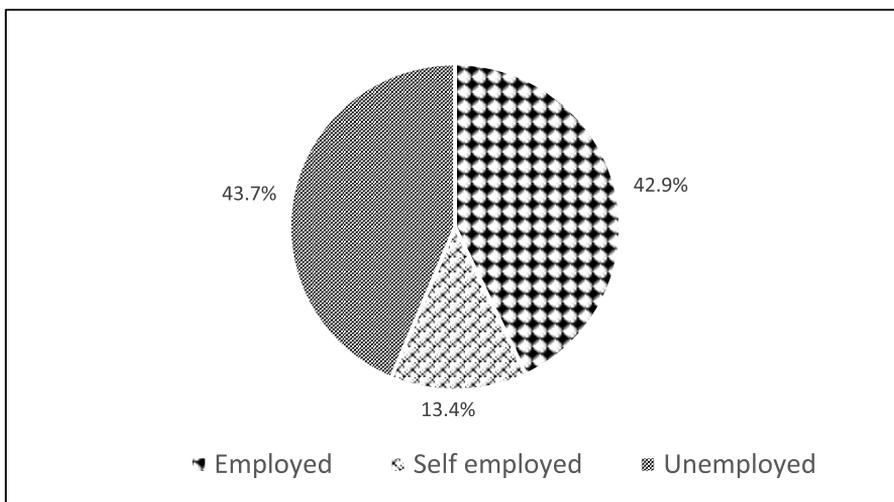
**Figure 13: Average Distance (in km) to Health Facility: State-wise**



Source: Evaluation Report on UDID Cards, NILERD, March 2021.

UDID card beneficiaries were asked about their employment status. Figure 14 below shows that 43.7% of the beneficiaries were employed, 42.9% were unemployed and 13.4% were self-employed.

**Figure 14: Employment Status: UDID card Beneficiaries**

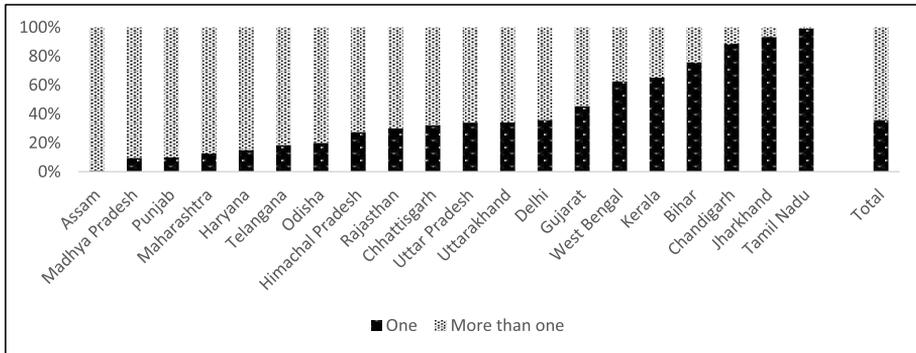


Source: Evaluation Report on UDID Cards, NILERD, March 2021.

Disability certificate being the first step in initiating the online process for issuance of UDID card, beneficiaries were asked if disability certificates were issued to them. Almost all the beneficiaries in the sample had disability certificate issued to them. Beneficiaries who had disability certificates were asked further to inform the number of attempts they took to upload the certificate online to the portal for UDID card. The state-wise distribution is shown in the Figure 15 below.

At aggregate level 36% of the beneficiaries said they could upload the certificate in one attempt, 45% percent said it took two attempts for them to upload the certificate online, 15% percent said it took three attempts to upload the certificate and other 4% said they took more than three attempts to upload the certificate. The state-wise variation in the number of attempts taken in uploading the disability certificate over online portal is presented in the Figure 15 below.

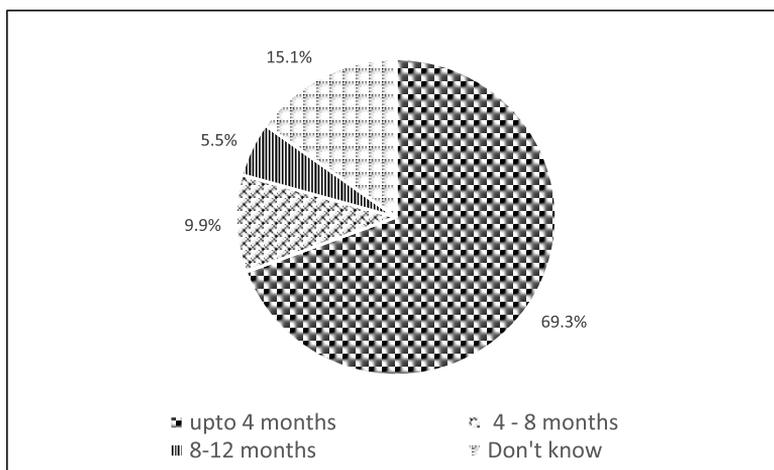
**Figure 15: Percentage Distribution of Number of Attempts taken in uploading Disability Certificate: State-wise**



Source: Evaluation Report on UDID Cards, NILERD, March 2021.

For the sake of ease of interpretation only two categories were kept: those who could upload the disability certificate in one attempt and those who took more than one attempt to upload the disability certificate online. Ninety nine percent of the beneficiaries in Tamil Nadu could upload the DC in one attempt, while Assam recorded the lowest percentage of beneficiaries who could upload the DC in one attempt. This reflects better connectivity and IT infrastructure in Tamil Nadu compared to Assam. Uploading DC in one attempt is important as it not only reduces the number of repeated attempts to login to the online portal but also the associated stress of repeated travels to the facility from where they upload the DC.

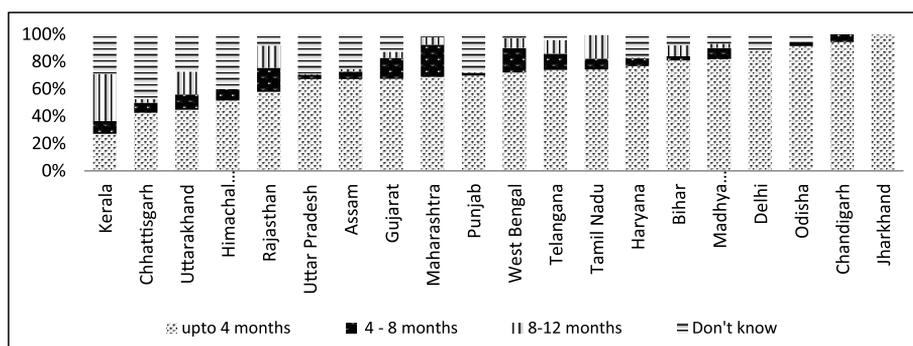
**Figure 16: Percentage Distribution of Number of Months Awaited to Receive UDID Card**



Source: Evaluation Report on UDID Cards, NILERD, March 2021.

Beneficiaries of UDID card were asked question about the number of days in which they received UDID card post the issue of disability certificate. Sixty nine percent of the beneficiaries received the card within the first four months of uploading the DC. Another 10% received the card within four to eight months, while 5% beneficiaries received it within eight to twelve months duration post uploading the DC. In addition, 15% of the beneficiaries did not remember in how many days they received the UDID card. State-wise variations are shown in the Figure 17 below.

**Figure 17: State-wise Percentage Distribution of Number of Months Awaited to Receive UDID Card**



Source: Evaluation Report on UDID Cards, NILERD, March 2021.

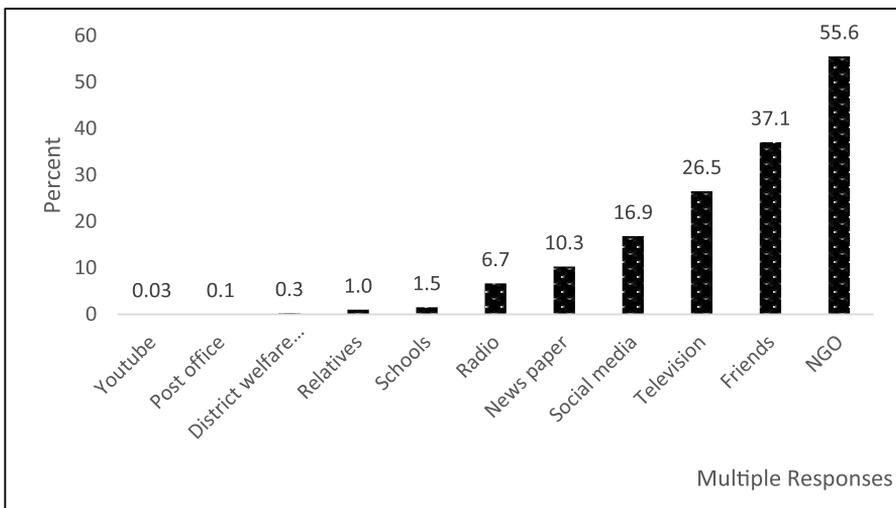
Percentage of beneficiaries who received UDID card within four months of disability certificate was lowest in Kerala (27.1%), while the percentages of such beneficiaries was highest in Jharkhand (100%). Percentage of beneficiaries

who received UDID card within 4 to 8 months of issuance of disability certificate was maximum in Maharashtra (23.8%), while percentages of such beneficiaries was lowest in Jharkhand (0%). Percentage of beneficiaries who received UDID card within 8 to 12 months of issuance of disability certificate was maximum in Kerala (34.6%), while percentages of such beneficiaries was lowest in Jharkhand (0%). Percentage of beneficiaries who did not know in how many months post issuance of disability certificate they received UDID card was maximum in Chhattisgarh (47.5%) and lowest in Jharkhand (0%). It needs further research to know the reasons for such high percentage of beneficiaries reporting they did not know in how many days they received the UDID card. Is it due to recall bias or some other reason? It needs further research.

Figure 18 below shows the source of beneficiary awareness about UDID scheme. Ninety two percent of the beneficiaries in the sample were aware about the UDID scheme. This has reflections on the scheme related IEC activities across various platforms including print, television, social media and other different forms of channels.

Beneficiaries who were aware about the scheme were asked further to mention all the sources of their knowledge about the scheme. This was a multiple response question, and beneficiaries marked all the possible sources from where they heard about the scheme. For this reason, responses may add up to more than 100.

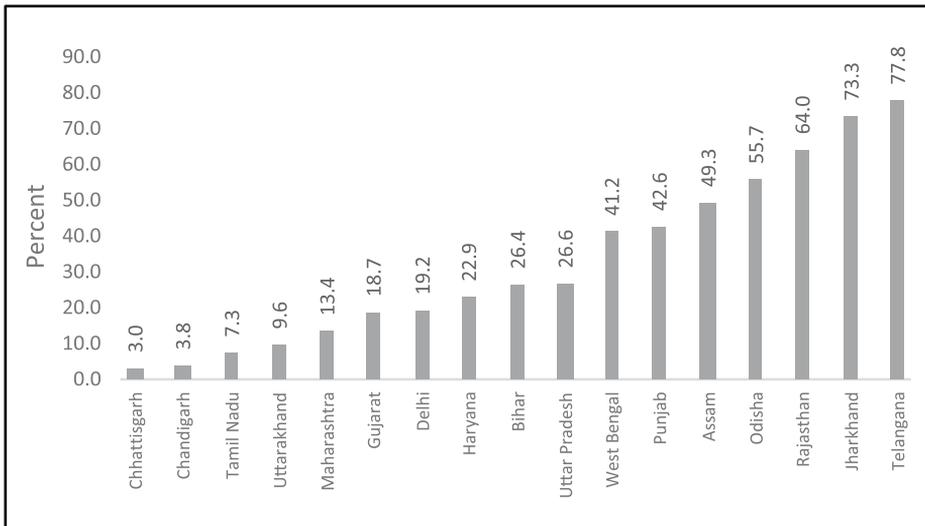
**Figure 18 Source of Awareness about UDID Scheme**



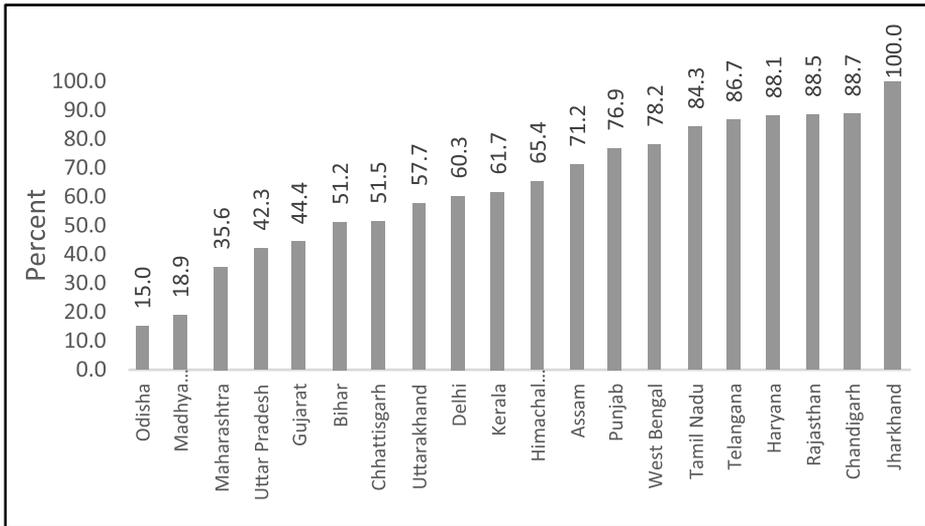
Source: Evaluation Report on UDID Cards, NILERD, March 2021.

Television as a source of awareness about the UDID scheme was above the national average in eight states while the remaining states were below the average. State above average include Telangana, Jharkhand, Rajasthan, Odisha, Assam, Punjab, West Bengal and Uttar Pradesh. Besides access to television in the household, the health condition of PwD is an important factor in determining whether or not they watched television. This may be among one of the reasons why a majority of the beneficiaries reported NGO as source of awareness. NGOs are locally grounded and especially those working for disabled population maintain good linkages with the PwD community. The source of awareness as NGO was above average in thirteen states including Jharkhand, Chandigarh, Rajasthan, Haryana, Telangana, Tamil Nadu, West Bengal, Punjab, Assam, Himachal Pradesh, Kerala, Delhi and Uttarakhand. The Figure 19 and Figure 20 below present the state-wise information in case of sources of information being Television and NGO respectively.

**Figure 19: Television as Source of Awareness about UDID Scheme**

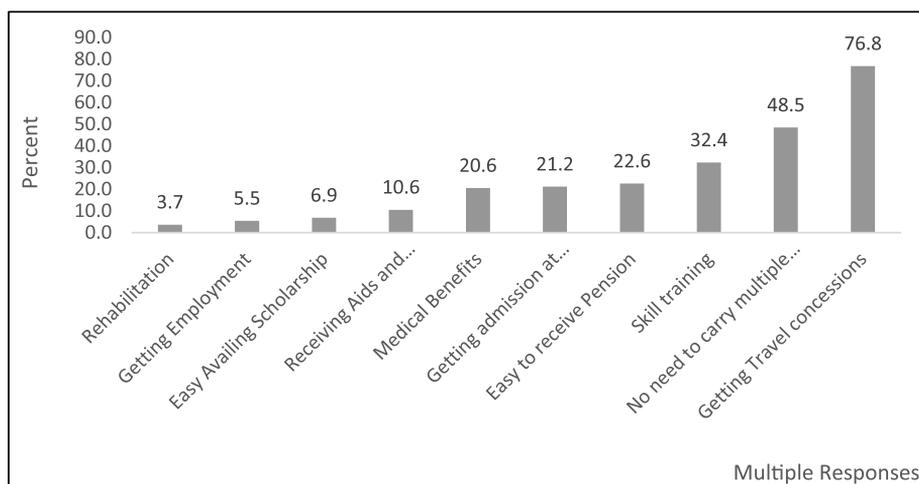


Source: Evaluation Report on UDID Cards, NILERD, March 2021.

**Figure 20: NGO as Source of Awareness about UDID Scheme**

Source: Evaluation Report on UDID Cards, NILERD, March 2021.

UDID card beneficiaries were asked if there were any benefits of UDID card. Eighty three percent of the respondents responded in affirmative. Those who said that yes there were benefits of UDID card, the question was further asked what benefits they derived from the card. The Figure 21 presents the State-wise percentage distribution of the types of benefits that are derived from the card. Multiple responses were provided so the percentages may be more than 100 across responses. Responses on benefits of the card ranged from receiving travel concessions (76.8%) to there being no need to carry multiple documents (48.5%), skill training (32.4%), easy to receive pension (22.6%), getting admission at educational institutions (21.2%), medical benefits (20.6%), receiving aids and appliances under disability schemes (10.6%), availing scholarship with ease (6.9%), getting employment (5.5%) and rehabilitation (3.7%).

**Figure 21 Benefits of UDID Cards: Beneficiary Response**

Source: Evaluation Report on UDID Cards, NILERD, March 2021.

Beneficiaries were asked questions to provide response on UDID card quality. About one percent of the beneficiaries said that the card was of poor quality, while 89.82% beneficiaries informed that the UDID card was of very good quality. About 9% of the beneficiaries did not provide any response.

Beneficiaries of the card were asked questions as to whether or not they received the UDID card and if they had received the card what was the mode of its delivery. As the survey was conducted during the pandemic period, the postal service was on halt during the lockdown and at later periods. During this time the initiative of bulk posting of UDID cards to 'place of office' was initiated by the central government. The step was appreciated for keeping safe practices intact which is rightly reflected in the data below.

Overall, 78% of the beneficiaries responded that they received the card, 8% responded that they did not receive the card, while 14% of the beneficiaries provided no response. Non-response was quite high in Chhattisgarh and Himachal Pradesh.

Beneficiaries of the card were asked about the mode of delivery of the UDID card. Sixty two percent of the beneficiaries responded that they received the cards from the 'office'. As explained above, the percentage of card received from 'office' is high due to postal service being disrupted during the Covid period and lockdown. The department dispatched the cards in bulk at the CMO office during the Covid period. Also, 20% either did not know or chose not to respond to the question, 9% said they got the card from the post office, 6% said they got it online and another 2% said they got the card either from the NGO or the cyber-cafe.

Beneficiaries were also asked about problems they encountered in getting their UDID card. Of the total beneficiaries, 77% said that they did not face any problem, 13% said it was quite time-consuming. The remaining 10% of the beneficiaries provided varying degree of responses ranging from card delivery at home, to non-existence of nearby facility, to travel expense to the facility.

Beneficiaries of the UDID cards were asked to provide suggestions, if any, for improvement of the UDID card scheme. Seventy four percent said that the scheme is functioning well, 7% said that the card delivery should be made quick, 3% said that medical benefits should be provided to the beneficiaries using UDID card. Another 2% wanted the UDID facility to be near to their home and cards to be delivered straight to their homes. Responses of less one percent are not mentioned or discussed here.

For speeding up the process of UDID card generation State Nodal Officers were of the view that hospitals should be equipped with better manpower and infrastructure, besides issuing disability certificates in timely manner and through online mode. State Health departments should also organize disability camps within community/villages on regular basis. This will benefit PwDs who cannot walk or see or are incapacitated because of their disability. Enhanced coordination between Department of WCD (AWW) & Department of Health (ASHA/ANM) is required not only for identification of PwDs within community but also to access services at health facility post disability identification. More and more hospitals need to be nominated for verification/certification of DC and generation of UDID card.

Chief Medical Officers and Civil Surgeons of the district hospitals were interviewed and they were of the view that ASHA should be involved in the UDID scheme and be given incentive for bringing PwDs to health facility for identification of disabled persons in the community. Suvidha Kendra/self-help group staff/personnel should be trained, and more and more camps should be organized to help PwDs. Incentives for organizing such camps should be provided especially for hard-to-reach areas in order to increase coverage and address issues relating to persons with 100% disability. High-speed internet facility is required at health facilities. Training and awareness programmes of members of medical board and panchayat-level functionaries should happen continually and on scale for improved quality. Active involvement of PRI/DDC is also a must. Policy measures are required to ensure that all departments of the state and central governments should accept UDID card for all government schemes related benefits. UDID online portal should be more user-friendly both for PwDs and hospitals. As uneducated PwDs cannot fill forms, so ASHAs should be incentivized for such cases. State-specific card printing agency may also be considered so that there is no printing backlog.

## 5. Conclusion and Recommendations

As reflected from the UDID dataset, it is phenomenal to register and issue 5581 thousand UDID cards during the three-year period from 2018 to 2020. This reflects commitment and professionalism of the highest order by the Department of Empowerment of Persons with Disability and the Central and State officials involved in the implementation of the scheme. The proportion of cards issued in Uttar Pradesh was highest during this period, while the lowest coverage was from Dadra & Nagar Haveli. As the scope of UDID work has increased many folds due to the increase in the criteria defining disability from 7 to 21, it necessitates increased scheme allocation and budgetary support. Findings reflected majority of the UDID card beneficiaries are satisfied with the scheme as well as the benefits that they derive from the UDID card. This speaks volumes about the scheme's success in itself. In June 2021, the MoSJ&E came out with the notification for issuance of disability certificate online. The process of issuing DC online will speed up UDID card generation process as the time spent in the verification of uploaded scanned DC over online portal will be saved.

Some of the specific recommendations that may be considered for further improvisation is that the ASHA/ANM, being the health department functionary who are involved in conducting and maintaining village register within community, may be entrusted the task of identifying the PwDs within the community. State National Health Mission, District Programme Management Unit (DPMU) and Block Programme Management Unit (BPMU) are fully operational with functional office, manpower and dedicated District and Block Data Managers, along with trained Data Entry Operators. These district and block units work in close coordination with CMO/CMHO/ District Collector on daily basis. These functionaries may be involved for speedy issuance of DCs and thus the UDID Cards. AADHAR seeding may weed out duplicate cases to a large extent. However, better strategies need to be evolved in cases of disabled children below 5 years of age for whom the AADHAR may not be available. Alternatively, the duplicate cases may also be removed with the help of simple programmes/routines and data back-check exercises.

To overcome challenges relating to 'card dispatched but not delivered' scenario, a strategy may be evolved for bulk posting of cards to National Health Mission DPMU and BPMU as they are grounded locally.

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