Indian Disability Law in the Global Context A Critical Analysis of Its Alignment with International Human Rights Standards

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Abstract - India's disability-rights framework has undergone a significant normative transformation, most visibly through the Rights of Persons with Disabilities Act, 2016 (RPwD Act), enacted to give effect to the United Nations Convention on the Rights of Persons with Disabilities (CRPD). This article evaluates the extent to which Indian constitutional law, legislation, judicial decisions and implementation arrangements correspond with international human-rights standards. It adopts doctrinal and functional-comparative methods, examining the CRPD, the UN Committee's interpretive materials, Indian legislation and leading Supreme Court decisions, alongside selected approaches in the United States, United Kingdom, European Union, Australia, Canada and South Africa. It argues that India has achieved substantial formal alignment in relation to non-discrimination, accessibility, reasonable accommodation, inclusive education and employment. Yet legal capacity, independent living, intersectional equality, digital accessibility and effective remedies remain areas of incomplete alignment. Recent decisions—particularly Rajive Raturi, Gulshan Kumar, and Pragya Prasun and Amar Jain—show an increasingly substantive judicial understanding of accessibility and accommodation. Nevertheless, judicial recognition cannot substitute for routine administrative compliance, accessible public procurement, independent monitoring and outcome-based audits. The article proposes a shift from fragmented, complaint-led enforcement towards a proactive accountability model that measures whether persons with disabilities can use services independently, safely and with dignity. It concludes that the central challenge for India is no longer merely to recognise disability rights in law, but to institutionalise their practical and enforceable realisation. Keywords: Disability rights; CRPD; Rights of Persons with Disabilities Act 2016; accessibility; reasonable accommodation; substantive equality; legal capacity; digital inclusion; comparative law; India.

Index Terms - Disability rights; CRPD; Rights of Persons with Disabilities Act 2016; accessibility; reasonable accommodation; substantive equality; legal capacity; digital inclusion; comparative law; India.

1.1 Background and research problem Disability law has moved from a predominantly medical and welfare orientation towards a human-rights framework centred on dignity, autonomy, equality and participation. Under the medical model, exclusion is often treated as a consequence of an individual impairment. The social and human-rights models instead direct attention to barriers created by inaccessible environments, discriminatory rules, communication systems, institutional practices and unequal distributions of support. The CRPD consolidates this shift by requiring States to secure the full and equal enjoyment of human rights by persons with disabilities. India ratified the CRPD in 2007 and subsequently enacted the RPwD Act, 2016. The Act expanded the recognised categories of disability, prohibited discrimination, recognised reasonable accommodation, imposed accessibility duties and established institutional mechanisms. It is therefore a major legislative development. However, the existence of rights-bearing provisions does not by itself establish compliance. The central problem is the distance between formal legal recognition and the practical ability of persons with disabilities to access education, employment, healthcare, transport, banking, public administration and digital services. 1.2 Research questions This article asks: (i) how far Indian disability law aligns with the CRPD and related human-rights standards; (ii) how constitutional interpretation and Supreme Court jurisprudence have shaped disability equality; (iii) what institutional lessons may be drawn from selected foreign jurisdictions; (iv) which implementation and accountability deficits persist; and (v) what reforms could convert formal rights into measurable

outcomes. 1.3 Central argument and contribution The article advances a two-part argument. First, India's statutory and constitutional framework is substantially aligned with important CRPD obligations. Secondly, this alignment remains incomplete because enforcement is fragmented, implementation is uneven, and certain substantive domains—especially legal capacity, independent living, intersectional discrimination and digital systems—require further development. The article's contribution is to integrate treaty analysis, domestic doctrine, comparative institutional design and an evidence-oriented model of public accountability. It does not claim to present original nationwide empirical findings; rather, it identifies a framework through which such evidence may be collected and assessed.

II. LITERATURE REVIEW AND RESEARCH GAP

2.1 International scholarship International scholarship on the CRPD commonly identifies it as a paradigm shift from treating disability as an individual deficit to recognising disability as an interaction between impairments and social, institutional and environmental barriers. The Convention's distinctive contribution lies in connecting non-discrimination with accessibility, reasonable accommodation, autonomy, participation and State accountability. The Committee's General Comments have further clarified that accessibility is a systemic, ex ante obligation, while reasonable accommodation responds to an individual's particular circumstances.

2.2 Indian scholarship and jurisprudence Indian writing on disability law has examined the transition from the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 to the RPwD Act, 2016; the constitutional foundations of disability equality; and the role of the Supreme Court in articulating reasonable accommodation and accessibility. The cases of Jeeja Ghosh, Vikash Kumar and Rajive Raturi are central to this jurisprudence. Recent decisions concerning examination accommodations and digital KYC extend the analysis to procedural and technological barriers. 2.3 Comparative scholarship Comparative work identifies different regulatory approaches: the civil-rights model of the United States; the reasonable-adjustment framework of the United Kingdom; harmonised product and service requirements in the European Union; anti-discrimination and standards-based approaches in Australia; proactive barrier identification under Canada's Accessible Canada Act; and transformative constitutional equality in South Africa. A useful comparison must examine not only statutory language but also monitoring, remedies, enforcement and the role of disabled persons' organisations. 2.4 Research gap Three gaps justify this study. First, domestic doctrinal analysis is often separated from comparative institutional analysis. Secondly, accessibility is sometimes assessed through the existence of infrastructure or policy documents rather than actual usability. Thirdly, emerging forms of exclusion—particularly inaccessible digital identity systems, algorithmic decision-making and automated service delivery—are not always integrated into traditional disability-law analysis. This article addresses these gaps through a unified framework.

III. RESEARCH METHODOLOGY AND SCOPE

3.1 Doctrinal method The article analyses primary legal materials: the CRPD; relevant international human-rights instruments; the Constitution of India; the RPwD Act and Rules; the National Trust Act, 1999; the Rehabilitation Council of India Act, 1992; the Mental Healthcare Act, 2017; and reported judicial decisions. The analysis identifies legal duties, interpretive principles, institutional responsibilities and available remedies. 3.2 Functional comparative method The comparative inquiry considers the United States, United Kingdom, European Union, Australia, Canada and South Africa. It compares common regulatory functions—non-discrimination, accommodation, accessibility, education, employment, digital inclusion, independent living and enforcement—rather than assuming that one jurisdiction can be transplanted wholesale into India.

3.3 Scope and limitations The paper is doctrinal and comparative, not a primary empirical survey. Implementation observations are framed as legal and institutional assessments and should be supplemented, for journal submission, by verified government reports, audit data, parliamentary material and field research. The legal discussion is current to 2 November 2026 for purposes of this draft; all statutes, subordinate legislation, case citations and subsequent orders should be checked against official sources immediately before submission.

IV. CONCEPTUAL FOUNDATIONS: FROM WELFARE TO HUMAN RIGHTS

4.1 Medical, social and human-rights models The medical model locates the problem principally in the individual and tends to privilege diagnosis, treatment and rehabilitation. The social model identifies disabling barriers in society. The human-rights model builds on that insight but adds legal capacity, autonomy, dignity, participation and enforceable State duties. These models may coexist in practice; a rights-based system must ensure that medical or support services do not become conditions for denying legal agency. 4.2 Accessibility and reasonable accommodation Accessibility is a general and anticipatory duty to remove barriers in environments, transport, information, communication, products and services. It is ordinarily addressed through standards, planning, design, procurement and monitoring. Reasonable accommodation is an individualised duty to make necessary and appropriate adjustments in a particular case, subject to the applicable undue-burden limitation. The concepts are complementary, not interchangeable: general accessibility cannot eliminate every individual need, and individual accommodation cannot replace systemic accessibility. 4.3 Substantive equality Formal equality asks whether the same rule is applied to everyone. Substantive equality asks whether the rule or environment produces meaningful participation. A uniform examination procedure, for example, may appear neutral while excluding a candidate who requires a scribe or accessible format. Disability equality therefore requires attention to outcomes, structural barriers and the diversity of individual requirements.

V. INTERNATIONAL HUMAN-RIGHTS FRAMEWORK

5.1 The CRPD The CRPD is the principal international treaty devoted to disability rights. Its general principles include respect for inherent dignity and individual autonomy; non-discrimination; full and effective participation; respect for difference; equality of opportunity; accessibility; equality between women and men; and respect for the evolving capacities of children with disabilities. Its provisions address equality (article 5), accessibility (article 9), equal recognition before the law (article 12), independent living (article 19), education (article 24), health (article 25), work and employment (article 27), and national implementation and monitoring (article 33).

5.2 General Comments and concluding observations General Comment No 2 explains that accessibility is a precondition for independent living and equal participation. It requires States to adopt, monitor and enforce accessibility standards across the built environment, transport, information and communication technologies, and services open to the public. The Committee's 2019 concluding observations on India welcomed legislative progress but raised concerns across areas including equality, accessibility, legal capacity, education, employment and participation. These observations are authoritative interpretive guidance, though they are not themselves domestic legislation. 5.3 Broader instruments The Universal Declaration of Human Rights, ICCPR and ICESCR provide the broader foundation for equality, dignity, liberty, education, health, work and social protection. The Sustainable Development Goals reinforce disability inclusion in education, employment, infrastructure and reduced inequalities. ILO standards, including those concerning vocational rehabilitation and employment, are relevant to workplace equality and access to decent work.

Table 1. CRPD obligations and Indian legal connections

CRPD provision

Core obligation

Indian legal connection

Article 5

Equality and non-discrimination

RPwD Act, ss 3–4; Constitution, arts 14–16 Article 9

Accessibility

RPwD Act, ss 40–46 Article 12

Equal recognition before the law

RPwD Act, ss 13–15; National Trust Act Article 19

Independent living and community

inclusion RPwD Act, s 5 and related social-support provisions Article 24

Inclusive education

RPwD Act, ss 16–18, 31–32 Article 27

Work and employment

RPwD Act, ss 20–23, 33–37 Article 33

National implementation and monitoring

RPwD Act, advisory boards and commissioner

Institutions

VI. INDIAN CONSTITUTIONAL AND STATUTORY FRAMEWORK

6.1 Constitutional foundations The Constitution does not expressly list disability as a prohibited ground in Articles 15 and 16. Nevertheless, Articles 14 and 21 provide important foundations for equality, dignity and personal liberty; Article 16 governs equality of opportunity in public employment; and Article 41 directs the State, within its economic capacity and development, to make effective provision for public assistance in cases of disablement. Article 253 supports Parliament's legislative competence to implement international treaty obligations. The absence of an express disability ground in Articles 15 and 16 remains a textual limitation, although statutory and judicial developments have strengthened protection.

6.2 The RPwD Act, 2016 The RPwD Act gives domestic effect to the CRPD. Its long title expressly identifies that purpose. The Act recognises 21 specified disabilities and creates a broad framework covering equality and non-discrimination; women and children; community life; protection from abuse; legal capacity and support; education; employment; social security; healthcare; accessibility; certification; monitoring institutions; special courts; and penalties. Its importance lies not merely in expanding disability categories but in recognising duties owed by public authorities and other establishments. 6.3 Key statutory duties Sections 3 and 4 address equality, dignity, women and children. Sections 13–15 address legal capacity, limited guardianship and support. Sections 16–18 concern education; sections 20–23 employment and equal-opportunity policies; sections 24–30 social security, health, rehabilitation and participation; sections 31–38 special provisions, including education and employment reservations; sections 40–46 accessibility, transport, ICT and service-provider obligations; section 48 social audit; and sections 77–83 the Chief Commissioner and State Commissioners. Sections 89 onwards provide for offences and penalties. 6.4 Other legislation The National Trust Act, 1999 provides a framework relating to persons with autism, cerebral palsy, intellectual disability and multiple disabilities, including guardianship arrangements. Its operation must be assessed alongside CRPD article 12 and the RPwD Act's support provisions. The Rehabilitation Council of India Act, 1992 regulates rehabilitation professionals and training standards. The Mental Healthcare Act, 2017 contains important rights-based safeguards relevant to persons with psychosocial disabilities. These statutes should be interpreted coherently with the CRPD and constitutional guarantees. 6.5 Policy and accessibility initiatives The Accessible India Campaign (Sugamya Bharat Abhiyan), launched in 2015, sought to improve accessibility in the built environment, transport and ICT. Such programmes can support implementation, but campaign targets and counts of retrofitted buildings or websites are not conclusive proof of usable access. The relevant question is whether persons with different disabilities can independently and safely use the facility or service.

VII. JUDICIAL DEVELOPMENTS IN INDIA

7.1 Jeeja Ghosh v Union of India In Jeeja Ghosh v Union of India, the Supreme Court addressed the removal of a passenger with cerebral palsy from an aircraft. The judgment recognised the dignity of persons with disabilities and treated discriminatory treatment as a constitutional wrong. Its importance lies in placing disability equality within the framework of Articles 14 and 21, rather than treating the matter as a narrow customer-service dispute.

7.2 Vikash Kumar v Union Public Service Commission In Vikash Kumar v Union Public Service Commission, the Court considered access to a scribe in a competitive examination. It rejected an unduly narrow approach that tied accommodation solely to benchmark-disability status. The decision

explains reasonable accommodation as an individualised equality obligation and requires attention to the actual barrier faced by the person. It is a leading authority for the proposition that accommodation is not charity, but part of substantive equality. 7.3 Rajive Raturi v Union of India In Rajive Raturi v Union of India, 2024 INSC 858, the Supreme Court considered systemic accessibility and the inconsistency between the RPwD Act and Rule 15(1) of the 2017 Rules. The judgment draws a distinction between accessibility as a general, anticipatory obligation and reasonable accommodation as an individual adjustment. It found the treatment of accessibility standards in Rule 15(1) inconsistent with the statutory scheme and directed the Union to frame mandatory rules under section 40. The decision is especially significant because it connects accessibility with the practical enjoyment of constitutional rights and insists on enforceable standards rather than purely aspirational guidance. 7.4 Gulshan Kumar v Institute of Banking Personnel Selection In Gulshan Kumar v Institute of Banking Personnel Selection, 2025 INSC 142, the Supreme Court considered examination facilities for a candidate with a disability below the benchmark threshold. The judgment reaffirmed the importance of the principles in Vikash Kumar and addressed the need for examination systems to provide appropriate facilities, including scribes and compensatory time, where required. It reinforces the proposition that a benchmark-disability certificate is not a universal precondition to reasonable accommodation. 7.5 Pragya Prasun v Union of India and Amar Jain v Union of India In Pragya Prasun v Union of India and Amar Jain v Union of India, 2025 INSC 599, the Court considered digital KYC barriers experienced by acid-attack survivors and a person with blindness. The judgment highlights how apparently neutral digital identity processes can exclude persons whose facial movements, vision or interaction patterns do not fit system assumptions. It is important for financial inclusion, telecommunications and access to public schemes. Digital systems must provide accessible alternatives and reasonable accommodation; digitisation cannot become a new gatekeeping mechanism. 7.6 Judicial role and limits These decisions show a developing judicial approach grounded in dignity, accessibility and individualised accommodation. However, litigation is reactive, costly and inaccessible to many. Courts can clarify duties and issue structural directions, but routine implementation requires trained officials, adequate budgets, monitoring, accessible complaint mechanisms and meaningful participation by persons with disabilities.

Table 3. Selected Supreme Court decisions

Decision

Citation

Principle relevant to this article

Jeeja Ghosh v Union of India

(2016) 7 SCC 761

Dignity and disability equality as constitutional

concerns

Vikash Kumar v UPSC

(2021) 5 SCC 370 Individualised reasonable accommodation; benchmark disability is not a universal threshold

Rajive Raturi v Union of India

2024 INSC 858 Systemic accessibility; mandatory standards under the

RPwD Act

Gulshan Kumar v IBPS

2025 INSC 142

Examination accommodation and facilities for persons

with disabilities below benchmark threshold Pragya Prasun v Union of India;

Amar Jain v Union of India

2025 INSC 599

Accessible alternatives in digital KYC and essential

digital services

VIII. COMPARATIVE ANALYSIS

8.1 United States The Americans with Disabilities Act 1990 prohibits disability discrimination in employment, public services, public accommodations and telecommunications. Its civil-rights model offers lessons on enforceable duties, administrative oversight and litigation. India's statutory reservation model is different and should not be replaced; rather, accessible enforcement and clear remedies can complement affirmative measures. 8.2 United Kingdom The Equality Act 2010 consolidates disability discrimination law and requires reasonable adjustments in relevant contexts. The anticipatory character of service-provider duties is instructive. India could strengthen compliance by requiring institutions to identify recurring barriers before an individual complaint arises. 8.3 European Union The European Accessibility Act, Directive (EU) 2019/882, establishes accessibility requirements for specified products and services. Its significance lies in extending accessibility into market regulation, including selected consumer-facing digital and financial services. India could consider stronger accessibility conditions in procurement, licensing and regulation of private digital services. 8.4 Australia Australia's Disability Discrimination Act 1992 operates alongside disability standards and support arrangements, including the National Disability Insurance Scheme. The Australian experience highlights the importance of individualised support and choice, while also demonstrating that complex administrative systems can create their own access barriers.

8.5 Canada The Accessible Canada Act 2019 adopts a proactive barrier-identification and removal model for federally regulated entities, with planning, reporting and oversight mechanisms. Its institutional design offers a useful lesson for India: accessibility should be planned and reported as a continuing organisational responsibility, not left solely to individual complaints. 8.6 South Africa South Africa's constitutional framework places equality, dignity and freedom at the centre of its legal order. Its transformative-equality approach is relevant to India's constitutional context, particularly the need to address historical and structural disadvantage. As in India, however, the effectiveness of rights depends on implementation capacity and accessible remedies. 8.7 Comparative synthesis No jurisdiction provides a complete model for transplantation. The most useful lesson is institutional: combine clear substantive duties with accessible remedies, proactive planning, independent oversight, public reporting and participation by disabled persons' organisations.

Table 2. Comparative regulatory approaches

Jurisdiction

Core legal approach

Institutional lesson for India

India

CRPD-based statute; reservations; accessibility and accommodation duties

Strengthen proactive enforcement and

outcome-based audits

United States

ADA civil-rights model; administrative enforcement and litigation

Accessible remedies and effective

enforcement

United Kingdom

Equality Act; reasonable-adjustment duties

Anticipatory removal of recurring barriers

European Union

Harmonised accessibility requirements for

specified products and services

Extend accessibility into markets,

procurement and digital services

Australia

Anti-discrimination law, standards and individualised support
Connect rights with practical support and choice
Canada
Proactive barrier identification, planning and reporting
Require accessibility plans and transparent progress reports
South Africa
Transformative constitutional equality
Address structural disadvantage through substantive equality

IX. IMPLEMENTATION AND INSTITUTIONAL ACCOUNTABILIT

9.1 Fragmented responsibility The RPwD Act distributes duties across Central and State Governments, local authorities, educational institutions, employers, transport operators, service providers and monitoring bodies. This reflects the cross-sectoral nature of disability inclusion, but can make responsibility diffuse. Institutions may treat accessibility as the responsibility of a specialist department rather than a core governance obligation. 9.2 Compliance versus usability A ramp, accessible toilet, tactile path or website statement is an input or output, not proof of accessibility. A ramp may be too steep; an accessible toilet may be locked or used for storage; a tactile path may lead into an obstruction; a website may fail screen-reader testing. Compliance should therefore be assessed through functional, disability-led usability testing, maintenance records and end-to-end service journeys. 9.3 Commissioners and remedies The Chief Commissioner and State Commissioners are important statutory mechanisms. Their effectiveness depends on resources, accessibility, independence, follow-up and the implementation of recommendations. A complaint system that is difficult to navigate or lacks enforceable follow-through cannot provide an effective remedy. Institutional strengthening should include accessible filing, time-bound responses, publication of anonymised outcomes and monitoring of compliance. 9.4 Participation CRPD article 4(3) requires close consultation with and active involvement of persons with disabilities, including children with disabilities, through their representative organisations. Participation should occur during policy design, standard-setting, procurement, audits and evaluation—not merely after decisions have been made.

X. EMERGING CHALLENGES: DIGITAL ACCESSIBILITY AND AI

10.1 Digital exclusion Public services increasingly depend on portals, mobile applications, digital identity, online payments and automated verification. If these systems are not compatible with assistive technologies or require visual, auditory or motor interactions that some users cannot perform, digitisation may deepen exclusion. Digital accessibility should be treated as an essential component of accessibility under the RPwD Act and CRPD article 9. 10.2 Algorithmic discrimination Automated recruitment, credit scoring, facial recognition, eligibility assessment and customer verification may disadvantage persons with disabilities through biased training data, inaccessible interfaces or assumptions about standard human behaviour. The risk is not limited to intentional discrimination: a system can produce exclusion through design choices that were not tested with disabled users.

10.3 Regulatory safeguards India should develop disability-sensitive safeguards for automated decision systems. These should include accessibility and disability-impact assessments; testing with diverse disabled users; meaningful human review of adverse decisions; accessible explanations; data-governance safeguards; procurement standards; and an effective right to challenge decisions. Such safeguards should be integrated with existing data-protection, consumer-protection and sectoral regulation rather than treated as a technology-only issue. 10.4 Banking and digital KYC The Pragya

Prasun and Amar Jain judgment demonstrates that inaccessible KYC processes can prevent access to banking, telecommunications and public schemes. Financial inclusion requires alternative identity-verification methods, accessible interfaces, assistance where requested, and non-digital alternatives where digital processes cannot be made usable. The same principles apply to insurance, pensions, investments and other essential services.

XI. SECTORAL APPLICATION: EDUCATION, HEALTHCARE, EMPLOYMENT,

Transport and Tourism

11.1 Education Inclusive education requires more than admission or physical entry. It includes accessible learning materials, assistive technology, reasonable examination adjustments, trained teachers, accessible laboratories and libraries, and protection against discriminatory exclusion. Institutions should maintain documented accommodation procedures and publish accessibility information in accessible formats. 11.2 Healthcare Healthcare accessibility includes physical access, communication support, accessible information, informed consent, respectful treatment and reasonable accommodation. Disability must not be treated as a basis for automatic denial of reproductive autonomy or decision-making. Health institutions should record and review accessibility barriers and train staff in disability-sensitive service delivery. 11.3 Employment Employment equality requires accessible recruitment, reasonable accommodation, accessible workplaces, career progression and protection from harassment. Reservation in public employment is important, but it does not exhaust the duty of equality. Private-sector incentives and obligations should be accompanied by transparent reporting and effective accommodation procedures. 11.4 Transport and public infrastructure Accessibility must be assessed across the entire journey: booking, information, station or terminal entry, boarding, seating, toilets, transfers, last-mile connections, emergency evacuation and complaint handling. A single accessible component does not make the journey accessible. Universal design should be integrated at planning and procurement stages.

11.5 Tourism and hospitality Accessible tourism includes hotels, heritage sites, public attractions, transport, booking platforms, information and emergency procedures. Licensing, public procurement and tourism accreditation can be used to encourage compliance. Disability-led user testing should be part of the evaluation of tourism facilities.

XII. EVIDENCE-BASED ACCOUNTABILITY AND RTI-BASED RESEARCH

Design

12.1 Why administrative evidence matters Legal obligations must be tested against records showing what public institutions have actually done. The Right to Information Act, 2005 can assist researchers in obtaining existing records such as accessibility audit reports, building plans, expenditure statements, training records, equal-opportunity policies, procurement specifications, complaint registers and action-taken reports. RTI requests should seek identifiable existing records rather than ask public authorities to create opinions or answer hypothetical questions. 12.2 Suggested institutional indicators A structured institutional review may examine: (i) physical accessibility; (ii) accessible information and ICT; (iii) reasonable-accommodation policies; (iv) staff training; (v) procurement and maintenance; (vi) complaint handling; and (vii) participation of persons with disabilities. Results should be disaggregated by institution type, location and disability-related access requirement where data lawfully exists. 12.3 Evidence chain An evidence-based study should distinguish the existence of a policy from implementation, and implementation from outcome. For example, a policy requiring accessible toilets is not proof that toilets exist; their existence is not proof that they are unlocked, maintained and usable. Researchers should triangulate RTI responses with site observations, user testing and published audit reports. Any empirical conclusion must identify its sample, period, method and limitations. 12.4 Proposed analytical model The following sequence can guide institutional assessment: legal duty → record request → document verification → user-centred accessibility test → compliance classification → recommendation and follow-up. This is a proposed research design, not a claim that a nationwide empirical audit has already been completed.

XIII. FINDINGS AND DISCUSSION

13.1 Normative alignment India has achieved substantial statutory alignment with the CRPD in relation to equality, accessibility, reasonable accommodation, education and employment. The RPwD Act provides a broad legal framework and the Supreme Court has interpreted its obligations in a rights-oriented manner. 13.2 Areas of incomplete alignment Important gaps remain in legal capacity, independent living, intersectional discrimination, private digital services and systemic remedies. The relationship between guardianship arrangements and supported decision-making requires continued scrutiny under CRPD article 12. A stronger community-support framework is also necessary to make independent living meaningful. 13.3 Enforcement deficit The central implementation problem is not simply the absence of rules or policies. It is the lack of consistent accountability for outcomes. Fragmented responsibility, weak monitoring, uneven capacity and complaint-dependent enforcement can leave statutory duties unrealised. 13.4 Technology as both opportunity and risk Digital services and assistive technologies can expand autonomy and access, but only when designed inclusively. The law should address both the accessibility of the interface and the fairness of the decision made by the system. Human review and accessible alternatives are essential where automated systems affect access to fundamental or essential services.

XIV. RECOMMENDATIONS

14.1 Strengthen equality protection Parliament should consider whether disability should be expressly included in constitutional equality provisions or, at minimum, ensure that statutory protection is comprehensive, coherent and effective across public and private services. 14.2 Develop supported decision-making Reform should prioritise legal capacity, support to exercise decision-making, safeguards against conflicts of interest and undue influence, and respect for the person's will and preferences. Any guardianship regime should be narrowly tailored, periodically reviewed and consistent with constitutional and CRPD obligations. 14.3 Create proactive accessibility plans Public authorities, universities, transport operators and large regulated service providers should prepare time-bound accessibility plans, publish progress reports and undergo independent audits. Plans should identify responsible officers, budgets, milestones and user-testing arrangements. 14.4 Strengthen independent oversight Commissioner institutions should receive adequate resources, accessible complaint systems and effective follow-up mechanisms. Consideration should be given to stronger powers for systemic investigations, compliance directions and publication of institutional performance.

14.5 Make procurement accessibility-led Public procurement for buildings, transport, software and digital services should include accessibility specifications, supplier declarations, independent testing and post-deployment user evaluation. Payment and completion certification should be linked to verified compliance. 14.6 Regulate digital and AI systems Disability-impact assessment, accessible design, auditability, human review, accessible explanations and effective appeal mechanisms should be incorporated into relevant sectoral rules and public procurement standards. 14.7 Measure outcomes, not merely outputs Accessibility reporting should move beyond counts of ramps, buildings or websites. Indicators should measure independent use, safety, reliability, maintenance, availability of assistance and the experience of persons with different disabilities. 14.8 Institutionalise participation Organisations of persons with disabilities should be involved in the design, implementation and monitoring of laws, standards, procurement, education policy, transport planning and digital systems. Participation must be accessible, adequately supported and representative of diverse disability experiences. 14.9 Improve evidence and transparency Authorities should publish accessible annual reports containing audit results, budget allocations, complaints, accommodation data, procurement compliance and remedial action. RTI-based research and social audits can supplement, but not replace, official monitoring.

XV. CONCLUSION

Indian disability law is best understood as a framework of substantial normative progress combined with an unfinished implementation project. The RPwD Act, constitutional jurisprudence and recent Supreme Court decisions have strengthened the legal recognition of accessibility, reasonable accommodation and dignity. Comparative experience shows that durable inclusion requires proactive planning, clear responsibility, independent monitoring, accessible remedies and participation by persons with disabilities. The next phase of reform should focus on the quality of access rather than the mere presence of infrastructure or policy. A person must be able to complete a

journey, use a bank account, participate in an examination, obtain healthcare, enter employment and access public information independently or with the support they choose. These are not peripheral service improvements; they are practical conditions of equal citizenship. India's central task is therefore to connect international commitment, domestic law and everyday institutional practice through enforceable standards and measurable outcomes. Accessibility is not an optional feature of public administration. It is a condition for the equal enjoyment of rights.

Figure 1. From legal duty to verifiable institutional accountability

From international commitment to lived equality

International

standards CRPD + human-rights treaties

Domestic legal

framework Constitution + RPwD

Act

Institutions &

implementation Authorities + service providers

Enforcement &

remedies Audits + complaints + courts

Substantive

equality

Accessible and

autonomous participation The figure presents the proposed accountability sequence. It is a research framework, not a representation that a nationwide empirical audit has already been conducted.

Figure 1. From legal duty to verifiable institutional accountability

International standards → Domestic legal framework → Institutions and implementation → Enforcement and remedies → Substantive equality

The figure presents the proposed accountability sequence. It is a research framework, not a representation that a nationwide empirical audit has already been conducted.

XVI. REFERENCES

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Publication and verification note: This manuscript has been reformatted to follow the supplied JNRID sample layout. Before submission, verify statutory provisions and amendments against official consolidated texts; check the full text and pinpoint paragraphs of every judgment; complete the peer-reviewed literature review and citations; supply precise sources for implementation statistics and factual claims; and apply the journal's current house style. This draft does not claim original fieldwork, RTI results or nationwide audit statistics.