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Is India Ready to Count Disability in Census 2027?

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INTRODUCTION

Every Census redraws the country's development map. It shapes where schools are built, hospitals expanded, public transport made accessible, welfare programmes targeted and public resources invested. But these decisions are only as good as the data behind them. For persons with disabilities, Census 2027 is more than a population count it's an opportunity, it will determine whether India's development planning can see disability in its full diversity and potential.

The transition from Census 2011 to Census 2027 is technologically significant. The exercise will cover 28 States and 8 Union Territories, around 6.4 lakh villages and thousands of towns involving 31 lakh census functionaries and an approved outlay of ₹11,718.24 crore (Press Information Bureau, Ministry of Home Affairs, Government of India, 2026). It introduces digital enumeration, self-enumeration, GIS-based mapping and real-time monitoring systems. Households will have the option to provide information through a digital self-enumeration portal before verification by an enumerator. Yet technology should not become the central measure of progress. Digital enumeration is only a means. The more important question is: what exactly will India count?

The Rights of Persons with Disabilities (RPwD) Act, 2016 recognises 21 specified disabilities, compared with seven under the earlier legal framework. However, the proposed recent Census framework reportedly organises disability into nine broad categories. Disability rights organisations, including the National Platform for the Rights of Disabled, supported by 405 signatories, have therefore demanded that all 21 legally recognised disabilities be appropriately captured.

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The concern is not merely legal. It is social, administrative and even fiscal. Autism spectrum disorder, specific learning disabilities, dwarfism, cerebral palsy, muscular dystrophy, leprosy-cured disability and among others, risk becoming statistically invisible once folded into broad categories. As reported, Census 2027 sorts disabilities under umbrella heads intellectual disability, locomotor disability, chronic neurological conditions, blood disorders instead of tracking all 21 categories the RPwD Act recognises separately. Autism carries distinct implications for education, communication and early intervention; cerebral palsy can involve both mobility and communication needs; thalassemia requires regular transfusions and specialised monitoring. Grouping may ease enumeration, but it also limits the scope what policymakers can know about the scale and specific support needs of each group.

This is why the debate should move beyond "nine versus 21 categories". The central question is how Census categories will eventually translate into planning. What is aggregated in statistics can become invisible in policy.

Accessibility: Sugamya Bharat Abhiyan (Accessible India Campaign) reflects India's commitment to accessible physical, transport and information environments, supported by ₹1,275 crore allocated to the Department of Empowerment of Persons with Disabilities in Budget 2025–26 (Ministry of Finance, Government of India, Union Budget 2025–26). However, achieving universal accessibility requires reliable and disaggregated disability data, as the effective design, implementation, and targeting of existing schemes also depend on the availability of such data. Subsuming diverse disabilities into broad categories can obscure their distinct needs, making effective planning, targeting and resource allocation difficult. Systematic identification and classification of disability groups through the Census is therefore essential to design needs-based interventions and ensure that the objectives of the Accessible India Campaign are genuinely achieved.

The same logic applies to education and employment. Invisible statistics of children with autism or specific learning disabilities weakens the ability of Samagra Shiksha to achieve its objectives of inclusive education, equitable access, appropriate support and improved learning outcomes. Similarly, the National Action Plan for Skill Development of Persons with Disabilities seeks to enhance skills, employability and access to sustainable livelihoods. Achieving these objectives requires disaggregated data on disability-specific barriers, skills and accommodation needs. Failure to effectively identify and utilise the potential workforce of persons with disabilities has an economy-wide cost: the World Bank estimates that exclusion of persons with disabilities can cost economies 3–7% of GDP globally (World Bank, 2018).This is therefore not merely a loss borne by persons with disabilities it represents a loss of national productive capacity and GDP in absolute terms, making accurate disability data essential for inclusive growth and effective workforce utilisation.

Age adds another critical layer to the discussion. NITI Aayog's *Reimagining Care* report (2026) notes citing the International Alliance of Carer Organisations that about 10% of India's population are family caregivers, while the elderly population is projected to rise from 149 million in 2022 to 347 million by 2050. Conditions such as Parkinson's therefore affect not only individuals but also families, caregivers and the wider care economy. When such cohorts are subsumed within broad categories, we risk underestimating the scale of the emerging care burden and the long-term risks involved. Census 2027 offers an important

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opportunity to generate the disaggregated data needed to anticipate demand for rehabilitation, assistive devices, formal care and family caregivers. This would turn Census data into a critical input for long-term social-care planning and preparedness, rather than merely a one-off demographic statistic.

Most importantly, the resulting data must be disaggregated sufficiently to inform policy by disability, age, sex, geography and relevant socioeconomic characteristics. Census information should feed directly into education planning, accessibility, rehabilitation, assistive technology, skilling and employment strategies. India has moved from recognising seven disabilities to recognising 21 in law. Census is simultaneously moving from paper-based enumeration to a technologically sophisticated system. The next step must be to ensure that conceptual progress keeps pace with technological progress.

Every disability carries its own set of barriers, needs and vulnerabilities. When diverse disabilities are absorbed into broad categories, those with less visible or less easily measured disabilities risk becoming invisible in policy. The cost of such invisibility goes beyond a statistical gap it can mean misdirected resources, ineffective interventions, exclusion from opportunities and lost productive potential. Without reliable, disaggregated data, policy decisions cannot fully reflect the realities of the disability sector.

With the final Population Enumeration questions yet to be separately notified, there is an opportunity for continued consultation with relevant stakeholders to develop an approach that is both administratively feasible and sufficiently informative for future policy and programme planning. What is required is not merely better counting, but foresight on how the questions are framed so that significant risks in the disability sector are addressed. The consequences of inadequate data today may shape policy blind spots for years to come. A truly inclusive India must ensure that no disability group becomes invisible simply because it is difficult to measure and that every person counted is visible in the policies that follow.

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