

TFYP STEERING COMMITTEE SL. No.4/2001

REPORT OF
THE STEERING COMMITTEE ON

SOCIAL WELFARE

FOR
THE TENTH FIVE YEAR PLAN
(2002-2007)



GOVERNMENT OF INDIA
PLANNING COMMISSION
NEW DELHI
NOVEMBER-2001

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CHAPTER – I

BACKGROUND

In the context of the preparations for the Tenth Five Year Plan (2002-07), a **Steering Committee on Social Welfare** was constituted under the Chairpersonship of **Dr. D.N. Tiwari**, Member, Planning Commission with the following **Terms of Reference** :

- to **review** the existing approach, strategies and priorities; the on-going policies and programmes in the area of social welfare during the Ninth Five Year Plan and **suggest** if necessary, alternative strategies, priorities, policies and programmes to accelerate the empowering process ;
- to **review** the effectiveness of the existing institutional arrangements for implementation of policies and programmes relating to social welfare, both at Central and State levels and **suggest** measures to make them more effective.
- to **review** the effectiveness of the existing legislations in the field of Social Welfare and their enforcement and **suggest** corrective measures, where necessary;
- to **assess** the role of NGOs and the status of devolution of powers and resources to Panchayati Raj Institutions / Local Self Government Bodies as per the 73rd and 74th Constitutional Amendments and **suggest** specific measures for their effective involvement in the planning process.
- to **suggest** an approach and necessary strategies, policies, priorities and programmes along with physical and financial targets in pursuing the commitment of 'Empowering the Disabled', 'Reforming the Social Deviants' and 'Caring the Other Disadvantaged' during the Tenth Five Year Plan (2002-07).

1.2 The Planning Commission had also set up **two Working Groups** at the Ministerial level to look into the various matters relating to the Social Welfare sector, in detail, in the Tenth Plan. They include : i) **Working Group on 'Empowering the Disabled'** under the Chairpersonship of **Shri Lai Advani**, President of Indian Association for Special Education & Rehabilitation, New Delhi; ii) **Working Group on 'Reforming the Social Deviants and Caring the Other Disadvantaged'** under the Chairpersonship of **Smt. Asha Das**, Secretary, Ministry of Social Justice & Empowerment. **Copies of the Office Orders constituting the Steering Committee and the two Working Groups are at Annexures – I to III**

1.3 The Steering Committee in its first meeting on 18.1.2001 reviewed the status of the social welfare programmes and the need for **strengthening existing institutions** and on going services **especially for 70-80% of the target groups who are mostly in the rural areas**. The Steering Committee in its second meeting on 26.4.2001 addressed major issues regarding **delivery of services, upgradation of scientific research and barrier free environment**. The need for **preventive action** for target groups of social welfare sector was also stressed. The welfare programmes for Juvenile delinquents, alcoholic and drug addicts, need to be **less staff oriented and more focused on provision of rehabilitation facilities**. The third meeting of the Steering Committee held on 21.5.2001 discussed the need for **strengthening the monitoring and evaluation mechanism** suitably and for involving community participation especially through voluntary sector. **Integrated and focused approach** involving concerned Ministries/Departments had to be adopted to avoid overlapping of programmes.

1.4 Based on the detailed deliberations that took place in the Meetings of the Steering Committee, and also taking into consideration the suggestions and recommendations of the Working Groups, the Steering Committee on "**Social Welfare**" finalized its Report. The same is presented below :

CHAPTER-II

SOCIAL WELFARE : THE CHANGING SCENARIO, EMERGING PROBLEMS AND THE TARGET GROUPS

The socio-economic situation in the country has been fast changing since the mid-eighties, especially as a result of the New Economic Policy. The concept of liberalization is reflected in the new trends in the economy of the urban areas. In the rural and tribal areas however, though the impact of market - friendly economy has made some inroads, **the rural poor who are assetless and unskilled have not been able to benefit from the radical changes that have taken place in the economy.**

2.2 There is an increasing recognition that economic growth, although essential for dealing with many social problems, often is accompanied by acute social problems in the absence of deliberate social planning. A strategy of overall development should, therefore, include as an essential component, those social welfare activities that help to ensure that national plans and policies are fully responsive to the needs and aspiration of the people. While remedial measures still remain essential, **high priority would be accorded to the developmental and preventive functions of social welfare.**

2.3 The Government of India had resorted to planned development as early as 1951 for minimizing inequality in income, status and opportunities of its people. Reduction in the incidence of poverty and improvement in the quality of life by bringing about opportunities of self-development and employment continue to be the basic approach. **The objective of a sustained and equitable development is being pursued not only by ensuring rapid economic growth and redistribution of income and provision of basic social services for the deprived but also generating the participation of such people in improving their own life.**

2.4 Despite the twin objectives of planning, viz, economic growth with social justice, **the fast changing socio-economic scenario in the country in the last few decades has had far reaching consequences on socio-economic-medical and psychological growth and development of the most marginalized, disadvantaged and vulnerable groups of our society.** The increased pace of industrialization and consequent urban drift accompanied by stresses and strains of modern life viz, overcrowding of urban settlements, emergence of pavement dwellers and slum dwellings, unemployment and poverty are some of the major economic factors these groups have to contend with. The growth of violence-individual as well as collective especially towards the women and the girl child has already assumed a national dimension. The negative influence of the electronic media programmes on the illiterate and the ignorant has caused increase in problems like vagrancy, juvenile delinquency, kidnapping etc.

2.5. All these factors have caused a **rift in the social and traditional fabric of the country** by the break down of the joint family system and loosening of traditional forms of checks and balances which hitherto regulated social behaviour. These factors on the one hand have **exposed the vulnerable groups to the increasing incidence of destitution, exploitation, deprivation, neglect and on the other hand to various forms of physical and mental abuse, new forms of social deviance, anti social behaviour and a drift into crimogenic culture.**

2.6. Although, traditionally and historically the welfare needs of the disadvantaged groups were met by charitable institutions and voluntary and community action, it was not a concerted nationalistic effort but spurts of sporadic generosity, confined to specific areas or communities. **In the recent years, these traditional social structures and their accompanying support and services to the needy are no longer forthcoming. This has shifted the major responsibility on the State to provide welfare services. In order to meet the increasing demand for welfare services, there is an urgent need to again activate both the community and the voluntary sector as well as the corporate sector to contribute to the well being of the deprived classes.** Thus, the socio-economic changes taking place in the society as a result of our planned effort from 1951 onwards has made it necessary **to review the performances in the field of social welfare and to suitably amend** the strategies adopted from time to time for achieving the stipulated growth and development in different fields.

2.7 The socially and economically vulnerable and disadvantaged sections of society can be broadly grouped into three categories viz.: **"Persons with the disabilities** – such as locomotor, visual, hearing, speech and mental; the **"Social Deviants"** - juvenile delinquents/vagrants, alcohol and drug addicts, sex workers, beggars etc. and the **"Other Disadvantaged Groups"** – elderly, the destitute, abandoned, deserted and orphaned children, street children etc.

2.8 The existing planning strategies have resulted in the emergence of various social problems leading to **marginalization and destitution of families, especially in rural areas.** In programme planning, emphasis at present, is more on achievement of targets without giving any due weightage to human and social implications. As for example, the landless agricultural labourers and artisans who have neither the skill nor job opportunities in rural areas are migrating to urban areas in search of employment. Similarly, under the schemes like Narmada Valley Project, a large number of families have been displaced. No proper planning has been done for the rehabilitation of these affected families. They are uprooted from the traditional occupational structure and thrown out of the jobs. The money is being frittered away making the affected families helpless and destitute. On the other hand, **migration from rural areas** disrupts the already limited available urban services resulting in scanty water supply, poor sanitation, lack of food security and nutritional

supplements, uncertainty of employment leading to **slum dwellers, shelter less population, problems like juvenile delinquency, drug-abuse, child-abuse, trafficking in women and other social maladjustments.**

2.9 It is thus suggested that the **rehabilitation programme should be an inbuilt part of the development projects** and should be implemented effectively. Suitable schemes may be evolved to help the affected families to utilize the compensatory money productively. While considering the rehabilitation of the families, the special needs of women and children should be taken care of. **The growing problem of migration from rural to urban areas and resultant displacement of the affected families may be studied by an inter-ministerial committee.**

2.10 The problems of **Women, Children, Disabled, Aged and Infirm and Social Deviants** and others are not related to the individuals only but are also the **concern of the entire family and community.** The emerging nuclear family is, however, exposed to severe economic and social changes. The traditional mechanism of social security and adjustment in time of crisis and conflict has almost eroded. To prevent the new growing social problems, it is thus imperative that social policy should be so framed that it encourages maintenance of family and community solidarity and services so designed that they support the family structure and the local community. Therefore, **the thrust should be on strengthening the basic social institution viz. the family and community through expansion of support, welfare structure and services.**

2.11 **The growth of social welfare programmes has not been even when viewed in terms of inter-programme priorities or location. These tend to concentrate in urban areas.** This is because the main implementing agencies of welfare programmes are NGOs who prefer to work in the urban areas. Steps therefore, need to be taken for the balanced growth of services, both in urban and rural areas. Though, there are a number of Government and non-governmental agencies working in any one specific area, **there is very little effort to link facilities and provide networking amongst these agencies.**

2.12 At present, the formulation and execution of social welfare programmes at the central level is scattered over various ministries, departments, agencies. At the State level, the administrative machinery for implementing these programmes, by and large, continues to be on the old pattern. **There are many States which have not been able to formulate/develop adequate social welfare programmes to commensurate the needs of the different target groups,** e.g., the North-East region have not been able to develop social welfare programmes as suited to their conditions. At the field level also, most of the programmes do not have proper linkages and inter-sectoral coordinated mechanisms. The situation needs to be corrected by way of making, in the first instance, an assessment of the various problems State-wise and then preparing suitable schemes

for implementation. **Past experience reveals that when the schemes are transferred from Centre to States for implementation like Family and Child Welfare Projects, there were no takers. This aspect also needs to be looked into the Tenth Plan.**

2.13 The standard of physical services in various social welfare institutions being run by the State Governments and voluntary organizations for Children, Women, Disabled, Aged and Infirm etc., is, by and large below the required minimum standards and some are in such deplorable conditions that they violate even human fundamental rights. Greater attention has to be paid to improve the same as also the quality of services being provided in such institutions. There should also be **increasing efforts towards non-institutionalised services**, which provide more congenial environment for care, growth and development as also ensuring greater community involvement for these groups. Moreover, the vocational training programmes in these institutions are of traditional types which are often not very remunerative. Hence, it is necessary to link the programmes of these institutions with the already existing training institutions in the region like Polytechnics, etc. In view of the already acute unemployment scenario in the country, **self-employment programmes should be encouraged.**

2.14. Social development requires considerable networking of institutional and administrative infrastructure with sufficient professionally trained personnel. Unless service providers are properly trained and motivated, the formulation and implementation of the programmes will not be effective. Some basic institutional infrastructure at the State and District levels with suitable professional inputs should be developed for training the personnel in order to formulate, implement and monitor the programmes. Formulation of the programmes for the weaker/vulnerable sections may have to be based on theoretical and conceptual framework keeping in view the perception of people's needs and requirements.

2.15. There should be appropriate planning for the manpower required in the social welfare sector. Arrangements should be made for inducting professionals at different levels. The quality of manpower in social welfare sector is extremely poor. **Unless standards of manpower are improved and the professional competence enhanced, not much development could be expected.** It is often seen that the manpower so trained is not utilized fully. In several countries, the professional content in the programme management is estimated between 30 to 40 percent, the administrative content about 20 per cent and rest is for secretarial support whereas in India, **in most of the welfare programmes, there is hardly any professional content.** This situation needs immediate correction

2.16 Induction of professionalism in the voluntary sector is equally important, Lack of professionalism among voluntary agencies has hampered the effective

implementation of several schemes undertaken by them. The agencies, extending financial assistance to voluntary organizations need to insist on the employment of professionally qualified staff by the organizations. Usually, the trained social workers are not willing to serve in the rural areas. Some solution has to be found to motivate them to serve in these areas. **It may not be necessary to insist on formal degrees for employees in the voluntary sector, particularly those engaged in tribal/rural areas etc.** Training programmes at the grass-root levels should be entrusted to the institutions like Schools of Social Work in order to improve the skills and abilities of the field level workers. In order to upgrade the training capabilities, the capacities and the adequacies of the training institutions should be looked into carefully. **Cheaper alternatives like training of family and community members should be explored.**

2.17 It appears that the **role of NGOs in dealing with the social problems has to be redefined.** By far and large, NGOs have been funded to function as a delivery agency, with the result that in order to ensure their own sustenance they have developed a vested interest for their continuation in the flow of funds. The NGOs have to function as a facilitator for raising consensus, creation of public based organization and support the process of public involvement in their own problems. The empowerment of grass root level institutions through the 72nd Amendment along with the devolution of powers and resources through the 73rd and 74th Amendments provide a welcome opportunity for strengthening people's organizations to solve social problems. **PRIs in rural areas and local bodies in urban areas should be involved for effective ameliorative action, community involvement, participation and resource mobilization.**

2.18 The voluntary organizations are in receipt of grants-in-aid from the Government, but they are finding it difficult to utilize the same fully due to the existing complicated procedures. Usually, the grants are released towards the end of the financial year, thereby causing undue hardship to them. Many agencies are not aware of the procedures involved in availing the assistance. Thus, **there is need to evolve some mechanism for simplification of procedures and also for timely release of the grants.** There is need to give adequate flexibility to the voluntary organizations for formulating and implementing programmes as per the requirement of the area being served. System of accountability would have to be established for the NGOs so as to ensure effective delivery of services.

2.19 **There is no systematic monitoring of the programmes of the Social Welfare sector.** The state level programmes rarely get monitored and the deplorable conditions of state level run welfare institution, whether for Aged, Mentally Ill, other Disabled, Orphans or Juvenile Delinquents have been widely reported. **In the case of NGO run welfare programmes, there is no laid down minimum standards of measuring their performance.** As a result, varying types of services and facilities are available with different NGOs performing similar functions. While the Central Ministry fund the NGOs, the role of the State Government is only to recommend to the Ministry fund release to the

NGOs. The **State Governments role in monitoring and evaluation of the Central Ministry's programmes is marginal and cursory**. The State Government has to take steps to improve its monitoring mechanism and also help in providing linkages as well as coordination at the state, district and local levels, so that all the agencies, be it the NGOs, local bodies/PRI or Govt. run institutions work in tandem, without overlapping of facilities.

2.20 The **Corporate Sector and the Public Sector Undertakings** have by and large made sporadic interventions in the social welfare programmes for workers in their own industry. It is possible to enlist their **greater participation from these agencies in a more organized manner** for social welfare programmes in general, with incentives like tax exemptions, if necessary.

2.21 A serious lacuna in the formulation of welfare programmes for the target groups is **lack of authentic nation wide estimates of their population**. As a result, area wise preparation of holistic comprehensive package of facilities has not been possible. It is necessary to undertake nation wide surveys to identify areas and groups that need more attention. Only then can it be ensured that the benefits of planning and programmes reaches the needy.

The Target Groups

2.22 The social welfare sector takes care of the welfare and development of the following groups :

I. PERSONS WITH DISABILITIES

2.22.1 These are persons who suffer from 4 broad types of disabilities viz. visual, locomotor, hearing and speech and mental. The estimates of the number of persons with the disabilities vary depending upon the definition. No census except for 1981 and now 2001 has ever enumerated the population of the persons with disabilities since independence. As a result, one has to depend either on Occasional Sample Surveys of National Sample Survey Organisation (NSSO). The NSSO carried a countrywide survey in 1981 covering three types disabilities i.e. visual, communication and locomoter. It identified about **136.74 lakh persons or 1.8% of the total population** as suffering from one or the other disability. In the year 1991, NSSO carried out another survey covering visual, hearing, speech and locomotor disabilities. It identified **163.62 lakh persons** as suffering from one or the other of these disabilities, constituting **1.9% of the total population**. It was observed that for the country as a whole the prevalence of physical disability was 20 per 1000 persons in rural areas and 16 in urban areas. Between the two sexes, the prevalence is marginally more among males than among females. Pending the availability of 2001 Census figures of disabled population, the Ministry of Social Justice & Empowerment has estimated the disabled population in the country at 420.22 lakhs or 4.1% of the total population in 2001

(This also includes about 2% of the mentally disabled). Assuming an average of 2% of the total population as afflicted by one or more of the disabilities other than mentally disabled, the population of Disabled comes to 205.4 lakhs. The magnitude and size of various disabilities as given by the two NSSO Surveys of 1981 and 1991 and the estimated figures for 2001 is given in the table below :

**Estimated Number of Physically Disabled Persons
(Excluding Mental Retardation)**

(Population in lakhs)

Type of Disability	1981*	%	1991**	%	2000***	%
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Locomotor	54.27	39.7	80.44	49.2	101.00	49.2
Visual	34.74	25.4	36.26	22.2	45.6	22.2
Hearing	30.19	22.1	29.4	17.8	36.6	17.8
Speech	17.54	12.8	17.68	10.8	22.2	10.8
Total	136.74	100.00	163.62	100.00	205.4	100.0
Disabled (with more than one of the 4 disabilities mentioned above.		14.54		12.36		12.4

Source: * NSS 36th round;

** NSS 47th round;

*** Estimated on the basis of average 2% of the population being disabled (other than mentally disabled, and inter-disability break-up is assumed at 1991 levels.)

II. THE SOCIAL DEVIANTS

2.22.2 The Social Deviants comprise of that group of persons who on account of various factors such poverty, unemployment, breakdown of societal control or mental and physical traumas, exhibit social deviant behavior and often come into conflict with Law. These include **Alcohol and other Substance Abusers, Beggars, Juvenile Delinquents, Adult and Child Sex Workers** etc. On the periphery of this group are some sections of street children who very often resort to petty criminal activities for their sustenance. In the

absence of information regarding the precise size of the population under each of the categories, an attempt was made to have a rough estimate of the population of these groups based on the various research studies conducted. An outcome of this exercise along with the size of the population is given below :

Estimated size of the Population under various Social Deviants

Sl. No.	Groups	Population in lakhs
(1)	(2)	(3)
1.	Juvenile Delinquents #	0.18
2.	Beggars	No estimates available
3.	Women Sex Workers *	1.00
4.	Drug Addicts \$	30
5.	Child Sex Workers *	0.39
6.	HIV/AIDS/STD **	24.7 – 37.1

Selected Socio-Economic Statistics, CSO, 1999.

* Data based on the survey conducted by Central Social Welfare Board, 1991, in six metropolitan cities viz., Calcutta, Bombay, Delhi, Madras, Bangalore and Hyderabad.

\$ As per estimates of UNDCP and Ministry of Social Justice & Empowerment in "Drug Demand Reduction Report-South Asia", 1998.

** Sentinel surveillance data by NACO, 1999, Annual Report of Ministry of Health, 2001-01.

III. THE OTHER DISADVANTAGED

2.22.3 The pace of economic development has over the decades led to rising living standards, nutrition and health facilities. This has had to an impact on the changing demographic scenario and age structure in terms of decline in crude death rate (CDR) from 25.1 in 1951 to 9.8 in 1991. The 1990s show a further decline in the CDR. **In the coming decades, the country will face a progressive increase in the proportion and number of the persons beyond the 60 years.** This will imply that a large section of the elderly will be left destitute, to fend for themselves on account of the breakdown of the joint family system, rural-urban migration, general poverty and the absence of a state supported social security system. In the case of the Other Disadvantaged Groups such as children in distress, destitute, abandoned children and orphaned children, there are no precise estimates. The following table indicates the size of the population based on different research studies.

Estimated size of the Population under Other Disadvantaged Groups

Sl. No.	Groups	Population in lakhs
(1)	(2)	(3)
1.	Child Workers@	112.85
2.	Aged *	705.71
3.	Street Children #	4.15

@ Annual Report, 2000-01, Ministry of Labour.

* Report of the Technical Group on Population Projection, 1996, RGI.

As per survey conducted while Ministry of Social Justice & Empowerment, UNDCP, UNICEF, 1988-93 in 8 metropolitan cities of Bombay, Calcutta, Madras, Bangalore, Ahmedabad, Delhi, Kanpur and Indore.

2.23 While the Ministry of Social Justice & Empowerment is entrusted with the responsibility of taking care of the Disabled, the Street Children, Juvenile Delinquents, Women Sex-workers, Drug Addicts, Beggars, and the Aged, the Ministry of Labour takes care of the Child workers, the Department of Women and Child Development takes care of the Child Sex-Workers, and the Ministry of Urban Affairs shares the responsibility of Street children along with the nodal Ministry of Social Justice & Empowerment

2.24 There exists, a plethora of social legislations to safeguard the interests of the persons in distress and to deal with the various social problems/evils. However, **both awareness and enforcement of these legislations is very poor.** Vigorous effort is need to gear up the machinery for the enforcement of existing legislations and to undertake education work for the masses. Public has also to be made aware of these legislations.

CHAPTER - III

CONSTITUTIONAL PROVISIONS AND LEGISLATIVE SUPPORT

India is a Welfare State, committed to ensure the **'Well-Being'** and **'Quality of Life'** of its people in general and of vulnerable sections in particular. **The Preamble, Directive Principles of State Policy and Fundamental Rights** in the Constitution of India stand testimony to the commitment of the State to its people. These provisions envisage a very positive role for the State in bringing about groups of society. It reflects its special concern for the welfare and development of the Disabled through special provisions to safeguard their rights. According to **Entry 9 in the List II of Schedule 7** of the Constitution, the subject of 'Relief to the Disabled and Unemployable' is the responsibility of the State Governments. **Article 14** of the Constitution states that the State shall not deny to any person equality before the law or equal protection of the laws within the territory of India. While **Article 15** of the Constitution prohibits discrimination against any citizen on the grounds of religion, race, caste, sex etc. **Article 15(A) (e)** directs the State to renounce the practices derogatory to the dignity of women. **Article 16** provides for equality of opportunities in matter of public appointments beings and forced labour; **Article 24** prohibits employment of children below 14 years of age in any factory of mine or other hazardous occupations. **Article 38** directs the State to strive for **minimizing the inequalities in income, status, facilities and opportunities** amongst groups of people, towards **securing proper distribution of ownership and control of material resources so as to sub serve the common good**. **Article 41** states that the State shall, within the limits of its economic capacity and development make effective provision for securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness and disablement, and in other cases of undeserved want. While **Article 45** provides for free and compulsory the children upto the age of 14 years, **Articles 46** lays down that the State shall promote with special care the educational and economic interests of the weaker sections of the people. **Article 47** states about the duty of the State to **raise the level of nutrition and the standard of living and to improve public health**.

Legislative Support

3.2 There exists a plethora of social legislations to safeguard the interests of the persons in distress and to deal with the various social problems/evils. In pursuance of various constitutional provisions, several child related legislations have been enacted besides adoption of **National Policies for children in 1974** and **National Plan of Action for Children** and another exclusively for **Girl Child in 1992**.

3.3 Some of the important legislations are listed below : **The Indian Penal Code, 1860** provides safeguards for protection of children against the cruelties of kidnapping, abduction, prostitution, death etc.; **The Suppression of Immoral Traffic in Women and Girls Act of 1956** was drastically amended in 1986 and renamed as the **Immoral Traffic (Prevention) Act** for preventing and checking trafficking in women and girls; **The Juvenile Justice Act, 1986** provides for care, protection, treatment, development and rehabilitation of neglected or delinquent juveniles. This has been replaced by a new legislation viz. **the Juvenile Justice (Care and Protection of Children) Act, 2000**, which is more child-friendly and makes a distinction between a Juvenile offender and a child in need.

3.4 **The Child Marriage Restraint Act, 1929** as amended in 1976 restrains solemnization of child marriages; **The Hindu Succession Act, 1956** as amended in 1993 provides equal rights to the daughter in coparcenary property along with the rights of the child in womb and general rules of succession in case of females and males; **The Hindu Adoption and Maintenance Act, 1956** amends and codifies the law relating to adoptions and maintenance amongst Hindus; **The Registration of Births and Deaths Act, 1969** provides for compulsory and free of charge registration of all births/deaths occurring in the country within 14-21 days of the event. **The Child Labour (Prohibition and Regulation) Act 1986** prohibits engagement of children in certain occupations and regulates the conditions of work of children in certain other employments; **The Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) 1994** prohibits ante-natal sex determination test to prevent female foeticide.

3.5 The State has also enacted the following women specific and women related legislations to protect women against social discrimination, violence and atrocities and also to prevent social evils. **The Hindu Marriage Act of 1955** amended in 1976 provides the right for a girl to repudiate a child marriage before attaining maturity whether the marriage has been consummated or not. **The Factories Act of 1948 (amended upto 1976)** provides for establishment of a crèche where 30 women are employed (including casual and contract labourers). **The Medical Termination of Pregnancy Act of 1971** legalises abortion by qualified professional on humanitarian or medical grounds. **Amendments to Criminal Law in 1983** provide for a punishment of 7 years ordinary cases of rape and 10 years for custodial rape cases. **The Indecent Representation of Women (Prohibition) act of 1986** and **The Commission of Sati (Prevention) Act, 1987** have also been passed to protect the dignity of women and prevent violence against them as well as their exploitation.

3.6 **The problem of drug abuse** received special attention during Eighties in respect of its control and extending welfare cum rehabilitative services. **The Narcotic Drug and Psychotropic Substances Act of 1985** was amended in 1988 to make the law stringent for effective control over narcotic drugs and psychotropic substances. Subsequently,

the **Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act (1988)** was passed, which provides for preventive detention of persons trafficking in drugs. The enforcement machinery was also strengthened.

3.7 To ensure equal opportunities for persons with disabilities and their full participation in nation building, a comprehensive legislation namely, '**The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995**' was enacted. The Act provides for both preventive and promotional aspects of rehabilitation like education, employment and vocational training, reservation, research and manpower development, creation of barrier-free environment, rehabilitation for persons with disability, unemployment allowance for the disabled, special insurance scheme for the disabled employees and establishment of homes for persons with severe disability etc. The Act has been **amended** in order to improve and further strengthen the scope and the facilities for the benefit of disabled persons. The **Rehabilitation Council of India**, a statutory body was set up under the **RCI Act of 1992**. This body is responsible for regulating professional syllabus and enforcing uniform standards in training professionals and giving them recognition in different areas of disability. The **National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act** was passed in December, **1999**. This Trust is a statutory body set up to safeguard the interests and the development of these groups. The Prevention of Beggary Acts which are State Acts also exist in a number of States.

CHAPTER - IV

SOCIAL WELFARE THROUGH FIVE YEAR PLANS (1951-2002)

FIRST TO EIGHT FIVE YEAR PLANS (1951-1997)

The First Five Year Plan (1951-56) recognized the importance of promoting social services for maintaining and consolidating the gains of economic development, attaining adequate living standards and social justice. Accordingly, a comprehensive **Social Welfare Programme that was developed during the First Five Year Plan included welfare of Women and Children, Family Welfare, Welfare of the Physically and Mentally Disabled.**

4.2 The **Central Social Welfare Board** was set up with the object especially of assisting voluntary agencies in organizing welfare programmes for Women and Children and the Disabled Groups. In September 1955, the Ministry of Education constituted a **National Advisory Council** for the education of the physically disabled. The functions of this Council were to advise Central Government on problems concerning the education, training and employment and the provision of social and cultural amenities for the physically and mentally disabled to formulate new schemes and to provide liaison with voluntary organizations working in the field.

4.3 In the **Second and Third Plans (1956-61 and 1961-66)** social welfare activities were extended to different sectors. States were involved in the sphere of statutory enactment and organization of basic services for education and rehabilitation of the disabled and the extension of welfare services for women and children in rural areas. The **Central Bureau of Correctional Services (CBCS)** was set up in 1961 for collection and compilation of national statistics and preparation of guide books and model schemes. Social Defence programmes under the **Suppression of Immoral Traffic in Women and Girls Act, Probation of Offenders' Act and Children Acts were organized. The Central Institute of Research and Training in Public Cooperation was set up in 1966** for research and training on problems relating to popular participation.

4.4 In the **Fourth Plan (1966-71)**, all attempts were made to consolidate the initiatives taken in the previous plans. The activities of Central Social Welfare Board was further strengthened. In addition to the **three National Institutes for the Blind, the Deaf and the Mentally Retarded, a National Institute of Orthopaedically Handicapped was set up.** For the placement of Disabled persons in employment, special employment exchanges were set up.

4.5 The major thrust in the **Fifth Plan (1974-79)** was on the expansion of preventive and developmental programmes. During this period, child welfare was given the highest priority. To ensure healthy growth and development of children and reduce infant and maternal mortality rates, the scheme **Integrated Child Development Services (ICDS)** was launched in 1975-76 on an experimental basis to provide a package of services consisting of supplementary nutrition, immunization, health check-up, referral services, nutrition and health education and non-formal education to children in the age-group 0-6 and pregnant and nursing mothers in rural, urban and tribal areas. The Central and State Governments provided scholarships to the physically Disabled. The State Governments extended institutional and non-institutional services for the socially and physically Disabled. The CBCS was raised to the status of an Apex agency and given the title of "**National Institute of Social Defence**" to be a model organization at the national level with specialized services of training, research and developing alternative models for innovative experiments, field testing etc.

4.6 During the **Sixth Plan, (1980-85)** social welfare programmes received further momentum in the State Sector. The Children's Acts (the present JJ Act of 2000) were enacted in all the States except Nagaland. The Central Social Welfare Board continued to function as a focal and apex agency in the voluntary sector. The **Voluntary Action Bureau was set up in 1982** to meet the challenge of crimes and atrocities against women and children and to create awakening among the masses towards their social responsibility. An Information and Mass Education Cell was established with the aim of creating awareness of various social welfare schemes to mobilize public opinion against social evils like atrocities against women, child marriage etc. and to promote positive social attitudes.

4.7 During the **Seventh Plan (1985-90)** and **Annual Plans 1990-92**, a significant **expansion of programmes and services for the welfare of the Disabled took place**. For education of the Disabled almost all the States implemented programmes to provide stipends and other incentives to the Disabled at the elementary school stage. The Scheme to award scholarships to physically Disabled students to pursue general, technical and professional courses from Class IX onwards on the basis of means-cum-merit test, was continued. To provide technical support to 11 District Rehabilitation Centres for the disabled, 4 Regional Rehabilitation Training Centres (RRTC) were set up for developing the training material and the manuals and for providing material to create community awareness through the use of different media. In addition to four National Institutes for Disabled, two other organizations, viz., the Institute for the Physically Handicapped (Delhi) and the National Institute of Rehabilitation Training and Research (Cuttack) also offered a wide range of services for the rehabilitation of the Disabled and organized manpower training.

4.8 The Science and Technology Project in the Mission Mode of Application of Technology for the Welfare and Rehabilitation of the Disabled was launched in 1988. Voluntary

organizations were also assisted to provide services to the physically handicapped in the areas of education, training and rehabilitation. To support the elderly, the most important welfare measure scheme of the Old Age Pension to those in the unorganized sector without any means or support was implemented. The Central Government operated a general grant-in-aid scheme under which grants were provided to voluntary organizations for a wide range of institutions and non-institutional services, mostly for the welfare of the Aged Persons.

4.9 Human Development being the main thrust of the Eighth Plan (1992-97) policies and programmes relating to survival, protection and development of all sections of the population especially those of the Disabled and Disadvantaged were implemented. The major thrust was towards enabling the disabled to become active, self-dependent and productive members of the nation by extending opportunities for education, vocational training and economic rehabilitation etc. Efforts were made to integrate the services for the Disabled covering the entire range of activities from prevention to rehabilitation. Programmes under different sectors of the Plan, more particularly, health, nutrition, education, science and technology, employment and welfare were integrated in such a manner that effective inter-sectoral support was developed. The enactment of a comprehensive legislation, namely, **The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995**, was a landmark achievement in the history of the welfare of the Disabled. The **Rehabilitation Council Of India (RCI)** was set up as a statutory body under the RCI Act of 1992, with the objective of upgrading and standardizing the syllabus and ensuring uniform standards of training of professionals for the welfare of the Disabled. A Scheme of "**Assistance to Voluntary Organisations for the Establishment of Special Schools**" was initiated in 1992-93.

4.10 In the field of **Social Defence**, greater thrust was laid on non-institutional care and rehabilitation of beggars. Efforts were made to tackle the evil of prostitution and its diverse manifestations through strict enforcement of law besides building strong public support, with police and community vigilance. For prevention and control of drug abuse and alcoholism, apart from strict enforcement of the legislation, the role of the media was enlarged through both electronic and print media. Services of counseling, de-addiction and after-care centers were also expanded. The special feature in the field of Social Defence was launching in 1993 of a new programme of **Welfare and Rehabilitation Services for the Street Children** - an emerging problem. The revised guidelines and procedures laid down by the Supreme Court for regulating inter-country adoption was implemented by CARA.

4.11 Voluntary Organizations, which have been playing a key role in the organization of services for the Disabled and Social Defence were encouraged with

necessary financial support and technical guidance. Simultaneously, efforts were also made to make the services community-based. Wherever required, the training programmes were modified and diversified to make them relevant to the market demands and job opportunities. Special efforts were made to encourage the disabled to initiate various self-employment ventures through extending necessary financial support.

THE NINTH FIVE YEAR PLAN (1997-2002) : A REVIEW

4.12 In the **Ninth Five Year Plan**, the approach to the Social Welfare was distinct from earlier Plan approaches, because it sought to **adopt a three fold strategy specific to each individual group** namely, i) **Empowering the Persons with Disabilities**; ii) **Reforming the Social Deviants**; and iii) **Caring the Other Disadvantaged**, through various **preventive, curative, rehabilitative and developmental** policies and programmes.

I. EMPOWERING THE PERSONS WITH DISABILITIES

4.13 The Ninth Plan re-affirmed the earlier commitment of making **as many disabled as possible active, self-reliant and productive contributors** to the national economy. Accordingly, it laid special emphasis on adopting an integrated, multi-collaborative approach to **Empowering the Disabled** and thus mainstream them. The **main strategies** adopted in the **Ninth Plan** for Empowering the Disabled, include i) **effective enforcement of the Persons with Disabilities Act, 1995**; ii) **reaching the rural disabled** and those who had been neglected so far; iii) **convergence of existing services** in welfare of related sectors to gain optimum benefits; iv) provision of **enabling environment** for persons with disabilities to exercise their full rights for equal opportunities and participation, through the efforts of both the Government and Non-Governmental Organisations; v) **special strategy of family/Community Based Rehabilitation** by pooling resources of both financial and manpower of all concerned; v) **prevention of disabilities** through supplementary nutritional feeding for both children and expectant/nursing mothers, early detection and timely intervention; vi) **strengthening/expansion of special schools and vocational training programmes** with barrier-free environment; vii) **positive discrimination** through ear-marking not less than 3% of benefits under various programmes of poverty alleviation like IRDP, JRY, DWCRA, NRY, PMRY, EAP DWCRRA; viii) **strengthening and expansion of National Institutes** for persons with the disabilities; ix) provision of simple, durable and **inexpensive Aids and Appliances**; and x) setting up of a **National Trust** to ensure total care and custodianship of those with **Mental Retardation and Cerebral Palsy**.

4.14 Keeping in view the above **commitments** of the Ninth Plan for Empowering the Disabled, the nodal Ministry of Social Justice and Empowerment has undertaken the following programmatic interventions, both for expansion of the ongoing programmes besides introducing new initiatives :-

Ongoing Programmes

National Institutes

4.14.1 In consonance with the policy of providing a complete package of welfare services to the Physically and Mentally Disabled individuals and groups and in order to effectively deal with the multi-dimensional problems of the disabled population, six National Institutes (NI), viz., **National Institute for the Visually Handicapped, Dehradun; National Institute for the Orthopaedically Handicapped, Calcutta; National Institute for the Hearing Handicapped, Bombay and National Institute for the Mentally Handicapped, Secunderabad**, and two apex level institutes, viz. **National Institute of Rehabilitation Training & Research, Cuttack and Institute for the Physically Handicapped, New Delhi** continued to offer a variety of short and long-term training programmes. These include three years Degree Courses in Physiotherapy, Occupational Therapy, Mental Retardation, Education of the Deaf, Communication Disorders, shorter period degree and diploma courses in the above disciplines and also in prosthetic and orthotic engineering and audiology, speech therapy and teachers' training for the blind.

4.14.2 In addition to the above mentioned **long-term and short-term training programmes for manpower development**, the Institutes provide various services to the disabled persons like clerical services, free school services and vocational training in collaboration with the NGOs, particularly in the rural areas. The Institutes have started **outreach and extension activities** with multi-professional **rehabilitation services in the slums, tribal belts, foot-hills, semi urban and rural areas** through community awareness programmes and community based rehabilitation facilities and services like diagnostic, fitment and rehabilitation camps and distribution of aids and appliances to the disabled. These Institutes are also engaged in research for designing new and modifying the existing rehabilitation aids and appliances. However, to give a major thrust to develop training and services models specially suited to the demands and needs of the disabled in the rural areas, these Institutes are required to work in close collaboration with the organizations of both governmental and non-governmental.

4.14.3 There are a number of **critical and persisting issues** in the functioning of the National Institutes. Though the percentage of **rural disabled**, far outstrips the urban disabled, yet the **access of the Institutes to the rural areas is still limited**. In recent years, the NIs. have started outreach with multi-professional rehabilitation services to the slums, tribal belts, foot hills, semi-urban and rural areas, through community awareness and rehabilitation camps, these initiatives are not enough to cater to the demands of the rural areas. The role of NIs. in **research development as well as upgradation of services** in the States is **limited**. It is important for the NIs. to undertake serious research in the development of cost effective and more user friendly aids and appliances. The NIs.

also need to evaluate their existing programmes taking into account the provisions of the PWD Act, 1995, whether they need to diversify and modify the training programmes to make it more relevant to suitable job opportunities for the disabled. The NIs also need to disseminate information about the latest availability of appliances in rural areas. They must explore the feasibility of training through distance education and open schools specially for the rural areas.

Rehabilitation Council of India

4.14.4 The Rehabilitation Council of India (RCI) set up in 1992 as a statutory body under RCI Act of 1992 has been doing an important role in ensuring quality of services in the crucial area of manpower development and enforcing uniform standards in training professionals and giving recognition to them in the field of rehabilitation of the disabled. To build up manpower under various categories of professionals, the Council has developed and approved 59 short/long-term training programmes to meet the need of 16 categories of professionals. It has registered 18,182 professional/personnel during Ninth Plan in the Central Rehabilitation Register and issued certificates to them. The total number of institutions recognized by the Council for training of professionals in the field of rehabilitation of the persons with disabilities has gone up to 154. In the year 1998-99, RCI started a new scheme of Bridge Course for training of Special Teachers and Para-Medical Staff who are working in the field of disability without special training or qualification and trained nearly 1150 persons in 515 batches. In addition, to sensitizing Medical Officers working in the PHCs, a National Programme on Orientation of Medical Officers working in primary health centers in the field of disability management was also launched in October, 1998. To start training programmes through distance learning mode, the Council has signed an MOU with Madhya Pradesh Bhoj (Open) University, Bhopal. Further to develop audio and video material for sensitization of parents and grass-root functional, the RCI has also signed MoU with Indira Gandhi National Open University. As the major mandate of RCI is to standardize the syllabus and maintain registry of trained professionals, the training of special educators and medical profession/personnel is not only outside RCI's mandate but it also overlaps with the activities of other National Institutes and Agencies. Regulating the training of rehabilitation professionals by itself is a huge task. Activities of the Council should be confined to the mandate given to it under the existing provision.

Artificial Limbs Manufacturing Corporations

4.14.5 Artificial Limbs Manufacturing Corporation (ALIMCO), Kanpur was set up in 1976 as a registered body under Section 25 of Companies Act of 1956 for developing, manufacturing and supplying artificial limbs and rehabilitation aids to the disabled. As per the stipulations of Section 25 of the Act, the Corporation cannot generate any profit and

depends as such on financial assistance from the Central Government. ALIMCO is **setting up four Auxiliary Production Centres** in different regions to achieve a sizeable increase in production and sale of wheel chairs and tri-wheelers to serve a larger number of orthopaedically disabled. In spite of a strong element of subsidy built into its products, ALIMCO was earlier running into losses but in recent years the Corporation has **significantly improved its operation**; and it has been able to achieve substantial increase in turn-over and cut its cash losses during 1997-99. ALIMCO has **regional marketing centers in five regions** which help to market its products through dealer network. ALIMCO also **distributes aids and appliances under the ADIP programme** to individual beneficiaries. During the Ninth Plan, it manufactured 11 lakh aids and appliances.

4.14.6 **The critical and persisting problems** in this programmes is that ALIMCO products are not only **costly**, they have **low acceptability** among users. So, then, there is an **urgent need** to evaluate the functioning of the Corporation to **cater to the needs of poorer segments** of the disabled and to optimize the cost of production of various aids and appliances.

National Handicapped Finance and Development Corporation (NHFDc)

4.14.7 The NHFDc was incorporated in 1997 under Section 25 of Companies Act, 1956 as a company not for profit and wholly owned by the Government. It has an authorized share capital of Rs.400 crores. It is the **apex level financial institution** for routing funds through channelizing agencies in States/UTs.

4.14.8 The main objective of NHFDc is to promote economic development, self-employment for the benefit and economic rehabilitation of persons with disabilities. In this connection, the NHFDc **extends loans** to persons with disabilities for **pursuing higher education, assist in the upgradation of technical and entrepreneurial skills and setting up of small scale industries**. The Corporation provides loans to persons having disabilities of 40% or more and whose annual income is Rs.1 lakh per annum in urban areas and Rs.80,000 in rural areas. The number of persons benefited from this programme increased from just 11 persons in 1997-98 to 4600 persons in 2001-02.

4.14.9 To enable more and more disabled to be economic and self-dependent, guidelines for funding of projects under various schemes were circulated to all the State Govts / UT Administrations, channelizing agencies, NGOs, National Institutes and other concerned organizations. Under the **micro-financing of NHFDc**, loans upto Rs. 10,000/- per beneficiary were made available to disabled persons for **undertaking income-generating activities** such as small business / trade, cottage industry, agricultural allied activities, etc. NHFDc also provide **loans to Parents' Associations of mentally retarded persons** to set up an **income generating activity** for the benefit of mentally retarded persons. As on 31-12-2000, NHFDc has been able to disburse Rs. 6.97 crore benefiting 1574 disabled persons.

4.14.10 The **critical and persisting problems** in this programme is that considering the spread and volume of the number of persons with disabilities, the **reach of the NHFDC is still very limited especially with regard to the rural disabled**. There is considerable **delay in the processing of applications** for loans by the State Channelising Agencies. Under the Micro Financing Scheme, **no assessment is made of the number of persons assisted**.

Employment of the Handicapped

4.14.11 To help the persons with disabilities in getting gainful employment either through **Special Cells in the Employment Exchanges** or through **Special Employment Exchanges** located throughout the country, a **Centrally Sponsored Scheme of Employment of the Handicapped** is being implemented. At present there are 41 Special Cells and 40 Employment Exchanges in the country. The number disabled job-seekers on the live registers of all the Employment Exchanges (including Special Employment Exchanges) in the country steadily increased from 3.59 lakh in 1996, 3.92 lakh in 1997 to 4.15 lakh in 1998. The placement in the same period were 3800, 4400 and 3630 respectively. The performance of the Special Employment Exchanges was placement of 1028 persons as against 96,241 registered in 1999. The **critical and persisting issues** under this programme is that as far employment/placement needs of the disabled are concerned, the **existing arrangement has proved to be a failure**. In fact, these exchanges have become more or less debunked. Although there is **3% reservation in Grade A-D posts**, of the Central Government for the disabled, it is **not fully utilized** as the vacant posts are not notified to the employment exchanges. **This scheme is now being transferred to the States**.

S&T Project in Mission Mode

4.14.12 The scheme of **S&T Project in Mission Mode**, was launched in 1988 to undertake **Research and Development activities** for development of appropriate and innovative technological appliances for the benefit of the disabled. The Scheme was continued in the Ninth Plan to provide development of **suitable and cost-effective aids and appliances** and thus **improving the mobility and enhancement of employment opportunities for the disabled**. Over 30 aids and appliances/ products viz. Inter-pointing Braille Writing Frame, Speech Synthesizer, Modular Below Knee Prosthesis, Photo Votalic Battery Charger and Viewing Aid for the Blind, Feeding Aid for the Spastic Children, Multi axial Hip Joint, Multi Functional Wheel Chair, Mechanical Hand, Magnifiers for Low Vision, Miyo Electric and for the Below Elbow Amputee, Educational Science Scheme for the Orthopaedically Handicapped and Communication Devices – Vanishree for the Disabled, etc. have so far been developed through this project.

4.14.13 An inter-disciplinary Science and Technology (S&T) effort continued in close collaboration with Defence Research and Development Organization and Development of Science and Technology as well as the Ministry of Social Justice and Empowerment. As a result, various aids have been developed like Floor Research Orthosis (FRO), Socket for Lower Limb Amputees, Prosthetic Foot and Calipers made of fibre-reinforced plastics. Application of S&T made significant contribution to help overcome limitations imposed by the disability and improve their personal capacities. **New emerging areas like bio-engineering electronics need to be explored** for development of aids and appliances. To this effect, more and more collaborative projects with scientific departments and others concerned need to be taken up.

Promoting Voluntary Action

4.14.14 The role of NGOs in the field of disability is important as their reach and community based activities are far more effective than Government organizations. In order to simplify and streamline procedures besides enlarging the scope of activities in line with the commitments under the PWD Act, 1995, **four ongoing schemes** implemented through voluntary organization were merged. These are i) **assistance to voluntary organization for the rehabilitation of leprosy cured persons** ii) **assistance to voluntary organizations for starting special schools for handicapped children** iii) **assistance to voluntary organization for disabled persons** iv) **assistance to voluntary organization for persons with cerebral palsy and mental retardation**. These schemes were merged in 1998 into one **single integrated scheme** called to "**Promote Voluntary Action for Persons with Disabilities**". The recast umbrella scheme also covers new areas like legal aid, recreation, research etc. as on 2001-02, 412 organisations have been assisted to benefit 63629 persons.

4.14.15 There are a number of **critical and persisting problems** in the functioning of voluntary organization. Most NGOs work in urban areas whereas the **major need for them is in the rural areas**. There is also an **uneven spread of NGOs in different States**. For example Andhra Pradesh has 71 NGOs, working for persons with the disabilities and receiving government assistance, while Gujarat has 13 NGOs and Bihar just 3 NGOs. **Varying types of services and facilities** are available with the different NGOs and there is **no standardization of facilities**. The **monitoring and evaluation of NGOs is weak**. The **involvement of State Government is minimal**. The NGOs need to upgrade and standardize their facilities and build their own capacity. They should also **network with other agencies** for coordinated services delivery.

New Initiatives

4.14.16 Keeping in view the commitment of the Ninth Plan to make as many disabled as possible active self-reliant and productive, the **new initiatives taken in the Ninth**

Plan are in line with these objectives. To provide **comprehensive rehabilitation services**, with the requisite support of institutional framework to all regions and States of the country including the less developed regions and remote areas including the North-East, **6 Composite Regional Centres** were approved in 1999-2000. These Centres would undertake a package of functions including man-power development, research and technology inputs as well as rehabilitation services to the disabled. Three such Composite Regional Centres have started functioning at Srinagar, Lucknow and Bhopal. **Four Regional Rehabilitation Centres for the Spinal Injured** who require treatment and long time specialized rehabilitation services and management for life are also being set up with Italian assistance and are expected to be functional soon.

4.14.17 To set up State level apex institutions for rehabilitation of the disabled, a **National Programme for Rehabilitation for the Persons with Disabilities (NPRPD)** was launched in 1999-2000 as a **State Sector programme**. The scheme envisages support to State Govt. for **setting up of State level apex institutions** for rehabilitation of persons with disabilities starting from **District level, Gram Panchayat level** in a structured manner especially in difficult areas and areas where the NGO movement is absent or weak. So far, 74 Districts have been covered. The scheme will **ensure local capacity building** and better utilization of available resources while providing a **much needed rehabilitation structure right from the grass-root level**.

4.14.18 A **National Trust for the Welfare of the Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities** has been enacted by Parliament in December, 1999. The Trust, which is a statutory body will primarily seek to uphold the rights, promote the development and safe-guard the interest of persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities and their families. To facilitate the activities to be taken up by the Trust, a Corpus Fund of Rs. 100 crore has been proposed to be set up. Towards this, already an amount of Rs.86 crore has been provided during 1999-2001.

4.14.19 The National Trust is launching an umbrella scheme "**Reach and Relief Scheme for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities**". The Scheme provides for **long term and permanent state institutions, day care centers, augmentation of home visits, financial empowerment for home visit care requiring families**.

Implementation of the Persons with Disabilities (PWD) Act, 1995

4.14.20 **Implementation** of the various provisions of **Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995** was undertaken during the Ninth Plan, in order to empower persons with the disabilities with the right to demand an enabling environment wherein they can enjoy the protection of rights, equal

opportunities and full participation in various developmental activities of the country. The **Act was amended** to inter-alia improve and strengthen the various provisions of the Act, strengthen the institutional frame work and remove any anomalies in the original statute to make it more flexible so that the need for future amendments can be avoided.

4.14.21 The **special features** of the Act include - i) **prevention and early detection** of disabilities to provide of safe living and working environment of the disabled, early intervention and detection programmes and pre-natal, peri-natal and post-natal care for mother and child; ii) the right to free **education** for every child, providing comprehensive education schemes, teachers training institutions to train manpower; iii) increase **employment opportunities** by identifying suitable posts in Government up to 3% of vacancies, setting up of Special Employment Exchanges; iv) **affirmative action** through allotment of concessional land for housing, business, schools, and provision of Aids and Appliances; v) **research and manpower** development in prevention, curative, rehabilitative and teaching aids; and vi) **social security** provision such as unemployment allowance and insurance scheme within the limits of economic capacity.

4.14.22 The implementation of the provisions of the Act, requires a **multi-sectoral collaborative approach** of all the concerned Ministries of Central Government, State Governments and Union Territories and other appropriate authorities. The review of achievements of the nodal Ministry of Social Justice & Empowerment for the Empowerment of the Disabled has been already been given in above paragraphs. The achievements under **other disability welfare related sectors** are discussed below :-

Ministry of Health & Family Welfare

4.14.23 In the field of health a number of ongoing programmes have a direct bearing on the prevention and reduction of the incidence of various disabilities. These include eradication of small pox, leprosy, control of blindness, immunization programmes for pulse polio, measles, mumps etc. The **National Programme for Control of Blindness** launched in 1976 include various inputs such as upgradation of medical colleges, district hospitals, Primary Health Centres, voluntary organization providing eye care services etc. The goal is to **reduce the prevalence of blindness from 1.4% to 0.3%**. The **Leprosy Eradication Programme** is sought to be tackled through various measures such as extension of **Multi-Drug Therapy** in uncovered areas, health education and training activities and corrective surgery. The **National Immunization Programme** for diseases like mumps, polio, measles will be **expanded to uncovered areas**. The **National Mental Health Programme** seeks to run **training programmes and IEC activities** under the District Mental Health Programme to educate the public for the treatment and rehabilitation of the mentally disabled. **Special research** in the field of epilepsy and health injury will be conducted. A pilot project against **micro-nutrient malnutrition** is being

implemented in a number of states to improve iron and vitamin-A. status in school going children, women, aged etc. In the field of nutrition, special emphasis is being laid on maternal micro-nutrient status. In the **Maternal Health Programme** emphasis will be laid on pre-natal and post-natal health of the mothers. The programme interventions in the **Child Health Programme** is the launching of the **Child Survival and Safe Motherhood** programme under which immunization, vaccinations are given to infants and pregnant women. Under the provisions of the PWD Act, 1995 the Ministry of Health has been given special responsibility of looking after specific inputs for prevention, curative and rehabilitative needs of the disabled.

Department of Women & Child Development

4.14.24 The ICDS network was utilized to help the family especially mothers to ensure effective health and nutrition, care, early detection and timely treatment. For this purpose, special training was provided to mothers, ICDS functionaries and para-medical staff. Special attention was given to the needs of pregnant women and nursing mothers residing in socially and economically backward villages and slums and those living below the poverty line. The other inputs included supplementary feeding, immunization, health check-ups and education, early childhood care, supportive services such as safe drinking water, environmental sanitation etc. Under the PWD Act 1995, the Department of Women and Child Development, has been given special responsibility in the field of prevention and rehabilitation of the disabled.

Department of Education

4.14.25 The country has witnessed a phenomenal expansion of educational opportunities in the post-Independence period. The disabled children, who constitute 20 million of our total population, however, have not benefited substantially from this growth in educational facilities. Their integration in the normal schooling set up is only 0.5% of their population. One of the goals of National Policy on Education 1986, modified in 1992 is to "integrate the physically and mentally handicapped with the general community as equal partners, to prepare them for normal growth and to enable them to face life with courage and confidence. It also lays special emphasis on the removal of disparities and to equalize educational opportunities by attending to the specific needs of those who have been denied equality so far.

4.14.26 The Government of India started a scheme for Disabled children called **Integrated Education for Disabled Children (IEDC)** with the objective to provide equal educational opportunities to disabled children to include them in common schools, to facilitate their retention in general school system. The education of the disabled children continue up to the senior secondary level and includes vocational courses also. The IEDC

scheme has now received added importance in the wake of PWD Act, 1995. This has enhanced the importance of the education of disabled children. The scheme is implemented through the State Governments/UT administrations with necessary implementing mechanism at various levels in the State/UT. The voluntary organizations of repute, which are engaged in the field of disabilities, are also given central grant under the scheme. The scheme is being implemented in 27 states covering about one lakh students in over 22000 schools (19408 schools and more than 93449 children in state sector and 2889 schools and about 10195 children in NGO sector) including two Polytechnics in Uttar Pradesh and Karnataka respectively. It has been observed that **the efforts made are almost negligible as out of an estimated 104 lakh disabled children only 0.65 lakh are going school under IEDC Programme.** Another 0.60 lakh disabled children being educated in 3000 special schools located largely in urban metropolitan cities. **Out of 500 districts in the country 240 districts do not have any special schools.** Thus, the percentage of coverage is nearly one percent of the total number of disabled in the country.

Ministry of Urban Development & Poverty Alleviation

4.14.27 The **Swarna Jayanti Shahari Rojgar Yojana (SJSRY)** seeks to provide gainful employment to the **urban unemployed** or underemployed through encouraging the setting up of self-employment ventures or provision of wage employment. This programme relies on creation of suitable community structures and delivery of inputs through the medium of Urban local bodies and such community structure. The SJSRY is funded on a 75:25 basis between Centre and the States.

4.14.28 One of the specific schemes of Swarna Jayanti Shahari, is the **Urban Self Employment Programme (USEP)** provides **assistance to individual urban poor** beneficiaries and groups of **urban poor women** for setting up **gainful self-employment** ventures and training of beneficiaries, potential beneficiaries and other persons associated with the urban employment programme for upgradation and acquisition of vocational and entrepreneurial skills. Under the **provisions of the PWD Act**, Ministry of Urban Development has been given the **added task of research and development of barrier free environment.**

Ministry of Labour

4.14.29 Under the **PWD Act, 1995**, Ministry of Labour has definite functions of **improving training and employment opportunities for the disabled.** Vocational training programmes for the persons with disabilities, which are employment-oriented, were increased by activating the existing **Industrial Training Institutes (ITIs), Craft Training Centres (CTCs)** and **Vocational Rehabilitation Centres (VRCs).** Simultaneously, efforts were also made to set up Training-cum-Production Centres and **Sheltered Workshops** to ensure that the trained persons with disabilities are kept gainfully engaged either on wage or self-employment.

4.14.30 **The vocational training facilities are very limited.** These are mostly centralized in Cities and big towns. **Rural areas completely neglected.** There are 4274 Industrial Training Institutes, out of which 1654 are in Government Sector and remaining 2620 are in private sector in the country. Under the craftsmen training programme, there is a provision of reservation of 3% for person with disabilities.

4.14.31 **At present, 17 Vocational Rehabilitation Centres (VRCs) functioning in the country are located in 16 State capitals.** The activities of the VRCs are extended to arrange training for self-employment and implant training to persons with disabilities depending upon their residual capacities. The rehabilitation services are also extended to the persons with disabilities living in rural areas through mobile camps and rural rehabilitation extension centers. **No State Government has set up a similar institution of its own.** During 1999, these centres rehabilitated 7968 disabled persons. The available programmes of vocational training cater largely to the needs of organized sector in urban areas.

4.14.32 **The number of disabled job seekers on the leave register of all employment exchanges in the country including the Special Employment Exchanges for the disabled during 1998 was 4.15 lakh and the number of placement was only 3630.** It shows the limited vacancies identified for the disabled persons in private or public sector. Therefore, **a scheme should be formulated to encourage employers to identify and employ more and more disabled persons.**

Ministry of Rural Development

4.14.33 **Earmarking of certain percentage of benefits for the persons with disabilities under various poverty alleviation programmes, SGSY, JGSY, SGRY, IAY etc. were made as the entry points to reach the rural disabled.** During 1999-2000, 8533 disabled persons were assisted under SGSY. With the objective for assisting poor families to bring above the poverty line, SGSY provides income generating assists through a mix of basic credit and governmental subsidy for self employment covering all aspects of self employment in organizations of the disabled people into self-help-groups and their capacity building, training, planning of activity clusters, infrastructure, build up and technology and marketing support. **Under the PWD Act, Ministry of Rural Development has to make special efforts to include welfare initiatives for the disabled in their poverty alleviation programmes.**

Department of Science & Technology

4.14.34 **The S&T in Mission Mode Project continued its research and development activities for generating new cost effective and easy to handle technologies for the**

disabled. In this it collaborated with the Defence Research & Development Organisation. Some of the technologies developed include special carbon fibre rings for re-alignment and repairing of bones etc.

4.14.35 The following table sums up, the progress achieved in the implementation of the PWD Act, 1995 by the nodal Ministry of Social Justice and Empowerment and its partner Ministries/Departments during the Ninth Plan period :-

Sl. No.	Sector	Progress made under PWD Act, 1995
1.	Social Justice & Empowerment	<ul style="list-style-type: none"> • Monitoring the progress of the implementation of the PWD Act, 1995 through the mechanism of Central Coordination Committee. • 6 Regional Composite Resource Centres for all categories of disabled set up. • 4 Regional Rehabilitation Centres for Spinal Injured being set up. • National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities set up. • State Government being supported for setting of state level apex institutions under the state sector Scheme of " National Programme for Rehabilitation for Persons with Disabilities."
2.	Health	<ul style="list-style-type: none"> • Expanding the reach of National Programme for Control of Blindness. • Expanding the National Immunisation Programme to uncovered areas. • Detection of childhood disabilities and monitoring of high risk pregnancies and high risk new born babies. • Training Programmes and IEC activities under National Mental Health Programme.
3.	Women & Child Development	<ul style="list-style-type: none"> • Supplementing nutrition through Integrated Child Development Services (ICDS).

		<ul style="list-style-type: none"> • Conducting training courses for Anganwadi workers for early detection of disabilities. • Extending health and nutrition education to children and mothers.
4.	Education	<ul style="list-style-type: none"> • Integrated Education for Disabled Children (IEDC) to cover 1 lakh students. • Developing Teachers Training Programme for persons with disabilities.
5.	Urban Development and Poverty Alleviation	<ul style="list-style-type: none"> • Research for barrier free environment being developed. • Self-Employment Programme for the urban poor.
6.	Labour	<ul style="list-style-type: none"> • Running of 17 Vocational Rehabilitation Centres (VRC) for persons with the disabilities. • Services to rural disabled through 11 Rural Rehabilitation Extension Centres. • Placement of disabled persons through Special Employment Exchange.
7.	Rural Development	<ul style="list-style-type: none"> • Assistance to disabled persons under the SGSY Programmes.
8.	Science and Technology	<ul style="list-style-type: none"> • Developed technologies in the Mission Mode Project for bone re-alignment, plastic, Aspheric Lenses, Vanishree for the Orthopaedically disabled.

II. REFORMING THE SOCIAL DEVIANTS

4.15 The major strategies adopted in the Ninth Plan for Reforming the Social Deviants are – I) tackling the increasing problem of Juvenile maladjustment through - I) close collaboration with Governmental and Non-Governmental organizations for effective enforcement of the Juvenile Justice (JJ) Act, 1986; ii) ensuring minimum standards of service in various mandatory institutions set up all over the country under J.J. Act, 1986; iii) encouraging more and more voluntary organizations to take up the responsibilities of extending welfare-cum-rehabilitative service for Reforming the Juvenile Delinquents/ Juvenile Vagrants and other children who come into conflict with law; II) To control/reduce the ever-increasing emerging problems of alcoholism, drug addiction, HIV/AIDS through -

i) strict enforcement of legislation to prohibit/restrict the production of alcoholic drinks with necessary punitive measures; ii) expanding the services of preventive, curative and rehabilitative services for problems of alcoholism, drug addiction, HIV/AIDS through counselling and running of de-addiction camps and centers; iii) developing an integrated strategy involving all concerned to curb the ever-increasing inter-related problems of drug addiction and HIV/AIDS; and iv) launching of awareness generation programmes/campaigns to educate/sensitize and make people, especially the younger generation, conscious of the ill-effects of these problems.

4.16 Taking into account the above policy commitments of the Ninth Plan for **Reforming the Social Deviants**, the nodal Ministry of Social Justice & Empowerment has undertaken the following programmes both for expansion of the ongoing programmes besides introducing new initiatives.

Prevention of Juvenile Social Maladjustment

4.16.1 The Juvenile Justice Act is the **primary law** for children in need of care and protection. This Act has been designed for the development and rehabilitation of neglected and delinquent juveniles, as well as for the adjudication and disposition of matters related to them. The basic endeavour of the programme for Juvenile Justice is i) to provide full coverage of services envisaged under the Juvenile Justice Act so as to ensure that no child under any circumstances is lodged in prison; ii) to bring about qualitative improvement in Juvenile Justice services; iii) promote voluntary action for prevention of Juvenile social mal-adjustment and rehabilitation of such Juveniles; iv) to develop infrastructure for optimum use of community based welfare agencies.

Ongoing Programmes

4.16.2 To make the Juvenile Justice (J.J.) Act, 1986 more child-friendly and provide proper care, and protection and rehabilitation of children, this Act has been replaced by a **new Act** called 'the **Juvenile Justice (Care and Protection of Children) Act, 2000**. In the new Act, **clear distinction has been made between the juvenile offenders and the neglected child**. The **new initiatives** under the Act are – i) it prescribes a **uniform age of 18 years** below which boys and girls are to be treated as children; ii) it has been made **compulsory to set up Juvenile Justice Board and Child Welfare Committee** in a district or a group of districts; iii) setting up **Special Juvenile Police Units**; iv) **all cases** relating to Juveniles should be **completed within a period of four months**; v) **all offences against Juveniles are cognizable offences**; vi) **sensitization of police**, role of voluntary organization and rehabilitation and social integration of children with **alternatives such as adoption, foster care**.

4.16.3 To implement the J.J. Act, the Ministry has provided assistance to State Governments under the Scheme of '**Prevention and Control of Juvenile Social Maladjustment**' to establish and maintain **Observation Homes, Juvenile Homes, Special Homes, and After Care Institutes** for neglected and delinquent Juveniles. This is a Centrally Sponsored Scheme where expenditure on various components is shared between the Centre and the State Governments. At present there are 522 homes/ institutions supported by the Government.

New Initiatives

4.16.4 The **National Initiative for Child Protection (NICP)** is a special campaign launched by the Ministry of Social Justice and Empowerment through the National Institute of Social Defence (NISD) and CHILDLINE with the objective of building partnership with i) concerned allied systems viz., police, health care system, judicial system, education system, transport system, labour department, media, tele communication, corporate sector, community at large; ii) bilateral agencies such as the UNICEF; iii) National Commission including the National Human Rights Commission and, the **National Commission for Women**. The training and sensitization Programmes for these sectors, will enable the children in distress to receive greater access to facilities and resources of these sectors.

4.16.5 There are number of **critical and persisting issues** in this programme. The mandatory **specialized institutions** under the JJ Act, 1986 are **never maintained properly** mainly due to **inadequate professional staff** to man them and **low priority given by the State Government**. Many States are not able to avail themselves of the provision of Centrally Sponsored Schemes because of their **inability to contribute their matching share of 50%**. The **poor condition** of the Juvenile Homes had attracted the **attention of Parliament** and the media. The **National Human Rights Commission expressed its concern** over tardy implementation of the Act and miserable plight of the children coming under the purview of the Act. In response to all these, the **scheme was revised** in 1998 and renamed as 'An **Integrated Programme for Juvenile Justice**'. Further, to bring about qualitative improvement in the infrastructure, a **Juvenile Justice Fund** has been set up. The **participatory approach in implementing the Act needs to be revised** so that the expertise in the field of both Government and Non-Government can be made use of. The **number of voluntary organizations** in the field of Juvenile Welfare and Rehabilitation are **very few**. More and more NGOs need to be encouraged to provide welfare-cum-rehabilitation services to children who come into conflict with the Law. The **Corporate Sector** has also come forward for providing assistance to Juvenile Homes. These efforts should be encouraged.

Prevention of Alcoholism and Substance (Drugs) Abuse

4.16.6 In the recent years, alcohol and drug abuse has emerged as a vital issue of social development. The problem is not only confined to the traditional abuse of alcohol, opium and cannabis but a new dimension is emerging through induction of **synthetic drugs, injecting drug use and pharmaceutical substance abuse**. Research studies, the Country Profile (UNDCP) and the Progress Reports received from NGOs working among alcohol and drug addicts not only indicate an **increasing trend of addiction** but also point out its **prevalence among various sections** of the society.

4.16.7 To control the supply and demand of drugs and alcohol, a two pronged strategy has been adopted. While control of drug supply is taken care of by the Narcotics Control Bureau, the Ministry of Social Justice and Empowerment is the nodal Ministry for drug and alcohol demand reduction. The main objectives of the alcohol and drug demand reduction programme are i) building awareness and educating people about ill effects of drugs; ii) dealing with addicts through a **well rounded programme** of motivation, counselling treatment, follow-up and social re-integration of the addicts; iii) **capacity building** through imparting drug abuse prevention and rehabilitation training to service providers. Since drug abuse and alcoholism is a psycho-socio-medical problem, the Ministry of Social Justice and Empowerment has provided a whole range of services including awareness generation, identification, treatment and rehabilitation of addicts through voluntary organizations.

Ongoing Programmes

4.16.8 To give a **greater focus and priority** to preventive education programmes and re-integration of the addicts into the main stream of society, the Scheme for '**Prohibition and Prevention of Drug Abuse**' (1986) was revised and the "Scheme for Prevention of Alcoholism and Substance (Drugs) Abuse" is being implemented since 1999 with those objectives. While the Ministry provides financial support to voluntary organizations for institutionalized care, there is also a stress on mobilization of community resources and participation. Special attention is given to rehabilitation of substance abusers to help them achieve physical, emotional and mental rehabilitation, culminating in a socially, physically and economically self-dependent life. Priority is also given to tackle drug abuse amongst socially and economically vulnerable group like street children, commercial sex workers, destitute women, transport workers etc. De-addiction camps are arranged in urban and rural areas where treatment-cum-rehabilitation centers have not yet been established but there was a felt-need for these services. Under the Work Place Prevention Programme, financial assistance up to 25% of the expenditure is being provided for setting up 15 or 30 bedded treatment-cum-rehabilitation centers in industrial units having at least 500 workers. The programme is supporting 462 Centres through 377 Non-

Governmental Organizations for delivering services, out of which 144 are Drug Awareness, Counselling and Assistance Centres and 318 are Treatment-cum-Rehabilitation Centres. The number of alcohol and drug addicts registered in these were 2.86 lakh in 1999-2000 of which about 1.13 lakh were detoxified. During the year 2000-01, 1.9 lakh addicts were registered and 0.66 lakh detoxified in these Centres.

4.16.9 With a view to ensure quality of services rendered through NGOs under the Scheme for 'Prevention of Alcoholism and Substance (Drug Abuse)', a 'Manual on Minimum Standards of Care in Addiction Treatment Centres' has been prepared with emphasis on i) facilities or resources that are essential; ii) variety of programmes and frequency with which these will be offered; iii) the specific roles and responsibilities of staff; iv) the clients rights and code of ethics for the staff.

New Initiatives

4.16.10 The **National Centre for Drug Abuse Prevention (NCDAP)** was set up in 1998, with assistance from United Nations International Drug Control Programme (JUNDCP). This is in lieu of the already existing Bureau of Drug Abuse Prevention in the National Institute of Social Defence. The main activities of the Center include i) providing training to various levels of functionaries working in the field of drug demand reduction; ii) upgradation of information and establishment of appropriate **database and web-site** and; iii) development of linkages and **networking** in the field of drug demand reduction and local, national and international levels. To increase its outreach, NCDAP is setting up 5 **Regional Resource Training Centres** with the help of NGOs having technical capability and expertise. The Centre has also developed **training manuals** in 13 specific areas of - i) symptomatic behaviour and addictive personality; ii) Counseling Issues and Process; iii) Rehabilitation and Relapse Prevention; iv) Prevention and Management of Drug Abuse and HIV/AIDS; v) Organisation of Self-Help Groups; vi) Preventive Interventions for High Risk Groups; vii) Patient Profiling, Recording and Documentation; viii) Research, RAS, Monitoring of Trends of Drug Abuse; ix) Programme Management for Families and Co-dependency of Addicts; x) Treatment and Rehabilitation of Drug Addicts in Prisons/ Correctional Setting; xi) Drug Abuse Prevention Programme for Medical/Para Medical Functionaries; xii) Training for Youth Coordinators of National Level Networks; xiii) Work Place Prevention.

4.16.11 Special initiatives are being taken in the **North East** in view of the enormity of the problem and the close nexus between injecting drug use and HIV/AIDS. A **three pronged strategy** was adopted for the North East which includes **training and enhancing the capabilities** of the NGOs in the area, **extending the outreach** of drug abuse prevention scheme by opening of new centers and **awareness and education programmes**. Five training programmes for Trainers, and 15 training courses for Service

Providers in the North East as well as attachment training of Service Providers in reputed centers have also been implemented.

4.16.12 In order to provide for better training and qualified personnel amongst service providers, the Ministry of Social Justice and Empowerment had taken up in **collaboration with UNDCP and International Labour Organisation (ILO)**, a number of projects which include **'Community Drug Rehabilitation and Work Place Prevention Programme'**. Under this programme, 20 NGOs have been identified all over the country with the objective of training at least 4000 service providers in rehabilitation of drug/alcohol addicts. Two other major projects being implemented are **'Community Wide Drug Demand Reduction in India'** and **'Community Wide Drug Demand Reduction in the North East States'**. The major objective of these projects is to develop the capacity of the Drug Demand Reduction Programme and institutions adequately to address the increasing incidence of alcoholism and drug abuse in the country and for the North East in particular. In another collaboration with UNDCP, UNICEF, WHO, NACO and ODA, a **Project on Reducing Risks Behaviours and HIV/AIDs/STD Drug Abuse among Street Children** was taken up. **City level plans** have been prepared for the cities of Mumbai, Hyderabad, Calcutta and Delhi. A **National Action Plan** has been formulated to strengthen the intervention of drug demand reduction programme for the street children. To assess the magnitude, nature and pattern of drug abuse in the country, the Ministry of Social Justice and Empowerment, in collaboration with UNDCP, is conducting a **National Survey**. The Survey will provide authentic information on the actual dimension of the problem and facilitate appropriate need-based interventions to address the problem of alcoholism and drug abuse in the country.

4.16.13 The **critical and persisting issues** in this programme is that in spite of the revision of the Scheme, it has **not been possible to take the scheme to the needy groups especially in the rural areas**. In fact, the **State Governments have not developed ownership** of this programme even through the spread of drug addiction and its lethal combination with HIV/AIDs have serious implications for them. The Scheme would receive best coverage if the **local NGOs, the PRIs and the local bodies network** in setting up facilities in the community. Another problem area is the **tardy rehabilitation achievement**. Though, the ultimate goal of the treatment for alcohol and substance abuse is complete rehabilitation of the addict or "Whole Person Recovery" (WPR), yet the **relapse rate of addicts** treated in the Government assisted voluntary agencies is as high as **80-85%**. This is because the ongoing programme does **not provide for in depth rehabilitation services**. **Nor is there standardization of facilities of services**. There is very little interventions and facilities designed for certain high risk groups such as **street children, sex workers** etc. Though, the North-Eastern region has been acknowledged as a high drug and IDU induced HIV/AIDs area, yet **except for Manipur** which has 20 NGOs working in the State, **other States like Meghalaya, Mizoram and**

Nagaland have just about 2-7 Centres. In the case of alcohol consumption, though the **National Endeavor is to reduce the production of liquor**, and introduce prohibition yet **State Governments have not taken any measures** in this direction for fear of losing excise revenue on alcohol.

III. CARING FOR THE OTHER DISADVANTAGED

4.17 The **major strategies** in the **Ninth Plan** for **Caring the Other Disadvantaged** relate to :

- 1) **Tackling the ever increasing problem of Street Children through :** i) more emphasis on preventive measures through various developmental services for children like, integrated child development services, compulsory primary education, supplementary feeding programmes, health and referral services etc.; ii) priority for non-institutional services through restoring the street children to their families and to Foster Families; and iii) review / re-orientation and expansion of the existing limited services for Street Children, both institutional and non-institutional by involving more and more NGOs;
- 2) **Policy Commitments for the well-being of Older Persons through –** i) direct Policy prescriptions to extend support for financial security, health care, shelter, welfare and other needs of older persons; ii) provide protection against the dangers of life and property; abuse and exploitation of older persons; and iii) extend opportunities for older persons to contribute their mite in various developmental activities;
- 3) **To curb the social evils like prostitution, beggary through :** i) strict enforcement of the related legislations with rigorous punitive measures; ii) special programmes for economic rehabilitation of the disadvantaged women; iii) special packages for the development of the Girl Child with a special focus on her educational development which would prevent the Girl Children from becoming victims of these types of social evils; and iv) continuous awareness generation campaigns to sensitise the society and change the mind-set of the people; and
- 4) **To strengthen the National Institute of Social Defence, New Delhi to extend its technical advice and support in this Area.**

4.18 Keeping in view the above commitments of the Ninth Plan for Caring of Other Disadvantaged Groups, the nodal Ministry of Social Justice & Empowerment has undertaken the following programme interventions both for expansion of the ongoing programmes and introducing new initiatives :

Care of Older Persons

4.18.1 As the traditional support system provided by the joint family is increasingly unable to cope with the problem, the number of older persons requiring intervention and support is gradually increasing. The rapid demographic changes that are taking place in the country has led to an increase in the number of elderly persons. **According to 1991 census, the population of 60+ was 55 million against 42.5 million in 1981.** Of these, more than 50 per cent (27.2 million) were women. **As per the Report of the Technical Group on Population Project of RGI, 1996, the population of 60+ is expected to go upto 71 million by 2000 AD.**

Ongoing Programmes

4.18.2 An **Integrated Programme for Older Persons** was formulated by revising the earlier scheme of Assistance to Voluntary Organisations for programmes relating to the Care of Older Persons. Under this Scheme, financial assistance is provided to NGOs for establishing and running old age homes, day care centers, mobile medicare units and to provide non-institutional services to the older persons. A **special feature** of the scheme is that it has been made **more flexible** so as to meet the diverse needs of the older persons, including strengthening of the family, **awareness generation** and issues pertaining to popularization of the concept of preparing for old age, **productive aging**, etc. At present there are 843 old age/day care/mobile medicare units operational under this Scheme. The number of organizations assisted during the years 1999-2000 and 2000-01 were 469 and 470 respectively and the number of projects assisted was 670 and 765 in these two years. To strengthen the partnership between the young and the old, a collaborative project was started with the Neeru Yuvak Kendra Sangathan under which 100 new Day Care Centres for Older Persons was established in different parts of the country. The scheme of '**Assistance to Panchayati Raj Institutions/Voluntary Organisations/Self-Help Groups for Construction of Old Age Homes/Multi Service Centres**' was revised to enhance the one time construction grant for this purpose. Since its inception in 1997, 59 old-age homes have been constructed.

New Initiatives

4.18.3 The **National Policy on Older Persons**, a landmark policy for the welfare and care of Older Persons was adopted in 1999. The major objectives of this policy include - i) encourage individuals to make provision for their own as well as their spouse's old age, ii) to encourage families to take care of their older family members; iii) to enable and support voluntary and non-governmental organizations to supplement the care provided by the family, with greater emphasis on **non-institutional care**; iv) to provide care and protection to the **vulnerable elderly** especially widows, frail, disabled, abused, and

destitute elderly; v) to provide **health care** facilities specially suited to the elderly; vi) to promote **research and training** facilities to train geriatric care givers and organizers of services for the elderly vii) to continually evaluate and upgrade existing services and programmes for the older people ; viii) to facilitate and strengthen **inter sectoral partnerships** in the field; and ix) to create awareness regarding elder persons to develop themselves into fully independent persons.

4.18.4 The **Implementation Strategy** for operationalisation of the National Policy on Older Persons takes into account i) preparation of Plan of Action for operationalisation of the Policy; ii) setting up a separate Bureau for older Persons in the Ministry of Social Justice and Empowerment; iii) setting up of Directorates of Older Persons in the States; iv) three yearly public review of implementation of policy; v) setting up of **National Council for Older Persons**; vi) - establishment of **Autonomous National Association of Older Persons**; and vii) encouraging the participation of local self governments. The **Plan of Action 2000-2005** to operationalise the National Policy on Older Persons has been prepared and various initiatives are to be implemented by various Ministries/Departments.

4.18.5 The **National council for Older Persons (NCOP)** was set up to operationalise the National policy. The NCOP will receive complaints, grievances and suggestions from Older Persons. A seven member **Working Group** was also constituted from amongst the members of the National Council, to discuss ways and means to achieve the objectives of the Policy.

4.18.6 A Secretariat was set up for the National Council called as '**AADHAR**', with the objective of empowering the elderly population to find satisfactory solutions to their problems, through co-ordination of voluntary efforts and administrative initiatives. Since its constitution in December 1999, AADHAR had received 4157 suggestions, complaints and grievances from individuals/organizations out of which 4033 were processed .In addition, a process of identification was also initiated by AADHAR for setting up **Zila AADHAR** in all the 578 districts in the country for better implementation of the objectives of the National Policy. So far, 81000 voluntary organizations, NGOS, individuals and old age homes have been sought to identify committed individuals from legal, medical and social fields to participate in this programme. Administrative help of District Collectors is also being co-opted in this task. The process of appointment of Zila AADHAR members for 441 districts has been completed and 3012 members in 394 districts are already in place.

4.18.7 As a result of the growing concerns for Old Age Social and Income Security, a **National Project called 'Old Age Social and Income Security' (OASIS)** was commissioned. An Expert Group examined the policy issues relating to savings, social security and pension matters, with a view to enable workers in the unorganized sector to build up enough savings as a shield against poverty in old age. The report of OASIS is being examined by a Group of Ministers.

4.18.8 The implementation of the National Policy for Older Persons (NPOP) is a multi-sectoral collaborative approach of concerned Ministries/Departments. The following table gives a summary of the initiatives taken by nodal Ministry of Social Justice and Empowerment and other partner Ministries/Departments during the Ninth Five Year Plan :

Sl. No.	Sector	Progress made under NPOP
1.	Social Justice & Empowerment	<ul style="list-style-type: none"> • National Policy on Older Persons adopted. • Implementation strategy for operationalisation of the National Policy. • National Council for Older Persons set-up (NCOP) • AADHAR, the Secretariat of NCOP set up. • Process of appointment of Zilla AADHAR members in 441 districts of the country completed. • Plan of Action 2000-2005 to operationalise the National Policy prepared. • Social Security initiative "OASIS" report prepared for necessary action.
2.	Health	<ul style="list-style-type: none"> • Instructions to State Governments to provide separate queues for Older Persons in hospitals at every stage.
3.	Telecommunication	<ul style="list-style-type: none"> • Telephone connections to senior citizens aged 65 years and above on a priority basis.
4.	Civil Aviation	<ul style="list-style-type: none"> • Concessional fare to senior citizens.
5.	Railways	<ul style="list-style-type: none"> • Concessional fare to senior citizens.
6.	Rural Development	<ul style="list-style-type: none"> • Old Age Pensions of Rs. 75 for persons above 65 years and living below the poverty line.

4.18.9 The **critical and persisting issues** in this programme for welfare of the aged is that to **translate the Policy into action** and ensure equitable coverage, cost-effective operation and better convergence of programmes, emphasis needs to be laid on **utilizing available institutions**, Government/Semi-government machinery, **Panchayati Raj Institutions** and local bodies. Currently, **very few NGOs work in rural areas** for welfare and development of the Aged. In the event, the **elderly population in interior rural backward area are neglected**. To over-come this, there is a **need to mobilize human and financial resources** for the community in a big way. The **PRIs need to be empowered** to intervene in welfare programmes for the aged because this subject falls under the

domain of functions assigned to them by the 73rd amendment to the Constitution. Further, PRIs are the most appropriate levels where existing programmes for the elderly can converge. Keeping in view the National Policy, services of supportive nature need to be developed at the local level for the purpose. **NGOs and local bodies in urban and rural areas should be strengthened** and accepted as instruments for delivering these services.

Street Children

4.18.10 In the spate of rapid industrialization and urbanization, there has been a large influx of rural migrants in search of better earnings and job opportunities. Children of such migrant families, clustering in slums, find themselves often in a situation of stark deprivation. Denied of an equal sharing of socio-cultural and economic opportunities, they become vulnerable to various forms of abuse and exploitation. So much so that more often than not, they become prone to crime. **Stresses and strains of urban life, especially among the poor and working classes tend to neutralize the family as the primary institution for the care and protection of the child.**

4.18.11 So far, **no study/survey has been undertaken** to estimate the number of street children in the country. The Government of India in collaboration with UNICEF carried out situational studies in eight cities viz., Bangalore, Bombay, Calcutta, Delhi, Hyderabad, Indore, Kanpur and Madras and estimated 4 lakh street children in these cities. It is estimated that in Delhi alone there are about 1.10 lakh street children. Studies revealed that the problem of street children is primarily existential in nature. **Their earnings and occupational ability are limited due to lack of education, training, finance, guidance and help.** They are **often exposed physical abuse and extortion.** Although most of them are law abiding, the need to survive in the street culture often leads them to indulge in anti-social activities and harmful habits.

Ongoing Programmes

4.18.12 To tackle the problem of street children, a scheme for the **Welfare of the Street Children** was launched in July 1993. The scheme is being implemented through non-governmental organizations as a Project, with support from local bodies and various departments of State Govts./UT Administrations under the guidance of a **City Level Task Force.** To take a broad-based approach to the problems of the Street Children, the **scheme has been revised** and renamed as '**An Integrated Programme for Street Children**'. The revised scheme assists a **wide range of initiatives which cover shelter, nutrition, health care, sanitation, hygiene, safe drinking water, education, recreational facilities and protection against abuse and exploitation.** The programme components of a project under this Scheme include i) City Level Surveys; ii) Documentation

of existing facilities and preparation of city level plan of action; iii) contact programme offering counselling, guidance and referral services; iv) Establishment of 24 hour drop-in shelters; v) Non-formal education programmes; vi) Programmes for re-integration of children with their families and placement of children in foster care/homes/hostels and residential schools; vii) Programme for vocational training and placement; viii) Programme for health care and reducing incidence of drug and substance abuse, HIV/AIDS; ix) Programmes for capacity building and advocacy and awareness. The scheme is being operated in 39 cities in the country through 79 voluntary organizations benefiting 1,40,000 street children since its inception.

New Initiatives

4.18.13 One of the important initiatives taken for the welfare of children in distress is the establishment of **CHILDLINE** service, 24 hours free phone service which can be accessed by a child in difficulty or an adult on his behalf by dialing 1098. The basic objectives of the CHILDLINE service is to i) respond to **children in emergency** situation and refer them to relevant Governmental and Non-Governmental organizations; ii) to create a structure which ensures the protection of the rights of the child as ratified in the UN Convention on the Rights of the Child and Juvenile Justice Act; iii) to provide a platform for **networking** amongst organisations and to strengthen the support system which facilitate the rehabilitation of the children in difficult circumstances; iv) to sensitise agencies such as police, hospitals, Municipal Corporations, and Railways towards the problems faced by these children; v) to provide an opportunity to the public to respond to the needs of these children. The CHILDLINE service has been expanded to 26 cities and has received 6, 27,662 calls from children/concerned adults up to March, 2001. The **National Initiatives for Child Protection (NICP)** also helps in building partnerships with allied systems like Police, Health etc. to provide support services to the children.

4.18.14 The **critical and persisting problems** in the welfare of Street Children programme is that despite the continuous efforts of the Government, **Street Children continue to be in a vicarious situation in all dimensions of life – civic, economic, social and culture**. A study conducted by the M/SJ&E reveals that the **scheme is not reaching out** to runaway, orphan, destitute **children in need of care and protection**. It was observed that almost in all the Centres, Street Children were taught the same curriculum as in the formal schools. The **staff** in these organizations **lacked skills on counseling, networking and documentation** to effectively interact with the children in need of care and protection. The children are **easily victimized** by anti-social elements and are forced into various kinds of anti-social activities like drug-addiction and related problems like HIV/AIDS. Effective steps need to be taken ;by **involving the local bodies / law enforcement agencies and more of NGOs**. The **City Level Task Force** proposed under the scheme is **not acting effectively**; it needs to be **strengthened for effective linkages** and coordination. The **Law**

enforcing authorities needs to be **sensitized** deal with street children humanely and not **treat them as offenders**. Medical institutions at present do not admit children directly without an accompanying adult as a result of which the access of these children to hospitals is limited. Medical institutions need to be sensitized to this problem. Though, the **CHILDLINE service's** main objective is to link the distressed child with the facility he/she requires, in many cases **weak linkages prevent easy access to these facilities**.

Adoption of Children

4.18.15 The **Central Adoption Resource Agency (CARA)** was set up under the Ministry of Social Justice & Empowerment in 1990. It was **registered as an autonomous body** under the Registration of Societies Act in 1999 in accordance with the directions of the Supreme Court. The **main objective of CARA** was to provide a detailed framework for regulating and expediting adoptions and **act as a clearing house of information** with regard to children available for adoption. To regulate inter-country adoption and formulate detailed guidelines for adoption of children by foreigners, **revised guidelines were notified in 1995**. Recognition is granted to both Indian and foreign agencies to sponsor Indian children for adoption abroad. At present 80 agencies in the country have been recognized for inter-country adoption. In addition, 306 foreign agencies in more than 27 countries have been recognized to sponsor inter-country adoption of Indian children. Between 1995-2000, 9551 children were placed in in-country adoption and 7315 in inter-country adoption.

4.18.16 To promote in-country adoption, the **Voluntary Coordinating Agencies (VCA)** have been given grant in aid to provide them with updated technology to identify and place children for adoption in different parts of the country. The Scheme for "**Shishu Greha**" for **promoting in-country adoption** was started in 1992-93, wherein voluntary organization are assisted to set up homes for infants and place them in adoption. Thirty eight NGOs are receiving assistance under this Scheme.

4.18.17 There are some **critical and persisting issues** in the programme for adoption of children. The programme for promoting in-country adoption viz. "**Shishu Greha**" has been given **no target for placing of children in adoption**. As a result, most of the **homes function as orphanages** rather than adoption centers. There is also **uneven spread** of these centers in the country States like **Andhra Pradesh, Uttar Pradesh, Bihar, Gujarat, West Bengal do not have even one such Home assisted under the Scheme**.

National Institute of Social Defence (NISD)

4.18.18 The NISD is the only Institute of its kind at the national level for relevant interventions in the area of Social Defence. The objective of the Institute is to **strengthen** and

provide technical inputs to the Social Defence Programmes of the Government and to train manpower resources for this purpose. The main areas of activities covered by the Institute include documentation, research and conducting training programmes pertaining to Juvenile Justice administration, child adoption, systems involved in child protection, drug abuse prevention and care of senior citizens. It also undertakes review of policies and programmes in the field of social defence, anticipate and diagnose social defence problems and develop preventive, rehabilitative and curative policies.

4.18.19 The Ninth Plan envisaged strengthening/activating the Institute to extend its technical advice and support in the area of Social Defence, with the induction of professional staff and basic infrastructure so as to meet the growing needs of research and training. This objective was achieved during the Ninth Plan by making the NISD an autonomous body so as to enable it to function more effectively and with greater flexibility and by upgrading its facilities both in the case of infrastructure and manpower.

4.18.20 The activities of the NISD during the Ninth Plan included the implementation of the National Initiative for Child Protection in collaboration with CHILDLINE, to create systematic changes to ensure every child's right to childhood. **Training modules** for various functionaries like police, judiciary, labour etc have been developed. NISD has also started training programmes for various agencies in the area of **child adoption** for ensuring best ethical practices so that through a just and fair process a child gets a family and a family gets a child. The Institute has developed programmes for training **old age care workers** who can provide care to older persons in the community and in the Institutions. In the field of drug abuse prevention, three months certificate courses on De-addiction, Counselling and Rehabilitation and five days short-term courses are being organized through the National Centre for Drug Abuse Prevention (NCDAP).

4.18.21 A Statement showing the physical and financial targets and achievements made during the Ninth Plan is at Annexure-IV.

CHAPTER-V

TENTH PLAN APPROACH, STRATEGY AND RECOMMENDATIONS

The Tenth Plan approach towards the target groups of social welfare sector will be a **continuum of the policies and programmes of the Ninth Plan**. The many initiatives that were taken during the **Ninth Plan for Empowering the Disabled, Reforming the Deviants and Caring for the Other Disadvantaged**, proved to be both **meaningful and successful** in the present context. However, it takes time to put these desirable efforts and initiatives systematically and holistically by synchronizing/converging with the policies and programmes available in all the other related sectors. Therefore, the **major focus in the Tenth Plan** will be the **consolidation, expansion and strengthening** of the various programmes into **comprehensive coordinated systems** to fulfill the commitments made for this unfortunate lot. Thus the major Ninth Plan strategies of **Reaching the Un-reached** will continue in respect of all the **target groups** of the Social Welfare sector and provide them with a complete package of **preventive, curative, welfare, rehabilitative and developmental** services to meet their special needs. To this effect, efforts in the Tenth Plan will be to develop a multi-sectoral approach, in attending to the problems and needs of these Groups. The **Tenth Plan approach and strategy, Sectorwise** will be as follows :

I. TOWARDS EMPOWERING THE DISABLED

5.2 The Tenth Plan **re-affirms** the earlier commitment of making **as many disabled as possible active, self-reliant and productive contributors** to the national economy. In order to fulfill this objective, the focus of the Tenth Plan towards Empowering the Disabled will be to take care of the **rehabilitation needs** of the disabled in **coordination** with other inputs of **preventive, curative cum developmental and welfare** needs, along with **legislative support** to demand the services from the State as their **right**. Based on the **strength and support** of the recently amended Act of the **Persons with Disabilities** of 1995, the Tenth Plan would be working out a **National Plan of Action** by defining the role, and obligations of all concerned both within and outside the Government so as to fulfill the ultimate objective of Empowering the Disabled.

5.3 The main thrust of the Tenth Plan would be to give a better focus and attention for ensuring both **vertical and horizontal expansion of programmes** for prevention, early detection, education, employment of the disabled with barrier-free environment so that they are encouraged to become functionally independent and productive members of the country. Thus, **major strategies** of the Tenth Plan would be - i) **expansion** of preventive, curative, rehabilitative and developmental services for the disabled to fill the existing gaps;

ii) to give better focus and attention to the rural disabled, by **involving Gram Panchayats/ Local Bodies** in the strengthening as well as expansion of the rehabilitation services under the newly launched National Programme for Rehabilitation of Persons with Disabilities.; iii) to ensure that all the **affirmative policies** are translated into action to provide better education and employment and living opportunities for the disabled iv) to **provide/expand employment** opportunities for the disabled either through wage or self employment with the provision of both forward and backward linkages; v) to organize themselves into **Self-Help Groups** and thus strengthen the ongoing movement of Viklang Sangams which would provide the most wanted institutional base for Community Based Approach in handling the rural disabled; vi) **re-activate** the existing **Institutional mechanisms**, both, Governmental and Non-Governmental, and equip them accordingly to take up new responsibilities in the context of the implementation of the PWD Act of 1995; vii) to **promote voluntary action** for the welfare of the Disabled.

5.4 The Tenth Plan will also give priority treatment for **prevention and early detection of disabilities**. In the last few years the **pattern of disability has been slowly changing**. While blindness was a major contributor of disability, today **low vision** is an emerging problem. Due to the nation wide pulse polio programme, the orthopaedically handicapped numbers have decreased on this account, but the **incidence of road accidents disabilities** have increased. The **health related programmes** which prevent disability will **continue to be strengthened** and implemented through a **multi-sectoral collaborative approach** as adopted in the case of polio eradication. It is an established fact that disabilities could be prevented through remedial measures like health related **immunization, hygiene and sanitation and nutritious diet**. Ill effects of hunger and **micro-nutrients deficiency** in early childhood and amongst pregnant women could be rectified through effective and timely intervention. Major number of disabilities can be prevented through providing correct birth practices and through **pre and post-natal screening** for detecting the occurrence of the disability. Prevention shall be coupled with timely intervention and treatment so as to avoid occurrence of severe and secondary disability. **Corrective and rectifying surgery** and medical intervention needs to be provided to prevent permanent disability. Similarly, disabilities arising out of road and other transport accidents need to be brought down through effective enforcement of **road safety rules** and public awareness.

5.5 In view of the changing situation in the country, especially, as a result of the New Economic Policy, approach for the welfare and development of the disabled require rethinking on devising a pragmatic strategy for them to cope up with the resulting changes in the life styles, values and expectations of the Indian population. Besides integration and coordination of services for persons with disabilities, starting from early detection and prevention to rehabilitation, the **new initiatives launched during the Ninth Plan should continue in the Tenth Plan** and focus on creating an enabling environment of co-operation amongst all the those engaged in providing as well as receiving services.

5.6 Despite number of initiatives taken in the Ninth Plan for increasing the **outreach of services to rural areas**, there is **still a lacuna**, which needs to be addressed in the Tenth Plan. Apart from expanding the facilities to the rural areas, it is necessary to tailor all the programmes, including early detection, curative and rehabilitation to suit rural requirements and ensure that **service delivery** is able to reach up to the **district level and eventually to the village level**.

5.7 To achieve the above, **Community Based Rehabilitation (CBR)** strategy will need to be streamlined and linkages established through a **multi-sectoral effort** of the concerned **Central Ministries** like the Ministry of Social Justice & Empowerment, Ministries of Health, Labour, Science & Technology, Transport and Departments like Women and Child, Education etc., **State Governments, PRIs** in the rural areas, **local bodies** in the urban areas, **voluntary action, community and the family**.

5.8 **The role of the Families** of the disabled persons is an important aspect of Indian ethos. Majority of the disabled are living with their families. Indian families have traditionally cared for their disabled as a duty and commitment. There is an urgent need for this aspect to be **strengthened and supported** with information, skill training, financial support, income-generation activities, tax and other concessions, psychological support including human values training, yoga etc. In addition, the families shall be motivated to form **self-help groups** and support each other and function together to bring about policy changes. In addition to looking at the family as the caretaker of the disabled and strengthening its functioning in this particular aspect, the family needs to be seen as a pivotal institution which cares for all members of the society. In order to support the family through the stresses that it has to face, and yet continue to function as the secure base of individuals, family and in particular the **women who are care givers need support**.

5.9 The on-going mechanism to provide **aids and appliances** needs to be **expanded** to cover the all disabled persons, especially in the rural areas. The production of Aids and Appliances will have to take care of the individual needs of different disability categories. **Indigenisation** of appliances is another area of priority. **Mission mode for design, development, production, distribution and dissemination** of information about assistive devices (welfare) will be **strengthened by joint management** (inter-sectoral, corporate sector/NGOs) to develop and assess **innovative low-cost but appropriate technologies**.

5.10 In the past, NGOs played a leading role in development activities for the Disabled persons and their continuing involvement is crucial to achieve the goals in the Tenth Plan period. However, **NGOs have so far worked mostly in the urban areas and in regions most suitable for them**. Good established NGOs need to be channelized for service delivery and for CBR training work and **encouraged to work in neglected**

areas. They should work along side grass root democratic structure like PRIs, Zila Parishad etc. Intensive support will be given for management training needs of NGOs with subsequent strict requirement for competent planning, monitoring, evaluation.

5.11 Comprehensive area plans for welfare of the Disabled will be prepared for each area which will include the survey of different categories of disabilities in that area with information on socio, political, economic, geographical factors, the primary areas of focus, operating policies, quantitative/qualitative indicators of achievement, resource and monitoring planning, evaluation documentation/dissemination.

5.12 Community awareness of the aspects of disability, in all its dimensions namely, prevention, early identification, rehabilitation and the rights of disabled is central to all care programmes. Awareness programmes have to be undertaken along with provision of services. It would utilize all the available communication channels and community resources. **The awareness creation has to be on a continuous basis** over long time period to bring about **community level changes**. The role of social animators is vital in this effort. The community awareness would be linked with study of local beliefs and practices and utilize local media resources as well as periodic monitoring of the changes. Communication of information needs to be responsive to the needs of the specific target groups.

Recommendations :

5.13 Keeping in view the above broad approaches for the **welfare, development and empowerment of the Disabled**, the Steering Committee suggests the following **recommendations:**

5.14 General

- To reach **comprehensive rehabilitation** to the hitherto unreached - **the Rural Disabled**.
- To **modify** all preventive, curative and rehabilitation programmes to suit the needs of the **rural areas**.
- To ensure adequate plan allocation by the concern Central Ministries / Departments, there should be **Disability Sub-plan**. Each Ministry/ Department of the Govt. should earmark funds to develop activities concerning persons with disabilities in its area of operation;
- Ensure effective **Implementation of Persons with Disabilities Act, 1995** and thus empower the Disabled with the right to demand for an enabling environment wherein they can enjoy protection of rights, equal opportunities and full participation in various developmental activities of the country;

- Since the majority of the people with disabilities suffer from the twin disadvantages of poverty and disability, it may be ensured that all **poverty alleviation programmes** of Government of India and State Govts. should make a **specific reservation** of financial and physical resources for people with disabilities.
- **Convergence** between Ministries, State Govts. NGOs and other concerned organisations must be the pre-dominant characteristic of all programmes for the prevention of disability, education of children with special needs, out-reach programmes or any other programme meant to provide rehabilitation services to people with disabilities.
- Over-riding attention should be paid for **generating awareness** on the potential of persons with disabilities as well as norms of preventive and early detection programmes, education, vocational training, employment, placement services, concessions and facilities available to persons with disabilities, etc.
- **Comprehensive and area wise disability wise data** to be prepared for formulating need based programmes for the Disabled.

5.15 The **sub-sector wise** recommendations are given below : -

Prevention, Early Detection and Intervention

- A large proportion of disabilities can be prevented through prevention, early detection and intervention. The Tenth Plan should accordingly **reinforce and strengthen preventive measures** through a **multi-collaborative** approach. These include health related interventions like a) **immunization** of infants and expected mothers; b) proper and adequate intake of nutrients including **micro-nutrients**, and **vitamin-A** especially by expectant and nursing mothers, young children and adolescent girls; c) **adequate pre and ante-natal care and safe delivery**; d) immunization against **polio, DPT, BCG** and measles; e) iodization of salt; f) **health education**; g) **road safety measures**; h) **training in using agricultural implements** to prevent disabilities arising out of injuries and other accidents, should be extensively taken up; i) **Corrective surgery** should be taken up in time to prevent permanent disability; j) Focused attention should be given to ensure cleaner **hygienic and better sanitary conditions** and intake of better quality nutrients.
- The impact of pulse-polio campaign during the Ninth Five Year Plan has resulted in a steep decline in the incidence of polio but the incidence of orthopaedically handicapped due to road accidents has risen. In the case of blindness, total blindness prevalent earlier due to lack of proper nutrition has been replaced by low vision on account of deficiency in

micro-nutrients. **Specific measures** need to be undertaken during the Tenth Plan to tackle **new emerging variants of disabilities**.

- Ministries/Departments like Health, Rural Development, Women and Child Development, Urban Development, Panchayati Raj Institutions should take up specific and focused training models on prevention of disability in the **training programmes** especially of their **grass-root level workers**. A **holistic approach** should be adopted for prevention of disability and functionaries in the field should be given training on nutrition so that they can educate people about the ill-effects of mal-nutrition and also advice them the right kind of food for such nutritional supplements.
- **The Girl Child** with disability should be identified and rehabilitation programmes and health needs should be provided on priority basis. **Compulsory annual health check-up** to the children would be introduced in all Government and Private Schools.

Education, Training and Research

- The Tenth Plan should aim to achieve **universalization of elementary education** for children with disabilities through providing opportunities of education in appropriate environment to all children with disabilities without prejudice to the nature, type or extent of disability. Also efforts should be made to **develop a variety of models** according to the needs of different categories of disabled children.
- The predominant mode of education should be **inclusive education** with support services. This is the ideal method of integrating and mainstreaming the disabled children into society. **Special training** for teachers with support facilities made to be developed. To meet the diverse needs of children with various disabilities, multi-model system like **Special Schools, Alternative Schools, non-formal education, home-based education** should also be given priority. The **rural coverage** of special schools is very low. **Every district** should be provided with **one school** accessible to rural disabled children.
- In **every State**, there should be **one school** with suitable infrastructure service for the **children with multiple disabilities**. **Exclusive educational facility** should be considered for **women with disability**. Ministry of Human Resource Development (Department of Education) should prepare a **map of chronic areas** and work out the details for strengthening / **expansion of IEDC programme**. Department of Education should reach the disabled, **particularly, in the rural and tribal areas** where the problems were chronic in nature.

- Children with disability should be provided with **post-matric scholarships** for pursuing higher studies and **overseas scholarships** for those with disabilities having good academic rapport. To improve the enrollment of **girl child** with disability in the integrated as well as special schools, **incentives** for schools attendance should be offered to the parents.
- **Rehabilitation Council of India (RCI)** should take note of rapid advances of special education and other aspects of rehabilitation and **revise the syllabus** to incorporate advanced educational technologies for the disabled children like child to child learning, joyful learning, cooperation learning, child centered education, etc.
- Information technology is playing a crucial role in improving the quality of education imparted to children with special needs. Substantial investment should be made for providing special schools as well as regular schools with necessary equipments to **develop educational programmes** through the use of **appropriate information technology**.
- To provide high level and comprehensive training in special education and rehabilitation, a **College of Rehabilitation Sciences** should be established. A Central Scheme of Scholarships to students with disabilities at the higher education and professional level should be introduced. Disabled women who would like to pursue higher education should be **provided hostels** in every district.
- **Research** in the field of **special education, vocational training and rehabilitation** must be given high priority and at least five per cent of the total allocation on education should be set aside for this purpose. In addition to theoretical and fundamental research, emphasis must be given to the **applied research** including participative and action research methodologies.
- **Research in the area of prevention**, models of care, development of appropriate cost-effective aids and appliances and basic action research should be supported through National Institutes and through groups working with the disabled persons. Applied research should be encouraged through appropriate government departments for modifications of the work environment, tools and instruments used by persons with disabilities.
- **Training of single category and multi-category teachers** in special education should be given high priority. In order to attract and retain high caliber candidates, the salary structure and service conditions of special teachers should be comparable with others.

Vocational Training and Employment

- **Vocationalization of education** of the Disabled should receive attention of the Government. There should be at least one Vocational Rehabilitation Centre (VRC) in each State/UT and the existing VRCs should be modernized to keep pace with emerging market employment needs. The VRCs should also provide guidance and help to persons with disabilities in getting actual placements.
- **A National programme of vocational training and employment** of persons with disabilities in rural areas should be undertaken. Under the Programme, **continuous identification of new self and wage employment** opportunities for persons with disabilities, skill development and employment linked vocational training marketing support – both in purchase of raw materials and sale of products, may be provided. To impart vocational training to **women and adolescent girls** with disability, **specific trades and vocations** should be identified, if necessary, by a Sub-Committee set up by the Department of Women and Child. Families of the Disabled should be actively involved in vocational training so that the economic status of the entire family improves.
- In order to provide economic rehabilitation to **people with severe disabilities** and cases where complete integration may be difficult, supported **Sheltered Workshop-cum-Production Centres** should be established in each State/UT. **National Handicapped Finance & Development Corporation (NHFDCC)** should encourage and support the **establishment of sheltered workshops** for severely disabled persons in each district through appropriate agencies.
- The **Special Employment Exchanges** should play a much more **proactive role**, including liaison with the Government authorities and for implementing job reservation for persons with disabilities. The Ministry of Labour should carry out an evaluation of the performance of the Special Employment Exchanges and special cells periodically.
- The **Government** should ensure that the **reserved quota** for Disabled in Group A, B, C & D services are promptly filled. All Ministries/State Governments and **Public Sector Undertakings** should identify the posts reserved for the Disabled. The Corporate Sector must be encouraged to employ Disabled persons.

National Institutes

- The **Six National Institutes** have contributed in a major way to the development of trained manpower. Though these Institutions are in existence for quite a number of years, they have yet to reach the envisaged national eminence in their functions. They are still in various stages of development. They need to be **strengthened** in their respective fields based on the latest research and developments taking place both inside and outside the country. They need to develop specific programme for **early intervention, prevention and genetic counselling**.
- In order to ensure uniform development of services throughout the country, the National Institutes should **establish close linkages with the State Governments** so as to respond to the specific needs of the region for undertaking human resource development as well as development models of services.
- To deal with the problems multiple disabilities, the **National Institute of Multiple Disabilities** at Chennai should be made functional at the earliest.
- All the **seven NIs** should be merged under **one Umbrella Scheme** to bring out the **synergy and coordination** in their activities. They should devise practical strategies to **extend their services** to the disabled in **rural areas, remote tribal areas, urban slums** and to specific target groups like the Girl Child, the Street Children, the Aged etc.

Technological Development and Accessibility

- An **interactive web** site should be launched for providing information about different Aids and Appliances and technologies. There should be a much greater convergence, **sharing of knowledge** and ideas and joint innovative pursuit between Ministries / Departments like Defence, Space, S&T, Atomic Energy, DRDO and Social Justice and Empowerment.
- All new station buildings, their circulating areas and the platforms should be built following all prescribed norms for making the **railway stations barrier-free** for the persons with disabilities. The **design, development and production** of therapeutic toys, appropriate toys and material that **stimulate the growth** and functional independence for Persons with Disabilities (PWD) should be strengthened.
- Production of assistive devices should be **de-centralized** to help create regional network for distribution of assistive devices. **Special attention** needs

to be paid to designing, developing producing and distributing assistive devices **suiting the needs of women and girls with disabilities**. Further, assistive devices suiting the needs of persons with disabilities staying in hilly and coastal areas should be addressed. Local materials like Bamboo should be used for making low cost appliances.

- The **National Institutes and ALIMCO** should play a key role in application of **scientific developments and innovations** for enhancing accessibility of services to persons with disabilities. They could act as **focal points for convergence** of consumer needs and aspirations and scientific and innovative developments. In order to involve more professionals in developing technologies for persons with disabilities and develop a **pool of experts** in this area, Ministry of Social Justice & Empowerment should institute some exclusive fellowships at leading educational institutions for M.Tech and Ph.D.
- **New categories of employment for the Disabled** have been recently identified. Emphasis should be given on development/ provision of **suitable appliances** for carrying out such jobs with special attention to functionally aspects. A **task force** may be set up to **identify opportunities in Industries** and steps should be taken up to ensure that persons with disabilities are suitably trained in taking up such jobs. ITIs should be used to create virtual class-rooms to train rehabilitation workers and professionals.

Outreach and Extension Services

- The State Sector **National Programme of Rehabilitation of Persons with Disabilities** should be strengthened and expanded to cover all districts and eventually all villages of the country.
- **Identification of rural jobs**, employment linked vocational training, and actual placement services for persons with disabilities, should be undertaken on a **priority basis**.
- **Distribution of aids and appliances** should be so made as to ensure that people in **remote areas** are also adequately covered. Local governments should be encouraged to set up **service centres** for persons with disabilities in every locality and colony with the range of services **varying from day care centres to minor repairs of assistive devices**. These Centres should be self-sustaining by charging an appropriate fee to persons with disabilities. The number of **camps for providing assistive devices** should be **increased substantially** in the rural areas along with corrective surgery and rehabilitative services.

- Disability **rehabilitation** should become an integral part of **grass root and community level** planning and programmes with the active support of parent bodies, community representatives. Community mobilization in favour of **special education and rehabilitation** in the rural areas should be undertaken at an intensive basis by utilizing all modes, including electronic media and information technology.
- Spread of **education to children** with special needs to **rural areas** should be encouraged through the **National Open School** and other **distance learning institutions**.
- In order to ascertain full magnitude of the problem compounded by gender and disability and to empower women with disabilities so that they themselves can cope with the normal challenges of life. National Institutes should open a **Centre for Training and Research in Gender and Disability**.
- **Training modules specially for grass roots functionaries** of the Department of WCD, Ministries of Health, Rural Development, Urban Development etc. should have specific training components on different aspects of prevention, curative and rehabilitative programmes on disabilities.

Voluntary Action

- To mobilize the community and to increase the participation of the families and the persons with disabilities by formation of **self-help groups** at the village and the block level.
- There are **only few NGOs** involved in the outreach and extension services at the grass root level in the **rural areas**. The Government should **assist NGOs technically** to extend their services to block and the village level and network their facilities with the PRIs/Local Bodies.
- Mushrooming of NGOs and **poor quality of services** is a major problem in effective delivery of the programme. The standard of performance and facilities provided by the NGOs need to be **strictly monitored and evaluated**.
- There is an **uneven spread of NGOs between different States**. While providing grant in aid assistance to NGOs, it should be carefully scrutinized that they would be working in needy areas only.
- **Professional NGOs** who have a proven track record and expertise in a particular field of disability should be **identified and strengthened**.

II. REFORMING THE SOCIAL DEVIANTS

5.15 Social deviance, as a form of human behavior that fails to conform to the accepted social norms, has its genesis in the intricate relationship between the individual and the environment with which he/she constantly interacts. As both these variables are dynamic in nature, the interaction between the two which results in social deviants, defies any foolproof theory. Despite this position, it is widely recognized that apart from personally aberrations that make individuals vulnerable to it, **social deviance is largely an offshoot of the dis-organizational process of society itself.** It is, therefore, imperative that the objective should be to tackle the problems of social deviance by considering the recent development in Social Sciences and providing a **deeper understanding of phenomenon of crime.**

5.16 The crime problem results from many factors intricately interwoven with one another. A large number of people in search of livelihood are **migrating from villages** to urban peripheries and are made to live in a **highly sub-human and insecure environment.** Such migrants with low-valued social functions not only **suffer inequity and discrimination** in the sharing of socio-cultural and economic opportunities but are also barred from living a healthy, wholesome and harmonious life. Deprived of even the basic amenities to live with dignity, they are deemed dispensable or parasitic by the establishment. Such individuals are highly prone to criminogenic influence. The phenomena of rising crime has to be tackled effectively through a **multi-pronged strategy involving concerned agencies and by working out strategies of crime prevention within the frame work of social deviants.**

5.17 The **penal approach** towards persons coming in conflict with law under various kinds of **situational compulsions** has to be differentiated from that for those indulging in crime in an **organized manner** as a way of life. Within the overall objective of the reformation and rehabilitation of offenders, the **treatment of prisoners** has to be based on a proper study and diagnosis of prison inmates, a scientific system of classification, a systematic handling of their individual problems, a well planned scheme for **catering to their correctional needs** and an integrated effort to **ensure their rehabilitation in society as law abiding citizens.** Such a course would undoubtedly entail a considerable amount of psychological and social inputs and a vigorous mobilization of community-based welfare resources. While much attention has recently been paid to the modernization of prisons, with an emphasis on security measures and provision of basic facilities for prisoners, the **issues relating to behavioural change and improving the quality of life** amongst them are yet to be addressed. **Women in the prisons** suffer much more than their male counterparts, primarily because of the separation from their families and the intensity of stigma and rejection they face after release. To deal with these problems, the **welfare content of prison programmes should be adequately strengthened.** The problem

of the **Juvenile delinquent, the vagrant and the alcohol and drug abuser** has to be treated on a more **humane and sensitive manner** with the main objective of transforming them into productive and law abiding citizens.

5.18 Among various forms of social deviance, **drug abuse poses a serious threat** to the well-being and welfare of people in the country. There is ample evidence to establish that our country is no more a transit country alone for lethal drugs originating from 'golden triangle' or 'golden crescent'. Apart from schools, a wide range of narcotic drugs and psychotropic substances are reported to be consumed among various population groups. The inter-relationships between **drug abuse and HIV infection** on one side and between drug trafficking and terrorism on the other has compounded the problem. Though India has enacted a **comprehensive legislation to curb trafficking in and abuse of drugs** and taken many a initiative to **reduce the demand**, there is no indication of the **trend being reversed**. Besides strengthening the implementation of the law, the need for expanding and consolidating the **network of awareness generation and the identification, treatment, counselling and rehabilitation of addicts** is being strongly articulated in knowledgeable circles. There is also an urgent need for strengthening an effective mechanism to coordinate efforts on the part of governmental and non-governmental agencies concerned with drug abuse and related issues.

5.19 To have a better understanding of these problems, the **estimation of the magnitude, dimensions and emerging trends of various social problems** needed to be carried out. A definite **shift towards non-institutional services** should be given to deal with the people affected by various social problems. Also, keeping in view the vastness of the country and the magnitude of the problems, there has to be an **increased effort to involve NGOs** in implementation of strategies. For this purpose, it is not only necessary that NGOs with credentials be identified, the terms on which they are to be involved in the approach should be carefully and explicitly spelt out. Simultaneously, a **system of accountability** would have to be established for the NGOs so as to ensure the **effective delivery of services**. Further, involvement of an NGO in a particular area should be, as far as possible, **time specific** and its ultimate goal should be that once the community is capable of taking its own decisions it may shift, to another area of operation preferably where voluntary effort needs invigorating. There is also a need to encourage NGOs to **build up their capacity** so as to stand on their own. Steps should also be taken to forge **coordination and linkages** among NGOs working in a particular area so as to ensure a wide coverage of the target group and effective utilization of the available resources. NGOs also need to be encouraged to forge **linkages with panchayat bodies, local bodies** and other social service departments. State Governments should also work out mechanisms for social auditing of NGOs which could be possible through forming NGO forums and community level bodies.

5.20 While formulating the Tenth Five Year Plan, focus should be given for **consolidation and expansion of existing programmes** and also to give a definite thrust for developing appropriate / suitable services for various categories of Social Deviants. Keeping in view the above broad approaches for reforming the Social Deviants, the Steering Group suggests the following recommendations :

Juvenile Delinquents

- To implement the **Juvenile Justice (JJ) Act, 2000**, effectively, immediate action should be taken for – i) framing the **model rules** at the national level; ii) formation of a **National Task Force** and cell for the implementation of the Act; and iii) creation of essential **infrastructure** for appropriate implementation of the Act. While the new JJ Act is in conformity with the principles of the Convention of Rights of the Child (CRC), other **related legislations also need to be reviewed** such as the Factories Act, 1948, Apprentice Act, 1961, Child Labour Act, 1986 and Immoral Traffic Prevention Act, 1986.
- Despite a set of institutional norms and financial assistance extended by the Central Government, most of the **State Governments were unable to allocate enough matching resources** to implement these standards. States should be asked to **earmark funds** for matching resource. As per the JJ Act, the State Governments should spell out certain **minimum standards** for institutional care in terms of accommodation, maintenance, education, vocational training, development and rehabilitation.
- The involvement of **voluntary action and non-government organization** at various stages of the apprehension, treatment and rehabilitation of juveniles in conflict with law is an essential element of the correctional strategy under the law. The concepts of **'place of safety' and 'fit person/institution'** and the recognition of voluntary institutions as Observation Homes, Special Homes and After-Care organization had yet to materialize in most of the States. This aspect should be taken care of during the Tenth Plan. The help of **Corporate Sector** in assisting Juvenile Homes should be explored.
- A **separate Probation Service** for juveniles would have to be developed as a nucleus, for the community-based care of such juveniles in each State. Apart from their traditional functions of social investigation and supervision of cases, probation officers should also serve as a vital resource for identification, referral and placement of children for adoption, foster care and sponsorship. **Special Juvenile Police Units** should be set up in every district and city. These should include social workers within the community.

Drug Abuse

- The problem of drug abuse should be tackled both by **controlling the supplies** and by **reducing its demands**. India is a transit and consuming country of drugs. For demand reduction far more definite and concrete action is called for.
- Once, the results of the National Survey are available, a **National Policy on Alcohol and Drug Demand Reduction** should be adopted. The Policy may include strategy/approach – supply and demand control measures, awareness generation, counseling, treatment, rehabilitation, international cooperation and manpower development, etc. While the existing De-addiction-cum-Rehabilitation Centres may be consolidated on the basis of certain minimum standards, priority should be given for preparing a map of **affected areas for setting up of new Centres**.
- Success of **prohibitory measures** taken against alcoholic abuse depends heavily on **people's participation** which should be generated through concerned action. In order to coordinate all aspects of alcohol and drug demand reduction and to review the situation and advise the nodal Ministry for appropriate measures, a **Core Committee on Drug Abuse Prevention** should be set up by the Ministry of Social Justice and Empowerment
- To deal with the problem of drug abuse prevention, **training programmes** must be provided for service providers, family, community and others. The **training content** of drug abuse control in the medical profession, social work, nursing profession, prison officials, police should be geared up to **deal with the newly emerging variations** in the problem of drug abuse prevention such as IDU induced HIV/AIDS.
- The focus of the existing **Counseling Centres** for prevention of drug abuse which are being presently supported for identification of the addicts and motivating them for treatment should be shifted to **identify vulnerable and potential high risk groups** in the society and ensuring that they do not fall prey to drug addicts. **Special facilities** need to be created for treatment of groups like **street children, women, sex workers** etc. There should be increase in number of camps in rural areas for **prevention and treatment of addiction**.
- **Rehabilitation** of addicts, or **Whole Person Recovery (WPR)** should be the objective of treatment of the addicts. To ensure effective implementation,

maintenance of **minimum standard and uniformity** in the basic services for Rehabilitation and De-addiction Centers, in-built monitoring and evaluation should be incorporated in all the schemes relating to drug abuse prevention.

- The nexus between **HIV infection and injecting drugs** through shared needles, particularly in the North-Eastern parts of the country should be dealt with on a priority basis with **education and awareness** on the dangers of sharing the needles. Also awareness generation and preventive education should be carried out amongst the school children, sex workers, street children, occupational groups, etc.
- The present system of treatment **relies to heavily on allopathy systems**. The problem of alcohol and drug addiction being more **psychosomatic in nature**, **alternative systems of medicine** which are more holistic in nature such as Ayurveda, Homoeopathy and Yoga need to be more extensively used.

Prison Reforms.

- Special attention may be given to **reducing the over-crowding** in prisons and ensuring **free legal aid** to indigent prisoners. **National Human Rights Commission** has already undertaken the tasks of the **rationalization of the prison legislation** and evolving a framework for correctional treatment which would require a major thrust to be given to the prison reform. **Prison reform** entirely needs to be taken up as a **development activity** under the Plan. **Crime prevention strategy** should be built into various sectors of socio-economic development and some specific measures need to be initiated at community level for **safe-guarding various vulnerable groups**.
- The **welfare of prisoners** has to be based on a thorough study and diagnosis of prisoners, assessment of their correctional needs and provision of appropriate services. For this purpose, prisoners have to be **scientifically classified into homogenous groups**. Keeping in view not only the crimes they committed but also their personality traits and social economic background and the circumstances in which they resorted to crimes.
- During institutionalization, most prisoners, especially those who fall to crime under various kinds of situational compulsions, face a wide range of adjustment problems. It is necessary that the problems of prisoners in terms of their **adjustment to prison discipline** should be dealt with in a **welfare perspective**.
- To deal with the diverse correctional requirements of various types of prisoners, a mechanism should be created to **link up resources** from other Sectors. Also,

appropriate linkages between **prison programmes and community based welfare resources** should be forged in the areas of education, vocational training, spiritual development, mentally sick prisoners, HIV infected prisoners, etc.

- **Ministry of Home Affairs** should take care of all these recommendations as an integral part of the Prison Development programme in conjunction with non-governmental organizations. Though a lot of money is being spent on Prison Administration, the welfare content is less and **major amount of money is being utilized for VIP prisoners**. To look into the problem of prisoners, a **Welfare Unit** should be set up in all the Prisons.

Probation

- To develop 'Probation' as an effective alternative to institutional treatment, **enhanced assistance** may be provided to State Governments for the organization of probation services both for juvenile and adult offenders.
- To tackle the problem of juvenile and adult offenders, the burden on prison and non-institutional services should be reduced by developing and **strengthening probationary services**.

III. CARE FOR THE OTHER DISADVANTAGED

5.21 The present day society has changed substantially and traditional social values and practices are grudgingly yielding place to new. This has adversely affected the place of the older persons in the family and community. The processes of **modernization and urbanization** are transforming the society beyond recognition. With the **break-down of the joint family system** and giving place to nuclear families, individuals have become self-centered. In the changing socio-economic scenario of our society, a large portion of the **economically and physically weak older persons require social support**, emotional and psychological security and community support for wholesome existence. There is thus, an urgent need to supplement the traditional family support system with infrastructure, alternate community and social support system and if necessary, statutory backing to enable the existing socio-economic structures to withstand the stresses and strains and to provide services to make it possible for the aged to live with dignity and respect within the family fold.

5.22 **Institutional care is not only expensive** but also does not cater to the emotional needs, which, in turn, leads to other problems. To tackle this, continuance of provision and financial **public assistance to poor families** in different forms are essential. Services of supporting nature need to be developed at the local level and for this purpose, **local bodies**

in both urban and rural areas should be **strengthened** and accepted as instruments for delivery of services. As the number of Older Persons requiring intervention support is gradually increasing, the Govt. sponsored Welfare Programmes for the Elderly alone cannot provide a complete solution to the problem. The **National Policy on Older Persons**, if implemented with true spirit will make a difference in the lives of older persons. Considering the existing scenario concerning the Older Persons, there is an urgent need to implement the Policy through an **Action Plan and Policy Document**. Publicity and awareness on the issues raised in the Policy needs wider dissemination.

5.23 In view of this, the approach of the **Tenth Plan** towards the welfare of the **Older Persons** shall be to **strengthen and mobilize the immediate social institutions of family** and the community so that they can play their catalytic role in the effective implementation of the programmes. To ensure the well-being of the Elderly, efforts of the Ninth Plan should be **expanded for reaching services to the rural and tribal areas**.

5.24 Most of the children living or found in the streets are **highly vulnerable to abuse and exploitation** and to their eventual induction into crimogenic life. One of the major impediments in having an effective intervention for the amelioration of the condition of the street children appears to be the fact that most of the **States/UTs have no stake for the welfare** of the Street Children. The **Street Children are deprived of the basic amenities** and opportunities for a normal growth and in this process develop attitudes and habits which are not only harmful to themselves but also to the society at large. An effective strategy needed to be formulated to meet their needs. Effective measures should be taken for **mobilization of preventive health services, nutrition support, educational facilities, shelter and hygienic living, counseling, guidance and referral services, organized recreation, for providing Day-care, night shelters and other related services** for the Street Children. Linkages need to be built with related agencies such as voluntary agency, local bodies, Municipal Corporations and Panchayats, etc.

5.25 The changing social scenario due to forces and situations caused by **urbanization, modernization and industrialization** has led to an increase in the number of **orphaned, abandoned, delinquent, neglected and destitute children**. The Tenth Plan strategy should be to extend support to such children through **institutional and non-institutional services** and ensure their physical, psychological and emotional development. Non-institutional support for adoption should be strengthened for the care and protection of the abandoned and orphaned children in a family setting which provides an atmosphere of happiness, love and understanding for the realization of child's talent and potential.

5.26 Priority attention should be given to the **destitute, deserted, widowed, women and children in moral and social danger with special focus on child/women prostitutes, children of prisoners, children of terrorists affected violence, natural**

calamities, etc. The evils of prostitution and its diverse manifestation should be tackled through strict enforcement of law and through building public opinion. The **State level programmes** for the welfare of destitute women and children should be **strengthened** and expanded for meeting the increased need.

5.27 Keeping in view the above broad approaches for caring the **Other Disadvantaged**, the Steering Group suggests the following recommendations :

Welfare of the Aged

- The **National Policy on Older Persons** identified **several areas of concern**, which can make a difference in the lives of Older Persons. Ministry of Social Justice and Empowerment has formulated an **Action Plan** to implement the National Policy. The Policy document including the Action Plan is an umbrella document, which covers all aspects of concerning the needs of aged persons in the changed scenario. The issues which require major intervention include provisions for **financial security, health care and nutrition, shelter- housing protection of life and property and general welfare of the elderly.**
- In view of continuous up-gradation in the quality of lives of Older Persons and non-responsive attitude of the family and society, an **appropriate legislation** should be adopted to define the interests and rights of the Older Persons including the role of Older Persons and responsibility of immediate family, society and State. A legislation called **"Old Age Protection Act"** may be brought out to provide protection and rights to the Aged.
- To ensure implementation of various activities envisaged for the Older Persons in the National Policy, **pressure groups** should be created through appropriate associations at **grass-root level**. In addition, the existing facilities available for Older Persons should be strengthened. Ministry of Health should set up a special **Geriatric Centre in each district hospital**. The PHCs may have **special OPD Counters** for the aged. **Integrated Old Age Centres** should be set up where all facilities – legal medical, financial, counseling etc. will be available. **"HELP LINE"** services should be set up in each district for the Aged, to help solve their problems.
- **Adequate awareness** should be created to encourage young population to prepare for their old age. The advocacy campaign to encourage **saving for old age people** should be carried out by involvement of various organizations those who are working for this purpose. The planning of old age should be during the pre-retirement stage by appropriately organizing **post-retirement counselling programmes** for the employees of various organizations.

- The activities of Aadhar at Central level and activities of Zilla Aadhar, which have been established during the Ninth Plan should be further strengthened and empowered to provide for Older Persons more effectively. For this purpose a detailed training and guidance programme should be initiated wherein specially developed study material could be circulated amongst Zilla Aadhar members and regional conferences to train and update the ZA members could be organized at regular intervals.
- Productive ageing is an important input in the policy for the welfare of the aged. Large sections of the aged population are physically and mentally capable of contributing productively to the economy. The existing financial corporations of the Ministry of SJ & E should incorporate specific schemes to cover Older Persons and extend micro-credit to them.

Children in need of Care & Protection

- The Children in need of Care and Protection is a generic term to include Street Children, Abandoned Children, Orphaned Children, Child Labour, Children who have been Physically and Sexually Abused, Children in conflict with the Law, Children with HIV/AIDS, Children of terminally ill - Parents, Children of Prisoners, Children who have gone through physical and mental traumas such as earthquakes, floods, terrorists' attacks etc.
- Lack of data on Child Protection issues is a major drawback in understanding the magnitude of the problem and for implementation strategies. Currently, there are some estimates in relation to specific categories of children. For example, a UNICEF study (1998) states that there are 400 to 800 lakh Street Children. The last comprehensive study i.e. the seven-city study by UNICEF was undertaken a decade ago. There are no figures available on the number of Children who are Abandoned/Orphaned or Children affected by conflict and disaster, Child Victims of flesh trade etc. Unless the population of different categories of the children in need of care and protection are available, it would not be possible to formulate a comprehensive scheme for their welfare. The Tenth Plan should give priority to a nationwide survey of the magnitude of the problem.

Street Children

- The programme for "Welfare of Street Children" and the programme for "Promotion of In-country Adoption (Shishu grehā)" should be merged into one scheme for "Welfare of Children".

- **Shelter Homes or Short Stay Homes or Drop in Centres (especially night shelters)** require priority attention as the primary objective for welfare of Street children is to provide them a safe place to stay till they can be rehabilitated. Juveniles or young adults, (between 18 to 20 years) should be provided with **After Care Homes** to take care of their rehabilitation, as this age is very vulnerable to crime prone activities. **Special programmes** need to be developed for caring of children with alcohol/drug abuse problems and HIV/AIDS. Only those **vocational training programmes** should be provided to the Street Children through which they will be able to earn a livelihood.
- **The delay in the release of grants-in-aid** to organizations has been a major obstacle in the functioning of the Street Children Scheme. In many cases, NGOs terminated the programme as grants were either not received or got delayed. This has affected the quality of service delivery. **M/SJ&E should take appropriate action.**
- **The CHILD-LINE Services** which receive calls from Street Children as well as other children like child addicts, children with disabilities, children who are abused, etc., are not able to provide adequate services to the child because of the lack of networking facilities and **weak linkages between services**. Cities implementing the City Level Plan for welfare of street children are facing constraints due to **lack of infrastructure/specialized services** for certain groups of children. The **City level Task Force** is not able to evolve a comprehensive city level plan, which is necessary to ensure adequate coverage and delivery of requisite services. This aspects need to be addressed on priority basis.

Child Prostitution

- **Effective measures** for prevention of Child Prostitution either through a **separate legislation** or through the existing legislation with **necessary amendments** should be taken on priority basis. Special schemes to involve non-governmental organizations as accredited Agencies etc. identifying the problem areas and to act as informants and to keep a vigil through preventive programmes should be formulated. The proposed schemes should also include services of counseling and guidance, education and referral services to the children in moral danger. The nodal Department of WCD should be advised accordingly.

Adoption of Children

- **The Central Adoption Resource Agency (CARA) should expand training, sensitization, awareness generation and dissemination of knowledge for different agencies connected with adoption of children such as the judiciary, police, law profession, medical professionals, social institutions etc.**
- **Research and documentation** needs to be upgraded so that information about children in need of care and protection and are available for adoption can be easily ascertained.
- There is need to promote **In-country adoption** especially of the **girl child and mild disabled** through sensitization and awareness generation.
- **The time frame** between identification of a child as eligible for adoption and the ultimate placement of a child in its adoptive home needs to be considerably reduced. For this **procedures need to be streamlined.**
- The possibility of **Foster Care** for children to prevent institutionalization must be explored. It is necessary to develop a reliable model with adequate safeguards for the child.
- The functioning of the NGOs receiving grant in aid for running the Shishu Griha Homes need to be properly **monitored.** The focus should be on placement of as many children as possible in **adoption** instead of running it as an orphanage.

CHAPTER –VI

FINANCIAL REQUIREMENTS

Though the Plan allocations for the Social Welfare Sector in the past were not very substantial in terms of size and percentage to the total Public Sector Outlay, yet it has been progressively increasing from Plan to Plan, besides responding to the emerging situation/needs of its Target Groups, as is evident from the figures given below:

Share of Social Welfare Sector in the Total Public Sector in the Seventh (1985-90) to Ninth Five Year Plan (1997-2002)

(Rs. in Crores)

Sl. No.	Plan	Total Public Sector Outlay	Outlay for SW Sect (Centre and State)	Percentage (Col. 3 to Col..2)
(1)	(2)	(3)	(4)	(5)
1.	Seventh Plan (1985-90)	1,80,000.00	284.39	0.15
2.	Eighth Plan (1992-97)	4,34,100.00	1,857.21	0.43
3.	Ninth Plan (1997-2002)	8,59,200.00	4,553.37	0.53

Source: Five Year Plan Document, Planning Commission

6.2 As could be seen above, the size of allocation for Social Welfare Sector has been raised by 7 times from the Seventh to the Eighth Plan and 2-1/2 times from the Eighth to the Ninth Plan. This was mainly due to the Priority given to Human Development in the Eighth Plan, and the consequential increase in the allocation of resources to Social Sectors, especially to the Welfare-oriented Sectors. The same trend continued in the subsequent Plans also.

Proposals for the Tenth Plan (2002-07)

6.3 Taking into consideration the level of expansion proposed in respect of the Continuing Schemes and the New Starts suggested for the Tenth Plan in respect of all the three areas

of - i) Empowerment of the Disabled; ii) Reforming the Social Deviants; and iii) Caring the Other Disadvantaged, the two Working Groups recommended a total outlay of Rs.4,628.33 crore against the Ninth Plan outlay of Rs. 1,208.95 crore and the likely expenditure of Rs.1,054.37 crore, as per the details given below:

Outlays and Expenditure for Social Welfare Sector during Ninth Plan (1997-2002) and the Proposed Outlay for the Tenth Five Year Plan (2002 -07)

(Rs. in crores)							
Sl. No.	Programme	Ninth Plan (1997-02)		Tenth Plan (2002-07)			
		Outlay	Likely Expd.	Working Group		Steering Committee	
				Recommended Outlay	% age Increase (Col. 5 to Col. 3)	Suggested Outlay	% age Increase (Col. 7 to Col. 3)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1.	Empowerment the Disabled	954.33	775.98	2977.00*	211.99	1375.20 [®]	44.1
2.	Reforming the Social Deviants	152.48	176.31	937.43	514.8	423.14	77.5
3.	Caring the Other Disadvantaged	102.14	102.08	713.90	598.9	317.36	210.7
	Total	1208.95	1054.37	4628.33*	282.8	2115.70[®]	75.0

* Excludes Rs. 1202 crore meant for the NPRPD Programme to be placed in the State Sector.

[®] Excludes outlay for NPRPD of State Sector & Includes Rs. 175.20 crore for New Starts

Note: The proposed allocation for Social Welfare Sector in the Tenth Plan in accordance with the instructions of the P.C. Division to raise by 5-1/2 times over the outlay of the last year of the Ninth Plan (Rs. 343.80 crore) will be Rs. 1890.90 crore.

6.4 Though the Working Group on Empowering the Disabled has originally recommended an Outlay of Rs. 4179 crore (with a break-up of Rs. 2563 crore for the Continuing Schemes and Rs. 1616 crore for the New Starts), the Steering Committee has brought down to Rs. 2997 crore by excluding Rs. 1202 crore proposed for the Scheme of National Programme for Rehabilitation of Persons with Disabilities (NPRPD) as a policy decision was already taken to transfer this Scheme to the State Sector. Thus, against the recommended outlay of Rs. 4,628.33 crore by the Working Groups, the Steering Committee recommends a total outlay of Rs. 2,115.70 crore which is less than 2 times but accounts for an increase of 75 per cent over the Ninth Plan outlay.

ANNEXURE-I

No.PC/SW/1-23(7)/2000
Government of India
Planning Commission

.....

Yojana Bhavan, Sansad Marg,
New Delhi-110 001
Date : 8-12-2000

OFFICE MEMORANDUM

**Sub: Tenth Five Year Plan (2002-07) – Setting up of a Steering Committee on
'Social Welfare'**

.....

In the context of the formulation of the Tenth Five Year Plan (2002-07), it has been decided to set up a **Steering Committee in the field of Social Welfare** with the following Composition :

1. Dr. D.N. Twari,
Member,
In-charge of Social Welfare,
Planning Commission,
New Delhi. **Chairperson**
2. Secretary
Ministry of Social Justice and Empowerment
Shastri Bhavan,
New Delhi. Member
3. Secretary
Deptt. of Women and Child Development
Shastri Bhavan
New Delhi. Member
4. Secretary
Ministry of Health
Nirman Bhavan
New Delhi. Member

5. **Secretary**
Department of Family Welfare
Nirman Bhavan
New Delhi. Member
6. **Secretary**
Department of Education
Shastri Bhavan
New Delhi. Member
7. **Secretary**
Ministry of Labour
Shram Shakti Bhavan
New Delhi. Member
8. **Secretary**
Department of Rural Development
Krishi Bhavan
New Delhi. Member
9. **Secretary**
Ministry of Information & Broadcasting
Shastri Bhavan
New Delhi. Member
10. **Secretary**
Ministry of Science & Technology
New Mehrauli Road
New Delhi. Member
11. **Secretary**
Ministry of Urban Employment &
Poverty Alleviation
Nirman Bhavan
New Delhi. Member
12. **Member-Secretary**
Human Rights Commission
Sardar Patel Bhavan
New Delhi. Member

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|-----|---|--------|
| 13. | Shri J.K. Banthia
Registrar General of India and
Census Commissioner
2-A, Mansingh Road,
New Delhi. | Member |
| 14. | Shri Sharda Prasad
Director
National Crime Records Bureau
East Block-7, R.K. Purma,
New Delhi. | Member |
| 15. | Secretary
Department of Social Welfare
Government of West Bengal
Writer's Building
Calcutta. | Member |
| 16. | Secretary
Department of Social Welfare
Government of Gujarat
Gandhinagar. | Member |
| 17. | Secretary
Department of Social Welfare
Government of Uttar Pradesh
Sachivalaya Bhavan
Lucknow. | Member |
| 18. | Secretary
Department of Social Welfare
Government of Andhra Pradesh
Secretariat
Hyderabad. | Member |
| 19. | Secretary
Department of Social Welfare
Government of Manipur
Imphal. | Member |

20. Prof. R. Srinivasa Murthy,
Prof. & Head,
Deptt. of Psychiatry,
National Institute of Mental
Health and Neuro Science,
Bangalore. Member
21. Shri P.K. Mukhopadhyay,
Department of Social Work,
3, University Road,
Delhi. Member
22. Prof. Vijaya Lakshmi,
Department of Social Welfare,
Andhra University,
Vishakapatnam. Member
23. Dr. S.D. Gokhale, President,
Community Aid & Sponsorship Programme,
1779/84, Sadashivpur, Grutrayee Smarak,
Bharat Scouts Ground,
Pune. Member
24. Smt. Rekha Mammen,
Tata Institute of Social Sciences,
Post Box No.8313, Deonar,
Mumbai. Member
25. Dr. Balu Sankaran,
Orthopedic Consultant,
St. Stephen Hospital,
Tis Hazari Marg,
Delhi. Member
26. Prof. S.C. Handa,
Professor & Head,
Quality Improvement Programme Centre,
University of Roorkee,
Roorkee. Member

27. **Shri Javed Abidi,**
Executive Director,
National Centre for Promotion
Of Employment for Disabled,
25, Yusuf Sarai, Green Park Extension,
New Delhi. Member
28. **Dr. Kaushal Kumar,**
General Secretary Utthan,
18-A, Auckland Road,
Allahabad. Member
29. **Dr. A.B. Bose,**
Ex-Adviser, Planning Commission,
B-200, Yojana Vihar,
Delhi. Member
30. **Dr. Hira Singh,**
Ex-Director, NISD,
183-Munirka Vihar,
New Delhi. Member
31. **Shri Lal Advani,**
President,
Indian Association for Special
Education & Rehabilitation,
A-70, DDA Flat, Saket,
New Delhi. Member
32. **Smt. Vandana Bedi,**
Spastic Society of Northern India,
General Raj School, Hauz Khas,
New Delhi. Member
33. **Smt. T.K. Sarojini,**
Adviser(SD & SP),
Planning Commission. Member Secretary

2. The Terms of References of the Steering Committee will be as follows :
- i) to review the existing approach, strategies and priorities; the on-going policies and programmes in the area of social welfare during the Ninth Five Year Plan and suggest if necessary, alternative strategies, priorities, policies and programmes to accelerate the empowering process ;
 - ii) to review the effectiveness of the existing institutional arrangements for implementation of policies and programmes relating to social welfare, both at Central and State levels and suggest measures to make them more effective;
 - iii) to review the effectiveness of the existing legislations in the field of Social Welfare and their enforcement and suggest corrective measures, where necessary;
 - iv) to assess the role of NGOs and the status of devolution of powers and resources to Panchayati Raj Institutions/Local Self Government Bodies as per the 73rd and 74th Constitutional Amendments and suggest specific measures for their effective involvement in the planning process;
 - v) to suggest an approach and necessary strategies; policies, priorities and programmes along with physical and financial targets in pursuing the commitment of 'Empowering the Disabled', 'Reforming the Social Deviants' and 'Caring the Other Disadvantaged' during the Tenth Five Year Plan (2002-07).
3. The Chairman of the Steering Committee, if necessary, may constitute Sub-Groups on any specific area/problem and also co-opt additional Members.
4. The Steering Committee shall submit its Report positively by 31 May, 2001.
5. The expenditure on TA/DA in connection with the meetings of the Steering Group will be borne by the parent Department/Ministry/Organisation to which the officers belong. Non-official members will be entitled to TA/DA as admissible to Grade-I Officers of the Government of India and this will be paid by the Planning Commission.

Sd/-
(T.R. Meena)
Deputy Secretary(Admn.)

To

Chairman and all Members of the Steering Committee.

Copy to :-

1. PS to Deputy Chairman
2. PS to Member(DNT)
3. PS to Secretary
4. All Heads of Divisions
5. Addl. Adviser(PC & Adnb.)
6. Adviser(SD&WP)
7. PS to Deputy Secretary(Admn.)
8. Administration-I Branch/Accounts-I Branch

Sd/-
T.R. Meena)
Deputy Secretary(Admn.)

No.PC/SW/1-23(7)/2000
Government of India
Planning Commission
(SD & WP Division)
.....

Yojana Bhavan, Sansad Marg,
New Delhi-110 001

Dated : 23rd March, 2001

OFFICE MEMORANDUM

Sub: Tenth Five Year Plan (2002-2007) – Setting up of a Steering Committee on 'Social Welfare'

In continuation of Planning Commission's OM of even number dated 6.12.2000 on the subject cited above, the following inclusion of Members in the 'Steering Committee on Social Welfare' are made :

Inclusion

1. Dr. Janak Pandey, Director
Govind Ballabh Pant Social Institute
Jhusi Allahabad
2. Dr. Veena Pathak
B-30/28-40, Madav Market Colony
Lanka
Varanasi

Chairperson

Member

Sd/-
(T.R. Meena)
Deputy Secretary(Admn.)

To

Chairman and all Members of the Steering Committee.

Copy to :

1. PS to Deputy Chairman
2. PS to Member(DNT)
3. PS to Secretary
4. All Heads of Divisions
5. Addl. Adviser(PC & Adnb.)
6. Adviser(SD&WP)
7. PS to Deputy Secretary(Admn.)
8. Administration-I Branch/Accounts-I Branch

Sd/-
(T.R. Meena)
DeputySecretary(Admn.)

ANNEXURE-II

No. PC/SW/1-23(4)/2000.
Government of India
Planning Commission

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Yojana Bhavan, Sansad Marg,
New Delhi – 110001
Dated: 6-12-2000

OFFICE MEMORANDUM

Sub: Tenth Five Year Plan (2002-07) – Setting up of a Working Group on Empowering the Disabled

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In the context of the formulation of the **Tenth Five Year Plan (2002-07)**, the Chairman of the **Steering Group on Social Welfare** has decided to set up a **Working Group on Empowering the Disabled** with the following composition :

1. Shri Lai Advani,
President,
Indian Association for Special
Education & Rehabilitation,
A-70 DDA Flat, Saket,
New Delhi-(110017). Chairperson
2. Representative,
Deptt. of Women & Child Development,
Shastri Bhavan
New Delhi-(110001) Member
3. Representative,
Ministry of Health,
Nirman Bhavan,
New Delhi-(110001) Member
4. Representative,
Department of Family Welfare,
Nirman Bhavan,
New Delhi-(110001) Member

5. **Representative,
Department of ISM&H,
Red Cross Building,
New Delhi-(110001)** Member
6. **Representative,
Ministry of Rural Development,
Krishi Bhavan,
New Delhi-(110001)** Member
7. **Representative,
Ministry of Labour,
Shram Shakti Bhavan
New Delhi-(110001)** Member
8. **Representative,
Department of Science & Technology,
Technology Bhavan, New Mehrauli Road,
New Delhi-(110016)** Member
9. **Representative,
Department of Elementary Education,
Shastri Bhavan,
New Delhi-(110001)** Member
10. **Representative,
Department of Higher Education,
Shastri Bhavan,
New Delhi-(110001)** Member
11. **Representative,
Ministry of Urban Area & Employment,
Nirman Bhavan,
New Delhi-(110001)** Member
12. **Representative
Ministry of Railways,
Rail Bhavan,
New Delhi-(110001)** Member
13. **Representative,
Ministry of Surface Transport
Transport Bhavan,
New Delhi-(110001)** Member

- | | | |
|-----|---|---------------|
| 14. | Representative,
Social Welfare Division,
Planning Commission, Yojana Bhavan,
New Delhi-(110001) | Member |
| 15. | Chief Commissioner of Disability,
(Government of India),
4, Vishnu Digambar Marg,
New Delhi-(110002). | Member |
| 16. | Chairman,
Rehabilitation Council of India,
23-A, 2nd Floor, Shivaji Marg,
Near Karampura Complex,
New Delhi-(110015). | Member |
| 17. | Director, National Institute for the Visually Handicapped,
118, Rejpur Road,
Dehradun. | Member |
| 18. | Director,
Ali Yavar Jung National Institute for the
Hearing Handicapped, Bandra (West),
Mumbai- (400 050) | Member |
| 19. | Director,
National Institute for the
Orthopaedically Handicapped,
B.T. Road, Bon-Hooghly,
Calcutta. | Member |
| 20. | Director,
National Institute for Rehabilitation
Training and Research,
Olatpur, Bairoi,
P.O. Cuttack Distt.
Orissa - (754 010) | Member |
| 21. | Director
National Institute for the Mentally
Handicapped,
Manovikas Nagar,
Secunderabad-(500009) | Member |

22. Director,
Institute for Physically Handicapped,
4 Vishnu Digambar Marg,
New Delhi-(110002). Member
23. Director,
National Institute of Mental Health
& Neuro Sciences,
Bangalore (Karnataka). Member
24. Chairman & Managing Director,
NHFDC, Red Cross Bhavan,
Opp. Mini Secretariat,
Faridabad-(121007)
(Haryana) Member
25. Secretary,
Dept. of Social Welfare,
Government of Assam,
Bai Bhavan, Pujan Bajar,
Guwahati-(781001) Member
26. Secretary,
Dept. of Social Welfare,
Government of Maharashtra
Mantralaya,
Mumbai-(400032). Member
27. Secretary,
Dept. of Social Welfare,
Government of Jammu & Kashmir.
Civil Secretariat,
Jammu Tawi -(190001) Member
28. Secretary,
Dept. of Social Welfare,
Government of Uttar Pradesh.
Secretariat Annexe,
Lucknow-(226001) Member

- | | | |
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| 29. | Secretary,
Dept. of Social Welfare,
Government of Kerala,
Govt. Secretariat,
Trivandrum-(695001) | Member |
| 30. | Secretary,
Dept. of Social Welfare,
Government of Bihar,
Patna | Member |
| 31. | Dr. M.M.G. Mani,
Director,
Resource & Development Centre,
SRKV College of Education,
Coimbatore-(641020)
(Tamil Nadu) | Member |
| 32. | Dr. Bhushan Punani,
BPA Association,
Dr. Vikram Sarabai Road, Vastrapur,
Ahmedabad-(380015) | Member |
| 33. | President,
All India Federation of Deaf,
Northern Complex,
Rama Krishna Ashram Marg,
New Delhi. | Member |
| 34. | Mrs. Aloka Guha,
Director,
Spastic Society of Tamil Nadu,
Opp.TTI, Tara Mani Road
Chennai -(600113) | Member |
| 35. | Dr. (Mrs.) Uma Tuli,
Director,
Amar Jyoti Trust,
New Delhi. | Member |
| 36. | Joint Secretary (DD),
Ministry of Social Justice & Empowerment.
Shastri Bhavan,
New Delhi. | Convener |

2. **The Terms of Reference of the Working Group will be as follows:**

- i) to **review** the existing approach, strategies, priorities; the on-going policies and programmes and their implementation for the welfare, development and empowerment of the Disabled and **suggest** rationalization/minimization of the on-going programmes and effective inter-sectoral convergence ;
- ii) to **identify** neglected areas and groups; gaps, weakness and bottlenecks in the implementation; and **take note** of the emerging problems/situations related to welfare, development and empowerment of the Disabled in the changing scenario and **suggest** interventions, wherever necessary ;
- iii) to **review** the effectiveness of the implementation of the 'Persons with Disabilities Act, 1995' (now being amended) and other related legislations and **suggest** measures for effective implementation ;
- iv) to **review** the functioning of the Institutional arrangements both at the Central and State levels for implementation of policies and programmes in 'empowering the Disabled' and **suggest** measures to make them more effective;
- v) to **review** and assess the involvement of Panchayati Raj Institutions / Local Self-Government Bodies and NGOs in the implementation of programmes relating to the 'empowerment of the Disabled', and **suggest** measures for their effective involvement in the planning process.
- vi) to **review** the physical and financial achievements in relation to the targets fixed under various programmes for the Disabled during the Ninth Plan and **project** programme-wise requirements, both physical and financial, for 'empowering the Disabled', during the Tenth Five Year Plan (2002-07).

3. **The Chairman of the Working Group, if necessary, may constitute Sub-Groups on any specific area / problem and also co-opt additional Members.**

4. **The Working Group shall submit its Final Report positively by 28 February, 2001.**

5. **The expenditure on TA / DA in connection with the meetings of the Working Group will be borne by the parent Department / Ministry / Organization to which the officers belong Non-official members will be entitled to TA/DA as admissible to Grade – I Officers of the Government of India and this will be paid by the Ministry of Social Justice and Empowerment.**

Sd/-
(T. R. Meena)
Deput. Secretary (Admn).

To

Chairman and all Members of the Working Group.

Copy to:-

1. PS to Deputy Chairman
2. PS to Member (DNT)
3. PS to Secretary
4. All Heads of Divisions.
5. Addl. Adviser (PC & Admn.)
6. Adviser (SD&WP)
7. PS to Deputy Secretary (Admn.)
8. Administration I Branch / Accounts I Branch

Sd/-
(T.R. Meena)
Deputy Secretary (Admn.)

ANNEXURE-III

No. PC/SW/1-23(5)/2000.
Government of India
Planning Commission

Yojana Bhavan,
Sansad Marg,
New Delhi – 110001

Dated : 6-12-2000

OFFICE MEMORANDUM

Sub : Tenth Five Year Plan (2002-07) – Setting up of a Working Group on Reforming the Social Deviants and Caring the Other Disadvantaged.

In the context of the formulation of the Tenth Five Year Plan (2002-07), the Chairman of the Steering Group on Social Welfare has decided to set up a Working Group on Reforming the Social Deviants and Caring the Other Disadvantaged with the following composition :

1. **Smt. Asha Das**
Secretary,
Ministry of Social Justice & Empowerment,
Shastri Bhavan,
New Delhi –(110001) Chairperson
2. Representative,
Department of Women and Child Development,
Shastri Bhavan,
New Delhi –(110001). Member
3. Representative,
Department of Elementary Education,
Ministry of Human Resource Development,
Shastri Bhavan,
New Delhi –(110001). Member

- | | | |
|-----|---|--------|
| 4. | Representative,
Department of Health,
Nirman Bhavan,
New Delhi-(110001). | Member |
| 5. | Representative .
Department of Family Welfare,
Nirman Bhavan
New Delhi-110001). | Member |
| 6. | Representative,
Department of ISM&H,
Red Cross Building,
New Delhi-110001. | Member |
| 7. | Representative ,
Department of Youth Affairs,
Shastri Bhavan,
New Delhi-(110001). | Member |
| 8. | Representative.
Ministry of Rural Development,
Krishi Bhavan,
New Delhi-(110001). | Member |
| 9. | Representative.
Ministry of Home Affairs,
North Block,
New Delhi-(110001). | Member |
| 10. | Representative,
Ministry of Urban Areas and Employment,
Nirman Bhavan,
New Delhi-(111001). | Member |
| 11. | Representative,
Social Welfare Division,
Planning Commission,
Yojana Bhavan,
New Delhi-(110001) | Member |

- | | | |
|-----|--|--------|
| 12. | Representative of Narcotics
Control Bureau,
West Block -I , R.K. Puram,
New Delhi-(110022). | Member |
| 13. | Director,
National Institute of Social Defence
R.K. Puram,
New Delhi-(110022). | Member |
| 14. | Director,
National Crime Records Bureau,
East Block-7, R.K. Puram,
New Delhi-(110022) | Member |
| 15. | Secretary,
Dept. of Social Welfare,
Government of Orissa,
Civil Secretariat,
Bhubaneswar-(751001) | Member |
| 16. | Secretary,
Dept. of Social Welfare,
Govt. of Jharkhand,
Ranchi | Member |
| 17. | Secretary,
Dept. of Social Welfare,
Govt. of Maharashtra,
Mantralaya,
Mumbai-(400032). | Member |
| 18. | Secretary,
Social Justice & Empowerment Dept.
Government of Gujarat,
Civil Secretariat,
Gandhinagar-(382010). | Member |
| 19. | Secretary,
Dept. of Social Welfare,
Govt. of Chhatisgarh,
Raipur. | Member |

- | | | |
|-----|--|--------|
| 20. | Secretary,
Dept. of Social Welfare,
Government of Punjab,
Chandigarh. | Member |
| 21. | Secretary,
Dept. of Social Welfare,
Government of Tamil Nadu
Chennai | Member |
| 22. | Secretary,
Dept. of Social Welfare,
Government of Manipur,
S-Block Secretariat,
Imphal-(795001). | Member |
| 23. | Dr. Hira Singh,
Ex-Director, NISD,
183 Munirka Vihar,
New Delhi-(110067). | Member |
| 24. | Ms. Leila Baig,
Hon. Secretary,
Co-ordinating Voluntary Adoption
Resource Agency,
New Delhi. | Member |
| 25. | Dean and Head,
Department of Social Work,
Jamia Millia Islamia,
New Delhi. | Member |
| 26. | Shri Syid Hamid,
National Council on Older Persons,
Chancellor, Hamdard University,
Sangam Vihar,
New Delhi-(110062). | Member |
| 27. | Prof. B.G. Pandey,
D-5/8 Cavalry Lane,
Delhi University,
Delhi-(110007). | Member |

28. Smt. Jeroo Billimoria,
Child Line India Foundation,
Nanak Chowk, Municipal School,
Second Floor, Frere Bridge,
Near Grant Road Station,
Mumbai - 400007. Member
29. Mrs. Vandana Jain,
Coordinator,
Child Relief and You,
D.D.A. Barat Ghar,
Bapu Park, Kotla Mubarakpur,
New Delhi. Member
30. President / Secretary,
Indian Council of Child Welfare,
4, Deen Dayal Upadhyay Marg,
New Delhi. -110002. Member
31. Maj. Gen. S.S. Sandhu,
Help Age India,
C-14, Outub Institutional Area,
New Delhi -(110016). Member
32. Shri Himanshu Rath,
Agewell Foundation,
M-4, Lajpat Nagar-II,
New Delhi-(682058). Member
33. President,
CHETNA, Second Floor,
Drive-in-Cinema Building,
Ahmedabad-(380054) Member
34. Smt. Bijli Mullick,
Institute of Psychological &
Educational Research (IPER),
27,Circus Avenue,
Calcutta-(700017). Member

35. **Shri Amod Kanth**
Secretary, PRAYAS,
DDA Flats,
Opp. Jahangirpuri Police Station,
Jahagirpuri
Delhi. **Member**
36. **Shri Sanjay Deshmukh,**
Bombay **Member**
37. **Joint Secretary (SD),**
Ministry of Social Justice & Empowerment,
Shastri Bhavan
New Delhi. **Convener**

2. The Terms of Reference of the Working Group will be as follows:

- vii) to **review** the existing approach, strategies; and priorities; the on-going policies and programmes and their implementation in 'Reforming the Social Deviants' and 'Caring the Other Disadvantaged Groups' and **suggest** rationalization/minimization of the on-going programmes and effective inter-sectoral convergence ;
- viii) to **Identify** neglected areas and groups; gaps, weakness and bottlenecks in the implementation and **take note** of the emerging problems/situations related to 'Reforming the Social Deviants' and 'Caring the Other Disadvantaged Groups' in the changing scenario and **suggest** interventions, wherever necessary ;
- ix) to **review** the functioning of the institutional arrangements both at the Central and State levels for implementation of policies and programmes in 'Reforming the Social Deviants' and 'Caring the Other Disadvantaged Groups' and **suggest** measures to make them more effective
- x) to **review** and assess the involvement of Panchayati Raj Institutions / Local Self-Government Bodies and NGOs in the implementation of programmes in 'Reforming the Social Deviants' and 'Caring the Other Disadvantaged Groups' and **suggest** measures for their effective involvement in the planning process;
- xi) to **review** the physical and financial achievements in relation to the targets fixed under various programmes during the Ninth Plan and **project** programme-wise requirements, both physical and financial, in 'Reforming the Social Deviants' and 'Caring the Other Disadvantaged Groups' during the Tenth Five Year Plan (2002-07).

3. The Chairman of the Working Group, if necessary, may constitute Sub-Groups on any specific area / problem and also co-opt additional Members.

4. The Working Group shall submit its Final Report positively by 28 February, 2001.

5. The expenditure on TA / DA in connection with the meetings of the Working Group will be borne by the parent Department / Ministry / Organization to which the officers belong Non-official members will be entitled . TA/DA as admissible to Grade – I Officers of the Government of India and this will be paid by the Ministry of Social Justice and Empowerment.

Sd/-
(T. R. Meena)
Deputy Secretary (Admn)

To
Chairman and all Members of the Working Group.

Copy to:-

9. PS to Deputy Chairman
10. PS to Member (DNT)
11. PS to Secretary
12. All Heads of Divisions
13. Addl. Adviser (PC & Admn.)
14. Adviser (SD&WP)
15. PS to Deputy Secretary (Admn.)
16. Administration I Branch / Accounts I Branch

Sd/-
(T.R. Meena)
Deputy Secretary (Admn.)

**MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT
(WELFARE OF THE DISABLED, SOCIAL DEVIANTS & OTHERS)
SCHEME-WISE FINANCIAL & PHYSICAL ACHIEVEMENTS DURING NINTH FIVE YEAR PLAN (1987-2002)**

Sl. No.	Name of the Scheme/Programmes	FINANCIAL PERFORMANCE (Rs. in crores)										PHYSICAL PERFORMANCE										
		1987-88		1988-89		1989-90		1990-91		1991-92		1992-93		1993-94		1994-95		1995-96		1996-97		
		Expenditure	Receipts	Expenditure	Receipts	Expenditure	Receipts	Expenditure	Receipts	Expenditure	Receipts	Expenditure	Receipts	Expenditure	Receipts	Expenditure	Receipts	Expenditure	Receipts	Expenditure	Receipts	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	
A	WELFARE OF THE DISABLED																					
1	National Institute of Visually Handicapped, Dehradun	12.27	9.25	2.00	0.00	2.00	2.50	2.50	2.25	2.25	2.25	2.50	2.50	-	-	-	-	-	-	-	-	NON QUANTIFIABLE
2	National Inst. of Orthopaedically Handicapped, Calcutta	12.88	6.18	1.75	0.07	1.75	0.00	2.50	2.25	1.12	2.50	2.50	2.50	-	-	-	-	-	-	-	-	NON QUANTIFIABLE
3	National Institute for the Hearing Handicapped, Lucknow	14.05	7.73	1.90	1.25	1.90	0.95	2.90	0.90	2.83	2.80	2.80	2.80	-	-	-	-	-	-	-	-	NON QUANTIFIABLE
4	Working Institute for the Mentally Handicapped, Srirangapatna	18.81	14.48	2.40	2.61	2.40	2.80	3.30	3.30	2.97	2.97	3.30	3.30	-	-	-	-	-	-	-	-	NON QUANTIFIABLE
5	National Institute of Rehabilitation Training & Research, Coimbatore	18.32	16.44	1.98	2.35	1.95	2.41	3.71	4.08	3.80	3.80	4.00	4.00	-	-	-	-	-	-	-	-	NON QUANTIFIABLE
6	Institute of the Physically Handicapped, Meerut	8.20	5.05	0.60	0.10	0.60	0.60	1.50	1.50	1.35	1.35	1.50	1.50	-	-	-	-	-	-	-	-	NON QUANTIFIABLE
7	National Institute for the Multiple Handicapped, Mysore	23.00	1.00	1.90	0.00	1.90	0.00	0.50	0.80	1.00	1.00	1.00	1.00	-	-	-	-	-	-	-	-	NON QUANTIFIABLE
8	Artificial Limbs Manufacturing Corporation, Kanpur	28.20	19.20	3.00	2.65	3.00	3.00	6.35	6.35	6.75	6.00	6.00	6.00	-	-	-	-	-	-	-	-	NON QUANTIFIABLE
9	Scheme of Assistance to Disabled Person for Purchasing/Fitting of Aids & Appliances	108.78	137.74	15.00	8.94	25.00	23.96	30.00	28.42	28.70	28.11	47.28	47.28	-	-	-	-	-	-	-	-	NON QUANTIFIABLE
10	Assistance to Vis. Organisation for the Disabled, Vid. Organisation for Rehabilitation of Leprosy Cure Person *	22.00	17.61	25.00	23.30	1.90	0.65	2.00	1.97	62.29	53.97	55.00	52.13	65.00	65.00	403	542	502	502	502	502	NON QUANTIFIABLE
11	Assistance to Vis. Organisation for Rehabilitation of Leprosy Cure Person *	201.80	237.14	1.00	0.34	9.00	6.05															NON QUANTIFIABLE
12	Assistance to Vis. Organisation for Rehabilitation of Leprosy Cure Person *			2.50	1.35	10.00	4.32															NON QUANTIFIABLE
13	Person With Combat Palsy and Mental Handicap	8.42	6.23	0.90	1.62	1.00	0.88	1.00	0.88	1.00	0.25	3.00	3.00	-	-	-	-	-	-	-	-	NON QUANTIFIABLE
14	Science & Technology Projects in Mentally Handicap			5.00	3.59	0.20	0.14	0.20	0.18	1.45	0.73	1.60	0.99	1.80	1.50	4.00	3.00	3.00	3.00	3.00	3.00	NON QUANTIFIABLE
15	Employment of the Handicapped			23.28	15.24	2.00	1.98	3.00	3.30	7.00	5.43	2.25	2.25	2.25	2.25	2.25	2.25	2.25	2.25	2.25	2.25	NON QUANTIFIABLE
16	Indian Spinal Injury Centre			26.41	12.81	0.83	0.91	3.00	3.00	16.50	1.95	7.00	3.75	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	NON QUANTIFIABLE
17	Rehabilitation Council of India			13.25	80.00	1.25	0.00	1.25	0.00	10.00	4.90	44.00	44.00	42.00	42.00	42.00	42.00	42.00	42.00	42.00	42.00	NON QUANTIFIABLE
18	National Trust for Persons with Mental Handicap																					NON QUANTIFIABLE

* These Schemes have been merged into a single scheme viz Scheme for Promoting Voluntary Action for persons with Disability.

Sl. No.	Name of the Scheme/Programme	FINANCIAL PERFORMANCE (Rs. in crores)													PHYSICAL PERFORMANCE							
		MAY 1991			1987-88			1988-89			1989-90			2000-01			Units	Achievements				
		Qty	Value	%	Qty	Value	%	Qty	Value	%	Qty	Value	%	Qty	Value	%		(87-88)	(88-89)	(89-90)	(2000-01)	
18	Regional Handicrafts Finance and Marketing Scheme	226.40	61.20	28.00	13.30	28.90	28.00	20.00	10.00	72.00	0.00	13.00	9.60	11.00	1.00	18	114	202				
19	Mass Communication Programme for Promotion of the Commission for Promotion with Disability	2.30	4.15	0.35	0.75	0.50	0.75	0.50	0.51	0.51	1.02	1.50	1.50	1.50	-	-	-	-	-			
20	Office of the Commissioner for Promotion with Disability	7.44	1.70	1.00	0.80	1.90	0.12	6.50	0.33	1.90	0.25	1.90	1.00	1.00	-	-	-	-	-			
21	Medical Rehabilitation Programmes for the Disabled	94.05	104.60	0.05	0.80	15.90	0.00	5.00	5.00	40.00	55.99	43.61	43.61	43.61	-	-	-	-	-			
22	Implementation of the Persons with Disabilities Act, 1986	104.14	21.23	15.00	0.60	2.98	0.00	3.50	3.50	17.75	4.08	13.75	13.75	13.75	-	-	-	-	-			
23	Specialized Computer Resource Centres	0.00	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
24	Supportive Computer Centres	0.00	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
25	Supportive Computer Centres	0.00	0.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
26	Support to children with Disability (Self-Training)	984.23	773.88	1.91	106.44	66.60	414.64	107.64	179.80	134.80	320.61	317.78	282.20	289.16	1.01	1.01	-	-	-			
SCHOOL DEFENCE LABOUR CO-OPERATIVE																						
1	Education Unit for Production and Drug Abuse	80.00	82.86	17.95	11.32	16.00	15.15	20.00	19.03	18.50	20.66	22.50	22.50	22.50	-	-	-	-	-			
2	Schemes of Prevention and Control of Juvenile Smoking	41.24	49.74	2.00	4.31	8.90	11.95	10.00	10.45	12.12	10.53	12.50	12.50	12.50	-	-	-	-	-			
3	Central Adoption Resource Agency	3.26	3.24	0.20	0.19	0.10	0.07	1.00	0.48	2.80	0.51	2.30	2.30	2.30	-	-	-	-	-			
4	Scheme for Welfare of Street Children	32.88	35.61	6.00	3.48	8.00	5.18	9.00	7.84	9.00	7.33	12.00	12.00	12.00	1650	2670	2210	461	-			
5	Audience to Scheme for Literate and Young	8.00	10.47	1.00	0.77	3.90	7.32	2.00	1.57	2.70	1.88	5.00	5.00	5.00	230	315	281	324	-			
6	National Institute of Social Education	5.60	7.67	0.75	0.60	2.00	0.71	2.00	1.21	2.25	2.13	3.90	3.90	3.90	-	-	-	-	-			
7	Audience to Vol. Org. for providing Social	7.50	10.58	0.31	0.37	2.00	0.52	3.00	3.00	1.06	2.75	4.00	4.00	4.00	-	-	-	-	-			
8	Distance Services	56.42	52.08	12.50	6.14	15.90	7.75	15.00	10.80	8.00	12.39	15.90	15.90	15.90	-	-	-	-	-			
9	Grant to aid for Research Studies and	2.14	1.72	0.50	0.25	0.50	0.34	0.50	0.36	0.50	0.27	0.50	0.50	0.50	-	-	-	-	-			
10	Research and Mass Education Cell	16.80	17.73	2.50	2.32	3.90	3.99	3.50	3.42	4.50	4.00	5.00	5.00	5.00	-	-	-	-	-			
11	Scheme to Support Research	0.48	0.48	0.55	0.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-	-	-	-	-			
12	Audience to all India Vol. Orgs. in the	0.00	0.00	0.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-	-	-	-	-			
13	Grant to aid to School Social Work	0.00	0.00	0.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-	-	-	-	-			
TOTAL (A+B)		2501.88	2713.28	149.40	87.21	200.64	153.32	343.50	332.88	327.88	390.28	432.80	432.80	432.80								

Sources: Ministry of Social Justice & Empowerment.
Fig. from SAC/Adm., Govt. Secy, Chandigarh

