

CHAPTER-15

SOCIAL WELFARE

Introduction

Social Welfare sector is responsible for the welfare, rehabilitation and development of the Persons with Disabilities, the Social Deviants, and the Other Disadvantaged who require special attention of the State because of the disabilities and vulnerabilities they suffer from.

2. While there is no information about the size of the population of these target groups, the National Sample Survey Organization (NSSO) made a rough estimate of the size of the Disabled as 16.15 million in 1991, representing 1.9 per cent of the country's total population. Similarly, in respect of Social Deviants, sample studies indicate that there were about 1.0 lakh adult sex workers and 0.39 lakh child sex workers in 1991; 0.17 lakh juvenile delinquents in 1993; and about 2.48 lakh drug addicts in 1998. Among the Other Disadvantaged Groups, street children numbered around 4.15 lakhs in 1992 and the population of Older Persons (60+) is expected to be 68.51 million by the year 2000.

Commitments of Ninth Plan

3. The approach to Social Welfare in the Ninth Five Year Plan is distinct from earlier Plan approaches because it seeks to adopt altogether a different strategy, specific to each

Box No.1
Approach through a 3-fold strategy
Social Welfare in the Ninth Plan is distinct from the earlier plans as it advocates a 3-Fold Strategy, specific to each individual Target Group viz.:
<ul style="list-style-type: none">• Empowering the Persons with Disabilities;• Reforming the Social Deviants; and• Caring the Other Disadvantaged.

Individual Group viz. i) Empowering the Persons with Disabilities; ii) Reforming the Social Deviants; and iii) Caring the Other Disadvantaged. Policies and programmes for the three vulnerable groups are in line with this three-pronged strategy and receive special attention.

4. While reaffirming the earlier commitment of making as many disabled as possible active, self-dependent and productive members of the society, the Ninth Plan also has specific strategies to tackle increasing problems of social mal-adjustment e.g juvenile delinquency / vagrancy, abuse, crime, exploitation, etc. Increasing / emerging problems of alcoholism, drug addiction, HIV Aids etc. will be addressed through strict enforcement of laws to prohibit / restrict the production and usage of alcoholic drinks with necessary punitive measures; and expand the services of preventive, curative and rehabilitative services

through counseling; running de-addiction camps / centers, etc. The problems of elderly will be dealt with by extending services of health-care, financial security, shelter, welfare etc.

Review of the Policies and Programmes

I. Empowering Persons with Disabilities

5 . To ensure social justice to the disabled on equitable terms, the Central Government enacted a comprehensive legislation viz . - The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995. The PD Act which came into force in 1996 aims to empower the persons with disabilities with a 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. A beginning has been made to implement this innovative legislation with a special focus on rehabilitation of the rural disabled.

6. The policy envisages a complete package of welfare services to the physically and mentally disabled individuals and groups. It also seeks to deal effectively with the multi-dimensional problems of the disabled population. Set up in line with this policy are six National Institutes: , (i) National Institute for Visually Handicapped, Dehradun; (ii) National Institute for the Orthopaedically Handi-capped, Calcutta; (iii) Ali Yavar Jung National Institute for the Hearing Handicapped, Mumbai; (iv) National Institute for the Mentally Handicapped, Secunderabad; (v) National Institute for Rehabilitation, Training and Research, Cuttack; and (vi) National Institute for Physically Handicapped, New Delhi. All these institutes offer a variety of long term training programmes: three year Degree courses in Physiotherapy, Occupational Therapy, Mental retardation,

Box No. 2

Empowering the Persons with Disabilities : Commitments of the Ninth Plan (1997-2002)

- Effective enforcement of Persons with Disabilities Act, 1995 – a comprehensive legislation with both legal and developmental perspective for Persons with Disabilities.
- Create an enabling environment for persons with disabilities to exercise their rights for equal opportunities and full participation.
- Reach the Rural Disabled, who have been neglected so far.
- Prevent disabilities through i) supplementary nutritional feeding and immunization of both children and expectant / nursing mothers; ii) early detection; and iii) timely intervention.
- Adopt a special strategy of CBR (Community-Based Rehabilitation) through families / self-help groups / communities.
- Strengthen / expand special schools and vocational training programmes with barrier-free environment.
- Earmark 3% benefits under various employment-cum-poverty alleviation programmes like Swarna Jayanti Gram Swarajgar Yojana (SG-SY) & Swarna Jayanti Shahari Rojgar Yojana (SJ-SRY) .
- Set up a National Trust to ensure total care and custodianship of those with Mental Retardation and Cerebral Palsy.

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.

7. To cater to the needs of the rural disabled, these National Institutes would also work in close collaboration with organizations, governmental and non-governmental, to give a major thrust to develop training and service models specially suited to the demands and needs of the disabled in rural areas. At present, the National Institutes are paying more attention to building up technical manpower through degree and diploma courses. However, their role in the area of research and development and up-gradation of services in the States has been very limited. In order to develop cost effective aids and appliances, research and development activities of various Institutes need strengthening. The activities of these National Institutes also need to be evaluated so as to diversify / modify training programmes and make them more relevant to the available job opportunities and review their activities from the point of their usefulness, coverage and cost effectiveness.

8. In order to simplify and streamline procedures besides enlarging the scope of activities in line with the commitments of the PD Act, 1995, four on-going schemes were merged: i) Assistance to Voluntary Action for the Disabled Persons; (ii) Assistance to Voluntary Organization for the Rehabilitation of Leprosy Cured Persons; (iii) Assistance to Voluntary Organizations for starting Special Schools for Handicapped Children ; and (iv) Assistance to Voluntary Organization for Persons with Cerebral Palsy and Mental Retardation. Those schemes have been amalgamated into one single 'Integrated Scheme to Promote Voluntary Action for Persons with Disability' in 1998 with a common objective promotion of voluntary efforts for the welfare and development of persons with disabilities. This re-cast umbrella scheme does indeed incorporate all the components of the earlier schemes; but it also proposes to cover new areas viz.- legal aid and legal counseling ; support facilities for sports, recreation, excursions, creative and performing arts; promotion of research in various developmental areas, establishment of well equipped resource centers, etc. The scope of the revised scheme has been amplified to such an extent that any voluntary organization working for ameliorating the plight of the disabled is funded.

9. 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 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 to have 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; it has been able to achieve substantial increase in turn-over and cut its cash losses during 1997-99. Yet the 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.

10. As for employment / placement needs of the disabled, the existing arrangement for notifying vacancies through the normal and special Employment Exchanges has proved to be a failure. It needs to be reviewed therefore whether the scheme of Special Employment Exchanges should remain with the Ministry of Social Justice & Empowerment or it should go to the Ministry of Labour and the scheme is revised to become effective in achieving its objectives. For now, in fact, these Exchanges have become more or less defunct. Although there is 3 per cent reservation in Group A to 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. There is a need to ensure that all reserved vacancies for the Disabled are filled on a priority basis and information about such vacancies is widely circulated through print and electronic media to reach out to potential candidates especially in rural areas.

11. To offer cost-effective aids and appliances, an inter-disciplinary science and technology (S&T) effort continued in close collaboration with Defence Research and Development Organization and Department of Science and Technology as well as the Ministry of Social Justice & Empowerment. As a result, various aids have been developed like Floor Reaction Orthosis (FRO), Socket for Lower Limb Amputees, Prosthetic Foot and Calipers made of fibre-reinforced plastics. Application of S&T made significant contributions to help overcome limitations imposed by the disability and improve their personal capacities; yet 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.

12. The Rehabilitation Council of India (RCI) -- set up in 1986 -- has been playing an important role in ensuring quality of service in the crucial area of manpower development and enforcing uniform standards in training professionals and giving recognition to them in the field of re-habilitation of the disabled. In addition to its normal activities, RCI has been engaging itself in the training of special educators and medical professional / personnel. This 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 existing provisions.

13. While the State Governments / UTs are in the process of gearing up their machinery to implement the PD Act, 1995, multi-sectoral efforts at the Central level have already been initiated to translate the Act into action. (See Box No. 3).

Box No. 3

Implementation of PD Act, 1995 in Partnership with the Line Ministries / Deptts.. Ministry of Health and Family Welfare

- Prevention of disability through various programmes like leprosy eradication, blindness control, immunization etc.

Department of Education

- Extending Integrated Education for the Disabled at 14,523 schools.
- Developing Teacher's Training Programme for persons with disabilities.
- Supply of books, uniforms and other materials to the school going Disabled.

Ministry of Labour (DGE&T)

- Running of 17 Vocational Rehabilitation Centres (VRCs) for the persons with disabilities
- Services to the rural disabled through 11 Rural Rehabilitation Extension Centres
- Organizing training courses for promotion of employment of the disabled.

Ministry of Urban Development

- Evolving Model Norms and Space Standards 'for barrier-free in- built environment'.

Ministry of Rural Development

- Reservation of 2% of benefits in all Poverty Alleviation Schemes.
- Utilisation of 3% of Jawahar Rozgar Yojana (JRY) funds for creation of barrier-free infrastructure

Department of Personnel and Training

- Implementing 3% reservation of jobs for the disabled in Group A, B, C &D services.

Department of Women and Child Development

- Supplementing nutrition through Integrated Child Development Services (ICDS) benefiting about 25 million children and 5 million mothers.
- Conducting training courses for Anganwadi Workers and ANMs for early detection and timely prevention of disabilities.
- Extending health and nutrition education to children and mothers.

The nodal Ministry of Social Justice & Empowerment

- Monitors the progress of the implementation of PD Act, 1995 through an the exclusive mechanism of Central Advisory Board and through the Inter-Ministerial Coordination Committee
- Constituting 5 Core Groups of Experts to make recommendations and formulate schemes giving effect to various provisions of the PD Act.
- Launching of a National Programme for Rehabilitation of Persons with Disabilities in the State Sector.
- Setting up of 6 Regional Composite Resource Centres (RCRC) to cater to all categories of the Disabled.
- Setting up of 4 Rehabilitation Centres for the Spinal Injured and other Orthopaedically Disabled with Italian funding.
- Setting up of a National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental and Multiple Disabilities.

II. Reforming the Social Deviants

14. The nodal Ministry of Social Justice and Empowerment has been implementing a scheme for Prevention and Control of Juvenile Mal-adjustment since 1986-87. The basic

<p>Box No. 4</p> <p>Reforming the Social Deviants : Commitments of the Ninth Plan</p> <p>i) To tackle the increasing problem of maladjustment:</p> <ul style="list-style-type: none">▪ Effective enforcement of the Juvenile Justice Act (JJ Act), 1986 in close collaboration with both governmental and non-governmental organizations▪ Maintain minimum standard of services in the various mandatory institutions set up all over the country under JJ Act, 1986▪ Encourage more and more voluntary organizations to extend welfare-cum-rehabilitation services as part of reforming the children who come in conflict with law <p>ii) To control / reduce the ever increasing/emerging problems of alcoholism, drug addiction through -</p> <ul style="list-style-type: none">▪ Launching of various awareness generation programmes to sensitize the people, especially the younger generation to make them conscious of the ill effect of these problems▪ Expanding the services of preventive, curative and rehabilitative services through counseling; running de-addiction camps / centres.▪ Developing an integrated strategy involving all concerned to curb the ever increasing and inter-related problems of drug-addiction and HIV/AIDs▪ Launching of awareness generation programmes/campaigns to educate / sensitize and make the people, especially the younger generation conscious of the ill effect of these problems.
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objective of this scheme is to provide full coverage of services in all the districts of the country as contemplated under the Juvenile Justice Act, 1986 (JJ Act). But, unfortunately, the mandatory specialized institutions under the JJ Act, 1986 are never maintained properly largely due to inadequate professional staff to man them. Many States are not able to avail themselves of the provisions of the centrally sponsored scheme because of their inability to contribute a matching share of 50%. The participatory approach in implementing the Act also needs to be revised so that expertise in the field, both governmental and non-governmental, can be made use of.

15. Chief among some of the gaps in implementation were inadequate juvenile justice infrastructure, its appalling conditions, low priority given

by the State Governments and lack of trained manpower. These had attracted the attention of Parliament and the media. Also, the National Human Rights Commission expressed its concern over tardy implementation of the Act and the 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 '*An Integrated Programme for Juvenile Justice*;' also, a *Juvenile Justice Fund* has been set up to bring about qualitative improvement in the infrastructure. For the first time, the Corporate Sector also came forward by offering its mite for the Social Defence services; a first Home of its kind under this Project has been taken up in Delhi.

16. A scheme for Prohibition and Prevention of Drug Abuse was launched in 1985-86 as a Central Plan Scheme to educate the community and create awareness about the ill-effect of these evils; provide motivational counseling, treatment and rehabilitation of drug addicts and work for their social re-integration; and to promote community participation and public cooperation for drug demand reduction. But the limited coverage has not been able to take the scheme to the needy groups and needy areas. States in the North Eastern region deserve special attention.

17. In fact, the State Governments have not developed ownership of this programme even though the spread of drug addiction and its lethal combination with HIV / AIDs have serious implications for them. At the back of this indifference is the centralized implementation and the scheme is in need of de-centralisation; activities of selection of NGOs, disbursement of funds, carrying out inspections, monitoring and valuation – these should be institutionalized at the District level with the State Social Welfare Department exercising nodal responsibility for it all. Eventually, the Scheme is best implemented by the Panchayati Raj Institutions and local bodies and they should set up facilities for de-addiction and rehabilitation and seek assistance of NGOs to manage those facilities.

Box No. 5

**Caring The Other Disadvantaged :
Commitments of the Ninth Plan**

- Adoption of a National Policy for Older Persons
- Strict enforcement of the related legislations to curb the social evils like prostitution, beggary etc.
- Deal with the ever increasing problem of Street Children
- Strengthen the immediate social institutions of 'Family' and the 'Community' so that they play a catalytic role in the effective implementation of various programmes for the Older Persons.

III. Caring the Other Disadvantaged

18. To bring about a qualitative improvement in the services to Older Persons, the scheme of Assistance to Voluntary Organisations for Welfare of the Aged was revised in 1998 to make it very flexible. The new scheme - '*An Integrated Programme for Older Persons*' - promises to meet diverse needs of the Aged including reinforcement and strengthening of the family and

awareness generation on issues related to the Aged. As many as 238 old age homes, 487 Day Care Centres, 40 Mobile Medicare Units and 3 Projects of non-institutional services for the older persons are operational under the scheme.

19. The Government also announced a National Policy for Older Persons in January 1999. The principal areas of intervention envisaged by the Policy include financial security; health care and nutrition; shelter / housing; education, training and information; protection for life and property; provision of appropriate concessions, rebates and discounts to Older Persons; a Welfare Fund and a National Council for Older Persons. 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 areas is neglected. To over-come this, , there is a need to mobilize human and financial resources for the community in a big way.

20. Also, there is no rationale for a Central Sector Scheme for Older Persons, which should legitimately be in the State Sector. In fact, such a scheme should be run by the Panchayati Raj Institutions because it 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. The Central Government should concentrate on formulating policies/ programmes, dovetailing policy prescriptions with sectoral planning, arranging for training, coordination and serving as a clearing house for ideas / suggestions for innovative experiments. Keeping in view the National Policy, services of supportive nature need to be developed at the local level; for this purpose, NGOs and local bodies in urban and rural areas should be strengthened and accepted as instruments for delivering these services.

21. In 1998, the Government also revised scheme for the welfare of street children to make for a broad based approach to their problems. Now named '*An Integrated Programme for Street Children*,' the revised scheme assists a wide range of initiatives which cover shelter, nutrition, health-care, sanitation and hygiene, safe drinking water, education, recreational facilities and protection against abuse and exploitation.

22. The Integrated Programme for Street Children is now being operated in 29 cities; about 112 voluntary organizations are involved in the programme. One of the important initiatives taken for the welfare of the children during 1998-99 was establishment of a *Child Line Service* in several cities. Child Line is a 24 hour free phone facility to all (by dialing the number 1098 on the telephone). It brings emergency assistance to the child; and based upon the needs, the child is referred to an appropriate organization for long-term follow-up care.

23. Despite the continuous efforts of the Government, street children continue to be in a precarious situation in all dimensions of life - civic, economic, social and culture. Any action to improve their lot, then, must be multi-faceted. They 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. Voluntary organizations which are already engaged in this area should be encouraged to look into this problem. The city level Task Force proposed under the scheme is not acting effectively; it needs to be strengthened for effective linkages and coordination.

State Sector Programmes

24. In the State Sector, there is a wide variety of social welfare programmes depending upon the nature and magnitude of those problems in different regions / States in the

country. In a few States (mainly BIMARU States), Social Welfare programmes continue to be weak and lack perspectives. These need to be re-oriented keeping in view the emerging social problems and changing socio-cultural milieu of the region. In some States, social welfare programmes continue to be administered by more than one Department. The administrative machinery in several States is still continuing with a 'welfare-oriented' approach which is not equipped even to formulate proper schemes. Adequate attention is not given to induction of trained professionals / social workers and establishment of linkages with grass-root level workers and institutions. Also, the feedback from States / UTs continues to be dismal. As a result, no meaningful assessment is ever possible of the impact of various policies and programmes. To deal with the increasing and the most challenging problems relating to women, children and other social defence groups, the States / UTs should make special efforts to induct trained / professional manpower not only to formulate meaningful and need-based programmes but ensure effective implementation of those programmes. State-level social welfare administration needs to be reoriented with an inter-disciplinary mix of personnel, taking into consideration the policy / programme specifics and objectives.

Role of NGOs

25. Keeping in view the vastness of the country and the magnitude of the problems, NGOs have been involved in the implementation of various Social Welfare programmes. Their role has been to function as motivators / facilitators to enable the community to chalk out an effective strategy for tackling social problems. However, there are a few drawbacks in the implementation through NGOs, viz. namely - **i)** rigid rules and procedures; **ii)** most of the NGOs working in social welfare are urban based ; and **iii)** uneven spread of NGO services in various States / regions of the country. To overcome this situation, NGOs with credentials should be identified and a system of accountability established. Further, the NGO's involvement 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, the NGO should shift to another area of operation, preferably where voluntary efforts need strengthening. There is also a need to encourage NGOs to build up their capacity to stand on their own. Also, steps need to be taken to forge coordination and linkages amongst NGOs working in a particular area; that will make for a wider coverage of the target group and effective utilisation of the scarce resources available. Finally, to ensure that the existing social welfare programmes do reach the rural areas, it is imperative that the NGOs should try and develop linkages with Panchayats, local bodies and other social service departments.

Resource Position

26. Towards the fulfilment of the Ninth Plan commitments, the Government has been implementing many policies and programmes for the well-being of the disabled and the social welfare groups. There exists a total Ninth Plan outlay of Rs. 1,208.95 crore for this (Rs. 954.33 crore for the disabled and Rs. 254.62 crore for social defence). Under

the State Sector, the Ninth Plan outlay for the social welfare sector (inclusive of women and children) is Rs. 3,349.62 crore, as per details given below :

Social Welfare : Outlays & Expenditure during Ninth Plan

(Rs. in crore)

Sector	Ninth Plan (1997- 2002)	1997-98 (Actuals)	1998-99 (Actuals)	1999-2000		Likely Exp. (1997- 2000) (Col.3+4+ 5)	%age (Col. 7 to Col.2)	Balance (2000- 2002) (Col. 2- 7)	%age (9 to Cc
				BE	RE				
1	2	3	4	5	6	7	8	9	10
1. Central Sector	1208.95 (100.00)	87.01	153.64	245.00	207.05	447.70	37.03	761.25	62.9
- Disabled	954.33 (78.94)	56.66	107.72	180.00	148.27	312.65	32.76	641.68	67.2
- Social Defence	254.62 (21.06)	30.35	45.92	65.00	58.78	135.05	53.04	119.55	46.9
II State Sector@	3349.62 (100.00)	503.02*	621.72	740.65	NA	1865.39**	55.69	1484.23	44.3

Note:Figure in parenthesis indicate the percentages.

@ Includes outlays for women and children

*** Revised estimates.**

**** Revised estimates + BE (1999-2000)**

27. The pace of progress during first three years of the Ninth Plan would show an expenditure of Rs. 447.70 crore (37.03%) has been incurred against a total Central Sector outlay of Rs.1,208.95 crore; that leaves a balance of Rs. 761.25 crore (62.97%) for the remaining two years of the Plan. The shortfall by 20 per cent (considering 60 per cent as ideal expenditure for three years) is mainly due to delays in the launching of two new schemes viz., Implementation of the Persons with Disability Act (Rs.104.14 crore) and National Programme for Rehabilitation of Persons with Disabilities (Rs. 9,4.05 crore). However, action is now being expedited to get these two programmes launched during the current financial year itself. For the Social Welfare Sector for States / UTs, the Ninth Plan outlay is of Rs.3,349.62 crore and an amount of Rs. 1,865.39 crore has been spent during the first three leaving a balance of Rs. 1,484.23 crore for the remaining period (2000-2002) of the Plan.