

CHAPTER 4.3

OTHER SPECIAL GROUPS

INTRODUCTION

4.3.1 The fast changing socio-economic scenario in the country and its impact on urbanisation, industrialisation and modernisation of the economy has resulted in increasing trends of rural-urban drift in search of livelihood. This, in fact, has tended to put a strain on the already limited urban facilities, resulting in serious problems of over-crowding, emergence/increase in slum/pavement dwellers, unemployment, poverty, destitution etc. All these factors have exposed the vulnerable and the disadvantaged to the increasing incidence of social deviance and maladjustment. The traditional social structures like the joint family system, and their accompanying support services, and societal checks and balances which hitherto regulated social behaviour and extended care and protection to these Groups are no longer forthcoming. Consequently, the welfare and development needs of these Groups have now become the major responsibility of the State.

4.3.2 Thus, these Other Special Groups requiring care and protection of the State include - Persons with Disabilities, viz., loco-motor, visual, hearing, speech and mental disabilities; the Social Deviants who come in conflict with law viz., juvenile delinquents/vagrants, drug addicts, alcoholics, sex workers, beggars etc; and the Other Disadvantaged viz., the aged, children in distress such as street children, orphaned/abandoned children etc.

DEMOGRAPHIC PROFILE

4.3.3 Except for the Disabled (barring the mentally disabled) and the Aged for whom Population Census is undertaken, there is no authentic data available regarding the size of the

Other Special Groups. An added constraint is the uneven geographical spread of these groups, and the absence of precise definitions regarding the characteristics and composition of certain groups, e.g. street children, mentally disabled etc.

Persons with Disabilities

4.3.4 Persons with Disabilities are defined as those suffering from 4 types of disabilities viz. visual, loco-motor, hearing and speech and mental disabilities. No Census since Independence, barring the 1981 and 2001 Census, has ever enumerated the population of Disabled. As the 2001 Census figures are not yet available, one has to depend on the occasional sample surveys of the National Sample Survey Organisation (NSSO). The NSSO's countrywide surveys on the magnitude of the problems of disability show that the disabled population (excluding the mentally disabled) increased from 13.67 million (1.8 per cent of total population) in 1981 to 16.36 million in 1991 (1.9 per cent). Pending the availability of figures of the 2001 Census, the disabled population (estimated) in the country has been placed at 20.54 million, representing 2 per cent of the total population. Table 4.3.1 gives the magnitude and the size of various disabilities, as revealed by the NSSO Surveys of 1981 and 1991 and the estimated figures of 2001.

The Social Deviants

4.3.5 The social deviants include alcoholics and other substance abusers, beggars, juvenile delinquents, adult and child sex workers. 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

Table - 4.3.1
Population of the Physically Disabled Persons (excluding Mental Retardation) during 1981-2001

(Figures in million)

Type of Disability	1981*	%	1991**	%	2001***
(1)	(2)	(3)	(4)	(5)	(6)
Loco-motor (with or without other disability)	5.43	39.7	8.04	49.2	10.1
Visual (with or without other disability)	3.47	25.4	3.63	22.2	4.6
Hearing (with or without other disability)	3.02	22.1	2.92	17.8	3.7
Speech (with or without other disability)	1.75	12.8	1.77	10.8	2.2
Total	13.67 (1.8)	100.0	16.36 (1.9)	100.0	20.5 (2.0)
Disabled (with more than one of the 4 disabilities mentioned above)	-	14.5	-	12.4	-

Note : Figures in parentheses indicate the percentage of the Disabled to the total population of the country.

Source : * NSS 36th Round;

** NSS 47th Round;

*** Estimated on the basis of the figures derived from the Annual Report 2000-01 of the Ministry of Social Justice & Empowerment. An average 2 per cent of the population is estimated to be disabled (other than mentally disabled) and inter disability break-up is assumed at 1991 levels.

absence of information on the size of the population of these Groups, one has to depend upon the data generated either by the occasional surveys or by research studies. According to the Selected Socio-Economic Statistics (2000) of the Central Statistical Organisation (CSO), New Delhi, there were 18,500 juvenile delinquents in the country in 1999. Similarly, the survey conducted by the Central Social Welfare Board (CSWB), New Delhi in 1991 in the six metropolitan cities of Kolkata, Mumbai, Chennai, Delhi, Hyderabad and Bangalore indicated a figure of 100,000 women sex workers and 39,000 child sex workers in these cities. In the case of the drug addicts, the United Nations International Drug Control Programme, New Delhi, in its Report on Drug Demand Reduction - South Asia in 1998 had estimated that about 3 million persons are addicted to different kinds of drugs.

The Other Disadvantaged

4.3.6 The improvement in nutrition and health facilities has had a direct impact on the changing demographic scenario and age structure in terms of decline in the crude death rate from 25.1 in 1951 to 9 in 1999. Thus, the population of the Older Persons (60+ years) has increased from 42.5 million in 1981 to 55 million in 1991 and is now placed at 70.6 million in the 2001 Census, representing 6.9 per cent of the country's total population. In absolute numbers, the population of the Aged has registered a very significant increase of nearly 70 per cent in the last two decades. In the coming years also, the country will continue to face an aging demographic profile. In case of the other disadvantaged groups, such as street children, estimates are based on research studies and surveys. Table 4.3.2 indicates the size of the population of these groups:

Table – 4.3.2
Estimated Size of the Population under Other Disadvantaged Groups

(In million)

Sl.No.	Groups	Population
(1)	(2)	(3)
1.	Child Workers *	11.29
2.	Aged **	70.57
3.	Street Children #	0.42

Source : * Annual Report, 2000-01, Ministry of Labour, GOI, New Delhi.

** Report of the Technical Group on Population Projection, 1996, Registrar General of India, GOI, New Delhi.

As per survey conducted by Ministry of Social Justice & Empowerment, in collaboration with UNDCP, UNICEF, 1988-93 in 8 metropolitan cities of Bombay (Mumbai), Calcutta (Kolkata), Madras (Chennai), Bangalore, Ahmedabad, Delhi, Kanpur and Indore.

CONSTITUTIONAL PROVISIONS : THE STRENGTH AND SUPPORT

4.3.7 The State's commitment towards the well being of the disadvantaged/deprived sections of society is evident from the specific constitutional provisions made in favour of these Groups. Article 14 of the Constitution of India guarantees that no person will be denied equality before the law. The State is directed to offer relief and help to the disabled and the unemployable, vide Entry 9 in the List II of Seventh Schedule. Article 41 states that the State shall, within the limits of its economic capacity and development, make effective provisions for securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness and disablement. In order to control the harmful effects of addictive substances, Article 47 enjoins the State to prohibit the consumption of intoxicating drinks and drugs injurious to health and raise the level of nutrition and standard of living to improve public health.

POLICIES AND PROGRAMMES : A REVIEW

4.3.8 Deriving strength and support from the Constitutional commitments, the State brought into effect many policies and programmes to improve

the lot of the Welfare Groups, right from the First Plan (1951-56). The first step in this direction was setting up of a national level apex body, the CSWB in 1953 to look after the welfare interests of the disabled. In the Second and Third Plans (1956-61 and 1961-66), welfare activities for the disabled were further expanded through extension of basic services like education and rehabilitation facilities. The State's intervention in the social defence sector was initiated through enacting important legislations for the care and protection of women, girls and children in distress and in social and moral danger. A Central Bureau of Correctional Services (CBCS) was set up in New Delhi in 1961 for conducting research and training besides helping the Government to formulate need-based policies and programmes for the social defence groups.

4.3.9 The Fourth and Fifth Plans (1969-74 and 1974-78) saw further expansion of welfare activities for the disadvantaged groups. Apart from strengthening the CSWB, the three National Institutes – one each for the Blind (later changed to Visually Handicapped), Deaf and the Orthopaedically Handicapped were also set up to take care of specialised research, training and designing exclusive aids, appliances and programmes for each individual category. To help the disabled in placement services, Special Employment Exchanges came into being. Prevention of disabilities received its first impetus with the launching of Integrated Child Development Services (ICDS) in 1975. Under this, a package of 6 services viz. health check-ups, immunisation, supplementary feeding, referral services, non-formal pre-school education and health and nutrition education were provided to children under 6 years and expectant and nursing mothers. The Sixth and Seventh Plans (1980-85 and 1985-90) saw a significant regional focus and growth in the programmes and services for the disabled. These included the support to District Rehabilitation Centres, Regional Rehabilitation Training Centres, and setting up of two more National Institutes viz., the Institute for Physically Handicapped and the National Institute for Rehabilitation, Training and Research. A major achievement in this period was raising the status of the CBCS to that of a national apex body and renaming it as the National Institute of Social Defence.

4.3.10 Human development being the main thrust of the Eighth Plan (1992-97), the well being of the emerging problem groups such as street children, drug addicts, child sex workers, destitutes, aged came into the serious reckoning of the planned development, giving rise to specific programmes for the welfare and development of these groups. The landmark legislation for the disabled viz. The Persons with Disabilities (PWD) (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 also came into action by bringing into sharp focus the State's responsibility to empower the disabled with equal opportunities, protection of rights and full participation in the country's development process.

4.3.11 In the Ninth Plan (1992-97), the earlier paradigm shift in approach from 'welfare' to 'development' was moved further to 'empowerment' which is more holistic by including both welfare and development perspectives. In the Ninth Plan, the approach to Social Welfare was both different and distinct from the earlier Plans, as it sought to adopt a three-fold strategy specific to each individual Group viz., i) Empowering the Persons with Disabilities; ii) Reforming the Social Deviants; and iii) Caring for the Other Disadvantaged through various preventive, curative, rehabilitative and developmental policies and programmes, as discussed below:

Persons with Disabilities

4.3.12 The Ninth Plan reaffirmed the earlier commitment of making as many disabled as possible active, self-reliant and productive contributors to the national economy through the enactment of the comprehensive legislation viz. the PWD Act, 1995. This Act, which came into force in 1996, aims to empower the disabled with the right to demand an enabling environment wherein they can enjoy protection of rights, equal opportunities and full participation in various developmental activities of the country. To give added thrust to the various provisions and the institutional framework, besides including a few additional features to empower the disabled, the Government attempted to bring forth a few amendments to the Act. The proposed amendments advocate a multi-collaborative approach through delineation of responsibilities to the concerned Ministries/

Departments and introduction of some special features like affirmative action, social security and a barrier-free environment to strengthen further the empowering process of the disabled.

4.3.13 The PWD Act provides for a wide range of activities which include - prevention and early detection of disabilities; safe living and working environment of the disabled; pre-natal and post-natal care for the mother and child; right to free education for every child; increase in employment opportunities by reserving 3 per cent jobs in poverty alleviation programmes and Government jobs; affirmative action like allotment of concessional land; research and manpower development; social security provisions such as unemployment allowance and insurance within the limits of economic capacity etc.

4.3.14 The implementation of the PWD Act, 1995, being a multi-sectoral and collaborative endeavour of all the concerned Ministries/Departments, efforts were made by all the partner Ministries/Departments with the nodal Ministry of Social Justice & Empowerment playing a lead role, to adhere to the prescriptions of the Act. The progress achieved during the Ninth Plan is summed up below:

Social Justice and Empowerment

4.3.15 In consonance with the policy of providing a complete package of welfare services and to deal effectively with the multi-dimensional problems of the disabled population, the nodal Ministry of Social Justice and Empowerment has been implementing a variety of programmes for their treatment, rehabilitation, welfare and development. The five National Institutes viz. - the National Institute for the Visually Handicapped, Dehradun (1979); the National Institute for the Orthopaedically Handicapped, Kolkata (1978); National Institute for the Hearing Handicapped, Mumbai (1983); National Institute for the Mentally Handicapped, Secunderabad (1984) and National Institute for Multiple Disabilities (being set up in Chennai) and the two apex level Institutes, viz. the National Institute of Rehabilitation, Training & Research, Cuttack (1984) and the Institute for the Physically Handicapped, New Delhi (1976) continued to develop technical manpower through full-fledged courses in various aspects of prevention, education, treatment, rehabilitation for the disabled

and provide outreach and extension activities to needy areas such as slums, tribal belts, semi-urban and rural areas. Out of the total Ninth Plan outlay of Rs. 103.83 crore, Rs. 59.08 crore was spent for providing the above said multifarious services to the Disabled.

4.3.16 The Indian Spinal Injuries Centre (ISIC), New Delhi, one of the premier institutions of excellence, provides comprehensive treatment, rehabilitation services, vocational training and guidance to patients with spinal injury. Poor and indigent patients with various types of spinal injuries and problems were benefited by the free services offered by the ISIC with the continuing support from the Government for maintaining 30 free beds as well as the out-patient services. An expenditure of Rs.15.06 crore was incurred against the Ninth Plan outlay of Rs. 23.28 crore for providing in-patient facilities to 1,000 patients and 11,000 patients with OPD facilities, annually.

4.3.17 The Rehabilitation Council of India (RCI) was set up in 1986 to ensure quality of service in the crucial area of licensing, accreditation, recognition and enforcing minimum uniform standards for rehabilitation professionals in the field of disability. During the Ninth Plan, the RCI developed/approved 59 short/long-term training programmes for 16 categories of rehabilitation professionals, registered 18,182 professionals/personnel in the Central Rehabilitation Register and gave recognition to 154 institutions for training of rehabilitation professionals. In 1998-99, RCI also started Bridge Courses in 21 states through 120 institutions for training of Special Teachers and rehabilitation workers who do not have any formal training in the field of disability. While 48 per cent of these courses were held in rural areas, an average of 500-600 persons were trained every month. The orientation course in Disability Management for Medical Officers/Para-Medical Staff working in Primary Health Centres (PHC) is being operated in 19 states and has so far trained 1,980 medical officers. Of the total outlay of Rs. 26.41 crore for the Ninth Plan, a sum of Rs. 12.01 crore was spent for regulating, monitoring and training of rehabilitation professionals.

4.3.18 The Artificial Limbs Manufacturing Corporation (ALIMCO), Kanpur, set up in 1976,

manufactures and supplies Aids and Appliances to the disabled. During the Ninth Plan, the Corporation set up 4 Auxiliary Production Centres in Bhubaneswar, Jabalpur, Rajpura (Punjab) and Bangalore to increase production and sale of wheel chairs and tri-wheelers to the orthopaedically disabled. Its regional marketing centres in Kolkata, Chennai, Mumbai, Delhi and Bhubaneswar help to market its products through dealer network and also distribute aids and appliances under the Assistance to Persons for Purchase of Aids and Appliances (ADIP) programme to individual beneficiaries. ALIMCO, which was earlier running on losses made significant achievements by improving its performance during the Ninth Plan and achieving a turn-over of over Rs. 74 crore. Of the Ninth Plan outlay of Rs. 28.20 crore, the expenditure was Rs. 17.60 crore to manufacture 21 lakh aids and appliances. Under the ADIP scheme, financial assistance is provided to voluntary organisations for providing aids and appliances and holding exhibitions and workshops, especially at the district levels. Against the total Ninth Plan outlay of Rs. 109.78 crore, a sum of Rs. 133.80 crore was spent on assisting NGOs for organising camps where these aids and appliances are distributed and fitted.

4.3.19 The National Handicapped Finance Development Corporation (NHFDC), instituted in 1997 as an apex level financial institution for routing funds through channelising agencies in States/UTs, promotes economic development through self-employment for the economic rehabilitation of the disabled. The Corporation provides loans to persons having disabilities of 40 per cent or more and whose annual income does not exceed Rs. 1 lakh per annum in urban areas and Rs. 80, 000 in rural areas. Under the micro-financing scheme of NHFDC, loans up to 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 provided loans to Parents' Associations of mentally retarded persons to set up income-generating activities for the benefit of mentally retarded persons. Out of the total Ninth Plan outlay of Rs. 226.40 crore, a sum of Rs. 51.30 crore was spent, benefiting 9,755 disabled persons. (Outlays for two years, 2000 to 2002 were not released to the Corporation as it was able to fund its programmes through its own internal resources).

4.3.20 To help persons with disabilities in getting placements, 40 Special Employment Exchanges and 41 Special Cells have been in action all over the country. There were 54,076 disabled job seekers on live registers of all the Employment Exchanges and Cells in the country during the Ninth Plan, of whom 5,706 were offered placements. Out of the total Ninth Plan outlay of Rs. 5 crore, a sum of Rs. 3.61 crore was spent for running the exclusive Employment Exchanges for the Disabled. This Scheme is now being transferred to the state sector.

4.3.21 In order to simplify and streamline procedures besides enlarging the scope of activities, four on-going schemes viz. – assistance to voluntary organisations for disabled persons, rehabilitation of leprosy-cured persons, rehabilitation of persons with cerebral palsy and mental retardation and assistance for starting special schools for handicapped children were merged into one single Umbrella scheme called 'Promote Voluntary Action for Persons with Disabilities' in 1998. The recast umbrella scheme also covers new areas like providing legal aid, recreation, research, etc. Out of the total Ninth Plan outlay of Rs. 201.80 crore, a sum of Rs. 232.99 crore was spent for assisting 600 organisations and benefiting 63,629 persons.

4.3.22 As part of implementation of the PWD Act of 1995, a few programmatic interventions were launched during the Ninth Plan. They included the following :

- The National Programme for Rehabilitation of Persons with Disabilities (NPRPD) was launched in 1999-2000 as a state sector programme. The scheme envisages support to State Governments for setting up of hierarchical service delivery systems for rehabilitation of persons with disabilities starting from district level. So far, over 100 districts have been identified for this purpose and 82 districts are being financially assisted. An expenditure of Rs. 104.13 crore was incurred against the Ninth Plan outlay of Rs. 94.05 crore to ensure local capacity building for the much-needed rehabilitation structure right from grassroot levels.
- Another scheme to set up six Composite Regional Centres was also launched in 1999-2000 to act as extended arms to the existing national-level institutions. These Centres would undertake a package of functions including human resource development, research and technology inputs, as well as rehabilitation services for all categories of the disabled at the regional level. Five such Composite Regional Centres have started functioning at Srinagar, Lucknow, Bhopal, Guwahati and Sundernagar. For those with spinal injuries requiring treatment and long time specialised rehabilitation services and management for life, four Regional Rehabilitation Centres are being set up with technical know-how from ISIC. These Centres are expected to be functional soon at Jabalpur, Mohali, Bareilly and Cuttack.
- The much-neglected problems of the mentally disabled received special priority with setting up of the National Trust for the Welfare of the Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities in Delhi in 1999. The Trust, which is a statutory body, will primarily seek to uphold the rights, promote development and safeguard the interests of these groups and their families. To facilitate activities to be taken up by the Trust, a Corpus Fund of Rs. 100 crore was instituted. The National Trust is implementing an Umbrella Scheme called 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 centres, augmentation of home visits, etc. To ensure that these services reach the target groups, 257 local level Committees were set up at the district level to monitor and review the progress of the scheme. The National Institute for Multiple Disabilities, shortly to come up in Chennai, will provide technical support to the Trust in terms of training, research, curricula and other technological developments.

4.3.23 Besides the above specific programmes, a number of other measures were also undertaken by

the nodal Ministry of Social Justice & Empowerment to streamline the administrative and institutional mechanisms and to constitute various committees/expert groups and formulate procedural guidelines to assist in implementing the provisions of the PWD Act, 1995. These include review of inter-sectoral achievements by the Statutory Committees set up under the Act, viz., the Central Co-ordination Committee and Central Executive Committee; Committee under the Director-General of Health to review guidelines for evaluation of various disabilities; Expert Committee to review identification of posts for the disabled; Standing Committee of Secretaries to continuously review the provisions for reservations in jobs for the disabled; Committee of Experts for identifying jobs in the private sector, which recommended 120 occupations at the Senior Management level and 945 occupations at the skilled/semi-skilled and unskilled levels, suitable to be handled by the disabled; suitable modification of guidelines for issue of identity cards to the disabled to include disabled soldiers; and disposal of 1,470 petitions regarding the rights and demands of the disabled by the Office of the Chief Commissioner for Persons with Disabilities.

Health

4.3.24 A number of on-going national health programmes, which have a direct bearing on the prevention and reduction of incidence of various disabilities, at the PHC level were continued and expanded to uncovered areas. As Cataract is the leading cause of blindness amongst 55 per cent of the visually handicapped, an average of 3 to 3.5 million operations were conducted annually during the Ninth Plan under the Cataract Blindness Control Project component of the National Programme for Control of Blindness, against the 1.6 million operations per year in the Eighth Plan. Other interventions for prevention of blindness included the upgradation of equipment and other facilities in PHCs, district hospitals, mobile units etc. and assisted programmes for technical training, surveys, and super specialty research in this field. India accounts for 70 per cent of the global recorded leprosy cases, of which 20 per cent are children. To tackle this problem, 12.76 million cases have been treated under the National Leprosy Eradication Programme, of which 8.90 million cases were cured

with Multi Drug Therapy. Other programmes for prevention of disabilities included - National Immunisation Programme for eradication of Pulse Polio and the National Iodine Deficiency Disorder Control Programme to reduce the incidence of mental/neuro-motor defects. As a result of the Pulse Polio programme, the incidence of polio cases has reduced from 2,275 to 270 and coverage of oral polio vaccines increased from 89 per cent to 93 per cent of the target group during the Ninth Plan.

4.3.25 A pilot project against micro-nutrient malnutrition was also implemented in a number of states to improve the iron and vitamin-A status amongst school-going children, mothers, women and the aged etc. in order to prevent problems of low vision. To ensure health of the mother and child, the Reproductive and Child Health (RCH) programme laid emphasis on pre-natal and post-natal health check-ups/screening of the mothers. The Indian Council of Medical Research (ICMR) has constituted a Task Force for the Prevention of Disability among pre-school children which will include a module on screening of children for detection of inherent or potential disabilities.

4.3.26 The National Mental Health Programme conducted training programmes and Information, Education and Communication (IEC) activities under the District Mental Health Programme in 22 districts covering 20 states to educate the public about the treatment and rehabilitation of the mentally disabled. Workshops were also held to lay down minimum standards of care in mental hospitals in order to improve and upgrade the services there.

Women & Child Development

4.3.27 The ICDS network was utilised to help the family, especially mothers to ensure effective health and nutrition care, early detection and timely treatment of ailments. Special attention was paid to meet the health, nutritional and educational needs of children below 6 years, pregnant women and nursing mothers for their holistic development, especially those residing in the most backward rural and tribal areas and slums and those living below the poverty line. These integrated child development services will, in fact, help the children to get into the right path right from the pre-school age. The programme benefited 54.3 million

children (0-6 years) and 10.9 million mothers through 5,652 projects. The National Institute of Public Cooperation and Child Development (NIPCCD) has also drawn up an action plan for conducting training/orientation programmes in the field of disability for the grassroot-level ICDS workers. The revised guidelines and the training curricula for Anganwadi workers incorporate a module on the prevention and early detection of disabilities among children. A Core Group on 'Women and Children with Disabilities' consisting of experts, Non-Government Organisations (NGOs) and officials was set up in 1998 to formulate schemes for providing Working Women's Hostels for the Disabled Women and Crèches for their Children, including disabled children.

Education

4.3.28 The National Policy on Education, 1986 (revised in 1992), advocates equal educational opportunities for persons with disabilities through the programme of Universalisation of Elementary Education. In 2000, the Department of Education introduced another umbrella scheme called Sarva Shiksha Abhiyan, which aims at providing elementary education to all children including the disabled in the age-group 6-14 years by 2010. As part of this programme, the District Primary Education Programme (DPEP) continued its efforts for integrated education for the disabled children, including a distance education component, in the rural areas. In the secondary education sector, the programme of Integrated Education for Disabled Children (IEDC), covering 28 States/UTs catering to around one lakh disabled students in 22,000 schools continued to provide educational opportunities for disabled children in regular schools by giving them the special inputs to facilitate their retention. Special education handbooks for the hearing and visually impaired children have been developed to facilitate their education.

4.3.29 To encourage more children to avail of educational facilities, the Kendriya Vidyalaya Sanghathan reserves 3 per cent of seats for the disabled. Suitable modifications were also made in the examination systems to help disabled children perform better with extended time and amanuensis for blind students. The curriculum is also being restructured by NCERT, especially in the case of imparting science education for visually impaired

persons. To enable disabled children with good academic record to continue their education, the University Grants Commission (UGC) provides 30 scholarships to disabled persons every year. It also introduced two special schemes - Teachers Preparation in Special Education and Higher Education for Persons with Special Needs — with the aim of developing a band of trained teachers for the disabled. Separate modules for training of resource teachers and orientation of general teachers has also been taken up in collaboration with the RCI. The UGC has also enhanced reader allowance to Rs. 6,000 per month to blind teachers working in colleges. To integrate the physically disabled into the mainstream of technical and vocational education, 50 polytechnics have been identified which will benefit 1,250 students with disabilities in diploma level courses and 5,000 students in the technical/vocational courses.

Urban Development

4.3.30 The Swarna Jayanti Shahari Rojgar Yojana (SJSRY) and its two special schemes, - Urban Self Employment Programme (USEP) and the Urban Wage Employment Programme (UWEP) seek to provide gainful self and wage employment with requisite vocational and entrepreneurial skills to the urban poor. This includes 3 per cent reservation of the benefits for the disabled. As part of providing a barrier-free environment for the disabled, the symbols/signages related to the built environment within the public building premises have been specified in the 'Model Building bye-laws' and circulated to all the State Governments, District Collectors and Project Officers requesting them to provide barrier-free facilities in all important public buildings. In this context, the Central Public Works Department (CPWD) organised training programmes on a barrier-free environment to sensitise architects and engineers.

Labour

4.3.31 To empower the disabled to secure gainful employment, Vocational Rehabilitation Centres (VRCs) were specially set up and 3 per cent seats in the Craft Training programmes of the Industrial Training Institutes (ITI) reserved for the disabled. Currently, there are 17 VRCs functioning in 16 state capitals, of which the VRC at Vadodara is exclusively

for disabled women. These Centres evaluate the capacities of the disabled, provide them adjustment training, facilitating their early economic rehabilitation and assist them in obtaining other suitable rehabilitation services such as job placement, training for self-employment etc. The performance of VRCs during the Ninth Plan showed that 71,359 disabled clients were evaluated and 20,093 clients (28.2 per cent) rehabilitated. Rehabilitation services were also extended to the disabled living in the rural areas through mobile camps and Rural Rehabilitation Extension Centres set up in 11 blocks under 5 VRCs located at Mumbai, Kolkata, Kanpur, Ludhiana and Chennai.

Rural Development

4.3.32 Earmarking of 3 per cent of benefits for the persons with disabilities under various poverty alleviation programmes like Jawahar Gram Samridhi Yojana (JGSY) and Employment Assurance Scheme (EAS) under the mega scheme of Sampoorna Grameen Rozgar Yojana (SGRY), Swarnajayanti Gram Swarozgar Yojana (SGSY), Indira Awas Yojana (IAY) etc. were made as the entry points to reach the rural disabled. During the Ninth Plan, 6,801 disabled persons were assisted under SGSY through self-employment and organising the disabled people into Self-Help Groups (SHGs) and their capacity building, training, planning of activity clusters, infrastructure build-up, technology and marketing support. To enable easy access of credit, a revolving fund of Rs. 25,000 for each Viklang Sangam has been set up and about 414 Group Leaders trained under the Viklang Bandhu Scheme for group economic activities. Besides this, the Council for Advancement for Peoples' Action and Rural Technology (CAPART) also sanctioned financial assistance to eligible projects. A pilot programme was undertaken in 5 districts in the states of Andhra Pradesh, Kerala, Madhya Pradesh, Orissa and Uttar Pradesh to provide training and self-employment to disabled persons. Special instructions were also issued that all houses constructed under the IAY and JGSY programmes should be made barrier-free.

Department of Personnel & Training

4.3.33 The Department of Personnel & Training provides reservation of 3 per cent of posts for the

disabled in Groups C and D in Government and Public Sector undertakings. In the case of Groups A and B, preference is given to the Disabled at the time of recruitment in the identified posts. Other concessions include relaxation in age and standards. The Staff Selection Commission and the Department of Personnel & Training (DOPT) also conducted a Special Recruitment Drive in 1997 for the appointment of visually impaired persons in Group C posts already notified by the various Ministries/Departments.

Science & Technology

4.3.34 The scheme of Science & Technology Project in Mission Mode was launched in 1988 to undertake research and development in appropriate and innovative technological appliances for the benefit of the disabled. The Scheme provided assistance for the development of suitable and cost-effective aids and appliances during the Ninth Plan and thus improve the mobility and enhancement of employment opportunities in the field of manufacture of over 30 aids and appliances/products such as inter-pointing Braille writing frame, speech synthesiser, modular below knee prosthesis, photovoltaic battery charger etc.

Planning Commission

4.3.35 To create a wide-spread awareness about the management of the disabled and disabilities amongst all those working for them including the parents, the Planning Commission brought out two publications in 2002 viz. 'A Handbook for Parents of Children with Disabilities' and 'A Handbook – Schemes for Children with Disabilities : Role of the Panchayati Raj Institutions'. While the first publication aims to equip the parents with the management of children with disabilities and also to manage the disabilities through early detection, prevention and treatment based on family and Community Based Rehabilitation, the latter advocates the role of PRIs in empowering the children with disabilities and also in the implementation and monitoring of various preventive, curative and rehabilitative programmes.

4.3.36 The inter-sectoral achievements under the implementation of the PWD Act, 1995 during the Ninth Plan period are summed up as below:

Sl. No	Ministry/ Department	Progress made under PWD Act, 1995
(1)	2	3
1.	Social Justice & Empowerment	<ul style="list-style-type: none"> ● Setting up of 6 Regional Composite Resource Centres for all categories of disabled ● Setting up of 4 Regional Rehabilitation Centres for those with spinal injuries ● Expansion of the on-going programmes viz. - training rehabilitation and outreach services by the existing 7 National and Apex level Institutes; registering of 18,182 rehabilitation professionals by the Rehabilitation Council of India (RCI); manufacture of 2.1 million aids and appliances by Artificial Limbs Manufacturing Corporation; benefiting 9,755 disabled persons to set up income-generating activities by National Handicapped Finance Corporation; reaching rehabilitation services, special school facilities etc. through 600 voluntary agencies to 63,629 disabled ● Monitoring the progress of the implementation of the PWD Act, 1995 through the Statutory mechanism of Central Co-ordination Committee and Central Executive Committee ● Setting up of the National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities with a corpus of Rs. 100 crore; launching of an umbrella scheme by the Trust for long-term care and rehabilitation of the mentally disabled and their families ● Setting up of state-level apex institutions for rehabilitation of the disabled at district/village level in 82 districts under the 'National Programme for Rehabilitation for Persons with Disabilities' ● Setting up of a Committee under the Director General of Health Services to review guidelines for the evaluation of various disabilities ● Constitution of a Standing Committee of Secretaries to continuously review the provisions for reservation of jobs for the disabled ● Identification, by a Committee of Experts, of 120 occupations at the senior management and 945 occupations at skilled/semi-skilled levels in the private sector suitable for the disabled ● Disposal of 1,470 petitions received from the disabled by the Chief Commissioner for Persons with Disabilities
2.	Health	<ul style="list-style-type: none"> ● Over 113 lakh cataract operations conducted between 1997-2001 under the Cataract Blindness Control Project; 522 District Blindness Control Societies set up for treatment and prevention of blindness

		<ul style="list-style-type: none"> ● 12.76 million leprosy cases registered and 8.9 million cases cured under the Multi Drug Therapy Programme ● Prevention of iodine deficiency disabilities through higher production of iodized salt, awareness programmes and distribution of test kits under the National Iodine Deficiency Disorder Control programme ● Reproductive and Child Health Programmes to un-reached areas; number of polio cases reduced from 2,275 to 270 through the Pulse Polio Immunisation Programme and coverage of oral polio vaccine increased from 89 per cent to 93 per cent of the target groups ● Pilot project against micro nutrient malnutrition implemented in five states to reduce iron and Vitamin A deficiency ● Training programmes and IEC activities under the National Mental Health Programme; District Mental Health Programme implemented in 22 districts covering 20 states
3.	Women & Child Development	<ul style="list-style-type: none"> ● Health check-ups, supplementary nutrition, immunisation, referral services, pre-school education and health and nutrition education through the Integrated Child Development Services (ICDS) for prevention and detection of disabilities, nutritional anaemia and Vitamin A deficiency, through 5,652 projects benefiting 54.3 million children (0-6 years) and 10.9 million mothers ● Revised guidelines and training for Anganwadi workers including component for prevention/early detection of disability ● Core Group set up to examine provision of hostels and crèches for disabled women and their children
4.	Education	<ul style="list-style-type: none"> ● School facilities for 100,000 disabled children in 22,000 schools through the programme of Integrated Education for Disabled Children ● 3 per cent reservation for the physically disabled in Kendriya Vidyalayas ● Restructuring and modification of the curricula/examination systems by the National Council for Educational Research and Training (NCERT) to suit the needs of disabled ● Special schemes by the University Grants Commission (UGC) and RCI to develop courses for special teachers for the disabled ● Upgradation of 50 polytechnics to impart diploma and vocational courses to 1,250 and 5,000 disabled students respectively
5.	Urban Development	<ul style="list-style-type: none"> ● 3 per cent reservation for the disabled in the Swarna Jayanti Shahari Rozgar Yojana for providing gainful wage and self-employment ● Model Building bye laws circulated to all the states to provide barrier-free facilities in all public buildings

6.	Labour	<ul style="list-style-type: none"> ● 71,359 disabled persons evaluated and 20,093 rehabilitated through 17 Vocational Training Centres ● Services to rural disabled through 11 Rural Rehabilitation Extension Centres under 5 Vocational Rehabilitation Centres
7.	Rural Development	<ul style="list-style-type: none"> ● 3 per cent benefits reserved for disabled persons under different poverty alleviation programmes ● 6,801 disabled were benefited through the Swarnajayanti Gram Swarozgar Yojana (SGSY) ● Barrier-free houses constructed under Indira Awas Yojana and Jawahar Gram Samridhi Yojana ● Rs. 25,000 provided for Viklang Sangams under SGSY and 414 Group leaders trained under Viklang Bandhu Scheme
8.	Department of Personnel & Training	<ul style="list-style-type: none"> ● Reservation of 3 per cent for the disabled in respect of Groups C and D services ● Special Recruitment Drive for the appointment of visually disabled against Group C and D posts
9.	Science & Technology	<ul style="list-style-type: none"> ● Developed technologies for assistive devices in the Mission Mode Project
10.	Planning Commission	<ul style="list-style-type: none"> ● Brought out two publications in 2002 viz. 'A Handbook for Parents of Children with Disabilities' and 'A Handbook of Schemes for Children with Disabilities: Role of the Panchayati Raj Institutions'

The Social Deviants

4.3.37 The major strategies adopted in the Ninth Plan to tackle the increasing problem of juvenile maladjustment included close collaboration among governmental and non-governmental organisations for the effective enforcement of the Juvenile Justice (JJ) Act, 1986, and encouraging more and more voluntary organisations to extend welfare-cum-rehabilitative services for children who come in conflict with law. To reduce the ever-increasing problems of alcoholism and drug addiction, the major strategies adopted include strict enforcement of legislation to prohibit/restrict the production of alcoholic drinks; developing an integrated strategy for expanding the services of preventive, curative and rehabilitative services for control of alcoholism and drug addiction.

Juvenile Social Maladjustment

4.3.38 The Juvenile Justice Act, 1986 (JJ Act) is one of the premier legislations for children in need of care and protection. This Act was designed for the development and rehabilitation of neglected and delinquent juveniles, as well as for the adjudication and disposition of matters related to them. To make the JJ Act, 1986 more child-friendly and provide proper care, protection and rehabilitation of children, it was replaced by a new Act called the Juvenile Justice (Care and Protection of Children) Act, 2000 (JJ Act, 2000). In the new Act, a clear distinction has been made between the juvenile offenders and the neglected child. Some of the new provisions made under the Act include - prescribing 18 as the uniform cut-off age to treat boys and girls as children; compulsory establishment of Juvenile

Justice Boards, Child Welfare Committees and Special Juvenile Police Units; sensitisation of the police; larger role for voluntary organisations in the rehabilitation and social integration of children with alternatives such as adoption and foster care. In addition, 189 Juvenile Courts and 271 Juvenile Welfare Boards have been set up in various parts of the country.

4.3.39 To implement the JJ Act, 2000, the nodal Ministry provides assistance to State Governments to establish and maintain Observation Homes, Juvenile Homes, Special Homes and After Care Institutes for neglected and delinquent juveniles under the scheme of Prevention and Control of Juvenile Social Maladjustment. Against the total Ninth Plan outlay of Rs. 41.24 crore, Rs. 52.58 crore was spent on 290 Juvenile Homes, 287 Observation Homes, 35 Special Homes and 50 After-Care Homes for the care and rehabilitation of juveniles.

4.3.40 The National Initiative for Child Protection (NICP) is a special campaign launched by the Ministry of Social Justice & Empowerment through the National Institute of Social Defence (NISD) and CHILDLINE, a 24-hour, free phone service which can be accessed by children in distress or by anyone on their behalf by dialling 1098. The campaign aims to build up partnerships with concerned allied systems viz., police, health care, judiciary, education, transport, labour department, media, telecommunication, corporate sector, community at large; UN agencies such as the United Nations International Children's Emergency Fund (UNICEF); National Human Rights Commission and the National Commission for Women. The training and sensitisation programmes for these sectors will enable the children in distress to receive greater access to facilities and resources under these sectors.

Alcohol and Substance (Drugs) Demand Reduction

4.3.41 To control the supply of and demand for drugs and alcohol, a two-pronged strategy was adopted during the Ninth Plan. While the control of drug supply is taken care of by the Narcotics Control Bureau, the Ministry of Social Justice & Empowerment is the nodal Ministry for drug and

alcohol demand reduction. To give a greater focus and priority to preventive educational programmes and re-integration of the addicts into the mainstream of society, the scheme for the Prohibition and Prevention of Drug Abuse, 1986, was revised as the Scheme for Prevention of Alcoholism and Substance (Drugs) Abuse' in 1999. Priority was given to tackling drug abuse among socially and economically vulnerable groups like street children, commercial sex workers, destitute women, transport workers etc. Under the Work Place Prevention Programme, financial assistance up to 25 per cent of the expenditure was provided for setting up 15/30-bedded treatment-cum-rehabilitation centres in industrial units having at least 500 workers. The programme supported 442 Centres through 359 NGOs for delivering services. Of these, 88 are Drug Awareness, Counselling and Assistance Centres and 354 are Treatment-cum-Rehabilitation Centres. As on March 2001, around 3.0 lakh alcohol and drug addicts were registered in these organisations, of whom about 1.60 lakh were detoxified. With a view to ensuring quality of services rendered through NGOs under the scheme, a 'Manual on Minimum Standards of Care in Addiction Treatment Centres' was prepared to monitor the performance, financial capability and standards of facilities offered by the Treatment Centres.

4.3.42 A National Centre for Drug Abuse Prevention (NC-DAP) was set up in 1998, in lieu of the already existing Bureau of Drug Abuse Prevention in the NISD. The main activities of the Centre include providing training to various levels of functionaries; upgradation of information and establishment of appropriate database; and networking in the field of drug demand reduction. To increase its outreach, NC-DAP has set up five Regional Resource Training Centres, one each in Chennai, Pune and Bangalore and two in Kolkata with the help of NGOs having technical capability and expertise. The NC-DAP has also developed training manuals in 13 specific areas some of which include Rehabilitation and Relapse Prevention, Prevention and Management of Drug Abuse and HIV/AIDS etc.

4.3.43 In view of the enormity of the problem and the close nexus between Injecting Drug Use (IDU) and HIV/AIDS, a three-pronged strategy was adopted for the North East Region. This included

training and enhancing the capabilities of the NGOs in the area, extending the outreach of the drug abuse prevention scheme by opening new centres and awareness and education programmes.

4.3.44 In order to provide for better training and qualified personnel among service providers, the Ministry of Social Justice & Empowerment took up a number of projects in collaboration with international organisations. Among them were - Community Drug Rehabilitation and Work Place Prevention Programme, in which 20 NGOs were identified all over the country with the objective of training at least 4,000 service providers in rehabilitation of drug/alcohol addicts. Other projects include 'Community-Wide Drug Demand Reduction in India', 'Community-Wide Drug Demand Reduction in the North East States' and 'Reducing Risks Behaviours and HIV/AIDS/STD, Drug Abuse among Street Children'. To assess the magnitude, nature and pattern of drug abuse in the country, a National Survey on Drug Abuse has been conducted by the Ministry in collaboration with United Nations International Drug Control Programme (UNDCP). Against the total Ninth Plan outlay of Rs. 80 crore, a sum of Rs. 88.84 crore was spent during the Plan to support the community-based voluntary action, training and other rehabilitation facilities for alcohol and drug demand reduction.

The Other Disadvantaged

4.3.45 The Ninth Plan adopted direct Policy prescriptions for the well-being of the Older Persons by extending support for financial security, health care, shelter, protection and meeting their other needs. To tackle the ever-increasing problem of Street Children, the Ninth Plan strategy included preventive measures through various developmental services for children like ICDS, Universal Primary Education, supplementary feeding programmes, health and referral services and provision of non-institutional services.

Welfare and Care for Older Persons

4.3.46 A National Policy on Older Persons was adopted in 1999 for the well-being of the Aged. The principal areas of intervention and action strategies for the aged include - financial security (including pension support), health care and nutrition, shelter,

education, training, research and dissemination of information, supplementation of care provided by the family and protection of their life and property. Other measures include inter-sectoral partnerships and affirmative action. During the Ninth Plan, a Plan of Action (2000-2005) was prepared to operationalise the National Policy on Older Persons which enunciates the initiatives to be taken by various governmental and non-governmental organisations. A National Council for Older Persons (NCOP) was set up to receive complaints, grievances and suggestions from older persons.

4.3.47 A Secretariat for the National Council, called Aadhar, was set up in December 1999, with the objective of empowering the elderly people to find satisfactory solutions to their problems, through co-ordination of voluntary efforts and administrative initiatives. Since its inception, Aadhar has received 27,883 suggestions, complaints and grievances from individuals/organisations out of which 26,340 have been processed. The process of appointment of Zilla Aadhar members for 530 districts has been completed and 6,153 members are already in place. So far, 2.1 lakh voluntary organisations/NGOs, individuals and old age homes have been contacted to identify committed individuals to participate in this programme.

4.3.48 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 was provided to NGOs for establishing and running old age homes, day care centres, mobile medicare units as well as non-institutional services to the older persons. A special feature of the scheme was its flexibility in order to meet the diverse needs of older persons, including strengthening of the family, awareness generation and issues pertaining to popularisation of the concept of preparing for old age, productive aging, etc. At present, 945 old age/day care/mobile medicare units are brought into operation under this scheme through 609 NGOs. To strengthen the partnership between the young and the old, a collaborative project was started with the Nehru Yuvak Kendra Sangathan under which 100 new Day Care Centres for Older Persons were 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. Against the total Ninth Plan outlay of Rs. 56.42 crore, Rs. 51.66 crore was spent to support and maintain the institutional set up for the aged.

4.3.49 Under the aegis of the National Old Age Pension Scheme (NOAPS), the Central Government continued to support the State's efforts to provide financial assistance of Rs. 75 a month to the destitute aged above 65 years of age. The total number of beneficiaries by the end of 2000-01 totalled over 5.1 million. 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 enabling workers in the unorganised 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 assisted by the Insurance Division of Department of Economic Affairs, Ministry of Finance.

4.3.50 The implementation of the National Policy for Older Persons involves multi-sectoral collaborative efforts of the concerned Ministries/Departments. The following Table gives a summary of the initiatives undertaken by the nodal Ministry of Social Justice & Empowerment and other partner Ministries/Departments during the Ninth Plan:

Sl. No	Ministry/ Department	Progress made under the National Policy for Older Persons
1.	Social Justice & Empowerment	<ul style="list-style-type: none"> ● Setting up of a National Council for Older Persons (NCOP) to operationalise the Policy ● Aadhar, the secretariat of the Council set up at the centre and Zilla Aadhars set up in 530 districts to help solve problems of the aged ● Plan of Action 2000-2005 to operationalise the National Policy prepared ● Report on Old Age Social and Income Security prepared and recommendations being examined ● 945 old age/day care/mobile medicare units for care and rehabilitation of the aged being supported through 609 NGOs ● 100 Day Care Centres set up in collaboration with Nehru Yuvak Kendra Sangathan to enable partnerships between the young and old ● Construction of 59 Old Age Homes for providing shelter and care to the aged
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"> ● 5.1 million destitute aged persons above 65 years received old-age pension of Rs. 75 per month under the National Old Age Pension Scheme

Street Children

4.3.51 To take a broad-based approach to the problems of the Street Children, the scheme was revised and renamed as 'An Integrated Programme for Street Children' in 1999. 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 under this scheme included documentation of existing facilities, preparation of city level plan of action, counselling, guidance and referral services, drop-in centres, non-formal education programmes, health care, vocational training, placement of children with non-institutional care, reducing incidence of drugs and HIV/AIDS etc. While the total Ninth Plan outlay to

assist 135 organisations benefiting 1.5 lakh street children in 45 cities was Rs. 32.98 crore, the amount spent was Rs. 31.78 crore.

4.3.52 One of the important initiatives taken for the welfare of children in distress is the establishment of the CHILDLINE Service. The mandate of this service is in line with the protection of rights of the child as ratified in the UN Convention on the Rights of the Child and Juvenile Justice Act, 2000. The basic objectives of the CHILDLINE service are to respond to children in emergency situations and refer them to relevant governmental and non-governmental organisations. It is also meant to provide a platform for networking amongst organisations and to strengthen and sensitise the support systems such as hospitals, police, railways etc. for rehabilitation of the children. The CHILDLINE service has been expanded to 36 cities, and has, till March 2002, received 1.9 million calls from children/concerned adults.

CHILDLINE FOR CHILDREN IN CRISIS

CHILDLINE, a national 24-hour free telephone dial service (1098) for children in need of care and protection was initiated in 1998 by the Ministry of Social Justice & Empowerment under the aegis of an independent professional body CHILDLINE India Foundation (CIF). This project portrays a unique partnership of voluntary organisations and the concerned Government Departments/Agencies to provide emergency assistance to a child in distress, and eventually to ensure long term rehabilitation of the child or even re-unite him/her with the family as the situation warrants. The wide range of services provided includes medical assistance, protection from abuse, supportive legal, repatriation services, counselling and providing information on other services for children in the city/district. As of March 2002, these services were available in 36 cities in 18 states, through a network of 114 organisations. A total number of 1.9 million calls have been attended to since inception. The success of CHILDLINE is a demonstration of the potentialities available within the existing framework of government and the community through a macro and micro level synthesis and synergy in convergence, networking and service delivery for providing non-institutional welfare and development services to the children in need of care and protection.

Adoption of Children

4.3.53 The Central Adoption Resource Agency (CARA) was set up in accordance with the directions of the Supreme Court in 1990, under the Ministry of Social Justice & Empowerment. It was subsequently registered as an autonomous body in 1999 under the Registration of Societies Act, 1860. The main objectives of CARA were to provide a detailed framework for regulating and expediting adoptions and to act as a clearing house of information with regard to children available for adoption. Revised guidelines were notified in 1995 in order to regulate inter-country adoption and formulate detailed guidelines for the adoption of children by foreigners. 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 recognised for inter-country adoption. In addition, 306 foreign agencies in more than 27 countries have been recognised to sponsor inter-country adoption of Indian children. During the Ninth Plan, about 10,026 children have been placed in in-country adoption and 7,377 children have been given away in inter-country adoption. Out of the total Ninth Plan outlay of Rs. 3.26 crore, a sum of

SPECIAL INITIATIVES FOR CHILDREN IN NEED OF CARE AND PROTECTION

Non-Institutional Services – Adoption

Placing of orphaned/abandoned children in adoption is the most ideal and permanent form of rehabilitation of these children. The Central Adoption Resource Agency, set up in 1990 under the Ministry of Social Justice & Empowerment, regulates the adoption procedures and acts as a clearing house of information with regard to children available for both in-country and inter-country adoption. Special emphasis is given to promote in-country adoptions, as it is recognised that the children are best brought up in their own social and cultural milieu. During the Ninth Plan, 10,026 children were placed in in-country adoption and 7,377 children in inter-country adoption.

Institutional Services - 'A near-family Environment'

Acknowledging the fact that the place for holistic development of a child being FAMILY, initiatives to provide a 'near-family environment' have been in action since long. These include placing children with innovative institutions like Village Families with 10 to 20 Family Homes – each Family Home consisting of a maximum of 10 orphaned/ abandoned children who share their lives as brothers and sisters under the care of a Foster mother. Thus, instead of being confined to impersonal dormitories, every child is provided with warmth and security of a Family Home.

Rs. 2.28 crore was spent for regulation and expediting adoptions.

4.3.54 To promote in-country adoption, Voluntary Co-ordinating Agencies (VCAs) 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 of Shishu Grihas for promoting in-country adoption was started in 1992-93, in which voluntary organisations are assisted to set up homes for infants and place them for adoption. For this purpose, 33 NGOs received an amount of Rs. 7.47 crore during the Ninth Plan, as against the total Plan outlay of Rs. 9 crore.

National Institute of Social Defence (NISD)

4.3.55 The major objective of NISD, New Delhi, is to strengthen and provide technical inputs to the programmes for reforming and mainstreaming the social deviants and caring for the other disadvantaged. The main areas of activities covered by the Institute include documentation, research, 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 and helps to develop preventive, curative and rehabilitative policies.

4.3.56 The Ninth Plan envisaged strengthening/activating the Institute to extend its technical advice and support in its area of activities with the induction of professional staff and basic infrastructure so as to meet the growing needs of research and training. This objective was achieved by conversion of the NISD into an autonomous body under the Ministry of Social Justice & Empowerment, 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.

4.3.57 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 have been developed for various functionaries like the police, judiciary, labour unions, etc. NISD has also started training programmes for various agencies in the area of child adoption so as to ensure best ethical practices. The Institute has developed programmes for training care givers who can provide care to older persons in the community and in Institutions. In the field of prevention of drug abuse, three-month certificate courses on De-addiction, Counselling and Rehabilitation as well as five-day short-term courses are being organised through the NC-DAP. The expenditure of Rs. 6.68 crore on training, research, documentation etc. exceeded the total Ninth Plan outlay of Rs. 5.60 crore.

4.3.58 The advent of forward-looking legislations, policies and programmes that came up during the Ninth Plan for the well-being of these Groups not

only instilled fresh hope among these groups but also raised their expectations. The challenge for the State during the Tenth Plan will be to meet their needs and demands.

APPROACH TO THE TENTH PLAN – PATH AHEAD

4.3.59 As the three-pronged strategy of - 'Empowering the Disabled', 'Reforming the Social Deviants' and 'Caring for the Other Disadvantaged' adopted during the Ninth Plan has proved to be effective in achieving the goals set, the Tenth Plan has, therefore, chosen to continue with these very same processes as its approach. To strengthen these on-going processes, the Tenth Plan will endeavour to converge the existing services in all the welfare-related sectors, so that the required services of preventive, curative, rehabilitative, welfare and development can be extended to each of these Other Special Groups. In other words, the major efforts in the Tenth Plan will be to develop a multi-sectoral approach to attend to the needs and problems of these Groups. Needless to say, these efforts have strength and support of not only the Constitution but also that of the most forward looking legislations that have been enacted recently in support of these Groups. Details of the sectoral approach are as follows:

I. Empowering the Persons with Disabilities

4.3.60 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 through the process of empowerment. The PWD Act of 1995

APPROACH TO THE TENTH PLAN (2002-07)

- To continue the 3-Pronged strategy distinct to each individual Target Group, viz.: **'Empowering the Disabled', 'Reforming the Social Deviants' and 'Caring for the Other Disadvantaged'**
- To develop a multi-sectoral approach with convergence of existing services in all welfare-related sectors to reach preventive, curative, rehabilitative, welfare and development policies and programmes to these target groups

which is now being amended to strengthen its scope, has already generated a lot of awareness among the disabled to make them conscious of their rights, besides raising their expectations towards a better future. The State will need to gear itself up to fulfil these expectations through effective policies and programmes. The Tenth Plan commitment will, therefore, be to create an enabling environment wherein persons with disabilities can exercise their rights, enjoying equal opportunities and full participation with the strength and support of the PWD Act of 1995. As the envisaged empowerment of the disabled is mainly based upon the PWD Act - the strong base that was built now, all out efforts will be made towards its effective enforcement, on a priority basis. The multi-sectoral collaborative approach initiated in the Ninth Plan will receive an added thrust under the PWD Act, 1995 through which the concerned Ministries/Departments are expected to formulate detailed rules and guidelines for the effective implementation of the Act, besides monitoring/reporting the progress on a regular basis. The monitoring mechanisms set up at various levels will also be activated to develop a review system to ensure regular flow of the feed-back from all the concerned on the progress of the implementation of the Act on a regular and continuing basis till the targets set are achieved. To ensure adequate financial support, the Tenth Plan advocates the introduction of a 'Component Plan for the Disabled' in the budget of all the concerned Ministries/Departments for this purpose.

4.3.61 To fulfil the un-fulfilled commitment of 'Reaching the Un-reached', the Tenth Plan will accord special priority to the rural disabled - who continue to be the neglected lot. Efforts will be made to remove the existing lacuna of limiting the coverage only to urban areas under various programmes. Simultaneously, action will also be initiated to enhance the outreach and extension services to the rural areas by tailoring the programmes to suit the local requirements, besides ensuring that these facilities are extended right up to the district level and ultimately to the village level in a phased manner through the on-going 'National Programme for the Rehabilitation of Persons with Disabilities'. To ensure that appropriate services reach the different categories of disabilities through this programme, Area-specific Action Plans will be prepared with necessary inputs on - the magnitude

EMPOWERING THE PERSONS WITH DISABILITIES

Making as many disabled as possible active, self-reliant and productive contributors to the national economy through

- Effective enforcement of the PWD Act, 1995 with a multi-sectoral collaborative approach through delineation of responsibilities to the concerned governmental and non-governmental organisations
- 'Reaching the Un-reached' in rural and remote areas through the specially launched 'National Programme for the Rehabilitation of Persons with Disabilities'
- Introduction of a 'Component Plan for the Disabled' to promote the flow of funds/benefits to the disabled from all the concerned Ministries/Departments
- Motivate the Disabled to organise themselves into Self-Help Groups through the special strategy of Community-Based Rehabilitation and encourage family members, especially the women, to be the primary care-givers to the disabled
- Strengthen the National Institutes, Indian Spinal Injuries Centre and other Regional/Composite Rehabilitation Centres and outreach their services to the needy groups and areas
- Prevent disabilities through early detection, timely immunisation, dietary corrections, supplement both macro and micro nutrients to children and expectant and nursing mothers; and ensure safety on both roads and at work places with a special watch on the increasing and emerging variants of disabilities
- Integrate disabled children into mainstream education through universalisation of education with a barrier-free environment
- Provide various options of schooling systems to disabled children like Inclusive Education, Integrated Schools, Special Schools, Non-Formal Education etc. to suit their specific needs/ requirements
- Expand Special Schools and Vocational Training opportunities in the up-coming trades for the disabled, especially for the disabled women and adolescent girls
- Equip the disabled with suitable, simple, durable inexpensive Aids and Appliances, including specially designed gender- specific assistive devices
- Earmark not less than 3 per cent reservation of benefits in all the Poverty Alleviation Programmes in action both in rural and urban areas
- Expand the existing and launch new programmes for generating more and more of employment opportunities, both wage and self-employment with 'forward' and 'backward' linkages to keep the disabled gainfully employed
- Increase employment opportunities for the disabled in the service sector through effective identification and filling up of reserved posts up to 3 per cent of the vacancies in the Government and Public Sector Undertakings through Special Employment Exchanges/ Special Cells in the Regular Employment Exchanges
- Provide special thrust to the welfare and rehabilitation of mentally disabled through specific services like special education, sheltered workshops, day care centres and long term stay institutions etc. under the aegis of the National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities

of the problem of disabilities persisting in the identified areas, services available/required, availability of implementing agencies, manpower available/requirements, resource requirements etc. Services available under various agencies/programmes viz., the District Rehabilitation Centres, Vocational Rehabilitation Centres, supply of aids and appliances, NHFDC, State Composite Regional Centres, Regional Rehabilitation Centres etc. will be further strengthened and expanded to reach the rural disabled. To increase access to the rural disabled, efforts will also be made to add rehabilitation facilities in all the District Hospitals in a phased manner starting from the Tenth Plan.

4.3.62 Acknowledging the fact that sustained rehabilitation of the disabled can take place only through the tried and tested strategy of Community-Based Rehabilitation, the traditional support systems of the family and in particular, women care-givers, will be provided information, training and financial assistance to extend care to their disabled family/community members. Further, efforts will also be made through the medium of NGOs to motivate/encourage the disabled to organise themselves into Self-Help Groups viz. Viklang Sangams to support each other and function as a Group to bring about the necessary transformation to prove that the disabled are not disabled, but differently abled. These efforts, as visualised, can help quicken the process of empowering the disabled.

4.3.63 Realising the importance of prevention and early detection of disabilities in reducing the otherwise increasing number of the disabled, the Tenth Plan attempts to develop a National Disability Prevention Strategy which will network and co-ordinate with the existing agencies/programmes which are in operation in the country and also identify new initiatives to tackle the emerging trends and patterns of various disabilities. While the on-going national health and immunization for vaccine-preventable diseases programmes (immunization against polio, DPT, BCG and measles, iodization of salt, health education, hygienic and sanitary conditions) will continue and be expanded, in a big way, special attention will be given to specific measures to counter the problem of low vision and slow mental development due to micro-nutrient deficiency. In this context, efforts of the ICDS will

be further strengthened through effective co-ordination between Ministries/Departments in improving the supply and delivery systems along with need-based training of grassroot level workers. In these efforts, special attention will be paid to Women and the Girl Child as they are doubly disabled compared to their counterparts. As part of the prevention of disabilities drive, compulsory annual health check-up of all children will be introduced in both Government and Private Schools. Further, while the impact of Pulse Polio Campaign has resulted in a sharp decline in the orthopaedically disabled, the incidence of spinal injuries on account of accidents on the road and in the workplace has been increasing. To contain this, provision of safety measures, awareness programmes and treatment facilities for those with spinal injuries will be taken up on a priority basis. Corrective and rectifying surgery to prevent permanent disabilities is yet another area which will be specially strengthened. Research in the latest developments in bio-genetics for early detection of congenital disabilities in the pre-natal stage itself will be given priority. The ISIC and the 4 Rehabilitation Centres which are now coming up are expected to play an effective role during and beyond the Tenth Plan.

4.3.64 To integrate the disabled children into mainstream education, the Tenth Plan aims at providing opportunities of education with provision of a barrier-free environment. For this, the facilities of both integrated/inclusive education and special schools will be provided to allow the disabled children to choose the type of education that suits them best. The on-going IEDC programme will be strengthened and expanded, especially in the rural and tribal areas. Efforts will also be made to develop a variety of models according to the needs of different categories of disabled children like Special Schools, Alternative Schools, Non-Formal Education, Home-based Education etc. The pursuit of higher education amongst the disabled with good academic record will be encouraged through incentives such as scholarships, both domestic and overseas. The rural coverage of Special Schools being very low, efforts will be made to expand the existing network of these Special Schools with hostel facilities, or Residential Schools in close collaboration with the voluntary sector which is already active in this field. The Tenth Plan will

encourage, as much as possible, to bring the Disabled into the mainstream education. Learning through National Open School and other Distance Learning Institutions will also be encouraged. To cater to the special needs of children with multiple disabilities, at least one school with suitable barrier-free infrastructure will be established in every state.

4.3.65 As the vital component of quality education for the disabled being directly linked up with the availability of trained teachers, efforts on priority basis will be initiated in training of teachers and special educators. The RCI, which is entrusted with the responsibility, will specially regulate the training of special teachers besides incorporating the latest advances in educational technologies, such as 'Child-to-Child Learning' and 'Child-Centred Learning' etc. Innovative modifications in the curriculum and examination systems to suit the requirements of the different types of disabilities will also be developed along with giving exemption from taking up three languages for children who are hearing impaired or suffering from dyslexia.

4.3.66 Taking note of the severe gaps that exist today in the field of research, training and manpower development for the Disabled - only 30,000 have been trained against the total requirement of 3.5 lakh professionals of various categories as estimated by RCI - the Tenth Plan will take up, on a priority basis, the expansion of training facilities available both in the Governmental and Non-Governmental sectors. The National and Apex level Institutes and the Regional Centres which have come up during the Ninth Plan, can contribute a lot in this regard. Also, the District Rehabilitation Centres, which are lying defunct, will be activated and made use of. For extending high level qualitative training, the Tenth Plan will expedite the establishment of a College of Rehabilitation Sciences under the aegis of the RCI, where applied research on prevention, early detection, genetic counselling, special education, vocational training, rehabilitation etc. will be given high priority. The ISIC will be supported to expand and upgrade its Research and Development, training and referral services.

4.3.67 To fulfil the commitment of making as many Disabled as possible active, self-reliant and productive contributors to the national economy, the

Tenth Plan will call upon the NSSO to undertake a Quick Review of the employment status of the Disabled and the Director General of Employment and Training (DGE&T) to make an assessment of the Training needs of the Disabled. Accordingly, arrangements will be made to utilise the training facilities available at the NVTI, RVTIs, District Rehabilitation Centres, ITIs, and Craft Training Centres. Efforts will also be made to expand the existing Scheme of VRCs in each State/Union Territory, besides modernising the existing VRCs to keep pace with the emerging market trends. The VRCs are also expected to provide help and guidance to the disabled in getting placements. Also, while planning for training programmes for the disabled, every effort will be made to diversify the trades besides giving priority to up-coming trades, keeping in view the trends and demands in the employment market. Inter-se priority will be given to disabled women and adolescent girls in all training and employment programmes, through identifying specific trades/vocations with suitable training inputs. For people with severe disabilities, efforts will be made to expand the on-going programme of Sheltered Workshops-cum-Production Centres to be spread all over the country with a special priority in rural areas.

4.3.68 Simultaneously, efforts will be made to tie-up with all concerned Ministries/Departments to ensure flow of benefits for the disabled in all the employment-cum-income generation programmes, especially meant for those living below the poverty line. They include 3 per cent reservation in wage and self-employment opportunities and other asset-endowment benefits created under various poverty-alleviation programmes viz. SJSRY for the urban disabled and SGSY, SGRY, IAY for the rural disabled. In addition, measures like concessional finance, land allotment, etc. will also be provided to create income-generation activities for the disabled. To help the disabled themselves, SHGs or Viklang Sangams will also be empowered to start their own employment units and cooperatives. Necessary tie-ups will also be encouraged to develop both backward and forward linkages to keep the SHGs gainfully employed and self-reliant. Agencies like the National Bank for Agriculture and Rural Development (NABARD), CAPART and Rashtriya Mahila Kosh (RMK) can play a major role in extending credit to these Groups.

4.3.69 Placement in Government jobs for the disabled will receive an added thrust through more of pro-active role of the Special Employment Exchanges/Special Cells under the general employment exchanges. To ensure effective implementation, periodic evaluation of their performance will be undertaken. Also, the reserved quota/preferential selection for the disabled in Group A, B, C and D services of the Government need to be filled up promptly. For this purpose, all Ministries/State Governments and Public Sector Undertakings will identify posts to be reserved for the disabled as mandated under the PWD Act, 1995. The Corporate Sector, with adequate opportunities to employ disabled persons will be encouraged to do so. Legislations like the Workmen Compensation Act, 1923, Industrial Disputes Act, 1947, and Apprentice Act, 1961, will be suitably reviewed/amended to make them enabling instruments for the employment of disabled persons.

4.3.70 The Tenth Plan will give a special thrust to enhance the functional mobility and accessibility of service delivery to the disabled, to make them more self-reliant. This will entail application of latest technological advancements, and research and development to develop assistive devices, barrier-free environment and relevant modifications in workplace to cater to newly-emerging categories of employment for the disabled. Premier agencies like the National Institutes and the ALIMCO will be strengthened to produce cost-effective and user-friendly aids and appliances on a large scale. The Science & Technology in Mission Mode Project will continue its Research and Development activities for generating easy-to-handle technologies and also standardise the production of assistive aids and polymeric composite rehabilitation aids for the orthopaedically disabled to ensure country-wide uniform quality. To enable sharing, transfer and convergence of technological know-how between institutions, information technology network and websites will be developed. These will function as focal points for the convergence of consumer needs and aspirations, on the one hand, and scientific and innovative developments, on the other.

4.3.71 To promote greater accessibility and barrier-free environment, detailed guidelines on the modalities of providing barrier-free environment in

all public buildings will be circulated to all the concerned, both in the States and in the Central Ministries/Departments. A provision will be evolved by which each public building will need to be certified as barrier-free, besides being functional. Public utilities like buses, railway coaches, station buildings, their circulating platforms, etc. will also be suitably modified to promote greater accessibility for the disabled. Efforts will also be made to usher in barrier-free access in privately owned buildings through a mix of legal procedures, sensitization and awareness programmes. A brief module on barrier-free environment will be introduced in the syllabus of architectural and engineering services, so as to develop innovative technologies for such an environment.

4.3.72 To ensure that people in remote areas are also adequately covered, decentralised production of assistive devices with regional distribution networks will be taken up. The local bodies such as the PRIs will be encouraged to set up Service Centres for the disabled to help in providing assistive devices and also undertake minor repairs. The number of camps for providing these devices in rural areas will also be increased substantially. Priority will also be accorded to designing, developing, producing and distributing specific assistive devices for different categories of the disabled such as gender-specific devices for disabled women and girls, and area-specific devices for residents of hilly and coastal areas. To improve cost-effectiveness, local materials such as bamboo, pine etc. and indigenous technology will be used, wherever possible, to manufacture these devices.

4.3.73 The problems of mental disability and mental health will, for the first time, receive a special thrust through the constitution of a National Trust for these groups. To translate the major objectives of the Trust into action, innovative interventions ranging from prevention, early detection, speech and communication, vocational training, special education, sheltered workshops to day care centres and long term stay institutions etc. will be initiated. Efforts will also be made to converge facilities of agencies involved at the grassroot level, like district mental health programmes, ICDS, national health programmes, self-help groups etc., so as to generate adequate awareness about the different

variants of mental disabilities and provide necessary interventions for their prevention and treatment.

4.3.74 Voluntary organisations, which have been playing an important role in the delivery of services to the disabled, will be supported to enable them to widen their operations in needy and rural areas. The Corporate Sector which has both the strength and the capacity to support the cause of the disabled, will be encouraged to contribute their mite for developing appropriate technology, production of aids and appliances and economic rehabilitation for the disabled.

II. Reforming the Social Deviants

4.3.75 Acknowledging the fact that the increasing incidence of social deviance needs to be tackled effectively, the Tenth Plan suggests a multi-pronged strategy for reforming the deviants and their social rehabilitation. It also takes note of the distinction made in the penal approach towards persons coming in conflict with law under various kinds of situational compulsions and from those indulging in organised crime. In fact, the major approach in handling social deviants in the Tenth Plan will be more reformatory and rehabilitative in nature through most humane, rather than punitive measures. It will, thus, adopt a well-planned strategy of meeting their correctional needs with the ultimate objective of transforming them into productive and law-abiding citizens.

Juvenile/Social Maladjustment

4.3.76 To tackle the increasing problem of social maladjustment leading to juvenile delinquency/vagrancy and other forms of crime, the Tenth Plan objective will be to rehabilitate the juvenile offender in a child-friendly environment and by utilising the network of institutional and non-institutional facilities. This will be achieved through effective implementation of the revised Juvenile Justice (Care and Protection of Children) Act, 2000 with its requisite statutory mechanism. In this context, model rules with detailed guidelines for implementing the Act have been framed at the national level and the states are also formulating their guidelines. The NISD is the nodal agency for human resource and manpower training for the

effective implementation of the Act. Taking note of the need for quality care and services for children, the Tenth Plan will take immediate action to review the existing norms and standard of services being provided in all mandatory institutions such as Children Homes, Observation Homes, Certified/Reformatory Schools, identify gaps and take immediate measures to ensure minimum standards in all the mandatory institutions set up/working under the revised Juvenile Justice Act, 2000. To this effect, the existing monitoring systems will be made more effective by setting up central and state-level Advisory Boards to advise the government on matters relating to the establishment and maintenance of mandatory institutions. The appointment of non-official members on these Boards will serve to ensure community participation in all rehabilitative and correctional measures undertaken and act as an additional monitoring mechanism, apart from sensitising societies' perception towards these children.

4.3.77 Adequate number of Observation Homes for children in conflict with law, special homes for institutional care of these children and after-care homes for rehabilitation will be set up to provide smooth transition of these children from institutional care to the mainstream of social life. The revised Act also recognises the need to promote non-institutional services and care for the juveniles such as foster homes / adoption / guardianship etc., so that rehabilitation takes place in a more congenial and normal family environment. To this effect, it is necessary to increase the involvement of voluntary organisations at various stages of apprehension, treatment and rehabilitation of juveniles, provide these organisations with the status of primary caretakers of juveniles and designate them as 'place of safety' or 'fit person's institutions' as evinced under the Act. A beginning has already been made in involving corporate and business institutions to fulfil their social responsibility towards juveniles. This will be further encouraged in the Tenth Plan through awareness generation and other incentives like tax concessions/exemptions.

4.3.78 As the rehabilitation of juvenile offenders is a very sensitive and difficult task, priority will be given in the Tenth Plan for training of service providers in order to develop a cadre of specialised

REFORMING THE SOCIAL DEVIANTS

To tackle the increasing problems of Juvenile and Social Maladjustment through

- Effective enforcement of the recently amended Juvenile Justice Act, 2000, with an altogether different approach of reform with emphasis on care and protection of the children
- Rehabilitation of juvenile offenders in a most child-friendly environment as prescribed in the amended JJ Act, 2000
- Setting up of all the mandatory institutions prescribed under the Act, and ensuring maintenance of minimum standard of services
- Encouraging more and more voluntary organisations to extend welfare-cum- rehabilitation services for the children, including provisions for non-institutional care
- Sensitising the enforcement machinery through setting up of Juvenile Police Units in every district to extend humane treatment of children in conflict with law

To reduce the ever-increasing problem of alcoholism, substance and drug abuse through

- Strict enforcement of legislation to prohibit/restrict the production of alcohol/supply of drugs with stringent punitive measures
- Formulation of a National Programme for Demand Reduction to identify drug/alcohol endemic groups/areas and suggest appropriate strategies
- Expanding the preventive, curative and rehabilitative services for alcohol/ drug addicts through counselling, de-addiction treatment, awareness generation campaigns etc. especially in those areas that are left uncovered
- Developing special facilities for treatment of high-risk groups such as street children, child sex workers, truck drivers etc
- Tackling the problem of injected drug use induced HIV/AIDS, through awareness generation, preventive education and harm reduction measures
- Increasing awareness generation through mass-media, special campaigns, sensitisation programmes etc. to make the younger generation conscious of the ill effects of alcohol/drug addiction

Prevention of Crime and Prison Reforms through

- Building crime prevention strategies through various programmes of socio-economic development to safeguard vulnerable groups like women, girl children, street children etc
- Effective implementation of prisons to ensure minimum standards of living conditions and special emphasis on prisoners with mental disabilities, HIV and other infections, alcohol /drug addictions etc.

National Institute of Social Defence (NISD), New Delhi

- The NISD, with its newly-acquired status as an autonomous body, is going to play an important role in extending its technical advice and support to the government in improving the social defence services in line with the strategies of the Tenth Plan.

and motivated functionaries. The services of Probation Officers will be utilised to serve as a vital resource for referral and placement of children in non-institutional services, apart from their traditional function of investigation and supervision. To enable police officers to function more effectively, the Act calls for special training for such officers. The Tenth Plan will, therefore, envisage setting up of special sensitised Juvenile Police Units in every district and, eventually, in every city, to ensure humane treatment of juveniles during the period of correction.

Alcohol and Substance (Drugs) Abuse Reduction

4.3.79 The Tenth Plan envisages an integrated approach to supply and demand reduction for curbing the growing problems of alcoholism and drug abuse in the country. Specific supply reduction measures will include - restriction/reduction in the production of alcohol within the country and strict enforcement of legislation such as the Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substance Act, 1988 to prevent the flow of drugs into the country and for detention of persons trafficking in drugs. To reduce the demand for alcohol and drugs, the existing comprehensive community-based programme for awareness generation and preventive education, counselling, treatment, de-addiction and rehabilitation of addicts will be specially strengthened and expanded to reach needy areas and groups, especially in the rural sector and in the North East Region. To enable nationwide identification of these areas/groups and suggest appropriate strategies, a National Programme for Demand Reduction will be formulated using the database of the National Survey on Drug Abuse, which will be available shortly.

4.3.80 Taking note of the ever-increasing incidence of drug addiction, the Tenth Plan will utilise the expertise of the existing institutional mechanisms viz. Counselling Centres to identify vulnerable and high-risk groups such as street children, transport workers, sex-workers etc. and ensure that they do not fall prey to drug addiction. Special facilities will be created for treatment and rehabilitation of these groups. The nexus between injected drugs and HIV infection, particularly in the

North East Region, will be dealt with, on priority basis, by sensitising the vulnerable groups to the dangers of sharing needles. Harm reduction measures such as Needle Exchange Programme through the approved Health Centres which have been found to be effective, will be encouraged in other parts of the country. Awareness generation and preventive education programmes will be conducted among the potential risk groups/centres such as schools, colleges, sex-workers, street children, occupational groups etc. to educate them regarding the most dangerous effects of addiction. Realising the increasing correlation between crime and drug-abuse, the treatment and rehabilitation facilities in correctional institutions and prisons will also be strengthened during the Tenth Plan.

4.3.81 Keeping in view the treatment and rehabilitation of addicts or Whole Person Recovery as the ultimate objective of treatment of the addicts, the Tenth Plan will impinge upon various inputs such as Therapeutic Communities, SHGs, Half-Way Homes to offer services like after-care, follow-up, work conditioning, vocational rehabilitation, placement in jobs etc., and thus ensure gradual transition of the addicts into the social mainstream. To counter loss in productivity on account of addiction, work-place prevention programmes will receive priority attention and more and more factories will be encouraged to introduce demand reduction of alcohol and drugs programmes in their organizations. Efforts will also be made to utilise the widespread existing health infrastructure to cater to the medical treatment of the addicts through the active involvement of PHCs, Hospitals, Charitable Organisations etc., so that the De-Addiction Centres can concentrate mainly on rehabilitation. As addiction is largely psychosomatic in nature, the application of alternative systems of medicines recognised by the Department of Indian Systems of Medicines and Homoeopathy such as ayurveda, unani, naturopathy, homoeopathy and yoga, which are more holistic in nature, will be encouraged.

4.3.82 The training component of the control of alcohol and drug-abuse in the medical and nursing professions, social workers, prison officers, police etc. will be constantly updated to deal with the newly-emerging variations of Substance Abuse, such as IDU induced HIV/AIDS, synthetic varieties of drugs

etc. The NC-DAP and the Regional Resource Training Centres one each at Pune, Delhi and Chennai and two in Kolkata will be further strengthened to provide technical inputs, research and training material and expert guidance to the voluntary agencies to improve the quality of service delivery. The monitoring and evaluation mechanism for NGOs will be rigorously implemented as per the recently-developed Manual of Minimum Standards of Care in Addiction Treatment Centres. Evaluation indicators will also be set, so that the programmes can be periodically reviewed and assessed.

4.3.83 As inter-sectoral co-ordination is an important input in tackling the problem of alcohol and drug-abuse, a Core Committee on Drug and Alcohol Abuse Prevention will be set up under the Ministry of Social Justice & Empowerment. This Committee will, along with partner Ministries of Finance, Health, Youth Affairs, NGOs and the general public, advise the Government in reducing the otherwise increasing incidence of drugs and alcohol. The State Governments will be encouraged to set up state level Cells to monitor the on-going programmes and thus help in reducing the incidence.

Prison Reforms

4.3.84 The National Human Rights Commission has already undertaken the task of rationalisation of prisons-related legislation, prisons administration and prison services and to evolve a framework for correctional treatment incorporating the much-awaited prison reforms, as a developmental activity. Crime prevention strategies will be built into various sectors of socio-economic development programmes for the community to safeguard vulnerable groups like women, girl children, street children, juvenile delinquents, drug addicts etc. Appropriate linkages between prison programmes and community-based welfare resources will be forged ahead in areas of education, vocational training, spiritual development with special programmes for mentally-disabled prisoners, HIV-infected prisoners etc. The on-going efforts of the NISD in this regard will be expedited and follow-up action on their recommendations will be initiated to bring forth reforms in close collaboration with the Ministry of Home Affairs, which is the nodal Ministry

for Prison Administration. In these efforts, attention will be paid to women in custodial care as per the recommendations of the Justice Dyers' Committee (1988) as they still stand valid even today, and the follow up reports and recommendations of the National Commission for Women and also the Committee on Empowerment of Women.

III. Caring for the Other Disadvantaged

4.3.85 The Other Disadvantaged comprise those vulnerable groups of the very young and the very old, who have been left helpless due to various social and economic factors and are increasingly becoming dependent on the State's intervention for their subsistence and protection.

Care for the Older Persons

4.3.86 There has been a gradual realisation that the welfare of the Aged, which was long considered as the family/societal duty is now emerging more and more as the responsibility of the State, especially in view of the growing numbers of destitute aged who are left 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. Acknowledging these facts, the Tenth Plan will play an increasingly pro-active role in caring for these people not only through welfare and developmental measures, but also empowering them to lead productive and self-reliant lives. Simultaneously, social institutions of family and community will also be strengthened so that they can continue to play their role as primary care-givers for the aged. Efforts will, therefore, be made to fulfil the commitments under the National Policy on Older Persons by strengthening and expanding the on-going services, besides introducing new interventions. The Plan of Action prepared on the subject will be the guide both for effective implementation of the National Policy and catering to the specific needs of older persons.

4.3.87 Shelter, health care, financial security, protection of life and property, being the major commitments under the Policy, the Tenth Plan will give special priority to attend to these areas through the on-going programmes. The existing

CARING FOR THE OTHER DISADVANTAGED

To wean away working children and potential child labour through

- Effective enforcement of the child labour regulatory legislation and rehabilitation of working children through bridge courses of education/vocational training/counselling/recreational facilities, advocacy etc

To tackle the ever increasing problem of Street Children through

- Effective networking of support systems for the welfare of Street Children through a National Initiative for Child Protection
- More emphasis on preventive measures through various developmental services for children like the ICDS, compulsory universal primary education, supplementary nutritive feeding, health and referral services, vocational training etc. and expansion of the same to needy areas
- Priority for non-institutional services for rehabilitation of children through restoring street children to their families or through foster families, sponsorships and adoption
- Encouraging more and more voluntary organisations to take up welfare and rehabilitative work for street children and expanding the CHILDLINE services to other cities

Commitments for the well-being of the Older Persons through

- Effective implementation of the National Policy on Older Persons in extending support for- financial security, health care, shelter, welfare, protection and other needs of the older persons
- Strengthening and expanding NGO network with a major objective of reaching the most needy on priority basis
- Ensuring financial security, through various pension schemes, financial preparation for old age, productive aging, income generation activities etc
- Extending Zilla Aadhars facilities to all districts
- Identifying salient features for an appropriate legislation on Old Age Protection

To promote adoption of orphaned and abandoned children with a special focus on the Girl Child through

- Promoting in-country adoption of the girl child and the mildly disabled
- Strengthening the existing monitoring mechanism for the well-being of children already placed in adoption, within the country and abroad

programmes of Old Age Homes, Day Care Centres, Mobile Medicare Centres will be vertically and horizontally expanded with additional inputs of vocational training, work therapy, recreation and interactive centres etc. to provide both physical and emotional rehabilitation for the older persons. The ultimate objective will be to have at least one Integrated Old Age Home in each district. To achieve this, NGOs will be strengthened through

capacity building, manpower training programmes and co-ordination with related welfare services of the concerned agencies. The Tenth Plan will also encourage the concept of group housing with suitable architectural modifications for safe and comfortable dwelling of the aged, through sensitising the civic authorities and town planners. With the objective of reaching affordable health services to the older persons, the Tenth Plan will

accord special attention to strengthening geriatric care and facilities in the public health systems such as the PHCs, public hospitals, hospices etc. through improved training in geriatric nursing, special wards and transport facilities to access these centres.

4.3.88 Financial insecurity being one of the prime problems that beset the aged, the Tenth Plan will endeavour to draw upon the mandate of the Policy to provide a whole range of interventions like pension schemes, financial preparation of the old-age, helping productive aging of the aged to income generation activities etc. However, as pension is the most sought-after income security measure, especially for the destitute older persons, efforts will be made to review and rationalise the on-going NOAPS to provide at least the barest minimum subsistence to the older persons and expand its coverage wherever possible. The possibility of merging and streamlining all the on-going Old Age Pension Schemes of both the centre and the states into one single national Old Age Pension Scheme with uniform pattern of assistance will also be explored in the Tenth Plan. The younger generation will be encouraged to prepare for their old age by appropriately organising post-retirement counselling/insurance programmes for the employees of various organisations through Welfare Associations, Trusts/Funds, Trade Unions etc. The Tenth Plan will also initiate the thinking process of introducing social security to the Aged as part of the total process of providing social security through encouraging savings in the informal sector. Productive aging being an important input in the policy, every effort will be made to ensure that the physical and mental capacities of large sections of the aged population are utilised productively. Various financial corporations which offer concessional financial assistance to different categories of the disadvantaged sections will incorporate specific schemes to cover older persons and extend micro-credit to them. The traditional family support systems will also be re-inforced and strengthened through awareness/sensitisation programmes to enable them to take care of their elders.

4.3.89 To empower the older persons to have a voice to express their problems and demands, the formation of SHGs/associations for promoting their

rights and interests will be encouraged. The many initiatives taken in the Ninth Plan to lend a helping hand to older persons to find solutions to their own problems, will be continued with greater vigour and strength through co-ordination of voluntary efforts and administrative initiatives. These include extending the services of the 'Zilla Aadhars' to reach every district in the country in a phased manner.

4.3.90 To enable easier access to important public utility facilities for Older Persons, affirmative action will be initiated like setting up a special Geriatric Centre in each district hospital and special OPD counters for the aged at PHCs and hospitals. Also, the railways and roadways will continue to provide priority ticketing, special queues and concessional fares for the elderly while the telecommunications department will provide them telephone connections on a priority basis.

4.3.91 The Tenth Plan will give special priority to the problems of protection of life and property of the older persons in view of the increasing number of incidents where they have become soft targets for criminal elements and are victims of fraudulent activities. Therefore, immediate steps will be initiated in collaboration with all the concerned to curb the increasing crimes against the Aged either by amending the Indian Penal Code or, if necessary, by enacting a new legislation and thus ensure the protection of their life and property. Towards this, a nation-wide programme will be launched to sensitise the enforcement machinery, especially the local police. Simultaneously, efforts will also be made to create awareness generation amongst the families and the community to make them realise that the safety of the Aged is primarily their responsibility/obligation. Henceforth, they have a major role to ensure the safety of the Aged.

Children in Difficult Circumstances

4.3.92 Children in Difficult Circumstances are those who become victims of circumstances that they are in and require help and attention of the State. They include - street children, abandoned children, orphaned children, child labour, children who have been physically and sexually abused, children in conflict with 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, terrorist attacks etc. In order to formulate comprehensive programmes for these children, the Tenth Plan will give priority to all measures for their protection, care, welfare and rehabilitation.

4.3.93 As the absence of data on these children is a major constraint in formulating need-based policies and programmes for their welfare, a nationwide survey is the need of the day to assess the size of the population of different categories of children in difficult circumstances, and in need of care and protection from the State, the problems faced by them and other related issues. This Survey will need to include an assessment of the number of all Children's Homes, Observation Homes, State-run Residential Institutions and resource directory of all the existing facilities etc. In this connection, the existing children-related legislation such as Children (Pledging) Act, 1933, Factories Act, 1948, Apprentices Act, 1961, Child Labour (Prohibition and Regulation) Act, 1986, Immoral Traffic (Prevention) Act, 1986, etc. will be reviewed. Based on the results and review of the National Survey of Children in need of care and protection, the possibility of merging the various on-going schemes/programmes into an integrated programme will be explored. A beginning has already been made in integrating child welfare programmes by merging the scheme for 'Welfare of Street Children' and the scheme of 'Shishu Grihas'. While specific programmes will be devised for different categories of children, depending upon their requirements, the concept of setting up of Comprehensive Multi-Care Centres for Children in each district will also be examined.

Street Children

4.3.94 Amongst the various categories of disadvantaged children, Street Children are the most vulnerable to abuse and exploitation. They are deprived of the basic amenities and opportunities for normal growth and, in the process, develop habits which are not only harmful to themselves, but to society at large. In the Tenth Plan, the strategy to tackle the problems of growing number of street children will be to expand and strengthen the Integrated Programme for Street

Children to bring it in conformity with the Convention on the Rights of the Child. Towards this end, the focus of activities will be on preventive and rehabilitative aspects with necessary provisions for health, nutrition, shelter, vocational training and education etc. for the all-round development of children. All these inputs will be specially modified to suit the needs of the street children, especially to help them earn a livelihood.

4.3.95 Safety of the person being a prime factor in the life of the street child, Shelter Homes or Short-Stay Homes or Drop-in Centres (especially night shelters) will get priority in the Tenth Plan in order to provide a safe place for children to stay till they can be rehabilitated. Juveniles or adolescents, (between 15 and 18 years) will be provided with After-Care Homes to take care of their rehabilitation, as they are very vulnerable to crime-prone activities at this age. Non-institutional care has been recognised as one of the most successful methods of rehabilitating children. Foster care, sponsorship and adoption are some of the processes, which will be encouraged for this purpose in order to provide complete rehabilitation to the street children in a caring and familial environment. More and more voluntary organisations will be encouraged to take up welfare activities for these children and also to expand their services to different cities. Training of service providers will be given priority attention especially for intervention, follow-up, counselling, documentation, networking and long-term rehabilitation of the children. Specially designed programmes will be developed for the care of high-risk sections of street children with alcohol/drug-abuse problems, HIV/AIDS, or those engaged in commercial sex activities.

4.3.96 A major problem faced by street children is that of accessing important facilities like health, transport, labour etc. required for their daily livelihood and safety. The NICP programme, initiated in the Ninth Plan to create child-friendly systems in agencies like the police, health care institutions, judiciary and educational institutions, will be further strengthened to sensitise and transform them into child accessible systems. This will also involve a higher degree of inter-sectoral co-ordination to enable adequate delivery of services to the distressed child. The State

Governments will also be encouraged to take an active role in the working of the NICP by enabling convergence of various resources. A detailed Plan of Action will be prepared which will include city/state-level issues concerning street children, local resources and gaps in services. Efforts will also be made to incorporate child rights into the curricula of educational institutions to sensitise and generate awareness not only among the children but also among the public. The CHILDLINE services which receive calls for help from children in distress will be adequately strengthened with appropriate inter-linkages.

Adoption of Children

4.3.97 Adoption of orphaned, abandoned and destitute children is the ideal form of rehabilitation of these children, as it provides them a congenial environment for their growth and development. To enable larger numbers of orphaned children to find a loving home, the CARA which acts as a clearing house of information with regard to children available for adoption will expand its facilities for research and documentation so that information about children available for adoption can be easily ascertained. The Voluntary Co-ordinating Agencies, on their part, will help locate suitable families for these children.

4.3.98 Priority will be given to promote in-country adoption as it is widely recognised that children are best brought up in their own social and cultural milieu. Adoption of certain categories of children like older children, mildly disabled children, siblings etc, which is limited at present, will be specially encouraged through sensitisation and awareness generation to transform the traditional mind-set and perceptions of adoptive families. 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 for adoptions will be streamlined and simplified. The possibility of foster care for children who are yet to be placed in adoption will be encouraged. A model set of guidelines and safeguards for the child placed in foster care will be developed.

4.3.99 With the growing number of Indian and foreign adoptions, there is a need to obtain feedback on the well-being of the children placed in adoption. For this purpose, the monitoring and evaluation mechanism of CARA and the Indian Embassies abroad will be strengthened to update records, facilitate home visits and provide computerised documentation facilities. CARA will also conduct programmes for training, sensitisation, awareness generation and dissemination of knowledge for different agencies connected with adoption of children such as the judiciary, police, medical professionals, social institutions etc.

National Institute of Social Defence

4.3.100 The Tenth Plan envisages a pivotal role for the NISD, New Delhi, to function as a centre of excellence whose services can be used for both national and international programmes. Supported by the strength and backing of the autonomous status conferred on the Institute in 2001, the Tenth Plan will aim to strengthen the Institute professionally, technically and financially, with the full complement of qualified professional and support facilities, to enable it to broaden its activities in the field of social defence and other disadvantaged groups. With these provisions, the Institute will revive its earlier activities of training and manpower development of social defence personnel, especially in the areas of community-based services for juvenile justice, prison welfare, prison administration, child adoption, children in need of care and protection, prevention of drug abuse, welfare of senior citizens and of the other emerging social problems. The Institute will also assist the nodal Ministry in formulating meaningful strategies and policies through its research, survey and documentation as well as monitoring the changing trends and the needs of these groups.

STATE SECTOR PROGRAMMES

4.3.101 Most of the programmes meant for these Other Special Groups are included under Social Welfare Sector and are implemented by the states, as the subject falls under the Concurrent List. The State Governments are responsible for the implementation of a number of legislations, including the PWD Act, 1995, Probation of

Offenders Act, 1958, Juvenile Justice Act, 2000, Beggary Prevention Acts in various states, Immoral Traffic (Prevention) Act, 1956 etc. They also have the responsibility of setting up mandatory institutions under the various Acts like Juvenile Homes, Children's Homes, Children's Boards, Observation Homes, Correctional Institutions, Shelter Homes, Nari Niketans, Beggar Homes etc. The states also set up institutions under various welfare programmes like orphanages, old age homes etc. For this, they receive support from the centre in the form of funding, technical guidance, manpower support etc. In fact, states were given full responsibility for implementing social defence programmes, as the subject 'Social Defence' was transferred to the state sector as early as in 1969.

IMPLEMENTING MECHANISMS

4.3.102 The nodal administrative machinery at the centre for implementing Social Welfare programmes is the Ministry of Social Justice & Empowerment, earlier known as the Ministry of Welfare. Exclusive Bureaux have been set up, one for Welfare of the Disabled and the other for Social Defence and Other Disadvantaged Groups. In the area of empowering the Disabled, a country-wide and regional network of institutional mechanism exists for providing a wide range of services for them. The seven National and Apex level Institutions, the ISIC and RCI will continue to further assist and support the regional institutional network, which includes the 6 Composite Resource Centres, the 4 Regional Rehabilitation Centres and 11 District Rehabilitation Centres, located in different parts of the country to help in reaching rehabilitation services to the un-reached, even in the remote rural areas. The NISD will function as the nodal agency for training and research mechanism for the Ministry in the field of social defence and other disadvantaged groups.

4.3.103 While the majority of State Governments have exclusive Departments/Directorates of Social Welfare, yet they continue to handle implementation of the programmes in a cursory manner. Further, they are also not equipped with professional or technical manpower to maintain the required standard of services in various institutions run by them. Though the PRIs in the rural areas and the

Local Bodies in the urban areas have been adequately empowered through Constitutional amendments, but their linkages with the programmes of the State Governments and of the voluntary sector need to be strengthened for their effective implementation, co-ordination and supervision. The Tenth Plan seeks a more intense and committed involvement of the state sector in welfare programmes as they have a major responsibility for the welfare of the disadvantaged groups. For this purpose, the standards and professionalism of the existing institutions and programmes in the states will be enhanced and so will the monitoring and evaluation systems. The PRIs and local bodies will be actively involved in implementing the programmes.

RESEARCH, EVALUATION AND MONITORING

4.3.104 Research, evaluation and monitoring will be continued through a two-pronged action plan, the first to enable effective implementation of the existing programmes in the Social Welfare sector through the process of diagnostic and evaluative research and monitoring to identify the existing gaps and to provide necessary guidance for corrective action. The second objective would be to identify the emerging areas/problems so that the requisite programmes to tackle them can be put into motion.

4.3.105 The seven National and Apex level Institutes for the various categories of the Disabled (National Institute for Multiple Disabilities being shortly set up) and the ISIC will continue research in their own areas of specialisation to enable the preparation of meaningful and need-based policies and programmes for the disabled. Their efforts will be supplemented by the RCI by incorporating the latest developments in the syllabus and training of professionals. The NISD will continue to serve as the premier Institute for research, evaluation and training not only in the areas of Social Defence, but also for the good of the other vulnerable groups like the Older Persons, orphaned, destitute children etc.

4.3.106 The present monitoring mechanism, both at the central and state levels will be strengthened and upgraded through the institutional, technological

SOCIAL WELFARE: IMPLEMENTING MECHANISMS

An extensive network of national, regional, state and grassroot level support Institutions exist to extend the necessary technical advice and support to the nodal Ministry of Social Justice & Empowerment in formulating need-based policies and programmes, experiment with innovative projects, conduct research, and develop manpower and training facilities to cater to these Other Special Groups. It includes:

National Level

For the Disabled :

- National Institutes for the Disabled
- Institute for the Physically Handicapped, New Delhi
- Indian Spinal Injuries Centre, New Delhi
- National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities, New Delhi
- Rehabilitation Council of India, Delhi
- Artificial Limbs Manufacturing Corporation of India, Kanpur
- Office of the Chief Commissioner of Disabilities, Delhi
- National Handicapped, Finance & Development Corporation, Delhi

For the Social Deviants and Other Disadvantaged:

- National Institute of Social Defence, New Delhi
- National Council for Older Persons, New Delhi
- Central Adoption Resource Agency, New Delhi

Regional Level

- Composite Regional Centres for Rehabilitation of the Disabled
- Regional Rehabilitation Centres for those with spinal injuries
- District Rehabilitation Centres for the Disabled
- Vocational Rehabilitation Centres for the Disabled
- Rural Rehabilitation Extension Centres for the Disabled

State/ District Levels/Block/Village

- State Departments/Directorates of Social Welfare
- Office of the State Commissioners for Disabilities
- Juvenile Justice Boards and Child Welfare Committees
- Zilla Aadhar for Older Persons
- PRIs/Urban Local Bodies/NGOs

and professional inputs to improve the quality and substance of the feedback with regard to the working of policies/programmes. Efforts will be made to set up institutional mechanism in those states where none exists at present. To enable greater participation, effective utilisation of funds and monitoring of programmes at the grassroot levels, the services of local bodies such as the PRIs and other community-based organisations will also be utilised.

VOLUNTARY ACTION

4.3.107 It is an established fact that the well-being of these Other Special Groups largely depends upon the community-based voluntary

ROLE OF VOLUNTARY ORGANISATIONS

Societal responsibility, in the form of Voluntary Agencies came into action for the first time in the Social Welfare Sector, when the welfare and development of these Other Special Groups viz. disabled, juvenile delinquents, vagrants/beggars, alcoholics and drug addicts, sex workers, working children, street children, orphaned, abandoned and destitute children, older persons etc. were shouldered by voluntary agencies, in view of the limited support of the State, for these groups. Even today, the welfare of these groups continue to depend largely on voluntary action, as these organisations work in close contact with the target groups and help not only in operationalising government programmes but also undertake initiatives suitably designed to address their specific problems. The contribution of voluntary organisations in caring, reforming and rehabilitating these groups is very well reflected in the rich and diverse alternative models developed/adopted by them while catering to their varied requirements. In fact, the strength of the social welfare services in the country rests on the strong foundations of the country-wide network of these voluntary organisations numbering more than 12,000 at present. The untiring efforts of voluntary action has enabled them to 'Reach the services to the Un-reached', even in the most backward, remote and inaccessible areas of the country.

action to satisfy their welfare and developmental needs, as logically, it is not possible for the State to reach out to each and every distressed individual or disadvantaged group. Voluntary organisations, being community-based entities, have been playing a very significant role as motivators and agents of change in the field of Social Welfare. These agencies also function as pressure groups to impress upon the government the need to extend welfare and social benefits for the empowerment of socially vulnerable groups. In fact, they have been effective implementing agencies in translating the government's policies and programmes into action, besides developing alternative development models. The Tenth Plan's thrust will, therefore, be not only to continue to promote and strengthen voluntary action in the country, but also to increase their outreach and extension services especially in rural areas through capacity building, trained manpower, financial independence and appropriate linkages. The NGOs will extend their services to block and village levels and network their facilities with PRIs and local bodies. To enable an even-spread of these agencies between different states, the Tenth Plan will identify good NGOs and motivate them to work in the needy areas.

PLAN OUTLAYS

4.3.108 An outlay of Rs.2004 crore has been earmarked for 'Social Welfare' Sector in the Central Budget of the Ministry of Social Justice and Empowerment in the Tenth Plan. An in-depth exercise of Zero-Based Budgeting (ZBB) was undertaken to rationalise and minimise the on-going schemes of the Social Welfare Sector to ensure optimal distribution of limited resources. Through the various techniques of ZBB viz. weeding-out, merging, transfer to non-plan, state sector and to other subordinate organisations, the 39 on-going schemes of the Ninth Plan was brought down to 16 (15 Central and 1 Centrally Sponsored Schemes). A statement reflecting the final outcome of the application of ZBB along with their share in the total outlay of the Ministry, is given in Annexure 4.3.1 and also in the Appendix. In addition, Social Welfare programmes receive plan financial support from the state sector also.

**SCHEME-WISE BREAK-UP OF TENTH PLAN (2002-07) OUTLAY OF MINISTRY OF SOCIAL JUSTICE & EMPOWERMENT
(DISABLED, SOCIAL DEFENCE & OTHER DISADVANTAGED GROUPS)**

(Rs. in crore)

Sl. No.	Name of the Scheme	NINTH PLAN (1997-2002)		Application of ZBB Techniques	Sl. No.	TENTH PLAN (2002-07)					
		Outlay	Act. Exp.			Name of the Scheme (Final outcome of ZBB)	Outlay				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)				
I. CENTRAL SECTOR SCHEMES (CS)											
A. Welfare of the Disabled											
1	National Institute for Visually Handicapped, Dehradun	12.57	9.94								
2	National Inst. for Orthopaedically Handicapped, Kolkata	12.68	5.24								
3	National Institute for the Hearing Handicapped, Mumbai.	14.05	7.44								
4	National Institute for the Mentally Handicapped, Secunderabad	16.81	15.52	Merged & Retained (Renamed as 'Scheme for Funding to National Institutes')	1	Scheme for Funding to National Institutes	210.80				
5	National Institute of Rehabilitation, Training & Research, Cuttack	16.52	16.04								
6	Institute for the Physically Handicapped, New Delhi	8.20	4.90								
7	National Institute for the Multiple Handicapped, Chennai	23.00	0.00								
8	National Institute of Social Defence, New Delhi	5.60	6.68								
9	Artificial Limbs Manufacturing Corporation, Kanpur	28.20	17.60					Retained	2	Artificial Limbs Manufacturing Corporation, Kanpur	20.50
10	Scheme of Assistance to Disabled Persons for Purchasing /Fitting of Aids & Appliances	109.78	133.80					Retained	3	Scheme of Assistance to Disabled Person for Purchasing /Fitting of Aids & Appliances	354.50
11	Assistance to Vol. Organisations for the Disabled							Merged & Retained (Renamed as 'Scheme to Promote Voluntary Action for Persons with Disabilities')	4	Scheme to Promote Voluntary Action for Persons with Disabilities	503.00
12	Assistance to Vol. Organisations for Rehabilitation of Leprosy Cured Persons										
13	Assistance to Vol. Organisations for Persons with Cerebral Palsy and Mental Retardation	201.80	232.99								
14	Assistance to Vol. Organisations for Establishment of Special Schools										
15	Indian Spinal Injury Centre	23.28	15.06	Retained	5	Indian Spinal Injury Centre	25.00				
16	Rehabilitation Council of India	26.41	12.01	Retained	6	Rehabilitation Council of India	22.00				
17	National Trust for Persons with Mental Retardation	13.28	99.00	Weeded out (To be an Independent Body)	-	National Trust for Persons with Mental Retardation	21.00*				

* An amount of Rs. 21 crore (of which Rs. 1 crore as the spill over of the Ninth Plan corpus of Rs. 100 crore) to be paid to the Trust and the scheme to be weeded out during the year 2002-03 itself.

(Rs. in crore)

Sl. No.	Name of the Scheme	NINTH PLAN (1997-2002)		Application of ZBB Techniques	Sl. No.	TENTH PLAN (2002-07)	
		Outlay	Act. Exp.			Name of the Scheme (Final outcome of ZBB)	Outlay
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
18	National Handicapped Finance and Development Corporation	226.40	51.30	Retained	7	National Handicapped Finance and Development Corporation (NHFDC)	97.50
19	National Programme for Rehabilitation of Persons with Disabilities	94.05	104.13	Transferred to States		—	—
20	Implementation of the Persons with Disabilities (PWD) Act, 1995	104.14	16.21	Merged & Retained (Merged with Sl. No. 38 of CSS and renamed as 'Implementation of the Persons with Disabilities (PWD) Act, 1995'.)	8	Implementation of the Persons with Disabilities (PWD) Act, 1995	154.00
21	Six Regional Composite Resource Centres	0.00	0.00				
22	Science & Technology Projects in Mission Mode	8.42	4.32				
23	Office of the Chief Commissioner for Persons with Disabilities	7.44	1.45	Weeded out (Transferred to Non-Plan)	-	Office of the Chief Commissioner for Persons with Disabilities (Spill-over only for 2002-03)	1.00
24	Support to Children with Disabilities (An UNDP funded Scheme)	0.00	1.11	Retained	9	Support to Children with Disabilities (An UNDP funded Scheme)	2.37
	Total (A)	952.63	754.74				1411.67
B.	New Scheme	-	-	-	10	College of Rehabilitation Sciences	53.73
	Total (A + B)	952.63	754.74				1465.40
C. Social Defence and other Disadvantaged Groups							
25	Education work for Prohibition and Drug Abuse	80.00	88.84	Merged & Retained (Renamed as 'Assistance to Vol. Orgns. for providing Social Def. Services including Prevention of Alcoholism & Drug Abuse')	11	Assistance to Vol. Orgns. For providing Social Def. Services including Prevention of Alcoholism & Drug Abuse	158.50
26	Assistance to Vol. Orgns. for providing Social Def. Services including prevention of Alcohol & drug abuse	7.50	9.08				
27	Central Adoption Resource Agency (CARA)	3.26	2.28	Weeded out (To be Transferred to Non Plan from 2003-04)	-	Central Adoption Resource Agency (Spill-over only for 2002-03)	2.00
28	Integrated Programme for Street Children	32.98	31.78	Merged & Retained (Renamed as 'GIA for Welfare of Children in Difficult circumstances')	12	Grant-in-aid for Welfare of Children in Difficult circumstances	85.90
29	Assistance to Homes for Infant and Young Children for Promoting In-country Adoption	9.00	7.47				
30	Assistance to Vol. Orgns. for Programmes related to Aged.	56.42	51.66	Retained	13	Assistance to Vol. Orgns. for Programmes related to Aged.	104.00

(Rs. in crore)

Sl. No.	Name of the Scheme	NINTH PLAN (1997-2002)		Application of ZBB Techniques	Sl. No.	TENTH PLAN (2002-07)	
		Outlay	Act. Exp.			Name of the Scheme (Final outcome of ZBB)	Outlay
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
31	Grant-in-aid for Research Studies and Publications	2.14	1.69	Merged & Retained (Renamed as 'GIA for Research, Information & Other Miscellaneous'.)	14	Grant in aid for Research, Information and Other Miscellaneous	34.60
32	Information and Mass Education Cell	16.00	16.18				
33	Miscellaneous Scheme	2.30	0.00				
34	Scheme for Beggary Prevention	0.48	0.48	Weeded out		—	—
35	Assistance to all India Vol. Orgns. in the field of Social Welfare	0.00	0.00				
36	Grant-in-aid to School of Social Work	0.00	0.00				
Total (C)		210.08	209.46				385.00
D.	<u>New Scheme</u>	—	—	—	15	Scheme for Welfare of Working Children & Children in Need of Care and Protection	45.00
Total (C + D)		210.08	209.46				430.00
TOTAL - I (A to D)		1162.71	964.20				1895.40
II. CENTRALLY SPONSORED SCHEMES (CSS)							
A. Welfare of the Disabled							
37	Employment of the Handicapped	5.00	3.61	To be transferred to States	-	Employment of the Handicapped (Awaiting NDC's approval)	3.60
38	Regional Rehabilitation Centres	0.00	0.00	Merged (Merged with Sl. No. 20)		—	—
Total (A)		5.00	3.61				3.60
B. Social Defence and other Disadvantaged Groups							
39	Scheme for Prevention and Control of Juvenile Social Maladjustment	41.24	52.58	Retained	16	Scheme for Prevention and Control of Juvenile Social Maladjustment	105.00
Total (B)		41.24	52.58				105.00
TOTAL - II (A+B)		46.24	56.19				108.60
GRAND TOTAL - I + II		1208.95	1020.39				2004.00

Note : 10% of the total outlay of the Ministry is earmarked for the North Eastern States.