

## Evaluation Study on “The Scheme of Assistance to Differently Abled Persons for Purchase/Fitting of Aids/Appliances (ADIP)”



Planning Commission  
Programme Evaluation Organisation  
Government of India  
New Delhi  
December 2013



## PREFACE

The Government of India has constantly endeavoured to provide the disabled or otherwise called differently abled persons with aids/appliances at minimum costs, so that they not only become independent, but also multiply their family income and contribute to the development process. The requirement for providing of essential aids and appliances to the disabled persons for their social, economic and vocational rehabilitation came into sharp focus after implementation of Persons with Disabilities Act 1995 (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, which came into force in 1996. The Government of India launched the scheme of Assistance to Disabled persons for Purchase/fitting of Aids/Appliances (ADIP) with effect from April, 2005. The Ministry of Social Justice and Empowerment implements the ADIP by providing grant-in-aid to the NGOs and other executive agencies of the Centre/State Governments with the aim of reducing the effects of disabilities, and, enhancing the economic potential of the disabled persons by bringing suitable, durable, scientifically manufactured, modern, standard aids and appliances within their reach.

At the behest of the Ministry of Social Justice and Empowerment, the Development Evaluation Advisory Committee (DEAC) entrusted Programme Evaluation Organisation (PEO) to conduct an evaluation study of the ADIP scheme with the objective of assessing the coverage, targets achieved, implementation process, timeliness and availability of funds, quality of aids/appliances, capability of implementing agencies in providing aids, explore bottlenecks and give recommendations if any for improvement and necessary rectification in future. The study covered selected NGO's (the actual implementing agencies), beneficiaries and non-beneficiaries available in 53 sample district spread over 18 sample states (AP, Assam, Bihar, Chhattisgarh, Goa, Gujrat, J&K, Jharkhand, Kerala, Maharashtra, Meghalaya, Orissa, Punjab, Rajasthan, Sikkim, Tamil Nadu, UP and Uttarakhand) of the country.

The evaluation study has revealed that above 37 per cent of the beneficiaries are in the age group of 16 to 30 years, whereas 29 per cent of the beneficiaries are in the age group of 31 to 50 years and only 4 per cent of the beneficiaries are above 75 years of age. It has also been found that all the selected beneficiaries belong to BPL category. About 66 per cent of beneficiaries became independent in their living and 63 per cent of beneficiaries got work after the receipt of appliances. There have been mixed responses on the quality of aids and appliances provided, though they were of BIS standards but were at times received in damaged condition. And also, maintenance of appliances has not been provided. The awareness about the scheme was very low, almost 57 per cent knew about it. It was also observed that prior to getting the benefits, the beneficiaries and caretakers were not aware about it. It was reported

from 50 per cent of the selected beneficiaries that they had decreased their dependency on others. The dissatisfaction with respect to rehabilitation under the scheme was high in the states of Odisha - 84.7 per cent and Bihar - 80.9 per cent. It was also reported by 61 per cent of the beneficiaries that they face different disgraceful situations in the society due to their disabilities. The details of the findings have been systematically framed into different chapters of the report.

The study has received constant support and encouragement of honourable Deputy Chairman, Planning Commission and Secretary, Planning Commission. The study was outsourced to Mott Macdonald and the final report and analytical framework was developed under my guidance and support. I would like to thank the resource persons of Mott Macdonald and officers and staff of PEO, especially to Dr. R.C.Dey and Shri L.N.Meena, who were involved in the evaluation study of the scheme. Necessary cooperation and suggestions by the officers of Ministry of Social Justice & Empowerment and the concerned division of Planning Commission are greatly acknowledged.

I hope that this evaluation study of ADIP scheme would provide insightful inputs to the Ministry and implementing agencies at various levels and the findings of report will help in understanding the benefits and problems in implementation. The suggested recommendation can help in taking suitable corrective measures for achieving the desired objectives and will have long term positive impact on the targeted population.



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December, 2013  
New Delhi

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# Executive Summary

## Introduction

As per 2001 Census, India has 2,19,06,769 Differently Abled Persons, which comprise roughly 2% population. Disability restricts the opportunities amongst this section of population to lead functionally productive lives and stunts/restricts their economic and social growth.

The requirement for providing aids/appliances, which is essential for the social, economic and vocational rehabilitation of the Differently Abled Persons, has come into sharp focus, particularly after the enactment of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act-1995, which came into force in 1996.

It has been the constant endeavour of the Government of India to provide the Differently Abled Persons with aids/appliances at minimum costs. With this vision, the scheme of '**Assistance to Differently Abled Persons for Purchase/Fitting of Aids/Appliances (ADIP)**' was launched under Ministry of Social Justice and Empowerment in its current format in April, 2005. Under the ADIP scheme, the Ministry of Social Justice and Empowerment (MoSJ&E) provides Grant-in-Aid to NGOs and other Implementing Agencies (IAs) with an aim to assist the needy persons with disabilities to promote their physical, social and psychological rehabilitation. The main objectives of the Scheme is to assist the needy Differently Abled persons in procuring suitable, durable, sophisticated and scientifically manufactured, modern, standard aids and appliances that can promote their physical, social and psychological rehabilitation, by reducing the effects of disabilities and enhance their economic potential. The aids and appliances supplied under the Scheme must be ISI marked.

The aids/appliances valued at less than or equal to INR 6,000 are covered under the Scheme. However, for visually, mentally, speech & hearing or multiple Differently Abled, the limit is INR 8,000 per individual during their study period after IX standard. The limits apply to individual items of aid and where more than one aid is required, the ceiling apply separately.

Table E.1: Quantum of assistance provided to Differently Abled Persons under AIDIP Scheme

Type of Impairity	Grants-in-Aid Provided for Medical/Surgical Correction (in INR)	Grants-in-Aid Provided under normal circumstances (in INR)	Grants-in-Aid Provided if the beneficiary is studying beyond IX Standard (in INR)	Travelling expenses paid for travel to nearest Rehabilitation Centre for each visit	Bording & Lodging expenses paid for travel to nearest Rehabilitation Centre for each visit (not exceeding INR 450)*
Hearing & Speech	500	6000	8000	250+250 for one attendant	30 per day
Visual	1000	6000	8000	250+250 for one attendant	30 per day
Locomotors	3000	6000	8000	250+250 for one attendant	30 per day
Mental	-	6000	8000	250+250 for one attendant	30 per day

Source: Collated from literature available on website of MoSJ&E

\* Only for those patients whose total income is up to INR 6,500 per month

Further, travel cost is allowed which is limited to bus fare in ordinary class or railway by second class sleeper subject to a limit of INR 250 for each beneficiary, irrespective of the number of visits to the centre and a Certificate from Doctor or Rehabilitation Professional. Travel expenses subject to the same limit is admissible to an attendant/escort accompanying the beneficiary. The beneficiary should attend the Rehabilitation Centre nearest to his/her place of residence, except in the North-Eastern Region where he/she may be allowed travel cost for travelling outside the Region till such facilities become available within that Region. Boarding and Lodging expenses at the rate of INR 30 per day for maximum duration of 15 days is admissible, only for those patients whose total income is up to INR 6,500 per month.

### **Eligibility of Beneficiaries**

The ADIP Scheme aims to provide assistance to Differently Abled persons who come from poor economic base and lack the financial resources to meet the expenses for the physical aids which can help them in living a life with reduced or no effect of disability. The following table provides the economic criterion for availing the benefits under the ADIP Scheme.

Table E.2: Quantum of assistance provided to Differently Abled Persons according to their financial status

<b>Sl No</b>	<b>Total Income of household per month</b>	<b>Amount of Assistance</b>
1	Up to INR 6,500	Full cost of aid/appliance
2	INR 6,501 to INR10,000	50% of the cost of aid/appliance

Source: Ministry of Social Justice and Empowerment

Apart from economic criterion, a person with disabilities fulfilling following conditions would be eligible for assistance under ADIP Scheme through authorized agencies:

- He/she should be an Indian citizen of any age.
- Should be certified by a Registered Medical Practitioner that he/she is Differently Abled and fit to use prescribed aid/appliance.
- Person who is employed/self-employed or getting pension and whose monthly income from all sources does not exceed INR 10,000 per month.
- In case of dependents, the income of parents/guardians should not exceed INR 10,000 per month.

Persons who have not received assistance from the Government, local bodies and Non-Official Organisations during the last 3 years for the same purpose. However, for children below 12 years of age, this limit would be 1 year.

### **Eligibility of Implementing Agency under the Scheme**

Ministry of Social Justice and Empowerment provides Grant-in-Aid to NGOs and other Implementing Agencies for implementation of ADIP scheme. The following agencies are eligible to implement the Scheme on behalf of Ministry of Social Justice and Empowerment, subject to fulfilment of laid down terms and conditions:

- Societies, registered under the Societies Registration Act, 1860 and their branches, if any, separately.
- Registered charitable trusts
- District Rural Development Agencies, Indian Red Cross Societies and other Autonomous Bodies headed by District Collector/Chief Executive Officer/District Development Officer of Zilla Parishad.



- National/Apex Institutes including Artificial Limb Manufacturing Corporation functioning under administrative control of the Ministry of Social Justice and Empowerment/Ministry of Health and Family Welfare.
- State Handicapped Development Corporations.
- Local Bodies - Zilla Parishad, Municipalities, District Autonomous Development Councils and Panchayats.
- Nehru Yuvak Kendras.
- Grant-in-aid under the Scheme will not be given for commercial supply of aids/appliances.

### **Study Objective**

The evaluation study of the “The Scheme of Assistance to Differently Abled Persons for Purchase/Fitting of Aids/Appliances (ADIP)”, is including the following objectives:

- To assess the coverage of the scheme (physical target achieved).
- To examine the implementation process including availability, adequacy and timelines of funds earmarked for assistance to Differently Abled persons for purchase / fittings of aids / appliances.
- To assess the quality of the aids / appliances provided to the Differently Abled persons under the scheme.
- To examine the capability of the implementing agencies including the NGOs in providing aids / appliances to the Differently Abled persons and how far they have taken care and succeeded in making suitable arrangements for fitting and post fitting of the aids and appliances distributed under the scheme.
- To examine how far the main objective of the scheme has been achieved in assisting the needy Differently Abled persons in procuring durable, sophisticated and scientifically manufactured, modern, standard aids and appliances that have promoted their physical, social and physiological rehabilitation, by reducing the effect of disabilities and enhanced their economic potential.
- To find out the bottlenecks of the scheme and to suggest remedial measures for improvement.

### **Study Sample and Reference Period**

The study reference period is from 2007-08 to 2009-10 (3 years).The total coverage was 124 In-depth Interviews and 4329 semi-structured interviews spread across 53 districts and 18 States.

### **Study Limitation**

- The State and district officials are not maintaining the list of implementing agencies and beneficiaries supported each year under this scheme. Thus, our team had to depend on the implementing agency for beneficiary details which many a times were not provided in time, during the course of the study and/or not provided at all by few agencies (Ratna Nidhi Trust, Ali Yabar Jung, Banvashi, Jivan Kiran Rehabilitation Society did not provide the details at all).
- The study team tried to contact 5516 beneficiaries from the list provided by the implementing agencies so that the sample of 3180 could be achieved but field team could contact only 2469 beneficiaries the reason for not able to complete the sample is mentioned below;
  - Despite repeated visits to the locations specified many of the beneficiaries could not be located in most of the States except Goa, Bihar and Uttarakhand wherein field team could find most of the beneficiaries (based on list provided by the implementing agencies) at their respective addresses. Implementing agencies were asked about the reason of such wrong address, it was reported that

addressed are provided by beneficiary only and since there is no mandate of address verification they are bound to record what beneficiaries are mentioning. They further mentioned that verifying the addresses was never their mandate.

- Also the scheme has assisting weaker sections of the society, including beggars, and in many cases the assisted population were found migrated from the address provided.

## **Study Findings**

Census 2001 has estimated 21.9 million Differently Abled persons in India which constitute more than 2 % of total population. Out of these, 12.60 million were males and 9.30 million were females (Table 3.1). Looking into the type of disability from table 3.2, it can be seen that about 48.55 % have visual disability followed by 27.87 % with locomotors disability, while 10.33 % are mentally ill, 7.49 % had speech disability, 5.76 % had hearing problems.

Data of table 3.3 related to three years financial performance indicates that 46.2%(INR 5393.355 lakh) of the total allocated fund (INR 11680.09 Lakh) was released and the same was utilised. Similarly table 3.4 shows that 60% of the funds allocated to the 53 selected districts have been released and was utilised during the reference period. The lower release to some districts is due to lack of proposal sent by State Government to Ministry of Social Justice and Empowerment (MOSJE).

As per data collected from different implementing agencies (working at grassroots level), we find that 14659 beneficiaries have been supported in the 53 sampled districts (Table 3.5).

Looking at the physical performance, table 3.6 reveals that on an average INR 4,331 has been spent for each differently person in the country which is on the lower side as per guideline ( the guideline mentions that the expenditure per person should not go beyond INR 6,500). It appears that this must be for the cost of providing better quality equipment under the scheme. However implementing agencies in States like Goa, Sikkim, Maharashtra, Meghalaya, Jammu & Kashmir and Punjab have crossed the limit by spending more funds for the equipments provided to each beneficiary. On the contrary, the implementing agencies of the states like Gujarat, Utrakhand and Jharkhand had spent only INR 2000/- or less for providing assistance to one beneficiary and with this cost, Quality equipments cannot be provided.

It was observed that apart from few small local organisations, the scheme has been implemented by a few non government organisations named Artificial Limb Manufacturing Corporation (Uttar Pradesh), Ali Yavar Jung National Institute For The Hearing Handicapped (Mumbai, Maharashtra), Bhagwan Mahaveer Viklang Sahayatha Samiti (Jaipur, Rajasthan), Medical Care Centre Trust (Karelibang, Vadodara), Narayan Seva Sansthan (Udaipur, Rajasthan), National Institute For The Visually Handicapped (Dehradun, Uttaranchal) and Pt. Deen Dayal Upadhyay Institute For The Physically Handicapped (New Delhi). The aforementioned organisations are big but do not have offices in the States where they have worked, they implement the scheme in partnership with local organisations who are very small and inefficient to work on their own. These small organisations help the larger NGOs to organise the camps and advertise so that the beneficiaries can be reached.

Table 3.7 reveals that during field visits a total 2469 beneficiaries were contacted in 18 selected States of which about 35.52 % belong to the age group of 16 to 30 years, the most productive age followed by 29 %

of age group of 31 years to 50 years, 15 % each to below 15 years and 51 to 75 years. Further 4 % beneficiaries were above 75 years of age.

It was observed that all 2469 contacted beneficiaries who have been supported under the project belong to lower strata of the society i.e. are below the poverty line. Few of them are beggars living in Ashrams as they have been separated from their family and having no other livelihood option and a very large number of beneficiaries are homeless beggars in the states of Bihar, Kerala, Tamilnadu & Uttarakhand (table 3.9). 52.37% beneficiaries are not working, it can also be referred from reports that only 46% of Differently Abled in working age are employed. There is a recent adverse development i.e. decline in the employment rate of working age disabled people has been observed, from 42.7% in 1991 to 37.6 % in 2002 (*Source: census 1991 & 2001*).

All the beneficiaries have reported that they have received the benefit after they have submitted certificate from a Registered Medical Practitioner that he/she is Differently Abled and fit to use prescribed aid/appliance. Apart from certificate they have also undergone a check-up organised by implementing agency during camps.

It has been observed during the survey that prevalence of locomotor disability is quite high (68.57%) in comparison with other physical disabilities. It has been noticed in the field that the main focus of the Implementing agencies is the orthopedically handicapped. Among the contacted beneficiaries, 26% were supported for hearing problems, while 5% were visually impaired (Table 3.14).

From the table 3.15, it can be inferred that the main cause of disability of the beneficiaries was congenital (45.9%) which symbolizes a heredity pattern to the source of disease. However the other causes of the disability were illness (29.4%) and accidents (24.6%) causing various physical impairments.

61% beneficiaries had to face different disgraceful situations due to their disability, it was found that the society behaves very rudely with the physically challenged person and looks upon them with sheer disregard (Table 3.16).

Table 3.17 provided that 57% beneficiaries were aware of the ADIP Scheme. The appliances obtained under ADIP by 49.13% beneficiaries till the fitment of the appliance followed by 48% of the beneficiaries who obtained their appliance immediately and very low only 3% did not receive their appliance till surgery (table 3.19). 98% beneficiaries have received aids/ appliances once or twice during the reference period (table 3.21)

Table 3.24 provides information on livelihood of persons with disabilities about 1176 contacted beneficiaries were involved in one or other livelihood activity of these 37% were working before receiving benefit but 63% beneficiaries reported they got to work only after receiving assistance and their standard of living has been improved.

66% beneficiaries reported that the aids provided to them have increased their independence by increasing their mobility (table 3.23).

Looking at the level of satisfaction from table 3.27 it can be concluded that 84.7% of the beneficiaries of Odisha state are dissatisfied followed by Bihar (80.9%), Assam (47.2%), Maharashtra (23.9%), J&K (19%) and Rajasthan (12.2%). Beneficiaries of remaining states are either satisfied or somewhat satisfied.

There have been mixed response from the beneficiaries on the quality of appliance provided. Field team found that the appliances which most of the beneficiaries were using currently are of BIS Standards and mostly purchased by Artificial Limb Manufacturing Corporation . But they were found in damaged condition and beneficiaries are some how managing with such appliances. This is due to the fact that the implementing agencies are not providing the maintenance of appliances, hence some of them become redundant. As the appliances are given to persons who are below poverty line, these beneficiaries do not even have enough money to maintain these appliances. It is also found that shops for repair and maintenance of aids and appliances are also not available within their reach. Thus, costly aids and appliances with very minor problems are abandoned by the beneficiaries and they go back to their previous condition of disability. Many of the beneficiaries have reported that they had to throw (in case of hearing aid) or have sold (in case of tricycle) the appliances received by them because they were not working properly.

The major problems of the appliances as was reported include:

- Punctured tyres, in some cases even torn off
- Broken tricycle handles
- Crutches without rubber bushes
- Arm rest of crutches torn off
- Hearing aids not functioning properly

There is no doubt that the scheme has helped in changing lives of a large number of persons. The overall impact observed during field survey based on detailed interaction with the beneficiaries, district offices and implementing agencies are as follows:

- Increased mobility, now the Differently Abled in the “locomotor” category are able to move freely without constant support from others.
- It was observed that these people now move freely in their villages and interact with other people rather than sitting at home, which was the case before.
- Many have been able to find some livelihood as they can now reach workplace easily.
- There is a feeling among the beneficiaries that the government gives a thought for their condition and attempts are being made to improve them.

## **Issues**

Though the ADIP scheme has succeeded in its objectives, there are some constraints which hinder effective implementation of the scheme. Some of these are as listed below.

- Weak institutional coordination, State level line departments are involved in approving and forwarding the application of the implementing agencies. However, once the fund gets approved by the Central Government, implementing agencies are directly receiving funds from Central Government and States are not intimated about fund disbursal. Thus, State Government is not been able to monitor and assess the process and quality of implementation. Because of this reason some implementing agencies are not adhering to the implementation guidelines.

- Poor and untimely release of fund has been observed, as only 60% of the allocated fund was actually released during the reference period. Implementing agencies reported that delay in release of fund is a big challenge which is directly affecting the planning of scheme implementation.
- Lack of proper and updated database of the Differently Abled people- There is no proper records of the distribution of Differently Abled person either with the district office of Social Justice and Empowerment or the implementing agencies.
- The district offices and implementing agencies are relying on the census done by the Central Government which is done once in ten years. For providing effective aid to the Differently Abled it is necessary to have proper details which will help in planning the location of organising camps and the number of Differently Abled who need to be attended.
- Lack of mechanism to ensure that all tehsils and villages of the district are benefited from the scheme- The Centre allocates funds for a specific district. There is no mechanism to ensure that all tehsils and their respective villages are benefited from the received fund. The implementing agencies have the liberty to select location of organising camps as per their ease.
- There are other self managed NGO's who are working in the district. Some of these also organise camps and distribute appliances to Differently Abled persons.
- Also it is difficult to ensure that the beneficiary will not sell the appliance given to him/her to some other people or for scrap, which has been pointed out by the implementing agencies. There have been incidents where many Differently Abled people have sold the appliance given to them for some money as they do not have any other livelihood.
- Many beneficiaries cannot afford the Maintenance cost of the appliances given to them. As a result as the appliance breaks down after some months, they become non functional. This is affecting the effectiveness of the scheme. Also, under this scheme a person will be provided the aid next time only after three years, while in many a cases the issued appliance becomes non functional within six months or a year.
- There is serious lack of system to evaluate the work done by the implementing agencies.
- It was pointed out by the IA's that persons living in distant villages do not come to take the appliances in the camps organised, as bulky appliances such as tricycles would need a jeep to carry them to their villages and they cannot bear that cost.
- The awareness among the beneficiaries (56.91%) about the scheme seems low. Only a handful of the beneficiaries said that they have heard about the scheme.
- Before conducting camps, organisations advertise and inform people about when and where camp is going to be organised. In the case of Artificial Limb Manufacturing Corporation, implementing agencies like Narayan Sewa Sansthan , Bhagwan Mahaveer, Viklang Sahayatha Samiti are based outside the district and have no institutional setup in most of the States. Therefore, information about the camp is not able to reach to the beneficiaries properly specially in the remote areas. Hence, a large chunk of population remains un-served.
- It was observed that before getting benefit, the beneficiaries and their care takers were not aware of the scheme.
- Caretakers are also not able to take up livelihood options because of the beneficiary.
- In some cases the quality of the aids provided was poor in quality. This is happening especially with hearing aids. Beneficiaries using artificial limbs have complained that the durability of the limbs is very low. Once it gets damaged they have no option, other than discarding it or approaching to District Disability Rehabilitation Centre for getting it repaired.
- There is lack of capacity in local level agencies/NGOs to implement the scheme.

- It was reported by most of the beneficiaries and their caretakers that the reaction of society is adverse towards the Differently Abled and their family (table 3.16 and 3.26).

The objectives of the ADIP scheme though being very clear and simple, it has not been effective to satisfactory levels due to above mentioned constraints. Hence it would be useful if mechanisms/ systems can be built-in so that these can be looked into.

## **Recommendations**

After analyzing the issues the recommendations are as follows

- The State should be involved in monitoring the activities as are being done by the IAs – currently the State Government is involved in forwarding the applications to the Central Government for the scheme but subsequently they are not informed when the application is accepted and funds are provided to the IAs. Thus, though the IAs are independent in their operation but there is no monitoring mechanism in place- this should ideally be done by the State Governments and mechanism needs to be put in place for the same.
- Release of fund should be streamlined by Ministry of Social Justice & Empowerment so that timely benefit could reach to the needy individuals (Differently Abled) i.e. about 8% of the Indian population.
- There needs to be a proper updated list of Differently Abled people at district level which should be used to implement activities. This can be done by the district office and whichever implementing agency is operating in the district can coordinate with the district office for the same. District offices should issue a card to the beneficiaries and these cards can be made mandatory for receiving benefit. District offices should ensure that there is a mechanism to ensure the adequate coverage of all tehsils and respective villages of the districts under the scheme.
- This updated list of Differently Abled person and cards should be used to maintain data of the number and details of beneficiaries and non beneficiaries. This in turn will ensure that nobody gets aid or appliance more than once in the span of three years and thereby will enable to cover more number of Differently Abled persons.
- It is recommended that all agencies working in providing such aids work together – this will ensure that the person benefiting less than one scheme does not take benefits from other sources.
- The registration process has to be made proper and rigorous. The address list of the beneficiaries has to be verified and back checking be done to find out the quality of the appliances provided on an annual basis.
- Due-diligence should be adopted so that proper/defect free aids/appliances are issued at the first place. Also, there should be provision for organising maintenance camps from time to time under the scheme so that in case of defects with the aids/appliances issued to the beneficiaries, they can get the same repaired in these camps.
- Many of the disability observed during field visit are preventable, including disabilities that arise in the circumstances surrounding birth, including maternal conditions, from malnutrition, and from causes such as traffic accidents or workplace injuries. Thus, we should strengthen following ;
  - Immunization Programs
  - Polio eradication
  - National Blindness Control Programme (NBCP)
  - National Leprosy Eradication Programme
  - Prevention in the general health care system

- Capacity building of local level NGOs to provide after fitting services and maintenance of defective aids and appliances, with the help of National NGOs can bring a boost to the scheme implementation.
- It should also be made mandatory for the implementing NGOs or their partners to have local office at the district level, wherein they are implementing the scheme. In such cases major NGOs like Narayan Seva Sansthan, Artificial Limb Manufacturing Corporation, Bhagwan Mahaveer Viklang Sahayatha Samiti etc. will have to establish partnership with local NGOs for implementing the scheme and in the same time beneficiaries will have a local office from where they can access maintenance of their aids and appliances.
- Education and employment of Differently Abled remained a serious concern thus, it is recommended that District level authority should link the scheme (ADIP) with other capacity building programmes so that beneficiaries after receiving benefit can be chanelised to undertake suitable program so that he can lead his life independently.
- It was also observed that care takers of the beneficiaries are also not able to take up livelihood opportunities as he/she has to take care of the beneficiary all the time thus, it is recommended that day care units can be established for Differently Abled so that their care takers can leave them for definite time period and go to their respective working places.
- Social awareness and social sensitization can be included as a component in the scheme so that society can be sensitised and can be made more responsible towards the Differently Abled. Hence awareness generating activities including advertisements could be done rigorously so that Differently Abled and their care takers are aware of the scheme.



# 1. Introduction

This report is the outcome of the evaluation study of the scheme “Assistance to Differently Abled Persons for Purchase/Fitting of Aids/Appliances (ADIP) in 18 Indian States’. This report presents evaluation of the scheme in all the States, viz, Punjab, Rajasthan, Jammu & Kashmir, Uttar Pradesh, Uttarakhand, Chhattisgarh, Jharkahnd, Orissa, Bihar, Gujarat, Maharastra, Goa, Kerala, Tamil Nadu, Andhra Pradesh, Meghalaya, Assam and Sikkim.

## 1.1 About ADIP Scheme

As per 2001 Census, India has 2,19,06,769 Differently Abled Persons, which comprise roughly 2 % population. Disability restricts the opportunities amongst this section of population to lead functionally productive lives and stunts/restricts their economic and social growth.

The requirement for providing aids/appliances, which is essential for the social, economic and vocational rehabilitation of the Differently Abled Persons, has come into sharp focus, particularly after the enactment of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act-1995, which came into force in 1996.

It has been the constant endeavour of the Government of India to provide the Differently Abled Persons with aids/appliances at minimum costs. With this vision, the scheme of ‘**Assistance to Differently Abled Persons for Purchase/Fitting of Aids/Appliances (ADIP)**’ was launched under Ministry of Social Justice and Empowerment in its current format in April, 2005. Under the ADIP scheme, the Ministry of Social Justice and Empowerment (MoSJ&E) provides Grant-in-Aid to NGOs and other Implementing Agencies (IAs) with an aim to assist the needy persons with disabilities to promote their physical, social and psychological rehabilitation. The main objectives of the Scheme is to assist the needy Differently Abled persons in procuring suitable, durable, sophisticated and scientifically manufactured, modern, standard aids and appliances that can promote their physical, social and psychological rehabilitation, by reducing the effects of disabilities and enhance their economic potential. The aids and appliances supplied under the Scheme must be ISI marked.

As per the guidelines of the Scheme, the organizations that can act as Implementing Agencies under the Scheme include NGOs (societies/trusts), State Handicapped Development Corporations, Local Bodies (both Panchayati Raj and Municipal bodies), District Autonomous Development Councils, DRDAs, District Red Cross Societies, District Disability Rehabilitation Centre (District Disability Rehabilitation Centre ), Nehru Yuva Kendras (NYKs), National Institutes (NIs) of this Ministry and the Artificial Limb Manufacturing Corporation.

## 1.2 Quantum of Assistance

The aids/appliances valued at less than or equal to INR 6,000 are covered under the Scheme. However, for visually, mentally, speech & hearing or multiple Differently Abled, the limit is INR 8,000 per individual during their study period after IX standard. The limits apply to individual items of aid and where more than one aid is required, the ceiling apply separately. The amount of assistance provided under the scheme is detailed in Table 1.1.



Table 1.1: Quantum of assistance provided to Differently Abled Persons under ADIP Scheme

Type of Impairity	Grants-in-Aid Provided for Medical/Surgical Correction (in INR)	Grants-in-Aid Provided under normal circumstances (in INR)	Grants-in-Aid Provided if the beneficiary is studying beyond IX Standard (in INR)	Travelling expenses paid for travel to nearest Rehabilitation Centre for each visit	Boarding & Lodging expenses paid for travel to nearest Rehabilitation Centre for each visit (not exceeding INR 450)*
Hearing & Speech	500	6000	8000	250+250 for one attendant	30 per day
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Locomotors	3000	6000	8000	250+250 for one attendant	30 per day
Mental	-	6000	8000	250+250 for one attendant	30 per day

Source: Collated from literature available on website of MoSJ&E

\* Only for those patients whose total income is up to INR 6,500 per month

Further, travel cost is allowed which is limited to bus fare in ordinary class or railway by second class sleeper subject to a limit of INR 250 for each beneficiary, irrespective of the number of visits to the centre and a Certificate from Doctor or Rehabilitation Professional. Travel expenses subject to the same limit is admissible to an attendant/escort accompanying the beneficiary. The beneficiary should attend the Rehabilitation Centre nearest to his/her place of residence, except in the North-Eastern Region where he/she may be allowed travel cost for travelling outside the Region till such facilities become available within that Region.

Boarding and Lodging expenses at the rate of INR 30 per day for maximum duration of 15 days is admissible, only for those patients whose total income is up to INR 6,500 per month.

### 1.3 Eligibility of the Beneficiaries

The ADIP Scheme aims to provide assistance to Differently Abled persons who come from poor economic base and lack the financial resources to meet the expenses for the physical aids which can help them in living a life with reduced or no effect of disability. The following table provides the economic criterion for availing the benefits under the ADIP Scheme.

Table 1.2: Quantum of assistance provided to Differently Abled Persons according to their financial status

SI No	Total Income of household per month	Amount of Assistance
1	Up to INR 6,500	Full cost of aid/appliance
2	INR 6,501 to INR10,000	50% of the cost of aid/appliance

Source: Ministry of Social Justice and Empowerment

Apart from economic criterion, a person with disabilities fulfilling following conditions would be eligible for assistance under ADIP Scheme through authorized agencies:

- He/she should be an Indian citizen of any age.

- Should be certified by a Registered Medical Practitioner that he/she is Differently Abled and fit to use prescribed aid/appliance.
- Person who is employed/self-employed or getting pension and whose monthly income from all sources does not exceed INR 10,000 per month.
- In case of dependents, the income of parents/guardians should not exceed INR 10,000 per month.
- Persons who have not received assistance from the Government, local bodies and Non-Official Organisations during the last 3 years for the same purpose. However, for children below 12 years of age, this limit would be 1 year.

#### 1.4 Definition of Disabilities

The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 enlists "disability" as following handicaps:-

- Blindness
- Low Vision (means a person with impairment of visual functioning even after treatment or standard refractive correction but who uses or is potentially capable of using vision for the planning or execution of a task with appropriate assistive device)
- Leprosy-cured (any person who has been cured of leprosy but is suffering from loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity;
- Manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity;
- Extreme physical deformity as well as advanced age which prevents them from undertaking any gainful occupation
- Hearing Impairment (means loss of sixty decibels or more in the better ear in the conversational range of frequencies)
- Locomotors Disability (means disability of the bones, joints or muscles leading to substantial restriction of the movement of the limbs or any form of cerebral palsy)
- Mental Retardation (means a condition of arrested or incomplete development of mind of a person which is specially characterised by sub normality of intelligence)
- Mental illness (means any mental disorder other than mental retardation)

#### 1.5 Types of Aids/Appliances to be provided under the scheme

The following aids and appliances may be allowed for each type of Differently Abled individual. However, any other item as notified from time to time by the Ministry of Social Justice and Empowerment for the purpose will also be allowed:

##### 1.5.1 Locomotor Disabled

- All types of prosthetic and orthopaedic devices.
- Mobility aids like tricycles, wheelchairs, crutches, walking sticks and walking frames/rolators. Motorised tricycles for persons with locomotor disability, that is likely to cost more than INR 6,000, may be procured and provided in exceptional cases subject to prior approval from the Ministry of Social Justice and Empowerment on case to case basis. Extent of subsidy would however continue to be INR 6,000 for all other devices.

- All types of surgical foot wears and MCR chapels.
- All types of devices for ADL (activity of daily living).

#### 1.5.2 Visually Challenged

- Learning equipments like arithmetic frames, abacus, geometry kits etc., Giant Braille dots system for slow-learning blind children, Dictaphone and other variable speed recording system, and CD player/Tape recorder for blind students from X standard.
- Science learning equipments like talking balances, talking thermometers, measuring equipments like tape measures, micrometers etc.
- Braille writing equipments including Brailleurs, Braille shorthand machines, typewriters for blind students from X class, Talking calculators, Geography learning equipment like raised maps and globes.
- Communication equipments for the deaf-blind, and Braille attachments for telephone for deaf-blind persons.
- Low vision aids including hand-held stand, lighted and unlighted magnifiers, speech synthesizers or Braille attachments for computers.
- Special mobility aids for visually challenged people with muscular dystrophy or cerebral palsy like adapted walkers.
- Software for visually handicapped persons using computers those are likely to cost more than INR 6,000 may be procured and provided in exceptional cases subject to prior approval of Ministry of Social Justice and Empowerment on case to case basis. For all other devices ceiling is INR 6,000.

#### 1.5.3 Hearing Impaired

- Various types of hearing aids
- Educational kits like tape recorders / CD players etc.
- Assistive and alarming devices including devices for hearing of telephone, TV, doorbell, time alarm etc.
- Communication aids like, portable speech synthesizer etc.

#### 1.5.4 Mentally Differently Abled

Any suitable device as advised by Rehabilitation Professional or treating physician.

## 1.6 Eligibility of Implementing Agency under the Scheme

Ministry of Social Justice and Empowerment provides Grant-in-Aid to NGOs and other Implementing Agencies for implementation of ADIP scheme. The following agencies are eligible to implement the Scheme on behalf of Ministry of Social Justice and Empowerment, subject to fulfilment of laid down terms and conditions:

- Societies, registered under the Societies Registration Act, 1860 and their branches, if any, separately.
- Registered charitable trusts
- District Rural Development Agencies, Indian Red Cross Societies and other Autonomous Bodies headed by District Collector/Chief Executive Officer/District Development Officer of Zilla Parishad.
- National/Apex Institutes including Artificial Limb Manufacturing Corporation functioning under administrative control of the Ministry of Social Justice and Empowerment/Ministry of Health and Family Welfare.
- State Handicapped Development Corporations.
- Local Bodies - Zilla Parishad, Municipalities, District Autonomous Development Councils and Panchayats.
- Nehru Yuvak Kendras.

Grant-in-aid under the Scheme will not be given for commercial supply of aids/appliances.

The NGOs should preferably possess professional/technical expertise in the form of professionally qualified staff (from recognized courses) for the identification, prescription of the required artificial aids/appliance, fitment and post-fitment care of the beneficiaries as well as the aid/appliance.

The NGO should also preferably possess infrastructure in the form of machinery/equipment for the fabrication, fitment and maintenance of artificial aid/appliance to be given to a Differently Abled person under ADIP Scheme.

Implementing Organisations should network and establish linkages with medical colleges/district hospitals/rural hospitals/PHCs/fitment centers of Artificial Limb Manufacturing Corporation /DRCs/ any other professionally competent agency to acquire/avail the requisite infrastructure for fitment and maintenance of aids/appliances distributed under ADIP Scheme available with these bodies. The Implementing Agencies shall also avail of the professional/technical expertise of above-mentioned agencies for fitment and post-fitment care of the beneficiaries as well as aids/appliances. National Institutes, fitment centers of Artificial Limb Manufacturing Corporation and District Disability Rehabilitation Centre functioning under the administrative control of Ministry of Social Justice and Empowerment shall also assist DRDAs and other autonomous organizations to develop requisite manpower and infrastructure over a period of time to provide satisfactory service to the beneficiaries under the Scheme. Such organizations while applying for the grant under the Scheme shall produce

sufficient proof of linkages with the professional agencies preferably in the form of a Memorandum of Understanding.

### 1.7 Quantum of Assistance to Implementing Agency (IA)

No ceiling is imposed on the quantum of assistance to be released to an Implementing Agency and its branches (separately) during a particular financial year. However, while deciding on the amount of grant to be given, the performance, professional expertise, capacity, track record and outreach capabilities of the agency is kept in view.

### 1.8 Procedure for Receipt of Grant-In-Aid by an Implementing Agency

It is mandatory upon organizations to submit their application in the prescribed format to the Ministry of Social Justice and Empowerment through concerned State Government/UT Administration/National Institute/Regional Rehabilitation Training Centre/District Rehabilitation Centre/any other agency authorized by Ministry of Social Justice and Empowerment, every year. The application should be accompanied with following documents/information (duly attested):

- A copy of Registration Certificate u/s 51/52 of Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act (PWD Act), 1995.
- A copy of Registration Certificate under Societies Registration Act, 1860 and their branches, if any, separately, or Charitable Trust Act.
- A copy of Rules, Aims and Objectives of the Organization.
- A copy of Certified Audited Accounts and Annual Report for the last year.
- Names of the members of Management Committee of the Organisation.
- List of identified beneficiaries and types of aids/appliances required by the organisation for supply/fitting to the identified beneficiaries.
- Estimated expenditure for distribution/fitting of aids/appliances amongst the identified beneficiaries.
- An Undertaking that the funds will not be utilized for any other purposes.
- An Undertaking to maintain a separate account of the funds received from the Ministry under the scheme.
- The Implementing Agencies already receiving grant-in-aid under the Scheme should also furnish the list of beneficiaries assisted from the grant-in-aid released to them in the previous year as per prescribed proforma and summary of beneficiaries covered in hard copy. Utilization certificate as per Annexure-V may be given.
- A calendar of activities for entire financial year including probable dates for holding camps etc. for distribution of aids/appliances to be maintained and also keep separate account for that.

- An Undertaking that the organisation will provide post-distribution care to the beneficiaries as well as aids/appliances, on demand.
- Organisation should be financially sound and viable and has requisite capability to mobilize the resources.
- The organisation shall have working rapport with the District Administration and shall have capacity to utilize the expertise available with District Administration for identification of aids/appliances.
- The implementing agencies shall keep manuals / literature on main features, maintenance and upkeep of devices, one year free maintenance would be provided by them for assistive devices. 2% of the annual allocation will be earmarked for monitoring and evaluation of expenses.
- The organization will provide reservation to SC/ST/OBC and Differently Abled persons in accordance with instructions issued by GOI from time to time if it employs more than 20 persons on a regular basis.

### 1.9 Sanction/Release of Grant-in-Aid

The Implementing Agencies are sanctioned grant-in-aid in a particular financial year after receiving recommendation from State Government/UT Administration/National Institute/RRTC/DRC/any other agency authorized by Ministry of Social Justice and Empowerment. The subsequent financial assistance is sanctioned after receipt of audited accounts and list of beneficiaries with their permanent addresses in the prescribed proforma for the previous year's grant is furnished before the end of second quarter of each financial year, positively.

The recommending authority (State Government) need to create the field agencies who shall strive to conduct sample checking of beneficiaries regarding utilization of grant-in-aid by NGOs and distribution of aids and appliances by the Implementing Agency. The sample checking of beneficiaries regarding utilization of grant-in-aid is done by NGOs and distribution of aids and appliances is done by the Implementing Agencies. The sample checking to cover at least 5 to 10 % of the beneficiaries, which are covered under the Scheme in the previous year.

The grant-in-aid is normally be released in two instalments after processing of audited accounts and list of beneficiaries furnished by the organisation/implementing agency to the satisfaction of the Ministry.

#### 1.9.1 Conditions for Assistance

- The implementing agency has to be fully competent to satisfy about the monthly income of the beneficiary and shall obtain a certificate from the concerned competent authority. The identification of the beneficiaries has to be done by an expert in accordance with guidelines issued by Ministry of Social Justice and Empowerment in this regard.
- Its imperative upon the implementing agency to maintain a register in the prescribed proforma about the beneficiaries assisted under the Scheme.
- It's imperative upon the implementing agency to maintain separate accounts of funds received and utilized from the Ministry of Social Justice and Empowerment under the Scheme. The fund is to be kept in a separate bank account operated under ADIP scheme.

- A certificate from the Head of the Implementing Agency to the effect that the funds have been utilized. A list of beneficiaries assisted by the organisation on prescribed proforma given by the Ministry is to be furnished along with the yearly application as per procedure indicated in para 9 in CD in Excel programme.
- The final accounts for a financial year have to be rendered through utilization certificate and audited accounts signed by chartered accountant within six months of the close of the financial year.
- The agency implementing the scheme needs to obtain an undertaking from the beneficiary that he/she has not obtained such aid from any other agency/source during last two years and that he/she not obtained such aid from any other agency/source during last three years and that he/she will keep it for his/her bona fide use.
- The agency implementing the scheme has to be open to inspection by an officer/agency authorized by Union Ministry of Social Justice and Empowerment or the State Government/UT Administration /National Institutes /DRCs etc.
- When the Government of India has reasons to believe that the sanction is not being utilized for the approved purpose the amount would be recovered from the implementing agency with interest and no further assistance would be given to the agency.
- The quantum of assistance to be given to an implementing agency during a particular year will be decided by the Government of India. The implementing agencies would, therefore, not incur any liability under the Scheme unless the funds have been sanctioned to them for the purpose.
- **At least 25 % beneficiaries should be girl child / women.**

#### 1.10 Implementation of the Scheme

While allocating districts to the Implementing Agencies, following order of preference has been suggested under the scheme;

1. First preference has been accorded to District Disability Rehabilitation Centre for the districts where they are functional. The Ministry with active support of State Governments is facilitating setting up District Disability Rehabilitation Centers to provide rehabilitation services to Differently Abled persons. Centres are being set up in un-reached and un-served districts of the country in a phased manner. These centers are to provide services for prevention and early detection, referral for medical interventions and surgical corrections, fitment of artificial aids and appliances, therapeutical services such as physiotherapy, occupational and speech therapy, provision of training for acquisition of skills through vocational training, job placement in local industries etc. at district headquarters as well as through camp approach.
2. Second Preference is given to the Composite Regional Centres for the districts where they are located. Due to lack of adequate facilities for rehabilitation of Persons with Disabilities, the Ministry has set up five Composite Regional Centres at Srinagar, Sundernagar (Himachal Pradesh), Lucknow, Bhopal and Guwahati to provide both preventive and promotional aspects of rehabilitation like education, health, employment and vocational training, research and manpower development, etc. For districts where neither District Disability Rehabilitation Centre or Composite Regional Centres are functional selection of IA will be as follows;
  - a. Implementing Agencies (IAs) as recommended by the State Governments, subject to fulfilment of eligibility criterion. Preference will be given to District Red Cross Societies or similar district level bodies, NGOs which was allocated the district last year subject to its good performance, State Handicapped Corporation or similar State level bodies.
  - b. Implementing Agencies recommended by the National Institutes (if no recommendation is received from State Governments by the due date).



3. In Districts for which no Implementing Agency is recommended either by the State Government or any National Institute:
  - a. The National Institutes (NIs)/ Regional Centers (RCs) etc. (the NIs will have to coordinate with each other for providing comprehensive assistance under the ADIP Scheme).
  - b. Composite Regional Centres
  - c. Artificial Limb Manufacturing Corporation (preference will be given to Artificial Limb Manufacturing Corporation for those districts in which its units/auxiliary production units are located).

As per scheme guidelines, the districts allocated to Implementing Agencies for the current year will continue for a minimum period of two years so that the concerned Implementing Agency can cover the beneficiaries in a more systematic manner and proper follow up action can be taken. However, if adverse feedback is received about the performance of the Implementing Agency, it may not be continued for the second year. Also in case proposal of the concerned Implementing Agency is not received within stipulated date, the district may be allocated to some other Implementing Agency.

#### 1.11 Procedure for Application and Sanction of Funds for the Year 2009-10

- According to the Scheme, the grant is to be released in two equal instalments. Applications for both the instalments should be submitted in the prescribed format, along with all the relevant documents.
- Proposals for release of the 1<sup>st</sup> instalment of grant is to be considered on the basis of recommendations by the State Govt./UT Administration or a National Institute under this Ministry.
- Annual Calendar of Disability Camps is to be furnished in the prescribed format.
  - a. In regard to proposed non-camp activities, the list of beneficiaries in the prescribed format will be submitted after utilization of the amount released since in such cases, it is not possible to prepare a list of identified beneficiaries in advance.
  - b. The sample checking would cover at least 5-10 % of the beneficiaries covered in the previous year. The 5-10 % sample test checking should be done by the local authorities for each district assigned to the Implementing Agencies. The test check report should come through State Govt./National Institutes along with proposal for Grants-in-Aid.
  - c. For release of the second instalment, application may be sent directly to the Ministry, along with a list of covered beneficiaries in the prescribed format. Provisional Utilization Certificate of 75 % utilization of grants released in the first instalment will be considered for release of second instalment.

#### 1.12 Scheme Coverage

The scheme has been implemented across the country, with focus on coverage of inaccessible and un-served areas. Implementation of the scheme involves organisation of disability camps for need assessment and distribution of assistive devices to persons with disabilities and non-camp activities such as fitment of devices, including surgical intervention. The Agencies are provided with financial assistance for purchase, fabrication and distribution of such standard aids and appliances that are in conformity with the objective of the Scheme. The Implementing Agencies take care of/make suitable arrangements for fitting and post-fitting care of the aids and appliances distributed under ADIP Scheme. The scope of the Scheme has been further enlarged to include use of mass media, exhibitions, workshops etc. for exchange of information and promoting awareness and distribution and use of aids/appliances.



The Scheme also includes under its ambit, medical/surgical correction & intervention, which is essential prior to fitment of aids and appliances. The cost could range from INR 500 for hearing & speech impaired to INR 1,000 for visually challenged and INR 3,000 for Orthopaedically Differently Abled.

## 2. The Assignment

### 2.1 Study Objective

The evaluation study of the “The Scheme of Assistance to Differently Abled Persons for Purchase/Fitting of Aids/Appliances (ADIP)”, is including the following objectives:

- To assess the coverage of the scheme (physical target achieved).
- To examine the implementation process including availability, adequacy and timelines of funds earmarked for assistance to Differently Abled persons for purchase / fittings of aids / appliances.
- To assess the quality of the aids / appliances provided to the Differently Abled persons under the scheme.
- To examine the capability of the implementing agencies including the NGOs in providing aids / appliances to the Differently Abled persons and how far they have taken care and succeeded in making suitable arrangements for fitting and post fitting of the aids and appliances distributed under the scheme.
- To examine how far the main objective of the scheme has been achieved in assisting the needy Differently Abled persons in procuring durable, sophisticated and scientifically manufactured, modern, standard aids and appliances that have promoted their physical, social and physiological rehabilitation, by reducing the effect of disabilities and enhanced their economic potential.
- To find out the bottlenecks of the scheme and to suggest remedial measures for improvement.

### 2.2 Scope of work

The scope of work of the study is to evaluate the scheme as per the indicators and tools below;

- a) **Coverage** – Secondary data from Union Ministry of Social Justice and Empowerment along with State and District levels IAs would be utilised for assessing Funds Allocated, Funds Released and Physical Targets (as input indicator), Funds Utilization (as output indicator) and Achievements (as outcome indicator) for the reference period.
- b) **Planning and Implementation** – Resource persons from union Ministry of Social Justice and Empowerment; State and District level Implementing Agencies would be contacted (one to one in-depth interviews) for garnering information about the planning and implementation mechanism of ADIP Scheme at Central, State and grass-root level. An attempt would be made to assess the contribution and reaction of various State Governments towards this Centrally Sponsored Scheme which envisage an emotive cause of assisting the Differently Abled persons. Apart from in-depth-interviews, semi-structured questionnaires would be canvassed for gleaning quantitative information.
- c) **Quality and durability of the appliances** – The officials of State and District levels IAs especially Artificial Limb Manufacturing Corporation / State Limb Manufacturing Corporation would be contacted (in-depth-interviews) for garnering information about the quality, durability and maintenance requirements vis-à-vis cost thereof the appliances provided/ fitted to the beneficiaries under the ADIP Scheme. The beneficiaries and their care-takers would be canvassed semi-structured questionnaires for gleaning information on the same issues. The problems faced by the beneficiaries in utilizing the appliances provided under the scheme would be useful for Artificial Limb Manufacturing Corporation / State Limb Manufacturing Corporation for making the design of appliances more user friendly.
- d) **Repair and maintenance procedure** - to assess the procedure of repair and maintenance carried out by the NGOs, guarantee given by the NGOs after supply of the appliances.
- e) **Maintenance cost** - to see the maintenance cost of the different kind of appliances after guarantee period, type of post fitting care undertaken by the NGOs.

- f) **Impact Assessment** – to assess the Impact of ADIP Scheme on the lives of not only the beneficiaries, but also of the lives of their respective care-takes, they would be canvassed with semi-structured questionnaires containing questions on diverse parameters pre-scheme and post-scheme. A positive change (increase) in income, mobility, self-esteem, avenues of earning and rehabilitation are such diverse parameters, which would be analysed and cross verified with the decrease in dependence on others for Impact Assessment. As a control group, non-beneficiaries would be canvassed with semi-structured questionnaires to assess their expectations out of the scheme. Non-beneficiaries are those who otherwise qualify for getting the benefits of ADIP scheme, but could avail them.

### 2.3 Study Reference Period

The study reference period is from 2007-08 to 2009-10 (3 years).

### 2.4 Pre Project phase

#### 2.4.1 Team Mobilisation and Inception Phase

### 2.5 Project Phase

#### 2.5.1 Primary Research

Primary research was carried out using both qualitative and quantitative research techniques.

#### 2.5.1.1 Qualitative Technique

The qualitative data collection was carried out in all the sampled locations with a pre-designed research guideline, as mentioned below;

**In-depth interviews with Official of Ministry of Social Justice & Empowerment at State & District level:** We have conducted in-depth interviews with the officials at Union Ministry, State and district level (*In-depth interviews are free flowing and one to one interview*). Stakeholder for this part of research were as follows;

#### **Central Level**

- Ministry of Social Justice & Empowerment

#### **State Level**

- Department of Social Justice & Empowerment
- Civil Society Organizations like CBOs and Local NGOs

#### **Implementation Levels**

- District Disability Rehabilitation Centre / Composite Regional Centres /NGO, National Institute, Artificial Limb Manufacturing Corporation institutes

### 2.5.1.2 Quantitative Technique

The quantitative data collection technique included use of semi-structured questionnaires (*semi-structures questionnaires had mostly coded and few un-coded questions in order to collect quantitative as well as qualitative responses*) for the stakeholders of the study i.e. beneficiaries of the scheme, their care takers and non-beneficiaries (who otherwise qualify for getting the benefits of the scheme but couldn't avail them). Stakeholder for this part of research were as follows;

- Beneficiary
- Non beneficiaries
- Care Takers of Differently Abled (if available)

### 2.5.2 Sample Design

#### 2.5.2.1 Selection of States

For selection States were categorised into six zones and 3 States have been selected from each of the zones considering one each from highest, medium and lowest range of fund utilisation. Therefore, 18 States in different zones were selected as listed below in table 2.1.

Table 2.1: Geographical Coverage of Study

Zone	S.No.	Selected States	% utilization
North	1	Punjab	67.7
	2	Rajasthan	46.6
	3	J&K	24.5
Central	1	Uttar Pradesh	47.7
	2	Uttarakhand	82.3
	3	Chhattisgarh	23.8
Eastern	1	Jharkhand	31.6
	2	Orissa	29.3
	3	Bihar	20.3
Western	1	Gujarat	50.1
	2	Maharashtra	39.7
	3	Goa	40.1
Southern	1	Kerala	71.4
	2	Tamil Nadu	66.8
	3	Andhra Pradesh	43.7
North-eastern	1	Meghalaya	74.9
	2	Assam	42.4
	3	Sikkim	36.0

Source: RFP, PEO Planning Commission

#### 2.5.2.2 Selection of Districts

As decided during inception meeting and subsequently in the inception report, three districts selected in each of the selected States considering one each from highest, medium and lowest range of release

of funds of year 2007-09, since utilisation is same as the funds received (sampled district are provided in table 2.2).

### 2.5.2.3 Selection of NGO/National Institute/ Artificial Limb Manufacturing Corporation

As per defined study sample, it was required to select three NGO/ National Institute/ Artificial Limb Manufacturing Corporation per districts considering one each from highest, medium and lowest range of utilisation of received fund. However, the data we have collected showed that there is no chance of sampling in selection of implementing agencies, since most of the districts have only two implementing agencies who have implemented the scheme during 2007-10. Thus, we ended up contacting less number of implementing agencies in a selected district (out of the total 75 available implementing agencies, only 49 were found working in our selected districts). Interestingly it was also reported to us by the State authorities that a State is working with only with three to four agencies amongst all of its districts. It was decided that our team will first visit State and District level officials in order to understand the number of implementing agencies working for the scheme and then cover all the implementing agencies working in the district. While selecting beneficiaries we have followed representative sampling method.

Table 2.2: Sampled Districts and Implementation Agencies

Zone	S.No	Name of States	Name of Districts	Status (Low/High/Medium) In Terms of Receipt of Funds	Name of Implementing Agencies
North East	1	Assam	North Cachar Hills	Low	<ul style="list-style-type: none"> <li>■ Artificial Limb Manufacturing Corporation Ujala Society, V.P.O. Kalgachia , District Barpeta , Assam, Barpeta, Assam</li> </ul>
			Sibsagar	Medium	<ul style="list-style-type: none"> <li>■ Artificial Limb Manufacturing Corporation Ujala Society, V.P.O. Kalgachia , District Barpeta , Assam, Barpeta, Assam</li> <li>■ Institute Of Management Resource Development, 1st Floor, Prafulla Bhawan, Gnb Road, Daccapatty, Nagaon, Assam</li> </ul>
			Nagaon	High	<ul style="list-style-type: none"> <li>■ Artificial Limb Manufacturing Corporation Ujala Society, V.P.O. Kalgachia , District Barpeta , Assam, Barpeta, Assam</li> <li>■ Institute Of Management Resource Development, 1st Floor, Prafulla Bhawan, Gnb Road, Daccapatty, Nagaon, Assam</li> </ul>

Zone	S.No	Name of States	Name of Districts	Status (Low/High/Medium) In Terms of Receipt of Funds	Name of Implementing Agencies
	2	Meghalaya	South Garo Hills	Low	<ul style="list-style-type: none"> <li>Artificial Limbs And Manufacturing Corporation Of India, G.T. Road, Kanpur, Kanpur, Uttar Pradesh</li> </ul>
			West Garo Hills	Medium	<ul style="list-style-type: none"> <li>Artificial Limbs And Manufacturing Corporation Of India, G.T. Road, Kanpur, Kanpur, Uttar Pradesh</li> </ul>
			East Khasi Hills	High	<ul style="list-style-type: none"> <li>Artificial Limbs And Manufacturing Corporation Of India, G.T. Road, Kanpur, Kanpur, Uttar Pradesh</li> </ul>
	3	Sikkim	Sikkim West	Low	<ul style="list-style-type: none"> <li>Artificial Limbs And Manufacturing Corporation Of India, G.T. Road, Kanpur, Kanpur, Uttar Pradesh</li> <li>Narayan Seva Sansthan, Udaipur, Rajasthan</li> </ul>
			Sikkim South	Medium	<ul style="list-style-type: none"> <li>Artificial Limbs And Manufacturing Corporation Of India, G.T. Road, Kanpur, Kanpur, Uttar Pradesh</li> </ul>
			Sikkim East	High	<ul style="list-style-type: none"> <li>Narayan Seva Sansthan, Udaipur, Rajasthan</li> </ul>
North	1	Rajasthan	Bikaner	Low	<ul style="list-style-type: none"> <li>Delhi Bharat Vikas Foundation, Viklang Sahayata Kendra, Near Shree Radha Krishna Mandir, Dilshad Garden, Delhi</li> <li>Bhagwan Mahaveer Viklang Sahayatha Samiti, Sawai Man Singh Hospital, Jaipur., Jaipur</li> </ul>
			Banswara	Medium	<ul style="list-style-type: none"> <li>Narayan Seva Sansthan, Udaipur, Rajasthan</li> <li>Pt. Deen Dayal Upadhyay Institute For The Physically Handicapped, New Delhi, Delhi</li> </ul>
			Pali	High	<ul style="list-style-type: none"> <li>Narayan Seva Sansthan, Udaipur, Rajasthan</li> <li>Pt. Deen Dayal Upadhyay Institute For The Physically Handicapped, New Delhi, Delhi</li> </ul>
	2	Punjab	Muktsar	Low	<ul style="list-style-type: none"> <li>Viklang Opcar Kendra, Thakur Road, Rajpura, Teh.- Nalagarh,</li> </ul>

Zone	S.No	Name of States	Name of Districts	Status (Low/High/Medium) In of Receipt of Funds	Name of Implementing Agencies	
					<p>Solan, Himachal Pradesh</p> <ul style="list-style-type: none"> <li>National Institute For The Visually Handicapped, 116, Rajpur Road, Dehradun-248001, Dehradun, Uttaranchal</li> </ul>	
			Hoshiarpur	Medium	<ul style="list-style-type: none"> <li>Indian Red Cross Society , DDRC Hoshiarpur</li> <li>Viklang Opcar Kendra, Thakur Road, Rajpura, Teh.- Nalagarh, Solan, Himachal Pradesh</li> <li>National Institute For The Visually Handicapped, 116, Rajpur Road, Dehradun-248001, Dehradun, Uttaranchal</li> </ul>	
			Amritsar	High	<ul style="list-style-type: none"> <li>Narayan Seva Sansthan, Udaipur, Rajasthan</li> <li>Amar Jyoti Charitable Trust, Karkardooma, Vikash Marg, Delhi-92, Delhi</li> <li>National Institute For The Visually Handicapped, 116, Rajpur Road, Dehradun-248001, Dehradun, Uttaranchal</li> </ul>	
	3	Jammu And Kashmir	Udhampur	Low	<ul style="list-style-type: none"> <li>Narayan Seva Sansthan, Sewa Dham, 483, Hiran Magri, Sector-4, Udaipur-313 002, Udaipur, Rajasthan</li> </ul>	
			Pulwama	Medium	<ul style="list-style-type: none"> <li>Artificial Limb Manufacturing Corporation</li> <li>Pt. Deen Dayal Upadhyay Institute For The Physically Handicapped, 4, Vishnu Digambar Marg, New Delhi</li> </ul>	
			Jammu	High	<ul style="list-style-type: none"> <li>Artificial Limb Manufacturing Corporation</li> <li>Narayan Seva Sansthan, Sewa Dham, 483, Hiran Magri, Sector-4, Udaipur-313 002, Udaipur, Rajasthan</li> </ul>	
	Central	1	Uttar Pradesh	Etawah	Low	<ul style="list-style-type: none"> <li>J.P. Viklang Shiksha And Prashikshan Sansthan, Bijnor, Uttar Pradesh</li> </ul>

Zone	S.No	Name of States	Name of Districts	Status (Low/High/Medium) In Terms of Receipt of Funds	Name of Implementing Agencies
					<ul style="list-style-type: none"> <li>■ Zakir Hussain Memorial Trust, Delhi, 4, Gulmohar Avenue, Jamia Nagar, New Delhi -110025</li> </ul>
			Hardoi	Medium	<ul style="list-style-type: none"> <li>■ Lohia public school samiti, 3, Patelnagar, Starcolony, Indiranagar extension, Lucknow-226016, (0522-2702795 0522-2700857)</li> </ul>
			Kanpur Nagar	High	<ul style="list-style-type: none"> <li>■ Narayan Seva Sansthan, Sewa Dham, 483, Hiran Magri, Sector-4, Udaipur-313 002, Udaipur, Rajasthan</li> <li>■ Bhartiya Viklang Kalyan Samiti, Kanpur, Uttar Pradesh</li> <li>■ Bhagwan Mahaveer Viklang Sahayatha Samiti, Sawai Man Singh Hospital, Jaipur., Jaipur(INR 1.12 Lakh)</li> <li>■ Zakir Hussain Memorial Trust, Delhi, 4, Gulmohar Avenue, Jamia Nagar, Newa Delhi - 110025</li> </ul>
	2	Uttrakhand	Uttarkashi	Low	<ul style="list-style-type: none"> <li>■ Manav Kalyan Samiti, Vill &amp; P.O. Syalde , Almora -263661, Almora, Uttaranchal</li> <li>■ National Institute For The Visually Handicapped, 116, Rajpur Road, Dehradun-248001, Dehradun, Uttaranchal</li> </ul>
			Dehradun	Medium	<ul style="list-style-type: none"> <li>■ Narayan Seva Sansthan, Sewa Dham, 483, Hiran Magri, Sector-4, Udaipur-313 002, Udaipur, Rajasthan</li> </ul>
			Hardwar	High	<ul style="list-style-type: none"> <li>■ Narayan Seva Sansthan, Udaipur, Rajasthan</li> <li>■ Ali Yavar Jung National Institute For The Hearing Handicapped, Mumbai, Maharashtra</li> <li>■ Happy Family Health Care &amp; Research Association For DRDC Haridwar, Haridwar, Uttaranchal</li> </ul>
	3	Chattisgarh	Jashpur	Low	<ul style="list-style-type: none"> <li>■ Akhil Bhartiya Vanvasi Kalyan Ashram For DDRC Jashpur,</li> </ul>



Zone	S.No	Name of States	Name of Districts	Status (Low/High/Medium) In Terms of Receipt of Funds	Name of Implementing Agencies
					Jashpur Nagar, Chhatisgarh
			Janjgir Champa	Medium	<ul style="list-style-type: none"> <li>Jeewan Kiran Rehabilitation Society, H.No.1, Shkula Comlex, Sector-1, Shanker Nagar, Raipur, Chhatisgarh, Raipur</li> </ul>
			Raipur	High	<ul style="list-style-type: none"> <li>Narayan Seva Sansthan, Udaipur, Rajasthan</li> <li>Swamy Vivekanand National Institute Of Rehabilitation Training And Reseach, Cuttack, Orissa</li> </ul>
	1	Jharkhand	Bokaro	Low	<ul style="list-style-type: none"> <li>Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur, Rajasthan</li> <li>National Institute For Orthopaedically Handicapped, B.T. Road, Bon-Hooghly, Kolkata-700090, Kolkata</li> </ul>
			Giridih	Medium	<ul style="list-style-type: none"> <li>Society For Polio Surgery &amp; Care For Differently Abled, Delhi</li> <li>National Institute For Orthopaedically Handicapped, B.T. Road, Bon-Hooghly, Kolkata-700090, Kolkata</li> </ul>
			Dhanbad	High	<ul style="list-style-type: none"> <li>Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur, Rajasthan</li> <li>Mangalam, Lucknow, Uttar Pradesh</li> <li>National Institute For Orthopaedically Handicapped, B.T. Road, Bon-Hooghly, Kolkata-700090, Kolkata</li> </ul>
	2	Orissa	Jharsuguda	Low	<ul style="list-style-type: none"> <li>Regional Rehabilitation And Research Centre, Near R.G.H., Panposh Road, Rourkela-769 004, Rourkela, Orissa</li> </ul>
			Kendujhar	Medium	<ul style="list-style-type: none"> <li>Swamy Vivekanand National Institute Of Rehabilitation Training And Reseach, Cuttack, Orissa</li> <li>Centre For Rehabilitation Services And Research, At-</li> </ul>

Zone	S.No	Name of States	Name of Districts	Status (Low/High/Medium) In Terms of Receipt of Funds	Name of Implementing Agencies
					Erein, Po- Charampa, District Bhadrak-756 101, Bhadrak, Orissa
			Cuttack	High	<ul style="list-style-type: none"> <li>■ Swamy Vivekanand National Institute Of Rehabilitation Training And Reseach, Cuttack, Orissa</li> <li>■ Centre For Rehabilitation Services And Research, At-Erein, Po- Charampa, District Bhadrak-756 101, Bhadrak, Orissa (06784231387)</li> </ul>
	3	Bihar	Purba Champaran	Low	<ul style="list-style-type: none"> <li>■ Physical Medicine And Rehabilitation Institute, Patna, Bihar</li> <li>■ Delhi Bharat Vikas Foundation, Delhi</li> </ul>
			Patna	Medium	<ul style="list-style-type: none"> <li>■ Bihar Rehabilitation &amp; Welfare Institute, Patna, Bihar</li> <li>■ Magadh Rehabilitation And Welfare Society, Patna, Bihar</li> </ul>
			Sheohar	High	<ul style="list-style-type: none"> <li>■ Bihar Rehabilitation &amp; Welfare Institute, Patna, Bihar</li> </ul>
	Western	1	Gujarat	Porbandar	Low
Surat				Medium	<ul style="list-style-type: none"> <li>■ Ratna Nidhi Charitable Trust, Surendranagar, Gujarat</li> <li>■ Medical Care Centre Trust, K.G. Patel Children Hospital, Jalaram Marg, Karelimbang, Vadodara-390 018</li> <li>■ Ali Yavar Jung National Institute For The Hearing Handicapped, K.C. Marg, Bandra Reclamation, Bandra(W) , Mumbai</li> </ul>
			Vadodara	High	<ul style="list-style-type: none"> <li>■ Jilla Viklang Punarvas Kendra, Vadodara For DDRC , Vadodara,</li> </ul>

Zone	S.No	Name of States	Name of Districts	Status (Low/High/Medium) In of Receipt of Funds	Name of Implementing Agencies
					Gujarat <ul style="list-style-type: none"> <li>■ Medical Care Centre Trust, K.G. Patel Children Hospital, Jalaram Marg, Karelilbang, Vadodara-390 018,,</li> <li>■ DDRC , Vadodara, DDRC , Near C.S.S Deparatment, S.S.G. Hospital, Vadodara, Vadodara, Gujarat</li> </ul>
	2	Maharashtra	Sindhudurg	Low	<ul style="list-style-type: none"> <li>■ Ali Yavar Jung National Institute For The Hearing Handicapped, Mumbai, Maharashtra</li> </ul>
	Parbhani		Medium	<ul style="list-style-type: none"> <li>■ Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur, Rajasthan</li> <li>■ Sahaj Foundation, Mh, Maharashtra</li> </ul>	
	Pune		High	<ul style="list-style-type: none"> <li>■ Ali Yavar Jung National Institute For The Hearing Handicapped, Mumbai, Maharashtra</li> <li>■ Narayan Seva Sansthan, Sewa Dham, 483, Hiran Magri, Sector-4, Udaipur313 002, Udaipur, Rajasthan</li> <li>■ Ayodhya Charitable Trust, Pune, Maharashtra</li> </ul>	
	3	Goa	South Goa	Low	<ul style="list-style-type: none"> <li>■ Narayan Seva Sansthan, Udaipur, Rajasthan</li> </ul>
			North Goa	High	<ul style="list-style-type: none"> <li>■ Narayan Seva Sansthan, Udaipur, Rajasthan</li> </ul>
Southern	1	Kerala	Wayanad	Low	<ul style="list-style-type: none"> <li>■ Kerala State Handicapped Persons Welfare Corpn. Ltd., Poojappura,Thiruvananthapuram - 695012, Thiruvananthapuram, Kerala</li> <li>■ Tropical Health Foundation Of India, Kunnankulam, Kerala</li> </ul>
			Kannur	Medium	<ul style="list-style-type: none"> <li>■ Kerala State Handicapped Persons Welfare Corpn. Ltd., Thiruvananthapuram, Kerala</li> <li>■ Tropical Health Foundation Of India, Kunnankulam, Kerala</li> </ul>
			Kozhikode	High	<ul style="list-style-type: none"> <li>■ Kerala State Handicapped</li> </ul>

Zone	S.No	Name of States	Name of Districts	Status (Low/High/Medium) In Terms of Receipt of Funds	Name of Implementing Agencies
					<p>Persons Welfare Corpn. Ltd., Thiruvananthapuram, Kerala</p> <ul style="list-style-type: none"> <li>■ Tropical Health Foundation Of India, Kunnankulam, Kerala</li> <li>■ DDRC Kozhikode</li> </ul>
	2	Tamil Nadu	Theni	Low	<ul style="list-style-type: none"> <li>■ S.M. Rehabilitation Trust, Middle Street, Madichiam, Madurai-625 020, Madurai, Tamil Nadu</li> <li>■ Tamil Nadu Welfare Board For Differently Abled, 15/1model School Road, Thousand Lights, Chennai-6, Chennai, Tamil Nadu</li> </ul>
			Erode	Medium	<ul style="list-style-type: none"> <li>■ National Institute For Empowerment Of Persons With Multiple Disabilities, Chennai, Tamilnadu</li> <li>■ R.B. Charitable Trust, 206-B, Second Agrapharam, Salem-636 001, Salem, Tamil Nadu</li> </ul>
			Madurai	High	<ul style="list-style-type: none"> <li>■ Narayan Seva Sansthan, Sewa Dham, 483, Hiran Magri, Sector-4, Udaipur-313 002, Udaipur, Rajasthan</li> <li>■ Indian Association For The Blind</li> </ul>
	3	Andhra Pradesh	Nizamabad	Low	<ul style="list-style-type: none"> <li>■ Dr. Zakir Husain Memorial Trust, Delhi, Delhi</li> <li>■ Bhagwan Mahaveer Viklang Sahayatha Samiti, Sawai Man Singh Hospital, Jaipur., Jaipur, Rajasthan</li> </ul>
			Anantapur	Medium	<ul style="list-style-type: none"> <li>■ National Institute For The Mentally Handicapped, Secunderabad, A.P.</li> <li>■ Narayan Seva Sansthan, Sewa Dham, 483, Hiran Magri, Sector-4, Udaipur-313 002, Udaipur, Rajasthan</li> <li>■ A.P.Vikalangula Co-Operative Corporation, Kurnool District, Brkr Bhavan, 2nd Floor, Tank Bund Road, Hyderabad, , Andhra Pradesh</li> </ul>
			Krishna	High	<ul style="list-style-type: none"> <li>■ Integrated Development And</li> </ul>

Zone	S.No	Name of States	Name of Districts	Status (Low/High/Medium) In Terms of Receipt of Funds	Name of Implementing Agencies
					Education Society, Krishna, Andhra Pradesh <ul style="list-style-type: none"> <li>■ Ravi Cherla Integrated Development And Education Society, Ravi Cherla, Nuzvid - 521 201,, Krishna, Andhra Pradesh ( 08656 235625)</li> <li>■ Bhagwan Mahaveer Viklang Sahayatha Samiti, Sawai Man Singh Hospital, Jaipur., Jaipur, Rajasthan</li> </ul>

Source: MM Sampling based on collected data

#### 2.5.2.4 Selection of Beneficiaries

In each district we had selected 60 beneficiaries, considering representative sampling method. Thus, more number of beneficiaries were selected from the agency having large number of beneficiaries. The selection was done using proportionate sampling method for each year of implementation.

For selection process we had collected the list of beneficiaries from the concerned implementing agency at district level and then selected our respondent using random sampling method looking at the type of disabilities and aids provided. Apart from this, their care-takers were also contacted in order to generalize the findings on the non-sampled units.

#### 2.5.2.5 Selection of Non-beneficiaries

Five non beneficiaries were also selected in each district. In order to select the non beneficiary, we have tried to collect the list of non beneficiaries from selected implementing agencies. However, since they do not maintain the list of non beneficiaries; thereafter, our team contacted the Differently Abled persons who had applied for appliances/aids but did not receive the benefit - this was done in consultation with the implementing agency.

#### 2.5.2.6 Selection of Care Takers

We understand that care takers of the Differently Abled respondents can provide us valuable information regarding impact of the aids. Hence, we have contacted at least half of the care takers of the Differently Abled respondents (beneficiaries or non beneficiaries).

Total sample covered for the study is provided in Table 2.3.

Table 2.3: Total Sample Coverage under each Research Technique

Study technique	Respondents	Sample To be contacted	Sample Contacted
<b>QUALITATIVE RESEARCH TECHNIQUE</b>			
In-depth Interview	Ministry of Social Justice & Empowerment	3	3
	Department of Social Justice & Empowerment at State	18	18
	Civil Society Organizations like CBOs and Local NGOs	18	18
	NGO, National Institute, Artificial Limb Manufacturing Corporation institutes and Civil Society Organizations	85	85
	<b>Sub Total</b>	<b>124</b>	<b>124</b>
<b>QUANTITATIVE RESEARCH TECHNIQUE</b>			
Semi-structured Schedules	Beneficiary*	3180	2469
	Non beneficiaries	270	270
	Care Takers of the Differently Abled	1590	1590
		<b>5040</b>	<b>4329</b>

*\*Goa has only two districts; hence, sample for Goa was 120 only and during visit it was found that implementing agency in Goa has provided benefit to only 55 beneficiaries.*

The total coverage of the study was 124 In-depth Interviews and 4329 semi-structured interviews.

During the field exercise, as per mandate our team has collected list of beneficiaries from respective implementing agencies. On receipt of list we then categorised the beneficiaries by type of Differently Abled supported. After categorisation we then selected 360 beneficiaries (in case of adequate number of beneficiaries supported under the scheme) and this list was provided to the team who had visited respective States, details provided in the table below (table 2.4).

Table 2.4: Study Coverage Details

States	Beneficiary list provided by Implementing Agencies	Sample to be Covered	Sample Targeted	Beneficiaries who could be Contacted
Andhra Pradesh	1346	180	360	127
Assam	1532	180	360	127
Bihar	664	180	360	193
Chhattisgarh	345	180	345	120
Goa	55	120	55	55
Gujarat	1907	180	360	125
Jammu & Kashmir	232	180	232	83
Jharkhand	1032	180	360	120
Kerala	1449	180	360	131
Maharashtra	258	180	258	180
Meghalaya	210	180	210	102
Orissa	1109	180	360	155
Punjab	182	180	182	146
Rajasthan	937	180	360	180
Sikkim	274	180	274	143
Tamil Nadu	799	180	360	133
Uttar Pradesh	1123	180	360	166
Uttarakhand	1205	180	360	183
<b>Total</b>	<b>14659</b>	<b>3180</b>	<b>5516</b>	<b>2469</b>

The above mentioned table shows that our team had sampled to contact 5516 beneficiaries so that the sample of 3180 could be achieved but we could contact only 2469 beneficiaries. The reasons for not able to complete the sample is mentioned below;

- The list of beneficiary as provided by the implementing agencies contained wrong names and addresses of beneficiaries. Thus, despite repeated visits to the locations we could not find the beneficiaries. This was found in almost all the States and with most of the agencies contacted except in Goa, Bihar and Uttarakhand wherein we could find most of the beneficiaries (based on list provided by the implementing agencies) at their respective addresses. While asking the reason of such wrong address, the implementing agencies answered that they are providing the addresses which the beneficiaries have provided them as they are bound to record what beneficiaries are mentioning. They further mentioned that verifying the addresses was never their mandate.
- It has been observed that the scheme is assisting weaker sections of the society, including beggars, and in many cases we found that the assisted population do not have a definite address and in some cases beneficiaries were found to have migrated from the addresses provided.

### 2.5.3 Primary survey in Different Locations and data analysis

#### 2.5.3.1 Field Survey / Implementation

The field study/monitoring was conducted by senior team members having understanding of similar projects. Before initiating field visits training was imparted by core team during 15-16 July 2011,

followed by field practice in Haridwar, Uttarakhand. Actual fieldwork was initiated after the team members were trained to the satisfaction of Project Manager.

#### **2.5.3.2 Field work supervision**

In order to maintain the quality of data collected, it was important to monitor and supervise the fieldwork regularly. During data collection, the Project Manager co-ordinated the movement of the study team. To facilitate monitoring and to adhere to the overall time schedule of the survey, the teams were provided the time schedule for the allotted sample visits and areas. Changes in the time schedule owing to the local conditions or delays were continuously monitored and time schedules were updated by the Project Manager during the visits and through communication with individual team members.

#### **2.6 Limitations of the study**

- The State and district officials are not maintaining the list of implementing agencies and beneficiaries supported each year under this scheme. Thus, our team had to depend on the implementing agency for beneficiary details which many a times were not provided in time, during the course of the study and/or not provided at all by few agencies (Ratna Nidhi Trust, Ali Yabar Jung, Banvashi, Jivan Kiran Rehabilitation Society did not provide the details at all).
- The study was conducted during the time which had a few government holidays, due to which our field work got delayed.
- In some districts, the implementing agencies (Ratna Nidhi Trust, Ali Yavar Jung National Institute, Banvashi, Jivan Kiran Rehabilitation Society etc.) did not provide list of beneficiaries which further delayed our field visits in these districts.
- Some of the beneficiary list provided by the implementing agency did not contain complete address. Thus, those beneficiaries could not be contacted.
- List provided by the implementing agencies contained wrong addresses and names of beneficiaries thus, our team had to make repeated visit to the implementing agencies' office and could not achieve requisite sample in some of the districts.
- ADIP scheme is assisting weaker sections of the society, including beggars, and in many cases we found that the assisted population do not have a definite address and many-a-times we were informed that the beneficiaries have migrated.



## 3. Overall Status of ADIP Scheme in India

### 3.1 Status of Differently Abled In India

Census 2001 has estimated 21.9 million Differently Abled Persons in India which constitute more than 2 % of total population. Out of these 12.60 million were males and 9.30 million were females. Looking into the type of disability one can see that about 48.55 % have visual disability followed by 27.87 % with locomotors disability, while 10.33 % are mentally ill, 7.49 % had speech disability, 5.76 % had hearing problems (refer table 3.1 & 3.2).

While the alternative estimates using better methods and more inclusive definitions suggest a higher incidence of disability (4-8 %). Alternative estimates from a variety of sources suggest that the actual prevalence of disability in India could be easily around 40 million people, and as high as 80-90 million if more inclusive definitions of mental illness and mental retardation in particular were used (*Source: WHO and Dandona et al (2004) on visual and Gururaj and Isaac (2005) on mental impairments*). Just as importantly, the bulk of disabled people in India have mild to moderate disabilities.

Table 3.1: Distribution of Disable Population in India

Parameters	Total	Rural	Urban
Persons	21,906,769	16,388,382	5,518,387
Males	12,605,635	9,410,185	3,195,450
Females	9,301,134	6,978,197	2,322,937
Source: Census 2001			

Out of this 2 % Differently Abled population, if we do not consider mental disabilities, then about 19.42 million can be considered employable provided they are supported by definite aids and appliances as per their requirement. On the contrary, only a few Lakh are registered at the special employment exchanges for the handicapped, of which, only a few thousands are currently employed. This is a poor reflection of the fragmented manner in which issues affecting the Differently Abled have been dealt with in India.

Table 3.2: Distribution of Disable population in India by Type of Disability

Types of Disability	Number of Differently Abled	%age
Visual	10,634,881	48.55
Speech	1,640,868	7.49
Hearing	1,261,722	5.76
Movement	6,105,477	27.87
Mental	2,263,821	10.33
<b>Total</b>	<b>21,906,769</b>	<b>100.00</b>
Source: Census 2001		

As expected significant proportion of Differently Abled were from scheduled castes, scheduled tribes and other backward classes. These groups require special attention through specific programs to create awareness and support them through appropriate medical care and other rehabilitative measures. The marital status of Differently Abled persons indicates that majority of them are unmarried

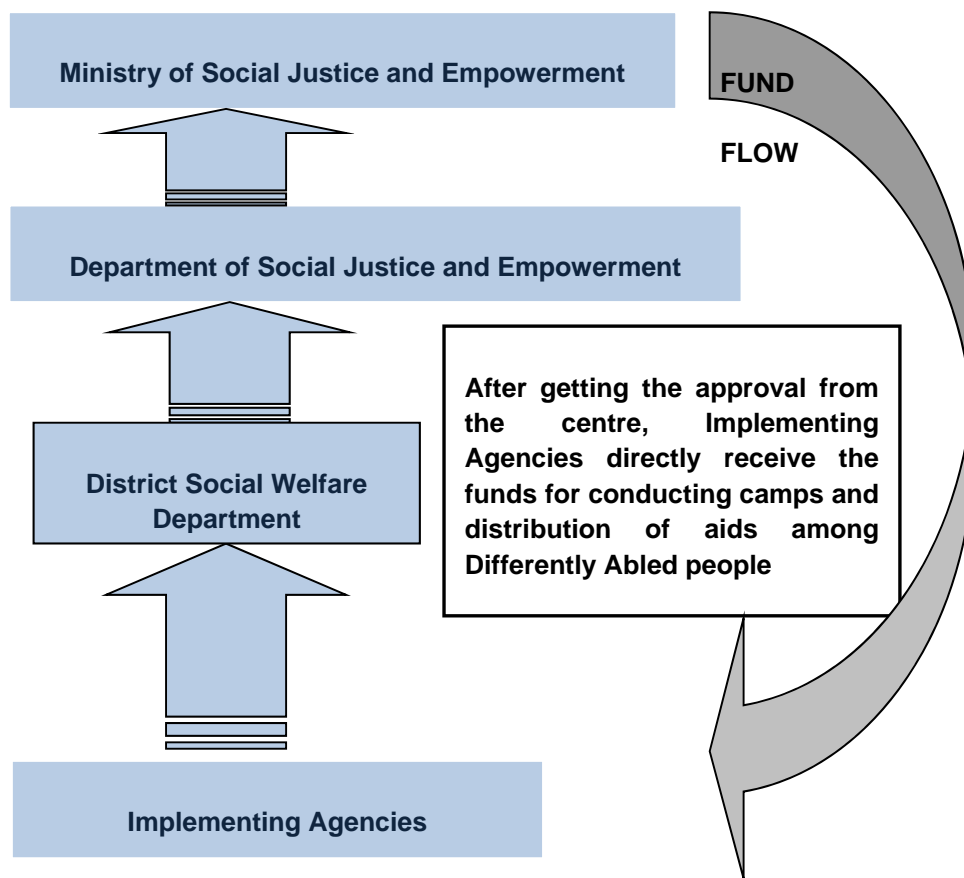
or widowed/ divorced. Hence community support is required to rehabilitate them. A significant proportion is living with parents without spouses. Hence social security measures from government or community need to be strengthened to support them in the later age.

The education level of Differently Abled persons as compared to the general population trends depicts that about 59 % Differently Abled persons in rural areas and 40 % in urban areas are illiterate. Even among Differently Abled literates, a significant proportion is educated only up to primary or middle level both in rural and urban areas.

### 3.1.1 Implementation Structure of the Scheme in India

Ministry of Social Justice & Empowerment allocates fund for each State depending upon the proportion of Differently Abled people the State has, but the release depends on the demand that comes from State for providing assistance. The State also collects demand from grass root level implementing agencies and then submits a consolidated figure to the Ministry. Thus, the release amount is some what same as the amount utilised (process of implementation of ADIP scheme).

Figure 3.1: Flow of fund In ADIP Scheme



Responsibility of implementing the scheme at the grass root level is in the hands of the District Disability Rehabilitation Centre , NGOs, Composite Regional Centres, and Artificial Limb Manufacturing Corporation s/ State Limb Manufacturing Corporation. These implementing agencies are required to prepare their detailed proposals for the implementation of the scheme for the concerned year and submit them to the district office. The district offices after scrutinising the proposals at its level forward the same to the State office which scrutinises the report and send it to the MSJ&E at the central level along with the recommendations.

On receiving fund approval from centre, the implementing agencies organize camps to distribute aids and appliances to eligible Differently Abled persons in the specific areas that are allotted to them. The implementation structure of the scheme is given in chart above.

During our discussion with district officials we were informed that neither district nor the State authorities have any clue about the process of selection of implementing agency by the Ministry of Social Justice & Welfare. The district level is involved only for forwarding application to the State after thorough checking of the application submitted by the implementing agency. The State then recommends the application based on note provided by district in each application. However, while approving the applications, the Ministry directly sends the funds to implementing agencies without informing the State. Due to this process, the State and district cannot monitor the scheme as the district and State have no information about the agency which has been awarded the funds to implement the scheme. During the study, we had to depend on the implementing agency for collecting beneficiary details which could not be provided by few agencies (Ratna Nidhi Trust, Ali Yabar Jung, Banvashi, Jivan Kiran Rehabilitation Society etc).

## 3.2 Performance of the Scheme

This section of the report deals with performance of the schemes during the reference period ie. 2007-08, 2008-09 and 2009-10. The performance of scheme is recorded in three broad parameters, i.e. financial performance, physical performance and physical verification which also includes perception of beneficiary about the assistance provided under the scheme and impact of the scheme in their day to day life.

### 3.2.1 Financial Progress

Looking at three years financial performance in 18 selected States, it can be summarised that about 46 % of the funds allocated (INR 11680.09 Lakh) to the selected States have been actually released (INR 5393.355 lakh) and utilised. Thus, release is definitely an issue as Ministry of Social Justice & Empowerment officials told that lack of fund, and receipt of less proposals from implementing agencies are the major reasons due to which they are not able to release fund as planned.

Looking at State wise differences on release one can see that Sikkim has received highest amount of fund vis a vis allocated which is 100 % followed by Meghalaya (90.4 %), Jammu & Kashmir (81.1 %), Karnataka (65.7 %). Lowest proportion of fund was received by the State Bihar (18 %) followed by Jharkhand (34.5 %), Gujarat (36.5 %) and Goa (40.0 %). The performance for each of the State is also mentioned in respective State report (table 3.3 & figure 3.2).

Table 3.3: Financial Performance of ADIP Scheme in Sampled States

States	Allocation (in INR Lakh)	Release (in INR Lakh)	% Release
Bihar	1120.39	207.5	18.5
Jharkhand	270.76	93.31	34.5
Gujarat	627.57	228.31	36.4
Goa	12.06	4.82	40.0
Uttar Pradesh	2050.87	847.27	41.3
Maharashtra	957	396.03	41.4
Tamil Nadu	976.36	437.69	44.8
Orissa	609.07	287.23	47.2
Chhattisgarh	255.08	121.955	47.8
Andhra Pradesh	813.32	404.73	49.8
Uttarakhand	126.45	67.83	53.6
Assam	1874	1021.66	54.5
Punjab	248.35	138.3	55.7
Rajasthan	838.3	467.54	55.8
Karnataka	538.83	353.88	65.7
Jammu & Kashmir	189.51	153.77	81.1
Meghalaya	111.09	100.45	90.4
Sikkim	61.08	61.08	100.0
<b>Total</b>	<b>11680.09</b>	<b>5393.355</b>	<b>46.2</b>

*Source: Ministry of Social Justice & Empowerment*

Looking at three years financial performance in 53 selected districts (Goa has only two districts thus, we could not select three district as per sample plan) spread across 18 selected States, it can be summarised that about 60 % (INR 793.51lakh) of the funds allocated (INR 1323.98 Lakh) to the 53 selected districts have been released and was utilised. The lower release to some districts is actually due to less funds provided by Ministry of Social Justice & Empowerment, as the Ministry had received less number of proposals for implementation.

Looking at State wise differences on release ( Table 3.4) it can be seen that selected districts of Assam have received highest amount of fund vis a vis allocated (103.6 %) followed by Meghalaya (84.6 %), Jammu & Kashmir (78.8 %), Orissa (78.1 %). On the contrary lowest funds were received by the selected districts of Bihar (23.2 %) followed by Chhattisgarh (28.9 %), Goa (39.9 %), Jharkhand (47 %), and Rajasthan (49.6 %) The performance for each State is also mentioned in respective State report.

Table 3.4: Financial Performance of ADIP Scheme in Sampled States

States	Allocation (in INR Lakh)	Release (in INR Lakh)	% Release
Bihar	139.31	32.29	23.2
Chhattisgarh	64.94	18.76	28.9
Goa	12.08	4.82	39.9
Jharkhand	55.39	26.06	47.0
Rajasthan	90.88	45.08	49.6
Gujarat	74.52	37.93	50.9
Maharashtra	80.61	41.18	51.1
Tamil Nadu	99.16	55.38	55.8
Andhra Pradesh	105.13	59.61	56.7
Uttarakhand	39.1	24.64	63.0
Punjab	48.45	31.75	65.5
Uttar Pradesh	99.92	69.92	70.0
Kerala	92.6	65.04	70.2
Sikkim	42.4	31.8	75.0
Orissa	77.13	60.26	78.1
Jammu & Kashmir	51.08	40.24	78.8
Meghalaya	41.87	35.42	84.6
Assam	109.41	113.33	103.6
<b>Total</b>	<b>1323.98</b>	<b>793.51</b>	<b>59.9</b>

Source: Ministry of Social Justice & Empowerment

### 3.2.2 Physical Performance

As per data collected from different implementing agencies working at grassroots level, it can be seen that a total of 14659 beneficiaries were supported in 53 sampled districts (table 3.5). It is evident from the table below that very few beneficiaries have been supported in the selected districts of Goa (55 numbers), Punjab (182 numbers ) and Meghalaya (210 numbers) (Table 3.5).

Table 3.5: Physical Performance of ADIP Scheme in Selected States (in numbers)

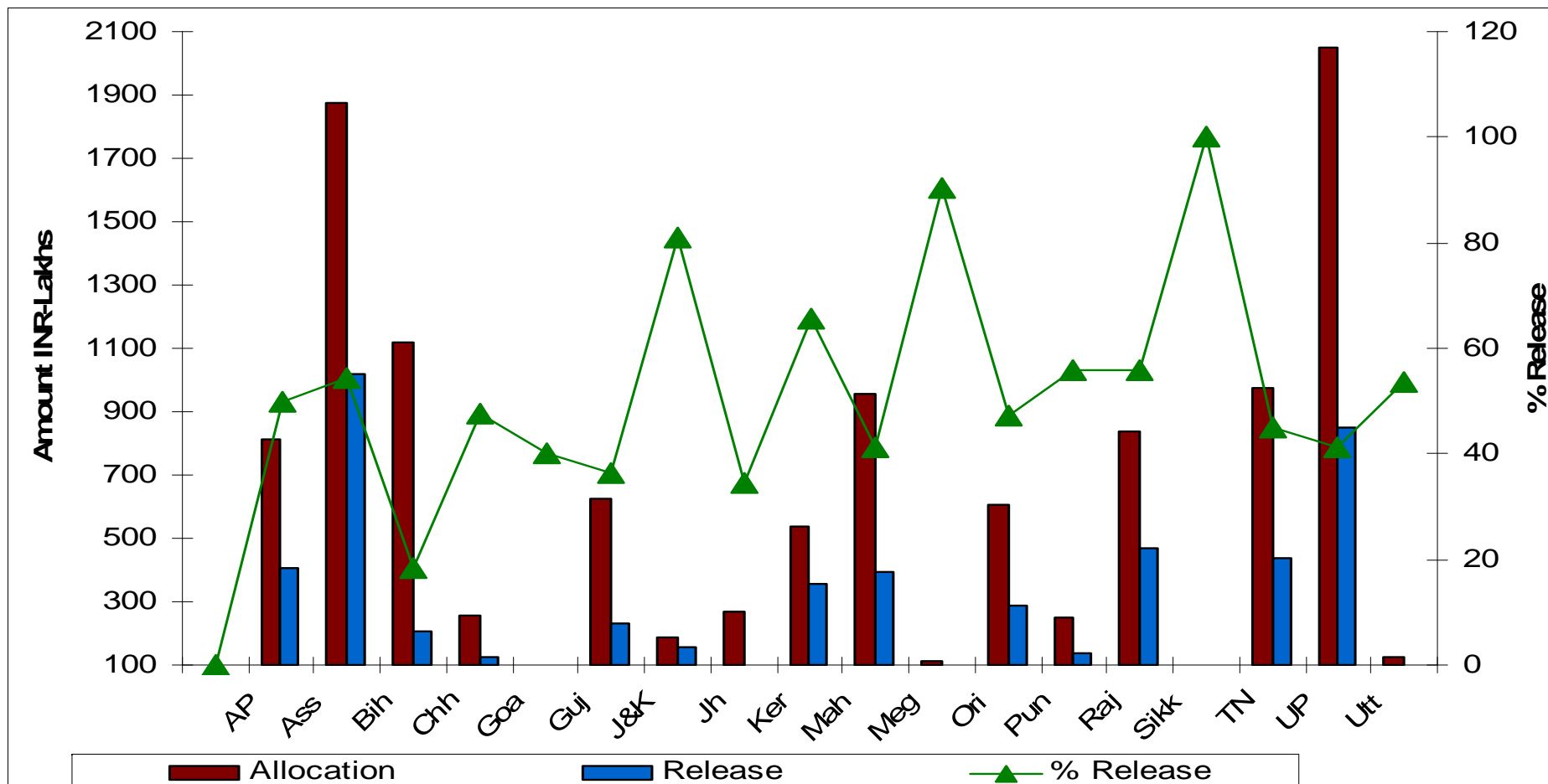
States	2007-08	2008-09	2009-10	Total
Andhra Pradesh	586	760	0	1346
Assam	722	293	517	1532
Bihar	664	0	0	664
Chhattisgarh	118	0	227	345
Goa	0	55	0	55
Gujarat	146	877	884	1907
Jammu & Kashmir	154	75	3	232

States	2007-08	2008-09	2009-10	Total
Jharkhand	145	887	0	1032
Kerala	227	478	744	1449
Maharashtra	0	258	0	258
Meghalaya	0	0	210	210
Orissa	74	445	590	1109
Punjab	182	0		182
Rajasthan	183	301	453	937
Sikkim	0	159	115	274
Tamil Nadu	253	152	394	799
Uttar Pradesh	236	401	486	1123
Uttarakhand	358	253	594	1205
<b>Total</b>	<b>4048</b>	<b>5394</b>	<b>5217</b>	<b>14659</b>
<i>Source: Compiled based on data collected from various agencies during survey</i>				

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Figure 3.2: State wise Scheme Allocation and Release for Year 2007-10



Source: Ministry of Social Justice & Empowerment

Looking into physical performance it is evident that on an average INR 4,331 has been spent for one Differently Abled person in selected States, which is on the lower side. As per scheme guideline, the scheme has a provision of INR 6,500/- per beneficiary thus, about INR 2300/- was available per beneficiary which could have been utilised for providing better quality equipment.

However, implementing agencies in States like Goa, Sikkim, Maharashtra, Meghalaya, Jammu & Kashmir and Punjab have crossed the limit by spending more funds on the equipments provided to each beneficiary. On the contrary, the implementing agencies of States like Gujarat, Uttarakhand and Jharkhand had spent only INR 2000/- or less for providing assistance to one beneficiary and with this cost, quality equipments cannot be provided (table 3.6).

Table 3.6: Per Beneficiary Fund Utilisation in Selected States

States	Fund Available for Assistance ( in INR Lakhs) (excluding operating cost of 20%)	Number of Beneficiary Supported	Per Beneficiary Fund Utilised ( in INR)
Gujarat	30.344	1907	1591
Uttarakhand	19.712	1205	1636
Jharkhand	20.848	1032	2020
Andhra Pradesh	47.688	1346	3543
Kerala	52.032	1449	3591
Rajasthan	36.064	937	3849
Bihar	25.832	664	3890
Orissa	48.208	1109	4347
Chhattisgarh	15.008	345	4350
Uttar Pradesh	55.936	1123	4981
Tamil Nadu	44.304	799	5545
Assam	90.664	1532	5918
Goa	3.856	55	7011
Sikkim	25.44	274	9285
Maharashtra	32.944	258	12769
Meghalaya	28.336	210	13493
Jammu & Kashmir	32.192	232	13876
Punjab	25.4	182	13956
<b>Total/Average</b>	<b>634.80</b>	<b>14659</b>	<b>4331 (Average)</b>

Source: Based on data as provided by implementing agencies to MM Study team

### 3.2.3 Reason for better performance of some States

It was observed that some States performed better in implementation of the scheme like Andhra Pradesh, Tamilnadu, Assam, Meghalaya, J&K, Gujarat, Rajasthan, Goa etc. Our study team could find that the reason behind this to be the active State Departments who are implementing this scheme and are taking active interest and working closely with the Implementing agencies and helping them to implement the scheme in a



structured way. Also, the availability of local agencies (belonging to these States) has also resulted in better implementation of the scheme in the State.

#### 3.2.4 Major NGOs Implementing the Scheme

It was observed that apart from local organisations, the scheme has been implemented by reputed non government organisations like; Artificial Limb Manufacturing Corporation (Uttar Pradesh), Ali Yavar Jung National Institute For The Hearing Handicapped (Mumbai, Maharashtra), Bhagwan Mahaveer Viklang Sahayatha Samiti (Jaipur, Rajasthan), Medical Care Centre Trust (Karelibang, Vadodara), Narayan Seva Sansthan (Udaipur, Rajasthan), National Institute For The Visually Handicapped (Dehradun, Uttaranchal) and Pt. Deen Dayal Upadhyay Institute For The Physically Handicapped (New Delhi). The aforementioned organisations are big but do not have offices in the States where they have worked. These NGOs implement the scheme in partnership with local organisation who are very small and inefficient to work on their own. These small organisations help the larger NGOs to organise the camps and advertise so that the beneficiaries can be reached.

As the big NGOs do not have district level offices they neither keep track of the beneficiaries nor provide maintenance services for the aids/appliances provided to the beneficiaries.

##### 3.2.4.1 Indian Red Cross

Indian Red Cross Society, Faridkot has well trained Orthopaedics and Prosthesis Engineer with a training of four and a half years from NIRTAR, Cuttack and a trained helper cum assistant in their 'Physiotherapy cum Artificial Limbs fitting Centre' which has been functioning since 1996 by the efforts of successive visionary Chairpersons and dedicated & efficient staff of the of the District Red Cross.

Their artificial limbs centre, though small in size, but is of State of art and can give a run for money to many for profit companies which produce artificial limbs for Differently Abled persons. They prepare all types of artificial limbs like Above Elbow (AE), Below Elbow (BE), Above Thigh (AT), Below Thigh (BT) and many other prosthetic limbs which are custom made for needy Differently Abled persons and are provided to them, the organisation works on non-profit mode. The officials at Red Cross, Faridkot have been far-sighted. They realised that in that part of the State, due to heavy mechanization of agriculture, there has been corresponding increase in the demand of artificial limbs, especially hands, cut accidentally during the manoeuvring of agricultural machinery. They established contacts with private companies which produce State of art, custom made artificial limbs for wealthy individuals. They sought dealership of such instruments through which they could produce the endo-skeleton artificial limbs in their laboratory in Red Cross, Faridkot. Today, they have tie-ups with the leading manufactures of artificial limbs. They manufacture the endo-skeleton limbs, bionic hands which would enable the user to move even a single finger, hold delicate items in hands like glass of water, and even drive two and four wheelers.

The Red Cross, Faridkot is running a physiotherapy centre. It is open to public with a nominal maintenance fees. The centre has been provided with a full time physiotherapist and a helper. The physiotherapy centre has all the latest gadgets required.

Apart from the State of art laboratory, Red Cross, Faridkot is running a fully residential special school from first to secondary for deaf and dumb, and blind children. The courses of the school are approved by Rehabilitation Council of India. The entire faculty of this school is especially trained for educating special children. The classrooms, bathrooms, toilets, staircases and hostel are especially designed for the sensitivity of the Differently Abled children.

### 3.2.4.2 Pandit Deendayal Institute for Physically Handicapped

**Pt. Deendayal Upadhyaya Institute for the Physically Handicapped** is an autonomous organization under the administrative and financial control of Ministry of Social Justice & Empowerment, Government of India. The Institute for the Physically Handicapped came into being when the erstwhile Jawahar Lal Nehru Institute of Physical Medicine and Rehabilitation and other allied institution run by the council for the Aid of crippled & handicapped were taken over by the Government of India on 22nd May 1975 and converted into an autonomous body in the year 1976. It was renamed after Pt. Deendayal Upadhyaya in the year 2002. The Institute aims to serve the physically disabled of all age groups. The main aims and objectives of the Institute are to undertake the training of Physiotherapists, Occupational Therapists and other such professionals needed for providing services to the disabled persons; to offer education, training, work-adjustment and such other rehabilitation services as the society may deem fit to orthopaedically disabled persons with or without associated mental retardation; to undertake the manufacturing and distribution of such aids and appliances as are needed for the education, training and rehabilitation of the disabled persons; to provide such other services as may be considered appropriate for promoting the education and rehabilitation of the disabled persons, including organizing meetings, seminars and symposia; to undertake, initiate, sponsor or stimulate research aimed at developing more effective techniques for the education and rehabilitation of the disabled persons; to co-operate with national, regional or local agencies in research or such other activities as may be designed to promote the development of services for the disabled persons; to undertake or sponsor such publications as may be considered appropriate.

### 3.2.4.3 Kerala State Handicapped Persons Welfare Corporation Ltd.

The Kerala State Handicapped Persons' Welfare Corporation is a public sector undertaking under the State Government established in 1979 with its Head Office Poojappura, Thiruvananthapuram. The company established to formulate, promote and implement schemes aimed at the rehabilitation or improvement the living conditions of the Differently Aabled persons, groups of such persons and organizations engaged activities on rehabilitation and welfare of handicapped persons.



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It has a regional centre at Kochi and regional information centre at Kozhikode which is one of the sampled districts. It produces low cost high quality and light weight artificial limbs, other appliances and runs a printing press.

### 3.2.4.4 National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD)

Established in 2005, it is the first of its kind in the entire Asian Continent. This institute was inaugurated on 07<sup>th</sup> July, 2005. This institute provides Physiotherapy, Occupational Therapy, Prosthetic & Orthotic Material Development Unit and Sensory Integration services, and started separate unit for Rehabilitation Psychology, Special Education, Speech Hearing & Communication, Adult Independent Living, Community Rehabilitation & Programme Management, Early Childhood Special Education, Cerebral Palsy and Additional Disabilities, Deaf blind, Autism with Additional



Disabilities, Family Cottage Services, Co-Curricular Activities and Special Education Centre for persons with Multiple Disabilities.

#### 3.2.4.5 S.M. Rehabilitation Trust

Based in Madurai, SM Rehabilitation Trust is a non-profit, non-government organization, registered in 1993, under the Indian Trusts' Act of 1882 with the mission of serving for the welfare of the Disabled people. Through community based rehabilitation programmes, this trust provides material and technical support for the persons with Disability. This trust has been implementing AIDS Prevention Awareness Program, Road Safety Awareness Program, Consumer Awareness Program, Coordinated Action on Adult Education in Sarva Siksha Abhyan [SSA], Vocational Training Program on IGP Trade, Free Notebooks & Books for poor Students, Assistance for marketing of non-farm produce produced by rural women Evening Tuition Centre Program, Self-Help Groups (SHGs) Evils of Drugs and Alcoholism and De-Addiction Counselling and Treatment, Community Health Center, Self-Help Groups (SHGs) and also organize aids and appliances distribution camps at various places where tricycles, wheel chairs, crutches and other appliances are distributed.

#### 3.2.4.6 Indian Association for the Blind (IAB)

This organization based in Madurai since its inception in 1985 has rehabilitated more than 6,000 visually challenged girls, boys, men, women and families making them self reliant and in addition enabling them to support their families. Currently there are 324 students pursuing their educational and vocational aspirations in their school. This trust also provides Telephone Operator Cum Call Centre Training, Stenography Cum computer Training, Chair Canning & Tailoring. This trust also has a Computerised Braille Press and Recording Studio and also distributes CD player, Braille books free of cost to the visually impaired students.

#### 3.2.4.7 R.B Charitable Trust

This trust is based in Selam, Tamil Nadu. It conducts Awareness camps, Assessment camps and distribution camps with District Disability Rehabilitation Centre and Rotary Club of the respective districts for ADIP Scheme.



#### 3.2.4.8 The National Institute for the Mentally Handicapped

The National Institute for the Mentally Handicapped is a registered society established in the year 1984 as an autonomous body under the Ministry of Social Justice and Empowerment in Secunderabad. The institute is the apex body having tripartite functions of training, research and services in the field of mental retardation in the country.

The National Institute provides various services like Rehabilitation Management, Medical Services, Psychological Services, Education for special children, Vocational Training, Home based care with parents as partners, Consultancy and Technical Support to the Ministry and Documentation and Dissemination on information related to Mentally Handicapped.

#### 3.2.4.9 Bhagwan Mahaveer Viklang Sahayata Samiti

Bhagwan Mahaveer Viklang Sahayata Samiti, Limb Centre, S.M.S. Hospital/Medical College, Jaipur is a non-governmental, voluntary, non-religious, non-sectarian, non-political society for helping the handicapped, particularly the resource less. It was set up in 1975 as one of the long-term human welfare projects. The main objective of the society is physical, economic and social rehabilitation of the physically handicapped, enabling them to regain their self-respect and human dignity as also to become normal and useful members of the community. The main emphasis of the society is on providing, artificial limbs and other rehabilitation aids, appliances, etc. to amputees, callipers, modified footwear and other rehabilitations aids/appliances to polio-affected and other disabled persons, hearing aids to persons who are hard of hearing, medicines and special shoes, etc to persons suffering from leprosy, various types of financial and other support for self-employment and economic and social rehabilitation of the handicapped, scientific and technical research in developing and improving aids and appliances for handicapped and also in other sectors related to disability. For artificial limbs, Jaipur Foot technology been adopted.



Besides providing artificial limbs, callipers and other help at Jaipur and other centres, the society also holds a large number of mobile camps every year in various parts of the country, where artificial limbs, callipers, etc. are manufactured and provided on the spot.

The agency has a local limb fitting office in King Koti hospital, Hyderabad.

#### 3.2.4.10 Ravicherla Integrated Development and Education Society (RIDES)

Ravicherla Integrated Development and Education Society (RIDES) was established in 1995, committed to Rural Health, Rehabilitation for people with disabilities, home for orphan children, environment protection and fight to prevent HIV/AIDS in rural villages. RIDES is a non-political, non-sectarian and non-profit making voluntary organization. RIDES is running clinic for HIV/ AIDS/ STD and other co-infection in rural areas conducting strong awareness campaign to prevent HIV/ AIDS/ STD, disability and running special school for Hearing Impaired.

During the last six years RIDES is running fitment centre for Persons with disabilities. It has provided callipers, artificial limbs, tricycles, wheel chairs & Hearing Aids to rural person with disabilities and conducted identification camps to assess %age of disability, health problems and HIV Infection. Rehabilitation services to leprosy cured persons and vocational training programmes. It also manages a rehabilitation centre for L.C.P and Differently Abled persons.

#### 3.2.4.11 Narayan Seva Sansthan

Narayan Seva Sansthan was established in 1985 by collection of a fistful of flour from neighbouring house for distribution of food to the attendants & patients of general hospital, the journey continued by distribution of food grain, clothes medicines etc. to the poor tribal in the remote villages of Udaipur districts and diagnostics camp in various parts of the country. An important turning point in the journey of the Sansthan took place and arrangements of surgical in 1997 when dedication & hard work of its founder Shri Kailash



“Manav” inspired the businessman & socialist of Mumbai Shri Chainraj Lodha to donate a huge amount for establishment of polio hospital (Manav Mandir). The Polio Hospital one of the best of North India become medium of more than 1,35,000 free of cost operations. Polio and Born disable patients & children suffering for the cerebral palsy come from all over India and patients from Pakistan, Nepal, Behrin, U.K., U.A.E., have also been benefited. Sansthan have 4 Hospital building, 1. Manav Mandir 121 bed, 2. Jaiswal Hospital 101 bed started in May 2005, 3. Didwaniya hospital 121 bed started on 27 November 2005 & Ankur Complex on rent for 150 bed, daily 250 patients come here for treatment out of which some patients are admitted on the same day after check up but many are kept in waiting list due to shortage of space in the Hospitals. These patients are again called on a particular date for admission & operation. Thus approximately more than 8000 children are in waiting list presently Narayan Sewa Sansthan has a combined capacity of 450 beds in these hospital buildings.

#### 3.2.4.12 Ali Yavar Jung National Institute for the hearing handicapped

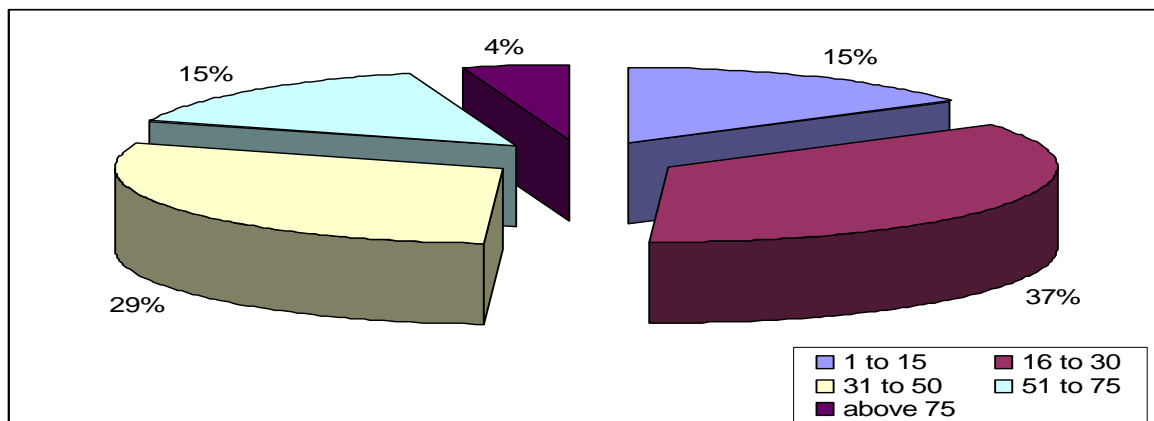
Ali Yavar Jung National Institute for the Hearing Handicapped (AYJNIHH) was established on 9<sup>th</sup> August 1983. It is an autonomous organisation under the Ministry of Social Justice and Empowerment, Government of India, New Delhi. The Institute is located at Bandra (West), Mumbai – 400 050. Regional Centres of the Institute have been established at Kolkata (1984), New Delhi (1986), Secundarabad (1986) and Bhubaneshwar (1986- in association with Government of Orissa). These are centres aimed at meeting the local and regional needs in terms of manpower development and services. The District Disability Rehabilitation Centre under Gramin Punarvasan Yojana (GPY) a programme of the Ministry of Social Justice and Empowerment, Government of India was started in the year 2000. The objective of the programme is to provide total rehabilitation to persons with sensory (hearing and vision), physical and mental disabilities. Under this programme, in 24 District, District Disability Rehabilitation Centres were allotted to AYJNIHH. All the 24 District Disability Rehabilitation Centre, on completion of successful establishment and running for three years, are handed over to State Governments/District Administration/NGO. Composite Regional Center, Bhopal is a service model initiated by the Ministry of Social Justice & Empowerment, Govt. of India, established on August, 2000. The Center is functioning under the administrative control of AYJNIHH since February, 2006. An one more Composite Regional Centres at Ahmedabad, Gujarat was established on August, 2011 and this Composite Regional Centres also functioning under the administrative control of AYJNIHH.

### 3.3 Physical Verification of the scheme

#### 3.3.1 Profile of Beneficiary Supported under the Scheme

During field visits a total of 2469 beneficiaries were contacted in 18 selected States of which about 37 % belongs to the age group of 16 to 30 years, the most productive age followed by 29 % of the beneficiaries who belong to the age group of 31 years to 50 years, 15 % each belongs to the age less than 15 years and 51 to 75 years. Further 4 % of beneficiaries were above 75 years of age (figure 3.3).

Figure 3.3: Age Group of Beneficiary



Source: MM Study

Looking at the State wise difference it can conclude that in States like Goa, Jharkhand and Kerala assistance to more number of beneficiaries within the age group of 1 to 15 years (table 3.7) has been provided.

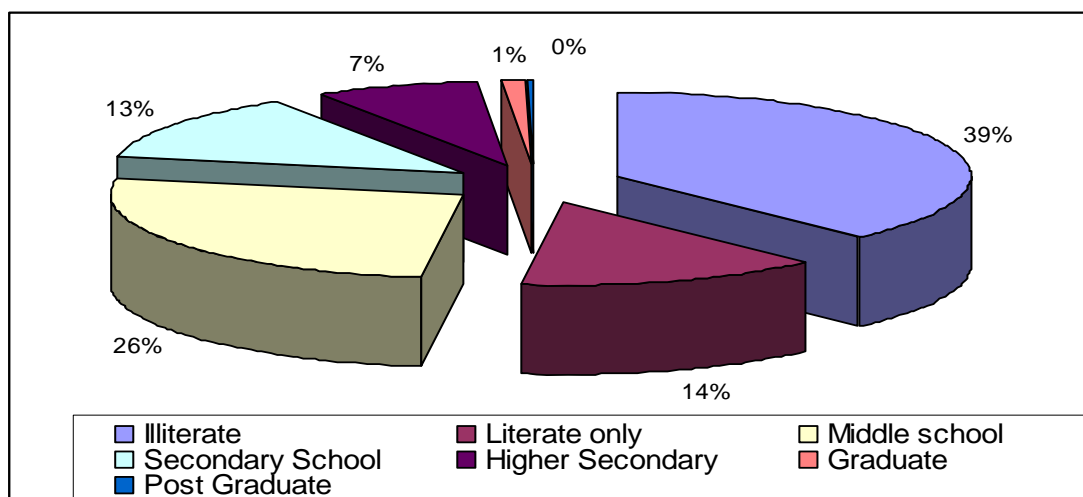
Table 3.7: Distribution of Beneficiaries by age group(in %)

States	Age group of beneficiaries					Total
	1 to 15	16 to 30	31 to 50	51 to 75	above 75	
Andhra Pradesh	2.0	65.0	25.0	8.0	0.0	100
Assam	5.0	36.0	41.0	14.0	4.0	100
Bihar	12.0	50.0	38.0	0.0	0.0	100
Chhattisgarh	6.0	42.0	44.0	8.0	0.0	100
Goa	40.0	30.0	10.0	10.0	10.0	100
Gujarat	20.0	26.0	35.0	17.0	2.0	100
Jammu & Kashmir	20.0	5.0	60.0	5.0	10.0	100
Jharkhand	32.0	27.0	23.0	17.0	1.0	100
Kerala	27.0	20.0	18.0	34.0	1.0	100
Maharashtra	23.0	16.0	36.0	19.0	6.0	100
Meghalaya	2.0	37.0	30.0	27.0	4.0	100
Orissa	4.0	40.0	34.0	18.0	4.0	100
Punjab	23.0	39.0	20.0	13.0	5.0	100
Rajasthan	10.0	53.0	22.0	14.0	1.0	100
Sikkim	12.3	30.8	23.1	20.0	13.9	100
Tamil Nadu	30.0	42.0	25.0	3.0	0.0	100
Uttar Pradesh	23.0	42.0	20.0	7.0	8.0	100
Uttrakhand	4.0	22.0	25.0	36.0	13.0	100
<b>Total Number</b>	<b>381</b> (15.43)	<b>877</b> (35.52)	<b>723</b> (29.32)	<b>377</b> (15.27)	<b>111</b> (4.50)	<b>2469</b> (100)

States	Age group of beneficiaries					Total
	1 to 15	16 to 30	31 to 50	51 to 75	above 75	
Source: MM Study; Figures in brackets are percentages of total beneficiaries.						

The literacy level of the beneficiaries is generally low, as high as about 39% of the beneficiaries contacted during the study were found illiterate followed by 26% of them who were educated up to middle school, 14% were literate only, 13% were educated up to secondary school and 7% were educated up to higher secondary figure 3.4.

Figure 3.4: Education level of Beneficiary



Source: MM Study

Looking at the State wise differences, it can be inferred that Goa is the only State wherein all the beneficiaries were literate further States like Andhra Pradesh (4%), Uttar Pradesh (7%) Gujarat (13%), Kerala (17%), have less number of illiterate beneficiaries. While in other States more number of illiterate beneficiaries were found (table 3.8)

Table 3.8: Distribution of Beneficiaries with education level (in %)

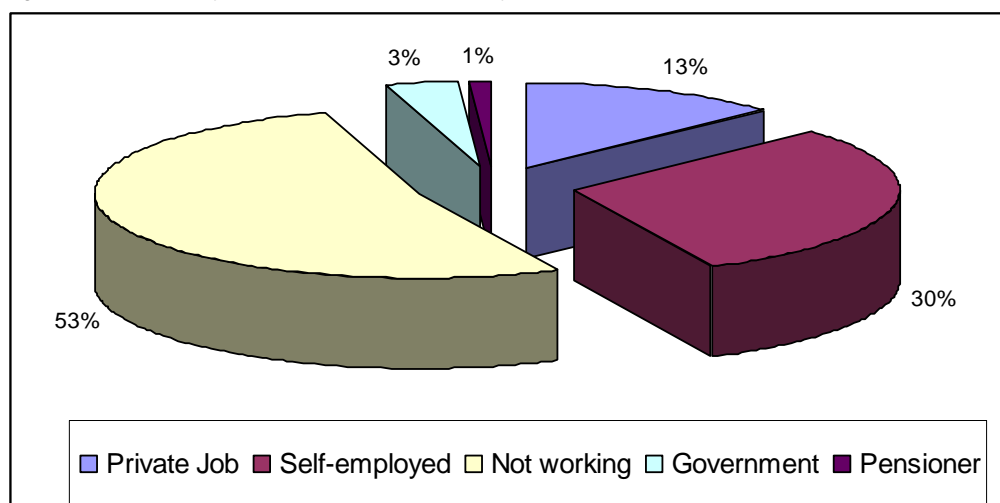
States	Literacy level							Total %
	Illiterate	Literate only	Middle school	Secondary School	Higher Secondary	Graduate	Post Graduate	
Andhra Pradesh	4.0	2.0	27.0	33.0	23.0	11.0	0.0	100
Assam	75.3	9.9	14.8	0.0	0.0	0.0	0.0	100
Bihar	51.0	36.0	8.0	3.0	2.0	0.0	0.0	100
Chhattisgarh	29.0	30.0	26.0	6.0	9.0	0.0	0.0	100
Goa	0.0	0.0	60.0	0.0	40.0	0.0	0.0	100
Gujarat	13.0	5.0	66.0	9.0	7.0	0.0	0.0	100
Jammu & Kashmir	25.0	15.0	30.0	30.0	0.0	0.0	0.0	100

States	Literacy level							Total %
	Illiterate	Literate only	Middle school	Secondary School	Higher Secondary	Graduate	Post Graduate	
Jharkhand	75.0	10.0	15.0	0.0	0.0	0.0	0.0	100
Kerala	17.0	1.0	47.0	21.0	13.0	1.0	0.0	100
Maharashtra	59.0	3.0	23.0	9.0	1.0	2.0	0.0	100
Meghalaya	67.7	1.5	23.1	6.2	1.5	0.0	0.0	56
Orissa	14.0	37.0	38.0	11.0	0.0	0.0	0.0	100
Punjab	71.4	12.5	16.1	0.0	0.0	0.0	0.0	100
Rajasthan	33.0	42.0	13.0	2.0	10.0	0.0	0.0	100
Sikkim	44.0	0.0	23.0	23.0	5.0	4.0	0.0	100
Tamil Nadu	10.0	23.0	18.0	37.0	12.0	0.0	0.0	100
Uttar Pradesh	7.0	0.0	30.0	37.0	26.0	0.0	0.0	100
Uttrakhand	60.0	1.0	25.0	10.0	1.0	3.0	0.0	100
<b>Total (number)</b>	<b>941</b>	<b>343</b>	<b>643</b>	<b>324</b>	<b>181</b>	<b>30</b>	<b>7</b>	<b>2469</b>
	<b>(38.11)</b>	<b>(13.89)</b>	<b>(26.04)</b>	<b>(13.12)</b>	<b>(7.33)</b>	<b>(1.23)</b>	<b>(0.28)</b>	<b>(100)</b>

Source: MM Study; Figures in brackets are percentages of total beneficiaries.

It has been observed that about 53% of the beneficiaries (Differently Abled) contacted were not engaged in gainfully employment. Majority of the respondents were not working because of having low education background and are not been able to find employment which needs technical qualification, and in general they are physically not fit for employment. Approximately 30% of the contacted beneficiaries were self employed, mostly managing petty shops and another 13% are employed with the private employers.

Figure 3.5: Employment Status of Beneficiary



Source: MM Study

From table 3.9, it was observed that 52.37% of the beneficiaries are not employed. It can also be referred from reports that only 46 % of Differently Abled at working age are employed and an **recent adverse**



development i.e. decline in the employment rate of working age disabled people has been observed, from 42.7 % in 1991 to 37.6 % in 2002 (Source: Census 1991 & 2001).

Looking at the State wise differences on employed beneficiaries, it can be seen from the table below that all the beneficiaries were found employed in States like Goa, Maharashtra, Punjab and Uttar Pradesh. In the contrary other States have huge proportion of unemployed beneficiaries.

It was observed that all 2469 contacted beneficiaries who have been supported under the project belong to lower strata of the society i.e. are below the poverty line. Few of them are beggars living in Ashrams as they have been separated from their family and having no other livelihood option and a very large number of beneficiaries are homeless beggars in the states of Bihar, Kerala, Tamilnadu & Uttarakhand (table 3.9).

Table 3.9: Distribution of Beneficiaries by Employment status (in %)

States	Private Job	Self-employed	Not working	Government	Pensioner	Total
Andhra Pradesh	14.0	15.0	71.0	0.0	0.0	100
Assam	3.7	24.7	71.6	0.0	0.0	100
Bihar	6.0	10.0	83.0	0.0	1.0	100
Chhattisgarh	0.0	44.0	56.0	0.0	0.0	100
Goa	60.0	40.0	0.0	0.0	0.0	100
Gujarat	15.0	15.0	68.0	2.0	0.0	100
Jammu & Kashmir	15.0	40.0	45.0	0.0	0.0	100
Jharkhand	3.0	26.0	27.0	44.0	0.0	100
Kerala	6.0	11.0	83.0	0.0	0.0	100
Maharashtra	8.0	65.0	0.0	13.0	14.0	100
Meghalaya	21.0	7.0	72.0	0.0	0.0	100
Orissa	4.0	29.0	67.0	0.0	0.0	100
Punjab	31.0	69.0	0.0	0.0	0.0	100
Rajasthan	11.0	21.0	67.0	1.0	0.0	100
Sikkim	6.2	16.9	76.9	0.0	0.0	100
Tamil Nadu	13.0	13.0	72.0	0.0	2.0	100
Uttar Pradesh	40.0	60.0	0.0	0.0	0.0	100
Uttarakhand	6.0	28.0	64.0	2.0	0.0	100
<b>Total (number)</b>	<b>320</b>	<b>742</b>	<b>1293</b>	<b>84</b>	<b>30</b>	<b>2469</b>
	<b>(12.96)</b>	<b>(30.05)</b>	<b>(52.37)</b>	<b>(3.40)</b>	<b>(1.22)</b>	<b>(100)</b>

Source: MM Study; Figures in brackets are percentages of total beneficiaries.

Disability is restricting people in many ways; same can be seen in table below. Only 19 % Differently Abled are head of the Household (table 3.10)

Table 3.10: Distribution of Beneficiaries by their Status (whether they are head of the Household)(in %)

States	Yes	No	Total
Andhra Pradesh	29.4	70.6	100.0
Assam	3.1	96.9	100.0
Bihar	1.0	99.0	100.0
Chhattisgarh	1.8	98.2	100.0
Goa	30.0	70.0	100.0
Gujarat	12.0	88.0	100.0
Jammu & Kashmir	55.0	45.0	100.0
Jharkhand	15.0	85.0	100.0
Kerala	9.9	90.1	100.0
Maharashtra	23.1	76.9	100.0
Meghalaya	4.5	95.5	100.0
Orissa	5.3	94.7	100.0
Punjab	30.0	70.0	100.0
Rajasthan	1.4	98.6	100.0
Sikkim	7.7	92.3	100.0
Tamil Nadu	80.6	19.4	100.0
Uttar Pradesh	55.2	44.8	100.0
Uttarakhand	6.0	94.0	100.0
<b>Total (number)</b>	<b>475</b>	<b>1994</b>	<b>2469</b>

Source: MM Study

During the study, it was observed that education level among the head of the household of the beneficiaries was also very less, about 42 % of the head of the household were illiterate. However, 47 % of them were educated up to different level and remaining 11 % are only literate. Category wise education detail of the head of the household is further classified in the table below. Looking at State wise differences we can conclude that in States like Goa, Tamil Nadu, Uttarakhand and Maharashtra comparatively less proportion (less than 20%) of head of the households were illiterate (table 3.11)

Table 3.11: Distribution of Beneficiaries by Literacy level of the head of Household (When Beneficiary is not Head of Household)(in %)

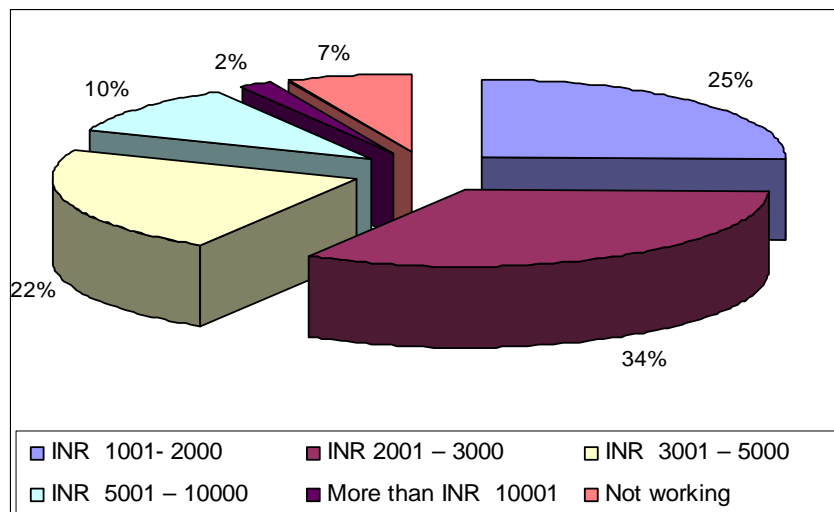
States	Illiterate	Literate only	Middle school	Secondary school	Higher secondary	Graduate	Total
Andhra Pradesh	30.1	14.0	46.0	7.5	0.0	2.4	100.0
Assam	56.5	1.3	25.1	11.7	5.4	0.0	100.0
Bihar	39.4	15.5	10.4	28.5	6.2	0.0	100.0
Chhattisgarh	48.8	22.4	4.3	1.4	21.8	1.4	100.0
Goa	0.0	0.0	49.1	50.9	0.0	0.0	100.0
Gujarat	31.9	15.1	31.8	7.2	9.4	4.6	100.0
Jammu & Kashmir	25.9	31.4	16.2	10.5	16.2	0.0	100.0

States	Illiterate	Literate only	Middle school	Secondary school	Higher secondary	Graduate	Total
Jharkhand	80.0	11.0	9.0	0.0	0.0	0.0	100.0
Kerala	11.9	13.8	31.7	5.3	35.1	2.3	100.0
Maharashtra	19.8	7.2	40.0	25.0	3.3	4.7	100.0
Meghalaya	58.2	0.9	25.7	10.4	4.9	0.0	100.0
Orissa	88.5	5.2	5.2	1.2	0.0	0.0	100.0
Punjab	46.6	0.0	53.4	0.0	0.0	0.0	100.0
Rajasthan	84.7	0.0	1.5	0.8	0.8	12.2	100.0
Sikkim	60.1	9.1	10.3	13.4	7.1	0.0	100.0
Tamil Nadu	9.9	23.0	17.9	37.8	11.4	0.0	100.0
Uttar Pradesh	27.0	10.0	53.0	0.0	10.0	0.0	100.0
Uttrakhand	13.2	15.6	14.2	14.4	29.4	13.2	100.0
<b>Total (number)</b>	<b>1038</b>	<b>263</b>	<b>588</b>	<b>289</b>	<b>224</b>	<b>67</b>	<b>2469</b>

Source: MM Study

It was observed that majority (34%) of the head of the household of the beneficiaries were in the income range of INR 2001-3000, followed by earning of INR 3001-5000 per month by 25 % of the head of households (figure 3.6).

Figure 3.6: Monthly Income of the Head of the Household



Source: MM Study

Looking at State wise differences we could conclude that about 22% of head of the households of North Eastern region (Assam and Meghalaya) were earning more than INR. 10,000/- in a month, rest fall below this level. In Jammu & Kashmir 10% of the head of households were not working followed by wherein Rajasthan about 6% of the head of the households were not working.(table 3.12).

Table 3.12: Distribution of beneficiaries by Monthly Income of the Head of the Household(in %)

States	INR 2000	1001-3000	INR 2001 – 3000	INR 3001 – 5000	INR 5001 – 10000	More than INR 10001	Not working	Total
Andhra Pradesh	9.4	86.1	2.3	2.2	0.0	0.0	0.0	100.0
Assam	4.9	35.8	33.3	20.9	3.7	1.78	0.0	100.0
Bihar	93.0	5.1	1.9	0.0	0.0	0.0	0.0	100.0
Chhattisgarh	0.0	48.0	28.0	24.0	0.0	0.0	0.0	100.0
Goa	10.0	90.0	0.0	0.0	0.0	0.0	0.0	100.0
Gujarat	0.0	10.6	29.4	60.0	0.0	0.0	0.0	100.0
Jammu & Kashmir	40.0	30.0	15.0	5.0	0.0	10.0	0.0	100.0
Jharkhand	37.1	62.9	0.0	0.0	0.0	0.0	0.0	100.0
Kerala	58.0	42.0	0.0	0.0	0.0	0.0	0.0	100.0
Maharashtra	0.0	82.4	17.6	0.0	0.0	0.0	0.0	100.0
Meghalaya	4.8	19.6	55.3	2.0	18.4	0.0	0.0	100.0
Orissa	39.6	32.5	26.1	1.8	0.0	0.0	0.0	100.0
Punjab	41.4	17.2	41.4	0.0	0.0	0.0	0.0	100.0
Rajasthan	32.6	50.5	9.7	1.1	0.0	6.0	0.0	100.0
Sikkim	0.0	23.6	56.4	19.1	1.0	0.0	0.0	100.0
Tamil Nadu	50.4	49.6	0.0	0.0	0.0	0.0	0.0	100.0
Uttar Pradesh	41.4	17.2	41.4	0.0	0.0	0.0	0.0	100.0
Uttrakhand	0.0	12.2	27.8	60.0	0.0	0.0	0.0	100.0
<b>Total (number)</b>	<b>624</b>	<b>825</b>	<b>554</b>	<b>258</b>	<b>44</b>	<b>164</b>	<b>2469</b>	

Source: MM Study

### 3.3.2 Dependency of family members on the Differently Abled person

During the study it was found that approximately 31 % of the contacted beneficiaries had family members who were dependent on them. Looking at the State wise difference it can be concluded that beneficiaries of States like Bihar, Kerala, Sikkim have comparatively less number (<10%) of beneficiaries who have dependent family members on them (table 3.13).

Table 3.13: Distribution of Beneficiaries by Dependency of family members on them (in %)

States	Yes	No	Total
Andhra Pradesh	62.2	37.8	100.0
Assam	19.8	80.2	100.0
Bihar	2.1	97.9	100.0
Chhattisgarh	30.0	70.0	100.0
Goa	60.0	40.0	100.0
Gujarat	27.2	72.8	100.0

States	Yes	No	Total
Jammu & Kashmir	20.1	79.9	100.0
Jharkhand	10.0	90.0	100.0
Kerala	7.6	92.4	100.0
Maharashtra	29.1	70.9	100.0
Meghalaya	17.9	82.1	100.0
Orissa	25.2	74.8	100.0
Punjab	30.0	70.0	100.0
Rajasthan	12.2	87.8	100.0
Sikkim	9.2	90.8	100.0
Tamil Nadu	80.6	19.4	100.0
Uttar Pradesh	69.0	31.0	100.0
Uttarakhand	64.5	35.5	100.0
<b>Total (number)</b>	<b>779</b>	<b>1690</b>	<b>2469</b>

Source: MM Study

### 3.3.3 Category of Beneficiary Supported

All the beneficiaries reported that they have received the benefit after submitting certificate from a Registered Medical Practitioner about their physical status. Apart from certificate they have also undergone a check-up organised by implementing agency during camps.

It has been observed during the study that prevalence of locomotor disability is quite high in comparison to other physical disabilities. Majority of the respondents were given assistance for orthopaedic disabilities which is about 69 %. Number of people who have received assistance for other types of disability is considerably low. It has been noticed in the field that the main focus of the Implementing agencies is the orthopedically handicapped. Among the contacted beneficiaries, 5 % were supported for hearing problems, while 26 % were visually impaired (table 3.14). The major cause of orthopaedic disabilities was old age, accident, polio and leprosy which can be avoided up to some extent.

Table 3.14: Distribution of Beneficiaries by Type of Disability (in %)

States	Visual	locomotor	Hearing	Total
Andhra Pradesh	0.0	94.0	6.0	100.0
Assam	14.8	69.1	16.0	100.0
Bihar	0.0	100.0	0.0	100.0
Chhattisgarh	6.2	86.6	7.2	100.0
Goa	0.0	100.0	0.0	100.0
Gujarat	1.0	24.0	75.0	100.0
Jammu & Kashmir	0.0	95.0	5.0	100.0
Jharkhand	0.0	100.0	0.0	100.0
Kerala	39.0	9.0	52.0	100.0

States	Visual	locomotor	Hearing	Total
Maharashtra	1.0	42.0	57.0	100.0
Meghalaya	25.0	64.3	10.7	100.0
Orissa	1.3	18.7	80.0	100.0
Punjab	0.0	100.0	0.0	100.0
Rajasthan	6.0	87.0	7.0	100.0
Sikkim	3.0	79.0	18.0	100.0
Tamil Nadu	0.0	97.0	3.0	100.0
Uttar Pradesh	0.0	100.0	0.0	100.0
Uttrakhand	6.0	7.0	87.0	100.0
<b>Total (number)</b>	<b>134 (5.43)</b>	<b>1693 (68.57)</b>	<b>642 (26.00)</b>	<b>2469 (100)</b>

Source: MM Study; Figures in brackets are percentages of total beneficiaries.

During the survey it was found that the main cause of disability of the beneficiaries was congenital (45.9%) which symbolises a heredity pattern to the source of disease. However the other causes of the disability were illness (29.5%), and accidents (24.6%) causing various physical impairments.

Table 3.15: Distribution of Beneficiaries by Nature of Disabilities (in %)

States	Congenital	Illness	Accidental	Total %
Andhra Pradesh	78.0	3.9	18.1	100
Assam	66.7	26.2	7.1	100
Bihar	60.0	40.0	0.0	100
Chhattisgarh	34.8	43.5	21.8	100
Goa	0.0	60.0	40.0	100
Gujarat	38.5	37.7	23.8	100
Jammu & Kashmir	35.0	55.0	10.0	100
Jharkhand	66.7	0.0	33.3	100
Kerala	89.9	8.3	1.8	100
Maharashtra	42.5	28.8	28.7	100
Meghalaya	66.2	28.9	4.9	100
Orissa	45.3	46.3	8.4	100
Punjab	51.1	1.8	47.1	100
Rajasthan	2.5	10.0	87.4	100
Sikkim	58.5	21.3	20.1	100
Tamil Nadu	35.5	8.3	56.2	100
Uttar Pradesh	0.0	89.7	10.3	100
Uttrakhand	50.2	32.6	17.2	100
<b>Total (number)</b>	<b>1133</b>	<b>728</b>	<b>609</b>	<b>2469</b>

States	Congenital	Illness	Accidental	Total %
	(45.89)	(29.49)	(24.67)	(100)

Source: MM Study; Figures in brackets are percentages of total beneficiaries.

During interaction with beneficiaries it was observed that many of them consider their ailment (disability) as curse of god. Moreover most of them reported that because of disability they are many a times being neglected by the society and their family members. Some of them have also reported that they were going to school but because of **low acceptance from other students and teachers they had to come out of regular schools**. Some of the women beneficiaries informed our team members that because of their disability they had to face **domestic abuse**. Most of the beneficiaries have reported that they are always looked down by their friends, family and society.

From the table it can be inferred that majority of the beneficiaries (61%) had to face various disgraceful situation due to their disability, it was found that the society behaved rudely to the physically challenged person and looked upon them with sheer disregard (table 3.16)

Table 3.16: Distribution of Beneficiaries by their perception on adverse behaviour of Society (in %)

States	Yes	No	Total
Andhra Pradesh	83.5	16.5	100.0
Assam	58.9	41.1	100.0
Bihar	80.3	19.7	100.0
Chhattisgarh	88.3	11.7	100.0
Goa	100.0	0.0	100.0
Gujarat	7.7	92.3	100.0
Jammu & Kashmir	30.0	70.0	100.0
Jharkhand	100.0	0.0	100.0
Kerala	79.0	21.0	100.0
Maharashtra	15.5	84.5	100.0
Meghalaya	60.7	39.3	100.0
Orissa	59.5	40.5	100.0
Punjab	90.0	10.0	100.0
Rajasthan	3.1	96.9	100.0
Sikkim	41.7	58.3	100.0
Tamil Nadu	52.8	47.2	100.0
Uttar Pradesh	93.1	6.9	100.0
Uttarakhand	79.8	20.2	100.0
<b>Total (number)</b>	<b>1504</b>	<b>965</b>	<b>2469</b>
	<b>(60.92)</b>	<b>(39.08)</b>	<b>(100)</b>

Source: MM Study; Figures in brackets are percentages of total beneficiaries.

It is very much conclusive from the table provided below that almost 57 % of the beneficiaries were aware of the ADIP Scheme (table 3.17).

Table 3.17: Distribution of Beneficiaries by Awareness about ADIP Scheme (in %)

States	Yes	No	Total
Andhra Pradesh	32.8	67.2	100.0
Assam	22.4	77.6	100.0
Bihar	4.0	96.0	100.0
Chhattisgarh	17.5	82.5	100.0
Goa	80.0	20.0	100.0
Gujarat	99.0	1.0	100.0
Jammu & Kashmir	0.0	100.0	100.0
Jharkhand	88.2	11.8	100.0
Kerala	43.5	56.5	100.0
Maharashtra	98.3	1.7	100.0
Meghalaya	25.0	75.0	100.0
Orissa	0.0	100.0	100.0
Punjab	95.0	5.0	100.0
Rajasthan	100.0	0.0	100.0
Sikkim	28.4	71.6	100.0
Tamil Nadu	53.1	46.9	100.0
Uttar Pradesh	96.6	3.4	100.0
Uttrakhand	100.0	0.0	100.0
<b>Total (number)</b>	<b>1405 (56.91)</b>	<b>1064 (43.09)</b>	<b>2469 (100)</b>

Source: MM Study; Figures in brackets are percentages of total beneficiaries.

It is very much conclusive from the table provided below that almost 85 % of the beneficiaries were aware of the appliances being provided as a part of the ADIP Scheme (table 3.18).

Table 3.18: Distribution of Beneficiaries by Awareness about Appliances provided under the Scheme (in %)

States	Yes	No	Total
Andhra Pradesh	77.2	22.8	100.0
Assam	94.3	5.7	100.0
Bihar	89.4	10.6	100.0
Chhattisgarh	100.0	0.0	100.0
Goa	100.0	0.0	100.0
Gujarat	100.0	0.0	100.0
Jammu & Kashmir	50.0	50.0	100.0
Jharkhand	100.0	0.0	100.0
Kerala	100.0	0.0	100.0



States	Yes	No	Total
Maharashtra	51.2	48.8	100.0
Meghalaya	100.0	0.0	100.0
Orissa	12.6	87.4	100.0
Punjab	93.1	6.9	100.0
Rajasthan	100.0	0.0	100.0
Sikkim	100.0	0.0	100.0
Tamil Nadu	100.0	0.0	100.0
Uttar Pradesh	80.0	20.0	100.0
Uttarakhand	99.2	0.8	100.0
<b>Total (number)</b>	<b>2103 (85.18)</b>	<b>366 (14.82)</b>	<b>2469 (100)</b>

Source: Based on data collected from beneficiaries; Figures in brackets are percentages of total beneficiaries.

From the table it can be concluded that most of the appliances obtained under ADIP scheme reached the beneficiaries till the fitment of the appliance (49.1%). Followed by 48 % of the beneficiaries who obtained their appliances immediately and very low only 3 % did not receive their appliance till surgery; that is they obtained their appliances only during surgery (table 3.19).

Table 3.19: Distribution of Beneficiaries by Time taken for obtaining the appliances after application(in %)

States	Till Surgery	Till the Fitment of Appliances	Immediately	Total
Andhra Pradesh	0.0	15.6	84.4	100.0
Assam	0.8	76.4	22.8	100.0
Bihar	0.0	3.2	96.8	100.0
Chhattisgarh	0.0	87.0	13.0	100.0
Goa	0.0	0.0	100.0	100.0
Gujarat	0.0	82.9	17.1	100.0
Jammu & Kashmir	0.0	63.4	36.6	100.0
Jharkhand	3.3	57.5	39.2	100.0
Kerala	16.8	29.8	53.4	100.0
Maharashtra	0.0	2.9	97.1	100.0
Meghalaya	1.8	76.9	21.3	100.0
Orissa	2.5	21.0	76.5	100.0
Punjab	0.0	48.0	52.0	100.0
Rajasthan	6.8	93.2	0.0	100.0
Sikkim	0.0	90.8	9.2	100.0
Tamil Nadu	1.7	59.9	38.3	100.0
Uttar Pradesh	0.0	13.8	86.2	100.0

States	Till Surgery	Till the Fitment of Appliances	Immediately	Total
Uttarakhand	14.5	73.5	12.0	100.0
<b>Total (number)</b>	<b>74</b> <b>(2.96)</b>	<b>1213</b> <b>(49.13)</b>	<b>1182</b> <b>(47.87)</b>	<b>2469</b> <b>(100)</b>

Source: MM Study; Figures in brackets are percentages of total beneficiaries.

Table presented below is depicting the year when Differentially Aabled people have actually obtained aids and appliances for the first time, it can be concluded from the table that about 30 % of the beneficiaries have received aid during the year 2008 followed by 29.5 % of beneficiaries who have received aid on 2009. Further, during year 2010 about 21 % of the beneficiaries have received aid and another 18 % have received aid during 2007 (table 3.20).

Table 3.20: Distribution of Beneficiaries by Year of obtaining device first time (in %)

States	2007	2008	2009	2010	2011	Total
Andhra Pradesh	55.4	17.7	0.0	26.9	0.0	100.0
Assam	19.7	32.3	27.6	20.5	0.0	100.0
Bihar	0.0	0.0	50.3	49.7	0.0	100.0
Chhattisgarh	69.3	20.3	0.0	10.4	0.0	100.0
Goa	20.0	50.0	30.0	0.0	0.0	100.0
Gujarat	4.0	11.1	40.0	22.5	22.4	100.0
Jammu & Kashmir	5.0	15.0	80.0	0.0	0.0	100.0
Jharkhand	0.0	0.0	88.2	11.8	0.0	100.0
Kerala	38.7	50.5	0.0	10.8	0.0	100.0
Maharashtra	17.9	35.6	28.8	17.7	0.0	100.0
Meghalaya	1.8	10.7	48.1	39.4	0.0	100.0
Orissa	15.3	51.4	27.0	6.3	0.0	100.0
Punjab	17.2	38.0	44.9	0.0	0.0	100.0
Rajasthan	6.3	85.2	0.0	8.5	0.0	100.0
Sikkim	4.9	18.5	12.3	64.3	0.0	100.0
Tamil Nadu	24.8	37.6	37.6	0.0	0.0	100.0
Uttar Pradesh	17.3	37.9	44.8	0.0	0.0	100.0
Uttarakhand	19.8	18.3	4.0	57.8	0.0	100.0
<b>Total (number)</b>	<b>448</b> <b>(18.14)</b>	<b>744</b> <b>(30.13)</b>	<b>728</b> <b>(29.49)</b>	<b>520</b> <b>(21.06)</b>	<b>28</b> <b>(1.13)</b>	<b>2469</b> <b>(100)</b>

Source: MM Study; Figures in brackets are percentages of total beneficiaries.

It has been seen that most of the beneficiaries about 98 % have received aids/ appliances once or twice during the reference period ie. 2007-2010 (table 3.21).

Table 3.21: Distribution of Beneficiaries by Number of times the aids/appliances obtained (in %)

States	1 to 2 times	3 to 5 times	More than 5 times	Total
Andhra Pradesh	95.7	4.3	0.0	100.0
Assam	100.0	0.0	0.0	100.0
Bihar	100.0	0.0	0.0	100.0
Chhattisgarh	100.0	0.0	0.0	100.0
Goa	100.0	0.0	0.0	100.0
Gujarat	90.7	9.3	0.0	100.0
Jammu & Kashmir	100.0	0.0	0.0	100.0
Jharkhand	100.0	0.0	0.0	100.0
Kerala	100.0	0.0	0.0	100.0
Maharashtra	93.2	3.9	2.9	100.0
Meghalaya	100.0	0.0	0.0	100.0
Orissa	100.0	0.0	0.0	100.0
Punjab	100.0	0.0	0.0	100.0
Rajasthan	91.5	8.5	0.0	100.0
Sikkim	100.0	0.0	0.0	100.0
Tamil Nadu	91.8	4.9	3.3	100.0
Uttar Pradesh	100.0	0.0	0.0	100.0
Uttrakhand	100.0	0.0	0.0	100.0
<b>Total (number)</b>	<b>2413</b>	<b>46</b>	<b>10</b>	<b>2469</b>

Source: MM Study

During the survey it was found that most of the beneficiaries were facing a lot of problem due to the ailment that they are having, it has restricted their life like anything and they are not been able to continue their study as the ailment has restricted their mobility and they have become dependent on others.

Table 3.22: Distribution of Beneficiaries by Effect of disability on normal Routine life (in %)

States	Restricted Mobility	Disruption/Stopping study or work	Dependency of others	Couldn't marry	Couldn't find job/livelihood
Andhra Pradesh	35.4	51.1	70.0	0.0	0.0
Assam	84.0	25.4	98.1	4.9	7.7
Bihar	80.3	19.7	0.0	0.0	0.0
Chhattisgarh	93.2	75.0	86.5	39.6	34.4
Goa	100.0	0.0	54.5	0.0	36.4
Gujarat	68.8	60.8	0.0	27.2	36.0
Jammu & Kashmir	55.0	20.0	10.0	0.0	15.0
Jharkhand	66.7	33.3	11.1	44.4	44.4
Kerala	92.5	54.3	68.1	22.8	19.8

States	Restricted Mobility	Disruption/Stopping study or work	Dependency of others	Couldn't marry	Couldn't find job/livelihood
Maharashtra	23.9	53.8	47.2	17.8	5.6
Meghalaya	89.0	26.7	98.2	5.4	7.1
Orissa	63.9	2.7	20.9	36.1	12.6
Punjab	68.5	29.5	2.1	0.0	0.0
Rajasthan	87.8	37.8	50.3	5.5	16.4
Sikkim	100.0	98.1	64.2	47.5	64.9
Tamil Nadu	50.4	33.8	50.4	73.7	7.5
Uttar Pradesh	100.0	0.0	0.0	0.0	0.0
Uttrakhand	100.0	0.0	0.0	0.0	0.0
<b>Total (number) (Multiple response)</b>	<b>134</b>	<b>1693</b>	<b>642</b>	<b>642</b>	<b>2469</b>

Source: MM Study

The scheme had impacted on the mobility of the beneficiaries and their care takers alike. Most of the beneficiary endorsed that without the assistance from the scheme they could not have afforded to buy such appliance.

Discussions with the beneficiaries concluded that whenever they have received good quality aids that have impacted their life positively. They say that they feel good to possess one aid which is of good quality and useful for their daily activities. Majority of the respondents are able to do most of their chores by themselves without depending on anybody else. The aids provided to them have increased their independence by increasing their mobility as reported by 66% of the beneficiary. The hearing aids have been provided, it resulted in the development of the speaking faculty of the beneficiaries also as they received more auditory inputs for development of speech.

Table 3.23: Distribution of Beneficiaries by Qualitative Changes experienced after fitment of equipments under ADIP Scheme (in %)

States	Increase mobility	Continuation/resumption of work	Decreases dependency on others	Total independence in performing daily chores	Found job/livelihood	No Change
Andhra Pradesh	63.2	72.3	47.1	73.3	15.3	47.9
Assam	86.6	25.1	100.0	38.4	7.7	0.0
Bihar	47.0	2.3	44.7	0.0	0.0	0.0
Chhattisgarh	92.2	39.8	95.3	12.0	21.8	27.2
Goa	80.0	50.0	30.0	0.0	0.0	0.0
Gujarat	50.5	9.1	0.2	26.3	33.8	11.5
Jammu & Kashmir	60.2	0.0	0.0	0.0	0.0	39.8
Jharkhand	76.4	35.5	88.5	0.0	0.0	0.0
Kerala	93.9	26.2	57.5	10.4	13.0	16.3

States	Increase mobility	Continuation/ resumption of work	Decreases dependency on others	Total independence in performing daily chores	Found job/livelihood	No Change
Maharashtra	53.4	4.2	65.9	7.6	3.6	8.4
Meghalaya	90.8	24.9	100.0	34.1	7.1	0.0
Orissa	43.0	1.8	39.5	0.0	0.0	13.3
Punjab	48.9	20.4	47.1	5.0	14.9	12.2
Rajasthan	93.0	2.3	58.0	19.4	0.8	2.2
Sikkim	15.4	10.8	51.1	22.7	0.0	0.0
Tamil Nadu	42.8	77.0	80.5	64.0	32.9	78.8
Uttar Pradesh	96.4	6.8	6.8	10.2	0.0	0.0
Uttrakhand	68.4	0.0	0.0	31.6	0.0	0.0
<b>Total (number)</b>	<b>1622</b> <b>(65.69)</b>	<b>491</b> <b>(19.89)</b>	<b>1232</b> <b>(49.90)</b>	<b>486</b> <b>(19.68)</b>	<b>195</b> <b>(7.90)</b>	<b>325</b> <b>(13.16)</b>

Source: MM Study; Figures in brackets are percentages of total beneficiaries.

Table below provides information on livelihood of persons with disabilities, about 1176 contacted beneficiaries were involved in one or other livelihood activity of these 37 % were working before receiving benefit but 63 % of the beneficiaries got to work only after receiving assistance. Thus, impact of assistance in their life was more because of which they could involve themselves in gainful employment.

Table 3.24: Distribution of Beneficiaries by Status of Employment before and after fitment of equipments under ADIP Scheme (in %)

States	Working Before Assistance	Working After Assistance	Total Beneficiaries working
Andhra Pradesh	8.5	20.5	29
Assam	10	18.4	28.4
Bihar	4	13	17
Chhattisgarh	12	32	44
Goa	87	13	100
Gujarat	7	25	32
Jammu & Kashmir	35	20	55
Jharkhand	34	39	73
Kerala	6	11	17
Maharashtra	14	86	100
Meghalaya	5	23	28
Orissa	1	32	33
Punjab	68	32	100
Rajasthan	3	30	33
Sikkim	2	21.1	23.1
Tamil Nadu	2	26	28
Uttar Pradesh	67	33	100
Uttarakhand	3	33	36
<b>Total (number)</b>	<b>439</b> <b>(37.33)</b>	<b>738</b> <b>(62.76)</b>	<b>1176</b> <b>(100)</b>

Source: MM Study; Figures in brackets are percentages of total beneficiaries.

As high as 63 % of the beneficiaries have reported that their standard of living has been improved after they have received aids/appliances (table 3.25).

Table 3.25: Distribution of Beneficiaries by their perception on improved standard of living after assistance (in %)

States	Yes	No	Total
Andhra Pradesh	82.8	17.2	100.0
Assam	90.4	9.6	100.0
Bihar	19.1	80.9	100.0
Chhattisgarh	34.7	65.3	100.0
Goa	60.0	40.0	100.0
Gujarat	30.7	69.3	100.0
Jammu & Kashmir	40.0	60.0	100.0
Jharkhand	100.0	0.0	100.0
Kerala	27.4	72.6	100.0
Maharashtra	43.7	56.3	100.0
Meghalaya	100.0	0.0	100.0
Orissa	15.5	84.5	100.0
Punjab	70.0	30.0	100.0
Rajasthan	80.5	19.5	100.0
Sikkim	100.0	0.0	100.0
Tamil Nadu	96.6	3.4	100.0
Uttar Pradesh	96.6	3.4	100.0
Uttarakhand	70.0	30.0	100.0
<b>Total (number)</b>	<b>1571 (63.63)</b>	<b>898 (36.37)</b>	<b>2469 (100)</b>

Source: MM Study; Figures in brackets are percentages of total beneficiaries.

The contacted beneficiaries are of the opinion that provision of any of the appliances or corrective surgeries have not resulted positively to increase their social acceptance. Only 23% of the beneficiaries perceive that the attitude of society has changed towards them after they have received aids/appliances (table 3.26)

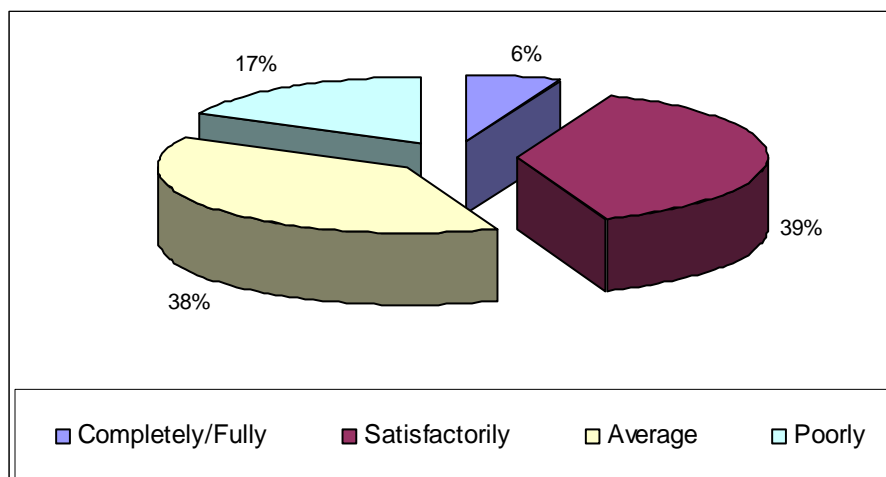
Table 3.26: Distribution of Beneficiaries by their perception on significant change in the reaction of society after getting equipped with the aids/appliances (in %)

States	Yes	No	Total
Andhra Pradesh	61.2	38.8	100.0
Assam	0.0	100.0	100.0
Bihar	4.0	96.0	100.0
Chhattisgarh	20.2	79.8	100.0
Goa	60.0	40.0	100.0
Gujarat	0.0	100.0	100.0
Jammu & Kashmir	0.0	100.0	100.0
Jharkhand	100.0	0.0	100.0
Kerala	12.3	87.8	100.0
Maharashtra	3.2	96.8	100.0
Meghalaya	0.0	100.0	100.0
Orissa	7.2	92.8	100.0
Punjab	44.8	55.2	100.0
Rajasthan	2.3	97.7	100.0
Sikkim	0.0	100.0	100.0
Tamil Nadu	89.2	10.8	100.0
Uttar Pradesh	44.8	55.2	100.0
Uttarakhand	0.0	100.0	100.0
<b>Total (number)</b>	<b>558 (22.60)</b>	<b>1911 (77.40)</b>	<b>2469 (100)</b>

Source: MM Study; Figures in brackets are percentages of total beneficiaries.

As far as the success of the scheme towards rehabilitation of the physiological condition of the Differently Abled is concerned, majority of the beneficiaries were averagely (38%) and adequately satisfied (39%) with the aids provided to them (Figure 3.7).

Figure 3.7: Level of Satisfaction of Beneficiaries



Source: Based on data collected from beneficiaries

Looking at the State level differences so far level of satisfaction is concerned, it can be concluded that more number of beneficiaries (84.7%) of State Orissa are dissatisfied followed by Bihar (80.9%), Assam (47.2%), Maharashtra (23.9%), Jammu & Kashmir (19%) and Rajasthan (12.2%). Beneficiaries of remaining States are either satisfied or somewhat satisfied (table 3.27).

Table 3.27: Distribution of Beneficiaries by their perception on extent of rehabilitation under ADIP Scheme (in %)

States	Completely/Fully	Satisfactorily/Adequately	Average	Poorly	Total
Andhra Pradesh	26.8	70.9	2.4	0.0	100.0
Assam	4.7	48.0	0.0	47.2	100.0
Bihar	0.0	19.1	0.0	80.9	100.0
Chhattisgarh	1.8	57.5	40.7	0.0	100.0
Goa	49.1	50.9	0.0	0.0	100.0
Gujarat	0.0	48.1	51.9	0.0	100.0
Jammu & Kashmir	0.0	0.0	81.0	19.0	100.0
Jharkhand	0.0	13.2	86.8	0.0	100.0
Kerala	1.1	37.7	61.2	0.0	100.0
Maharashtra	1.7	18.3	56.1	23.9	100.0
Meghalaya	3.6	44.6	51.8	0.0	100.0
Orissa	0.0	15.3	0.0	84.7	100.0
Punjab	23.0	41.0	36.0	0.0	100.0
Rajasthan	5.6	35.0	47.2	12.2	100.0
Sikkim	0.0	35.3	64.7	0.0	100.0
Tamil Nadu	14.8	52.3	31.2	1.6	100.0
Uttar Pradesh	6.9	48.3	44.8	0.0	100.0
Uttrakhand	0.0	55.2	44.8	0.0	100.0
<b>Total (number)</b>	<b>152</b>	<b>936</b>	<b>950</b>	<b>430</b>	<b>2469</b>

Source: MM Study

### 3.3.4 Quality of Aids provided

There have been mixed responses from the beneficiaries related to quality of appliance provided. Also our team visiting State and District found that the appliances which most of the beneficiaries were using currently are of BIS Standards and mostly purchased by Artificial Limb Manufacturing Corporation . But they were found in damaged condition and beneficiaries are somehow managing with such appliances. This is due to the fact that the implementing agencies are not providing the maintenance of appliances; hence some of them become redundant. As the appliances are given to persons who are below poverty line, these beneficiaries do not even have enough money to maintain these appliances. It is also found that shops for repair and maintenance of aids and appliances are also not available in their reach. Thus, costly aids and appliances with very minor problems are abandoned by the beneficiaries and they go back to their previous condition. Many of the beneficiaries have reported that they had to throw (in case of hearing aid) or have sold (in case of tricycle) the appliances received by them because they were not working properly.

The major problems of the appliances as was reported include:

- Punctured tyres, in some cases even torn off
- Broken tricycle handles
- Crutches without rubber bushes
- Arm rest of crutches torn off
- Hearing aids not functioning properly

During evaluation study our team could interact with officials of different institutions manufacturing aids and appliances for Differently Abled and most of them perceive that quality of aids available in India are poor in comparison to the quality of aids available in abroad. Officials feel that organisations manufacturing these Aids do not budget adequately for research and development activities of products. Thus product diversification is totally missing. It is important to report that issues faced by disabled is different thus, same type of aids and appliances do not provide them desired mobility which sometime disheartens them even after receiving benefit of aids and appliances. In such circumstances they opined that Government should fund such projects or can impose some mandatory norms for the research institutions.

### 3.3.5 Impact of Scheme on Beneficiaries

During the reference period a large number of Differently Abled people have benefited from the scheme. However it is difficult to assess the extent of coverage as there have been no updated census records of the Differently Abled people. Hence, the exact status can only be commented upon after comparing the number of people benefited with the total number of Differently Abled people. However there is no doubt that the scheme has helped in changing lives of a large number of persons.

The overall impact observed during field survey based on detailed interaction with the beneficiaries, district offices and implementing agencies are as follows:

- Increased mobility, now the Differently Abled in the “locomotor” category are able to move freely without constant support from others.
- It was observed that these people now move freely in their villages and interact with other people rather than sitting at home, which was the case before.
- Many have been able to find some livelihood as they can now reach workplace easily.
- There is a feeling among the beneficiaries that the government gives a thought for their condition and attempts are being made to improve them.



### 3.4 Issues

Though the ADIP scheme has succeeded in its objectives, there are some constraints which hinder effective implementation of the scheme. Some of these are as listed below.

- Low operational cost provided in the scheme thus, NGOs have not been able to spend adequate resources in identification of specific problems of poor beneficiary
- Weak institutional coordination
  - State level line departments involved only in approving & forwarding application of IAs
  - As the fund is approved by MOSJE, funds are directly released to IAs while State not intimated about fund disbursal as reported
  - State Government not able to monitor & assess process & quality of implementation. Because of this, some IAs not adhering to scheme implementation guideline
- Low utilisation of the Fund
  - 60% of allocated fund released during study reference period due to lack of proper applications sent by the State Government to MOSJE
  - Also for funds sanctioned, IAs reported delay in release of fund - a big challenge directly affecting scheme implementation
- Unavailability of international Quality aids and appliances
  - Due to lack of fund quality aids are not available in out country
  - Not much research and developmental activities for producing low cost quality products
  - Inadequate linkages between implementing agencies and institutions producing appliances
- Lack of proper & updated database of Differently Abled people
  - No proper records -State wise / district wise population of Differently Abled person either with Government offices of Social Justice and Empowerment or IAs
  - District offices & IAs rely on GOI census - done once in ten years
  - For providing effective aid to Differently Abled population, necessary to have proper details which will enable planning camps( which location) & number who need to be attended
- Poor coverage & records
  - Centre allocates funds for specific district but no mechanism to ensure that adequate coverage (all Tehsils & Villages) within district
  - IAs select location of organising camps as per their ease
  - Some self managed NGO's who are active in particular district organise camps & distribute appliances to Differently Abled persons
  - Incidents wherein persons who have already been benefited again collect appliances from other camps while some persons do not even get first time benefit
  - No system to ensure that beneficiary who have received appliance/aid under this scheme do not receive the same from other sources
  - The district offices and implementing agencies are relying on the census done by the Central Government which is done once in ten years. For providing effective aid to the Differently Abled it is necessary to have proper details which will help in planning the location of organising camps and the number of Differently Abled who need to be attended.
  - Lack of mechanism to ensure that all Tehsils and Villages of the district are benefited from the scheme - The Centre allocates funds for a specific district. There is no mechanism to ensure that all Tehsils and their respective Villages are benefited from the received fund. The implementing agencies have the liberty to select location of organising camps as per their ease.
- Maintenance of the aids/ appliances
  - Most beneficiaries cannot afford to maintain appliances - as appliance breaks down, they become non functional.

- Effectiveness of the scheme goes down as in many cases issued appliances become non functional within six months
- Monitoring the IAs- Lack of system to monitor & evaluate work done by IAs
  - IA's mentioned that people coming from distant villages to camps organised are unable to carry bulky appliances like tricycles back to their villages (they cannot afford the cost of transportation)
  - Awareness among 56.91% beneficiaries seems to low- only handful beneficiaries had heard of the scheme
  - IAs need to advertise & inform people about when & where camp would be organised – but agencies like Narayan Seva Sansthan, Artificial Limb Manufacturing Corporation, Bhagwan Mahaveer Viklang Sahayatha Samiti do not have institutional setup in most States- thus, information about camp organised by agencies does not reach beneficiaries properly, especially to remote areas- hence large chunk of population remains un-served
- There are other self managed NGO's who are working in the district. Some of these also organise camps and distribute appliances to Differently Abled persons. The implementing agencies have pointed out incidents wherein persons who have earlier been benefited by the ADIP scheme collect appliances from such camps once again and the persons who really need them do not get it.
- There is no system to ensure that the beneficiary who has been given the appliance and is benefited does not receive the appliance from other sources.
- Also it is difficult to ensure that the beneficiary will not sell the appliance given to him/her to some other people or for scrap, which has been pointed out by the implementing agencies. There have been incidents where many Differently Abled people have sold the appliance given to them for some money as they do not have any other livelihood.
- Many beneficiaries cannot afford the Maintenance cost of the appliances given to them. As a result as the appliance breaks down after some months, they become non functional. This is affecting the effectiveness of the scheme. Also, under this scheme a person will be provided the aid next time only after three years, while in many a cases the issued appliance becomes non functional within six months or a year.
- There is serious lack of system to evaluate the work done by the implementing agencies.
- It was pointed out by the IA's that persons living in distant villages do not come to take the appliances in the camps organised, as bulky appliances such as tricycles would need a jeep to carry them to their villages and they cannot bear that cost.
- In some cases the quality of the aids provided was poor in quality. This is happening especially with hearing aids. Beneficiaries using artificial limbs have complained that the durability of the limbs is very low. Once it gets damaged they have no option, other than discarding it or approaching to District Disability Rehabilitation Centre for getting it repaired.
- Lack of capacity in local level agencies/NGOs to implement the scheme.
- It was reported by most of the beneficiaries and their caretakers that the reaction of society is adverse towards the Differently Abled and their family (table 3.16 and 3.26).

The objectives of the ADIP scheme though being very clear and simple, it has not been effective to satisfactory levels due to above mentioned constraints. Hence it would be useful if mechanisms/ systems can be built-in so that these can be looked into.

### 3.5 Recommendations

After analyzing the issues as was identified during field visits, the recommendations of the consultants are as follows;

### 3.5.1 Reorientation of the scheme

- IA/NGOs should identify the beneficiary, their condition & needs so that tailor made appliances could be made
- IA/NGOs should work in coordination with research & development agencies who manufacture aids and appliances for information sharing
- International Funding sources for quality to be identified for sourcing additional funds
- A separate study should be commissioned which will identify the specific needs of the beneficiaries/ their requirements, assess the potential of national institutions to manufacture the same and assess how other countries are dealing with similar issues & international funding options
- ADIP scheme should also look at availability of quality aids and fund research on this aspect
- Operational cost and the overall budget could be revised adhering to current situation
- Issue of providing quality aids few possible solution could be;
  - Dovetailing of funds from health Mission (urban & rural)
  - Improving quality aids-In house production of international quality aids and appliances;
    - Policy dialogues with developed countries who have better quality products and in-house development of low cost high quality products
    - Subsidy to private sector
    - Linkages with medical institutions

### 3.5.2 Recommendations-Changes required in operational aspects

- **Quicker disbursement of funds** by Ministry of Social Justice & Empowerment to IAs
- **State should monitor activities of IAs** – mechanism needs to be put in place to roll out the scheme with strengthening role & capacity of District Social Welfare Dept/ Board
  - District Social Welfare Dept to monitor all agencies working in providing such aids- so that they work together ensuring that benefits not duplicated
  - Due-diligence should be adopted so that proper/defect free aids/appliances are issued
- **State should maintain district & village wise data on Differently Abled people** –district offices to set up a mechanism of enlisting and issuance of card for people with disability
- Release of fund should be strengthening at the end of central level agency (Ministry of Social Justice & Empowerment) so that timely benefit can reach to the needy community i.e. about 40-90 million individuals who constitute about 8% of the Indian population.
- There needs to be a proper updated list of Differently Abled people at village and district level which should be used to implement activities. This can be done by the district office and whichever implementing agency is operating in the district can coordinate with the district office for the same. District offices should issue a card to the beneficiaries and these cards can be made mandatory for receiving benefit. District offices should ensure adequate coverage of all Tehsils and respective villages of the districts under the scheme.
- This updated list of Differently Abled person and cards should be used to maintain data of the number and details of beneficiaries and non beneficiaries. This in turn will ensure that nobody gets aid or appliance more than once in the span of three years and thereby will enable to cover more number of Differently Abled persons.
- It is recommended that all agencies working in providing such aids work together – this will ensure that the person benefiting less than one scheme does not take benefits from other sources.
- The registration process has to be made proper and rigorous. The address list of the beneficiaries has to be verified and back checking be done to find out the quality of the appliances provided on an annual basis.
- Due-diligence should be adopted so that proper/defect free aids/appliances are issued at the first place. Also, there should be provision for organising maintenance camps from time to time under the scheme so

that in case of defects with the aids/appliances issued to the beneficiaries, they can get the same repaired in these camps.

- Many of the disability observed during field visit are preventable, including disabilities that arise in the circumstances surrounding birth, including maternal conditions, from malnutrition, and from causes such as traffic accidents or workplace injuries. Thus, we should strengthen following ;
  - Immunization Programs
  - Polio eradication
  - National Blindness Control Programme (NBCP)
  - National Leprosy Eradication Programme
  - Prevention in the general health care system
- Capacity building of local level NGOs to provide after fitting services and maintenance of defective aids and appliances, with the help of National NGOs can bring a boost to the scheme implementation.
- It should also be made mandatory for the implementing NGOs or their partners to have local office at the district level, wherein they are implementing the scheme. In such cases major NGOs like Narayan Seva Sansthan, Artificial Limb Manufacturing Corporation, Bhagwan Mahaveer Viklang Sahayatha Samiti etc. will have to establish partnership with local NGOs for implementing the scheme and in the same time beneficiaries will have a local office from where they can access maintenance of their aids and appliances.
- Education and employment of Differently Abled remained a serious concern thus, it is recommended that District level authority should link the scheme (ADIP) with other capacity building programmes so that beneficiaries after receiving benefit can be chanelised to undertake suitable program so that he can lead his life independently.
- It was also observed that care takers of the beneficiaries are also not able to take up livelihood opportunities as he/she has to take care of the beneficiary all the time thus, it is recommended that day care units can be established for Differently Abled so that their care takers can leave them for definite time and go to their respective working places.
- Awareness generating activities including advertisements could be done rigorously so that Differently Abled and their care takers are aware of the scheme.
- Social awareness and social sensitization can be included as a component in the scheme so that society can be sensitised and can made more responsible towards the Differently Abled.

State wise reports are provided in subsequent chapters of this report.

## 4. State Report Assam

### 4.1 Overview of scheme since its Inception

In the State of Assam there are few State initiatives for the Differently Abled People. These initiatives are few programmes/policies and schemes which are addressing the problems of the Differently Abled people. These schemes have preventive, curative, rehabilitative and remedial features which includes Disability pension, Disability allowance, Scholarships, free medical treatment etc. Some of the specific welfare services of the State are mentioned below.

**1-Govt. BDS Deaf & Dumb School, Kahilipara, Guwahati:** The School offer free education to 300 hearing impaired children from preparatory class to 10<sup>th</sup> standard through trained teachers and all the boys and girls are provided with hostel facilities, food and lodging, vocational training in the school.

**2-Jorhat Blind Institute, Jorhat:** This School Imparts education to 68 visually impaired students from class 1 to class 10. Hostel facilities to boys and girls, food, Medical facilities and free Braille books are also provided. Computer education is also imparted along with craft and vocational training.

**3- Rehabilitation Grant:** Rehabilitation grant is offered to Differently Abled persons from the age of 18 to 45 years for self employment. During the year 2011, INR 18 lakh was granted against 180 Differently Abled persons.

**4-Scholarships / Stipend to Differently Abled Students:** A provision for scholarship has been made for the Differently Abled students studying in schools, colleges, Universities etc to promote the education among Differently Abled people. Under this scheme INR 200 per student is offered every month.

**5-Unemployment allowance to persons with disabilities:** The State government has introduced this scheme of unemployment allowance for relief of Differently Abled persons. Under this scheme INR 500 per month is provided to the unemployed Differently Abled persons.

**6- Allowances to family with Differently Abled children:** The main objective of the of the scheme is to give some sort of solace to parents having Differently Abled child by easing their financial burden to take care of their Differently Abled child. Under this scheme INR 500 per family is provided.

Apart from all above mentioned schemes/programme, there are few more programmes such as National Programme for Rehabilitation of Differently Abled Persons, assistance to voluntary organisation working for Differently Abled, sheltered workshop for blind, school for hearing impaired, Braille press etc.

In the north eastern region, Assam is the only State which has implemented the scheme very proactively. There are only few District Disability Rehabilitation Centre in certain districts so far. But it has been planned that there would be District Disability Rehabilitation Centre in every district by the end of 2012.

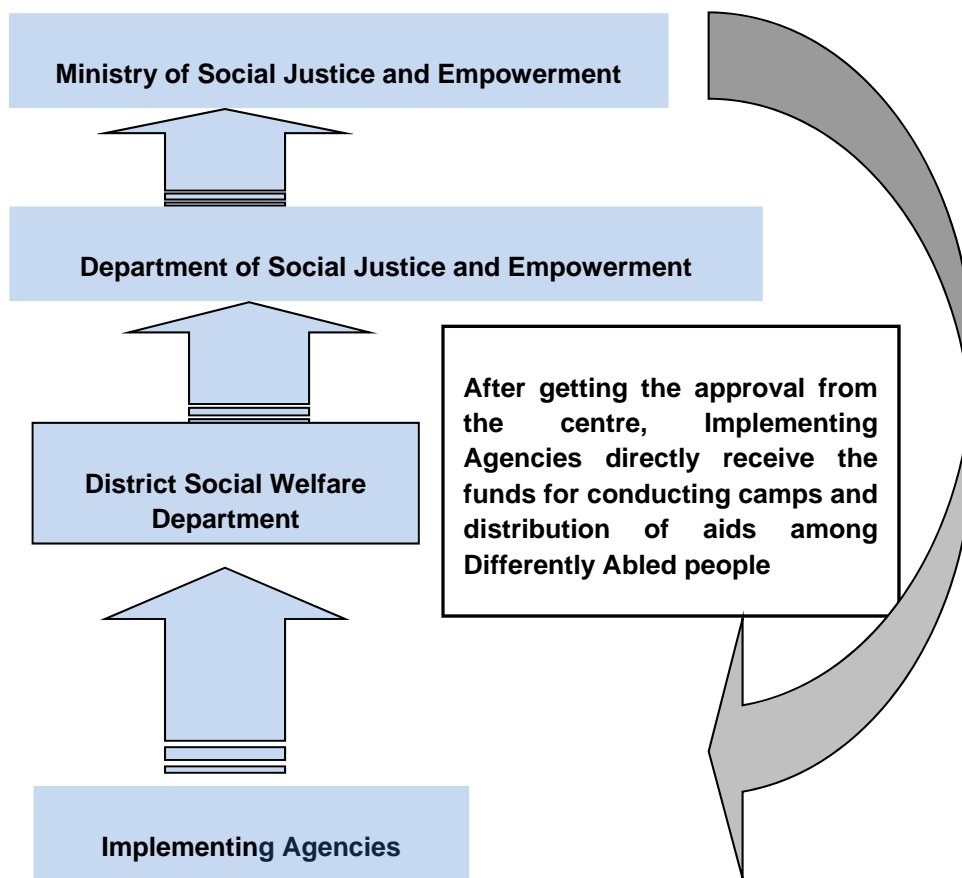
### 4.2 Process of implementation of the Scheme

Responsibility of implementing the scheme at the grass root level is in the hands of the District Disability Rehabilitation Centre, NGOs, Composite Regional Centres, and Artificial Limb Manufacturing Corporation s/ State Limb Manufacturing Corporation. These implementing agencies are required to prepare their detailed proposals for the implementation of the scheme for the concerned year and submit them to the district office.

The district offices after scrutinising the proposals at its level forward the same to the State office which scrutinises the report and send it to the MSJ&E at the central level along with the recommendations.

On receiving fund approval from centre, the implementing agencies organize camps to distribute aids and appliances to eligible Differently Abled persons in the specific areas that are allotted to them. The implementation structure of the scheme is given in chart below.

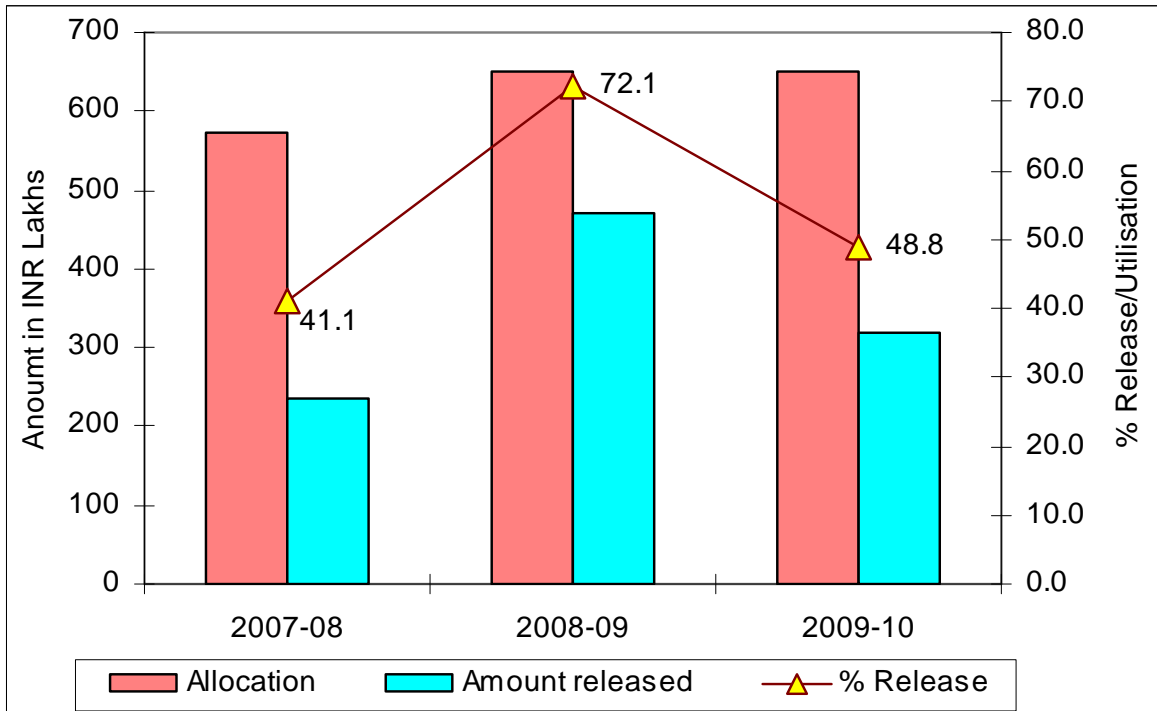
Figure 4.1: Flow of Fund In Assam Under ADIP Scheme



### 4.3 Financial Performance

Total allocation for the Assam State was INR 1874 Lakh in the reference period ie: 2007-2010. Out of which only INR 1021.66 Lakh was released which is about 54.51% of the total fund allocated for the State. Same is depicted in the figure below.

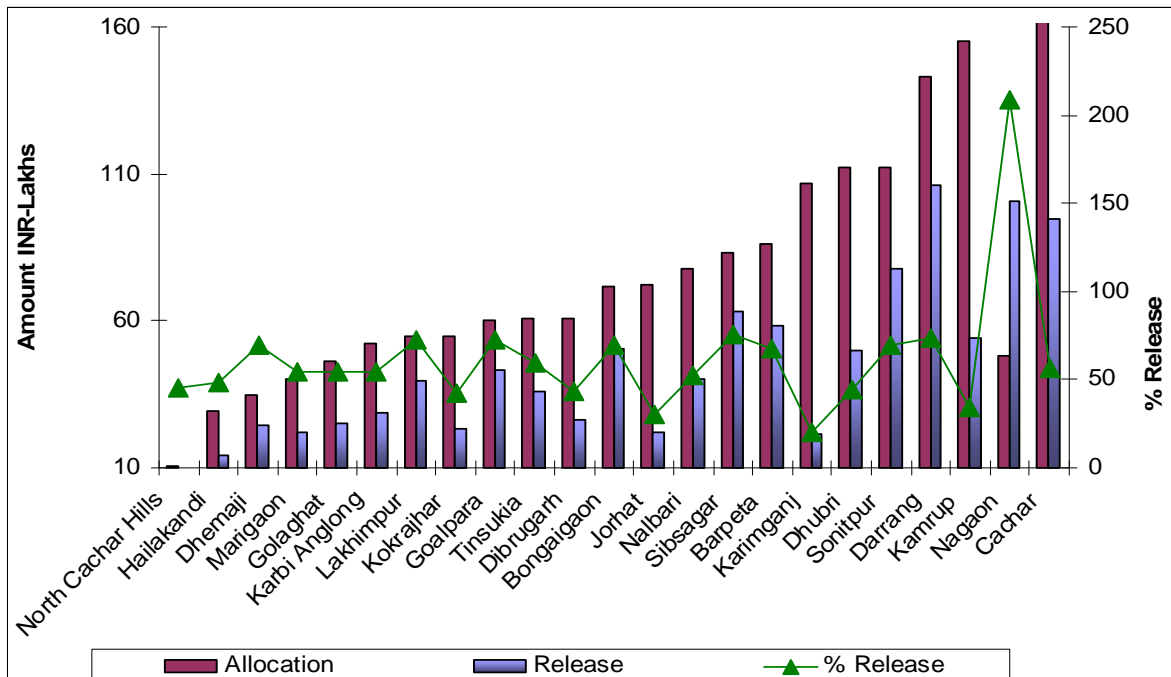
Figure 4.2: Allocation and Release of fund In Assam



Source: MM Study

In the State of Assam, fund has been released in 23 different districts. The fund release was more or less similar to different districts. However, Cachar, Nagaon, Kamrup, Darrang, Sonitpur, Karimganj etc have received the highest proportion of fund. Same is depicted graphically below.

Figure 4.3: Allocation of funds in different District of Assam



Source: MM Study

There is a discrepancy in the fund allocation and fund release, as there are very few implementing organisations working for the disability sector in Assam (funds allocated and released presented in **Appendix B**). It has also been observed that there is no monitoring and evaluation mechanism at district or State level. Therefore, local government authorities are in no position to keep a check on the development / progress of the ADIP scheme. The total number of beneficiaries contacted during the study is mentioned in **Appendix A**.

#### 4.4 Physical Performance of the Scheme

It is evident from the above mentioned graph that about INR 109.41 Lakh has been allocated to the three selected districts named North Cachar Hills, Sibsagar and Nagaon and INR 113.33 lakh has been released which is 103.58% of the fund allocated. As per data provided by the implementing agencies, during the reference period 1532 Differently Aabled have been provided benefit. Out of these 1532, our team was able to contact 127 beneficiaries as the address provided for others were either not complete or they have shifted from their respective address.

Looking into physical performance it is evident that about INR 5918 has been spent for one differently person which is slightly on the lower side as per guideline, and should not go beyond INR 6,500 and 20% of the total fund can only be used as operational cost.



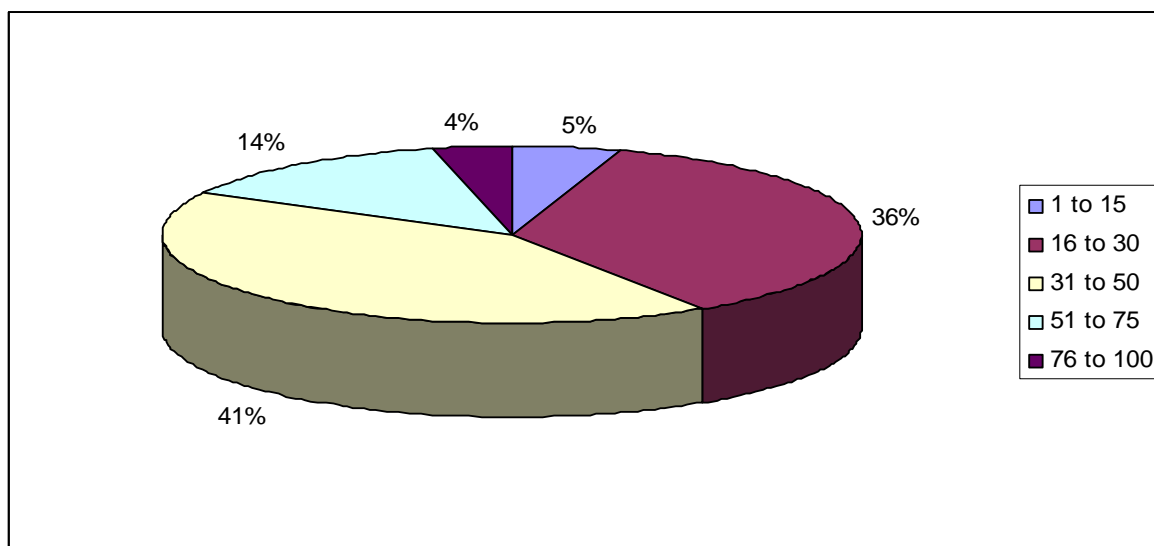
## 4.5 Physical Verification of the Scheme

### 4.5.1 Profile of Beneficiary Contacted

#### 4.5.1.1 Age group of beneficiaries

It was observed from the field that the scheme benefits are reaching to all age groups. A vast majority of the contacted beneficiaries fall in the age group of 31-50 which is 41% followed by 36% from the age group of 16-30 years. About 14% were from the age group of 51-75 years. In all 5% were from 1-15 years and rest 4% fall in the age group of 76-100 years. The same is depicted graphically below.

Figure 4.4: Age Group of Beneficiaries



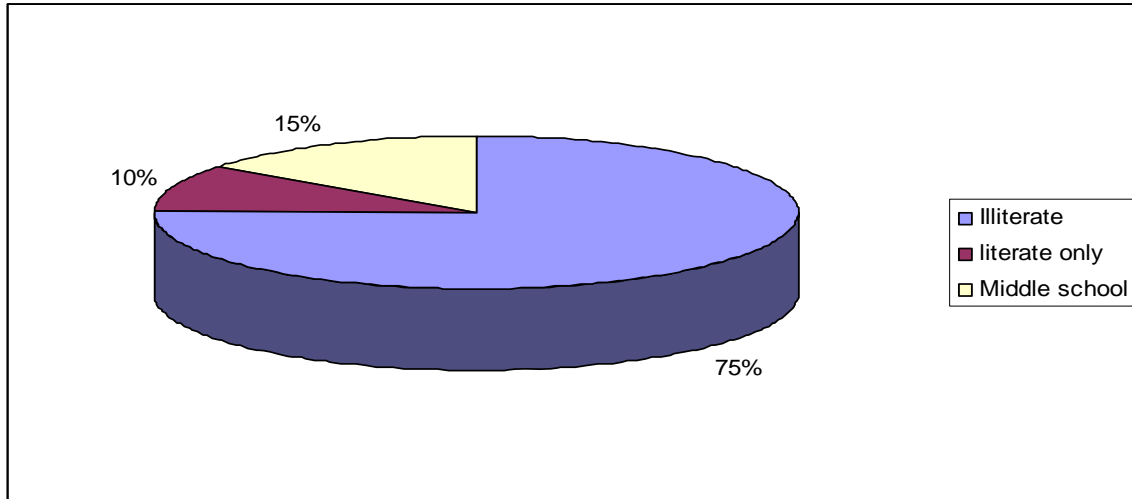
Source: MM Study

#### 4.5.1.2 Literacy level

The literacy level of the beneficiaries is generally low. Beneficiaries belonging to the older generation are by and large illiterate and never attended school. Respondents from the younger generation have received basic education.

Of all the beneficiaries contacted, a total of approximately 75% are illiterate. About 15% of the beneficiaries have completed their middle school education and 10% are literate but had never attended school. Same is presented graphically below.

Figure 4.5: Literacy level of Beneficiaries

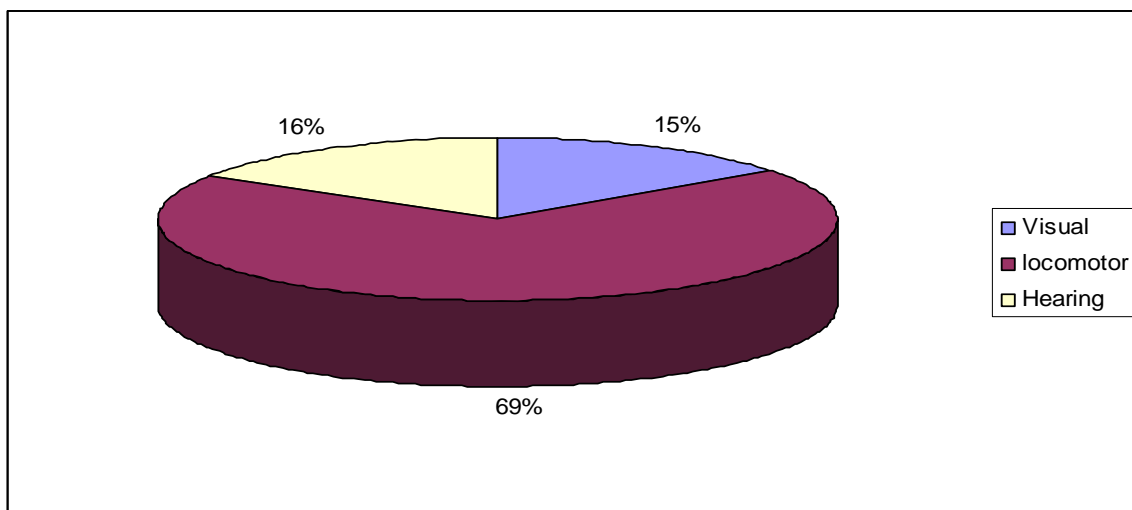


Source: MM Study

#### 4.5.1.3 Type of Disability

It has been observed during the survey that prevalence of locomotor disability is quite high in comparison with other physical disabilities. Majority of the respondents were given assistance for orthopaedic disabilities which is 69%. Number of people who have received assistance for other types of Differential ability is considerably low. It has been noticed in the field that the main focus of the Implementing agencies is the orthopedically handicapped. Among the contacted beneficiaries, 16% were supported for hearing problems, while 15% were visually impaired.

Figure 4.6: Type of Disability

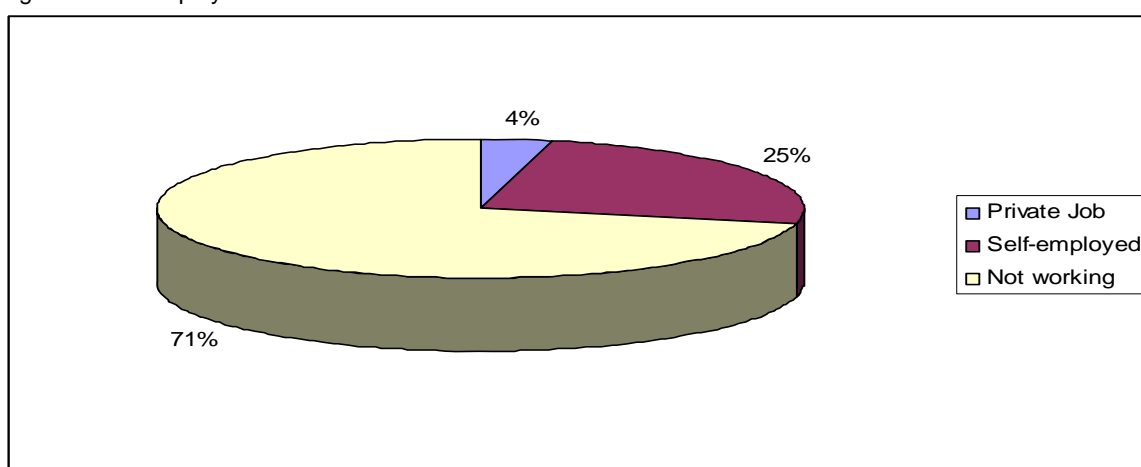


Source: MM Study

#### 4.5.1.4 Employment status of the Differently Abled

It has been observed that one-fourth of the beneficiaries (Differently Abled beneficiaries) contacted were found having gainfully employment. Majority of the respondents were not working because of having low education background and are not able to find employment that need technical qualification, and in general they are physically not fit for employment. About 71% of the beneficiaries are not employed. Approximately 25% of the contacted beneficiaries are self employed, mostly managing petty shops and another 4% are employed with the private employers.

Figure 4.7: Employment status of the Disabled



Source: MM Study

#### 4.5.1.5 Income Group of Beneficiaries and his/her Guardian

The beneficiaries are from very poor socio-economic backgrounds. They are mostly self employed and have limited or meagre earnings.

#### 4.5.1.6 Nature of Disabilities of the Beneficiaries

During the survey it was found that the major cause of disability of the beneficiaries was congenital. However the other major cause of the disability was illness.

Table 4.1: Nature of disabilities of the Differently Abled (in %)

Type of Disability	Hearing	Locomotor	Visual
Congenital	84.6	55.4	66.7
Illness	15.4	16.1	33.3
Accidental	0	26.8	0
other	0	1.8	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 4.5.1.7 Effect of disability on normal Routine life

So far the effect of disability is concerned, it has been reported that the problem has mostly affected the mobility of Differently Abled and because of this, respondents are totally dependent on their care takers. This is in turn affecting livelihood of the caretakers up to a great extent.

Table 4.2: Effect of Disability on Normal Routine Life of Differently Abled (in %)

Effect of disability	Visual	Hearing	Locomotor
Restricted Mobility	100	7.7	98.2
Disruption/Stopping study or work	91.7	61.5	42.9
Dependency of others	100	100	94.6
Couldn't marry	0	0	5.4
Couldn't find job/livelihood	0	0	1.8
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>
<i>Multiple Response Question</i>			

Source: MM Study

#### 4.5.1.8 Reaction of Society

From the table presented below it can be understood that social acceptability and empowerment with Differently Abled people is still lacking. Locomotor disabled people seem to be more prone to the adverse reaction of society towards their disability. Discrimination, disregard and rude behaviour are the major issues with the Differently Abled people.

Table 4.2: Reaction of society Towards Differently Abled (in %)

Whether society have behaved adversely due to disability	Visual	Hearing	Locomotor
Yes	16.7	15.4	55.4
No	83.3	84.6	44.6
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 4.5.1.9 Awareness of ADIP Scheme

It can be concluded from the below table that most of the respondents were unaware of the ADIP scheme. Overall nearly 85% of beneficiaries with hearing disability were found to be aware of the scheme, followed by 75% with visual disability and 21% with locomotor disability. As the overall number of beneficiaries with locomotor disability are more the total awareness is low in this segment.

Table 4.3: Beneficiaries Awarwness on ADIP Scheme (in %)

Awareness of ADIP Scheme	Visual	Hearing	Locomotor
Yes	75	84.6	21.4
No	25	15.4	78.6
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 4.5.1.10 Awareness regarding the type of appliances being used

During the survey it was observed that almost all beneficiaries were aware of the aids/appliances which they are using. Most of the beneficiaries obtained information regarding their appliances from various sources but the major sources being doctors, District Disability Rehabilitation Centre and relatives etc.

Table 4.4: Awareness regarding the type of Appliances obtained (in %)

Whether the beneficiaries are aware of the appliances provided	Visual	Hearing	Locomotor
Yes	100	100	100
No	0	0	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 4.5.1.11 Year of obtaining device first time

Table presented below is depicting the year when Differentially Abled people have obtained aids and appliances for the first time.

Table 4.5: Year of Obtaining Assistance (in %)

Year of obtaining Device first time	Visual	Hearing	Locomotor
2006	8.3	0	0
2007	8.3	23.1	5.4
2008	33.3	38.5	5.4
2009	33.3	30.8	10.7
2010	16.7	7.7	78.6
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 4.5.1.12 Financial assistance for aids/appliances

It can be concluded from the table below that majority of the financial assistance provided to the beneficiaries were District Disability Rehabilitation Centre , NGOs (Implementing Agencies) and State handicapped corporation.

Table 4.6: Financial aid for Appliances (in %)

Source of financial assistance	Visual	Hearing	Locomotor
District Disability Rehabilitation Centre	41.7	30.8	26.8
Composite Regional Centres	8.3	7.7	0
Artificial Limb Manufacturing Corporation	0	7.7	1.8
State handicapped corporation	16.7	7.7	1.8
NGO	0	15.4	64.3
Other State level Bodies	8.3	23.1	4.2
Self	25	7.7	1.1
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 4.5.1.13 Number of times the aids/appliances obtained

It has been seen that most of the beneficiaries were given aids/ appliances once or twice during the reference period ie. 2007-2010.

Table 4.7: Number of times the aid have been provided (in %)

No. Of Times aids provided	Visual	Hearing	Locomotor
1 to 2 times	100	100	100
3 to 5 times	0	0	0
More than 5 times	0	0	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 4.5.1.14 Whether DA is the Head of the Household

Disability is restricting people in many ways; same can be seen in table below. Only 8.9% locomotor and 16.7% visually Differently Abled are head of the household. All together nearly 25% Differently Abled people are the head of the household.

Table 4.8: Whether Differently Abled is the Head of the Household (in %)

Whether DA is the Head of the household?	Hearing	Locomotor	Visual
Yes	0	8.9	16.7
No	100	91.1	83.3
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 4.5.1.15 Literacy level of the Head of Household

During the survey it was observed that education level among the head of the household of the beneficiaries is also very less. Overall above 70% of the head of the households are illiterate. Only 30% of the beneficiaries are educated. Category wise further classification is given in the table below.

Table 4.9: Literacy level of the head of household (in %)

Literacy level of the head of household	Hearing	Locomotor	Visual
Illiterate	15.4	62.5	25
Literate only	0.0	10.7	8.3
Middle school	38.5	10.7	33.3
Secondary school	23.1	3.6	8.3
Higher secondary	15.4	3.6	0.0
Graduate	7.7	0.0	8.3
Other	0.0	8.9	16.7
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 4.5.1.16 Monthly Income of the Head of the Household

In Assam It was found that majority of the head of the household of all the beneficiaries had a income range of INR 2001 to 3000 which is approximately 36%, followed by 33.33% from the income of group of INR 3001 to 5000 per month.

Table 4.10: Monthly Income of the Head of the Household (in %)

Income group	Hearing	Locomotor	Visual	All beneficiaries Combined
INR 1001- 2000	0.0	7.1	0.0	4.93
INR 2001 – 3000	7.7	46.4	16.7	35.8
INR 3001 – 5000	23.1	32.1	50	33.33
INR 5001 – 10000	53.8	10.7	33.3	20.98
More than INR 10001	15.4	1.8	0.0	3.7
Not working	0.0	1.8	0.0	1.78
Total	100	100	100	100

Source: MM Study

#### 4.5.1.17 Dependency of family members on the Differently Abled Person

During the survey it was found that approximately 38% beneficiaries of visual and hearing disability had members dependent on them while nearly 7% locomotors disabled persons had members dependent on them.

Table 4.11: Dependency of family members on the Differently Abled Person (in %)

Dependent members on the Differently Abled person?	Visual	Hearing	Locomotor
Yes	33.3	38.5	7.1
No	67.7	61.5	92.9
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 4.5.1.18 Number of Dependent Person

Table below is depicting the number of people dependent on the beneficiaries. It can be concluded that the number of proportion of dependency of other family members on the beneficiaries are very low. Locomotor Differently Abled beneficiaries had hardly 7% members who are dependent on them. On the other hand this percentage is little high in the category of beneficiaries with hearing and visual disabilities.

Table 4.12: Number of dependent person on Beneficiaries (in %)

Total number of dependents on Differently Abled	Visual	Hearing	Locomotor
2	0	0	5.3
3	8.3	23.1	1.8
4	8.3	15.4	0
5	8.3	0	0
6	8.3	0	0
None	66.7	61.5	92.9
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 4.5.1.19 Place of Application for the assistance under ADIP Scheme

Majority of the application for obtaining the appliances from ADIP scheme was made to NGOs followed by District Disability Rehabilitation Centre and the other State level bodies. Other agencies like Artificial Limb Manufacturing Corporation obtained a few application for obtaining the appliances under ADIP Scheme as they are not accessible in the area and awareness regarding the scheme is very less.

Table 4.14: Place of Application for the appliance under ADIP Scheme (in %)

Place of application for assistance under the ADIP Scheme	Visual	Hearing	Locomotor
District Disability Rehabilitation Centre	33.3	84.6	57.1
Composite Regional Centres	8.3	0	1.8
Artificial Limb Manufacturing Corporation	0	0	1.8
State handicapped corporation	75	69.2	28.6
Other State level Bodies	25	23.1	42.9
NGO	75	100	76.8
<i>Multiple Response Question</i>			

Source: MM Study

#### 4.5.1.20 Time taken for obtaining the appliances after application

From the table it can be concluded that most of the beneficiaries had to wait for the aids and appliance till the fitting of the appliance. However a considerable number of beneficiaries had received the aids and appliances immediately after they applied.

Table 4.13: Time Taken for obtaining the appliances after application (in %)

Time taken for aids/appliances	Visual	Hearing	Locomotor
Till Surgery	16.7	7.7	1.8
Till the Fitment of Appliances	50	76.9	58.9
Immediately	33.3	15.4	39.3
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 4.5.1.21 Time since aids/appliance has been obtained by beneficiary under ADIP Scheme

During the survey most of the contacted beneficiaries were using their aids/appliances since last 16 to 44 months.

Table 4.14: Time Since the availability and usage of appliance obtained under ADIP Scheme(in %)

Time frame (in months)	Visual	Hearing	Locomotor
16	8.2	30.8	9.8
18	16.7	24	7.1
20	0	7.7	60.7
22	0	12.9	10.7
24	16.7	24.6	3.1
26	16.7	0	8.6
34	25	0	0
44	16.7	0	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study



#### 4.5.1.22 Time taken (in months) to adapt the Appliance

During the survey it was found that majority of the beneficiaries took maximum of one or two months to get adapted to the appliances they were given. However some respondents even took three to four months to adjust with the appliances.

Table 4.15: Time taken to adapt the appliance (in %)

Time taken (in months)(months)	Visual	Hearing	Locomotor
1	83.3	30.8	71.4
2	16.7	53.8	19.6
3	0	15.4	5.4
4	0	0	3.6
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 4.5.1.23 Annual Maintenance cost (in INR) of the Aid

Below table is depicting the annual expenses incurred on the maintenance of the aids and appliances given to the beneficiaries. An average amount of INR 300-500 is being spent on the maintenance.

Table 4.16: Annual maintenance cost of the aid (in %)

Maintenance cost (INR)	Visual	Hearing	Locomotor
100	25	0	35.7
150	8.3	7.7	0
200	16.7	7.7	21.4
250	25	7.7	5.4
300	8.3	38.5	12.5
350	0	0	1.8
500	16.7	38.5	21.4
1000	0	0	1.8
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 4.6 Impact of Scheme on Differently Abled

ADIP scheme has been implemented effectively in various areas during the reference period. Under the scheme various aids/appliances have been provided to the beneficiaries that help to reduce the effects of disabilities. Artificial Limbs, Wheel Chairs, callipers, Crutches and Walkers have significantly improved the mobility of the physically challenged beneficiaries. Similarly, hearing aids and low vision devices have helped people with hearing disability and visually impaired beneficiaries respectively, to undertake the daily activities. However, maintenance of the aids and appliances has not been up to the mark and is a considerable issue.

The overall impact of the scheme has been partially successful as there is no mechanism for sustainability of the aids/ appliances. On the other hand, scheme left no effect on the social and financial status of the beneficiaries.

#### 4.6.1 Qualitative changes experienced after fitment of equipments under ADIP scheme

Table presented below is depicting the qualitative changes brought by the assistance provided under ADIP scheme. Under this scheme those who were provided aids for visual and locomotor problem have increased their mobility and their dependency on the other get reduced. Hearing beneficiaries found jobs and avenues of livelihood along with their total dependency in performing daily chores.

Table 4.17: Qualitative changes experienced after fitment of equipments under ADIP Scheme (in percent)

Changes after fitment of the appliances	Visual	Hearing	Locomotor
Increase mobility	100	15.4	91.8
Continuation/resumption of work	58.3	53.8	44.6
Decreases dependency on others	100	100	98.2
Total independence in performing daily chores	33.3	61.5	26.8
<i>Multiple Response Question</i>			

Source: MM Study

#### 4.6.2 Whether beneficiaries feel that their standard of living has improved

During the survey it has been seen that almost 100 beneficiaries believe that their standard of life has been improved after getting aids/appliances under the scheme.

Table 4.18: Impact of Scheme on Beneficiaries Life-improved standard of living (in %)

Improved living standard	Visual	Hearing	Locomotor
Yes	100	100	98.2
No	0	0	1.8
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 4.6.3 Whether receive any significant change in the reaction of society after getting equipped with the aids/appliances

Table below is depicting the change in reaction of the society after getting the appliances. It can be easily understood that there is no significant change in the reaction of the society towards Differently Abled people.

Table 4.19: Change in reaction of society after receiving benefit(in %)

Significant Change	Visual	Hearing	Locomotor
Yes	0	0	0
No	100	100	100
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 4.6.4 How far Differently Abled People are rehabilitated

During the survey it has been observed that after getting assistance under the ADIP scheme, most of the beneficiaries feel satisfied. Same is depicted in table below.

Table 4.20: Proportion of Differently abled Rehabilitated (in %)

How far Differently Abled people have been rehabilitated	Visual	Hearing	Locomotor
Completely/Fully	0	15.4	0
Satisfactorily/Adequately/Sufficiently/passably/suitably/tolerably/effectively	66.7	69.2	42.9
Average	33.3	15.4	57.1
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 4.6.5 Effect of disability on Care taker

Table presented below is depicting the effects on the care takers of the Differently Abled Persons. It can be concluded that restriction of the mobility has affected severely as 100 % care takers feel that they have to accompany their Differently Abled family member.

Table 4.21: Effect of Disability on care taker (in %)

Effect of disability	Visual	Hearing	Locomotor
Restricted Mobility	100	100	100
<b>Multiple Response Question</b>			

Source: MM Study

#### 4.6.6 Relation of caretaker with Differently Abled Person

Younger sister and brothers are the main caretakers of the Differentially Abled persons; same is reflecting in the table presented below.

Table 4.22: Relation of caretaker with Disable Person(in %)

Relation	Visual	Hearing	Locomotor
Mother	0	0	6.7
Father	50	14.3	13.3
Spouse	0	28.6	0
Elder brother	0	0	6.7
Elder sister	0	0	6.7
Others (Younger brother/sister or any other)	50	57.1	66.7
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 4.6.7 Changes brought in the life of care taker after getting assistance under ADIP Scheme

Scheme has brought changes in the life of care takers of the Differentially Abled persons as well. Scheme has contributed in many ways. Some of them are being reflected by the table below. After getting assistance under ADIP scheme a large number of care takers experienced increased mobility as they are not required to accompany their Differently Abled family members every time.

Table 4.23: Changes brought in the life of care taker (in percent)

Changes	Visual	Hearing	Locomotor
Increase mobility	100	57.1	46.7
Decreases in dependency on others for daily chores	0	28.6	53.3
Total independence in performing daily chores	0	14.3	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 4.6.8 How far one think that their Differently Abled family member is rehabilitated

During the survey it has been observed that after getting assistance under the ADIP scheme most of the beneficiaries feel satisfied. Same is depicted in the table below.

Table 4.24: Proportion of Differently abled Rehabilitated (in %)

How far Differently Abled people have been rehabilitated	Visual	Hearing	Locomotor
Satisfactorily/Adequately/Sufficiently/passably/suitably/tolerably/effectively	0	0	46.7
Average	100	100	53.3
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 4.6.9 Quality of Aids provided and their performance

As per the feedbacks received from the beneficiaries regarding the performance of the aids and appliances, most of the beneficiaries had faced no problem in using the aids/appliances; there were few cases of selling off the tricycles for money being reported. It has also been observed that in the uneven terrain and hilly regions, tricycles and wheelchairs are not usable.

The quality of the products has been satisfactory, but on the on the other hand, aids such as hearing devices and artificial limbs were not up to the mark. There are plenty of beneficiaries who claim that the quality of the product is very poor.

Some of the common complaints observed in the field are listed below:

- Using manual wheelchair or tricycle is quite tough in hilly or uneven terrain.
- Old fashioned aids for the hearing impaired beneficiaries.

**List of Beneficiaries Contacted under the scheme is attached as appendix A1**

#### 4.6.10 Capabilities of Implementing Agencies

The lists of the Implementing Agencies in the allotted districts who have worked under the ADIP scheme are as below:

Table 4.25: List of implementing agencies

District	Implementing Agencies
Sibsagar	Institute of Management Resource Development
Nagaon	Institute of Management Resource Development
Deema Hasao	Ujala Society

Source: MM Study

#### 4.6.11 Institute of Management Resource Development

Institute of Management Resource Development is responsible for implementing the scheme in Sibsagar and Nagaon districts of Assam. IMRD is a local organization based in Nagaon district of Assam. Therefore, IMRD has the advantage of geographical location to implement the scheme effectively. Organization is well aware of the demand of the disability sector in the State and it is highly reputed in the area. During the year 2008-2010, the organization has served to 2500 Differently Abled people approximately.

#### 4.6.12 Types of services provided as care after fitting of aids

ADIP scheme endeavours to support the Differently Abled people in order to rehabilitate them and make their life easier. But during the field visits, it has been observed that due to unavailability of the services to maintain aids and appliances, some of the beneficiaries had stopped using the appliances.

Few beneficiaries reported that they had to dump (in case of hearing aid) or sell (in case of tricycle) the received aid just because it was not working properly or they were unable to fix it.

### 4.7 Issues & Constraints

- Absence of monitoring and evaluation mechanism at the district or State level leading to further in-coordination between implementing organisation and local government authorities.
- Delay in release funds from central government.
- As per the census 2001, total population of Differently Abled people in the State of Assam is 530,300. Therefore INR 600 lakh per annum (approx.) are not enough for the assistance to such a large chunk of population.
- There are instances of persons who by themselves are capable of purchasing the appliances being given through camps
- Quality wise hearing aids and artificial limbs provided were of poor quality, often get damaged.

### 4.8 Recommendation

- Coverage of the scheme is to be increased. This can be achieved through increased frequency and duration of the camps. More investment is also required to meet the need of the population of the Differently Abled.
- Provisions for follow up and maintenance of the appliances should be provided.
- Scheme is not known at the grass root level. Therefore media mobilization is also required for aware generation regarding this scheme.
- The process of identification of the beneficiaries should be made rigorous. Necessary home visits should be done for a multi-dimensional assessment of beneficiaries, including their social and psychological needs. Service of trained professionals is to be obtained for the same.
- Local NGOs and DPOs (Differently Abled People's Organisation) should be roped in to reach more Differently Abled beneficiaries.
- Regular audit is required to keep an eye on the working process of the implementing agencies to ensure proper utilisation of funds.

### Case Studies

**Uppen Borman**, a seventeen year old boy a Nagaon resident, from a family of seven suffers from physical disability. Borman had met with a road accident four years ago while travelling from his house to his uncle's place a few villages away, following which his lower right leg was amputated.

Borman, at the peak of adolescence, suffered not just physically, but also emotionally. Feelings of inferiority started creeping in him and he avoided meeting people. He gradually drifted apart from his friends and other children in the locality. Since he could not play in the field anymore, he felt worthlessness in life. The accident also resulted in the end of his studies, as he was too adamant on not going back to school, lest other children ridiculed him. His parents feared for his mainstreaming and his future.

Borman's father, a private job holder, applied for an artificial leg and received it last year. It took a while for him to get comfortable with the aid and use it outside the house. Though he complains of crooked posture while walking, but content that at least he is able to walk now. He chose not to continue studying, but assists his elder brother at his mobile repair shop nearby and earns up to INR 1,500 per month. The artificial leg has given him a new lease of life. However, he's still a recluse and introvert. After attaining some financial independence, he is now at ease with the current situation and has come to terms with fate.

## 5. State Report of Meghalaya

### 5.1 Overview of Scheme since its Inception

The ADIP scheme is a centrally sponsored scheme while all the rest are funded by the State Government. Some of the State initiatives are given below.

#### **1 -Scholarships and Meritorious Awards to Differently Abled Students**

Scholarships are given to the Differently Abled students pursuing higher studies in recognised schools, Colleges and institutions from nursery to postgraduate levels. The rates of scholarships vary according to the level of education and accommodation of the students. Reader allowance also given to visually impaired students studying in class 9<sup>th</sup> onwards. State award to meritorious Differently Abled students is also given. The amount of assistance is ranging from INR 180 - 580 depending upon the level of studies.

#### **2-Prosthetic aids for Differently Abled Persons**

Prosthetic aids are provided to the Differently Abled persons in accordance with the prescribed rules. Aids such as wheelchair, artificial limbs, hearing aids, crutches etc are provided so as to enable the Differently Abled persons to lead a normal and purposeful life.

#### **3-Vocational Training to Differently Abled Persons for self-employment**

Vocational training is imparted to the Differently Abled Person through voluntary organisations in all districts headquarters in different trade like knitting, Cane, Bamboo work, tailoring etc. The main objective of the scheme is to enable the Differently Abled people to become independent by taking up self employment venture in the trade they have been trained. Under this scheme, INR 500 per trainee is provided as a stipend.

#### **4- Token relief grant to passed out trainees of vocational training**

Token relief grant to pass out trainees of vocational training is given. Under this scheme INR 5000 per beneficiary is provided to enable them to start economic activities as per the trade they are trained.

#### **5- Rehabilitation treatment for the Differently Abled**

Under this scheme up to INR 25000 are provided for the rehabilitation or correctional treatment for the Differently Abled people. Apart from these schemes, there are further programmes for the assistance to Differently Abled people that may include awareness and sensitisation programmes on disability, prevention and early detection of disability, outreach camps for mobility aids and certificate etc. Special consideration is given to the non government organisations working for the disability sector.

### 5.2 Process of Implementation of the Scheme

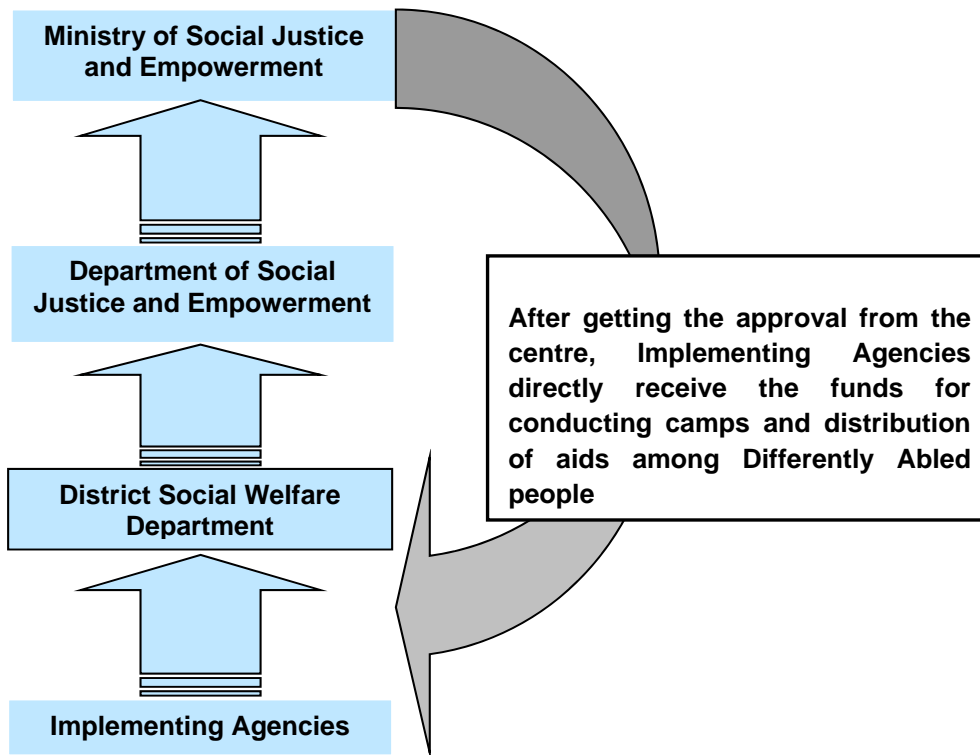
Responsibility of implementing the scheme at the grass root level is in the hands of the District Disability Rehabilitation Centre , NGOs, Composite Regional Centres, Artificial Limb Manufacturing Corporation s/ State Limb Manufacturing Corporation. These implementing agencies are required to prepare their detailed proposals for the implementation of the scheme for the concerned year and submit them to the district office. The district offices after scrutinising the proposals at its level forward the same to the State office which

scrutinises the report and send it to the Ministry of Social Justice & Empowerment at the central level along with the recommendations.

On receiving fund approval from centre, implementing agencies organize camps to distribute aids and appliances to eligible Differently Abled persons in the specific areas that are allotted to them.

The implementation structure of the scheme is given below.

Figure 5.1: Flow of fund In Meghalaya under ADIP Scheme

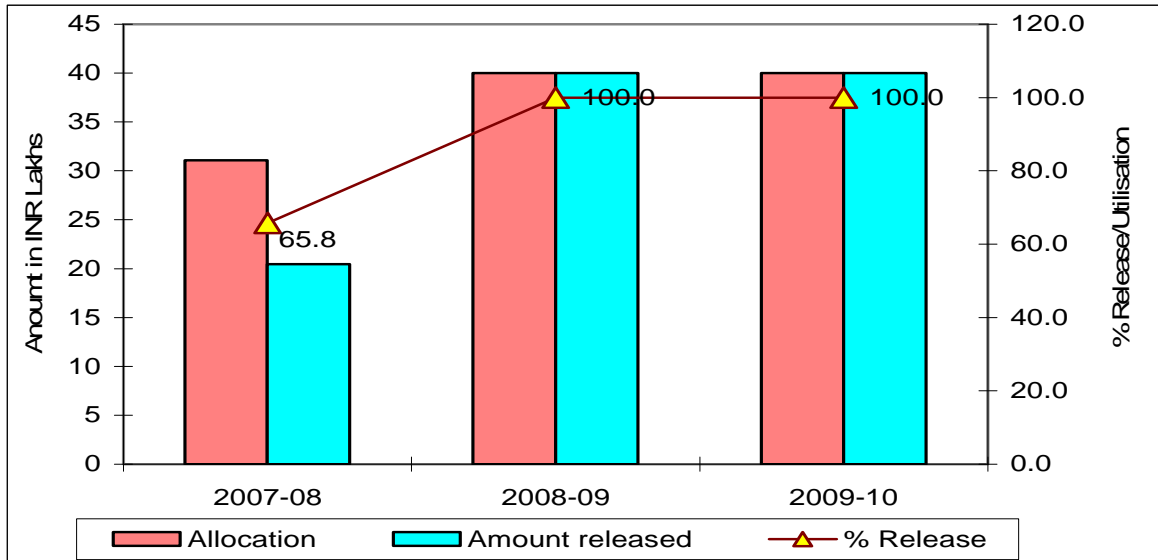


### 5.3 Financial Performance

Total allocation for the Meghalaya during the reference period (2007-10) was INR 111.09 Lakh out of which INR 100.45 Lakh was released which are 90.4% of the fund allocated for the State. It can be seen from the figure below that the amount allocated for the year 2008-09 and 2009-10 have gone up and have been fully released (funds allocated and released are presented in **Appendix B**).



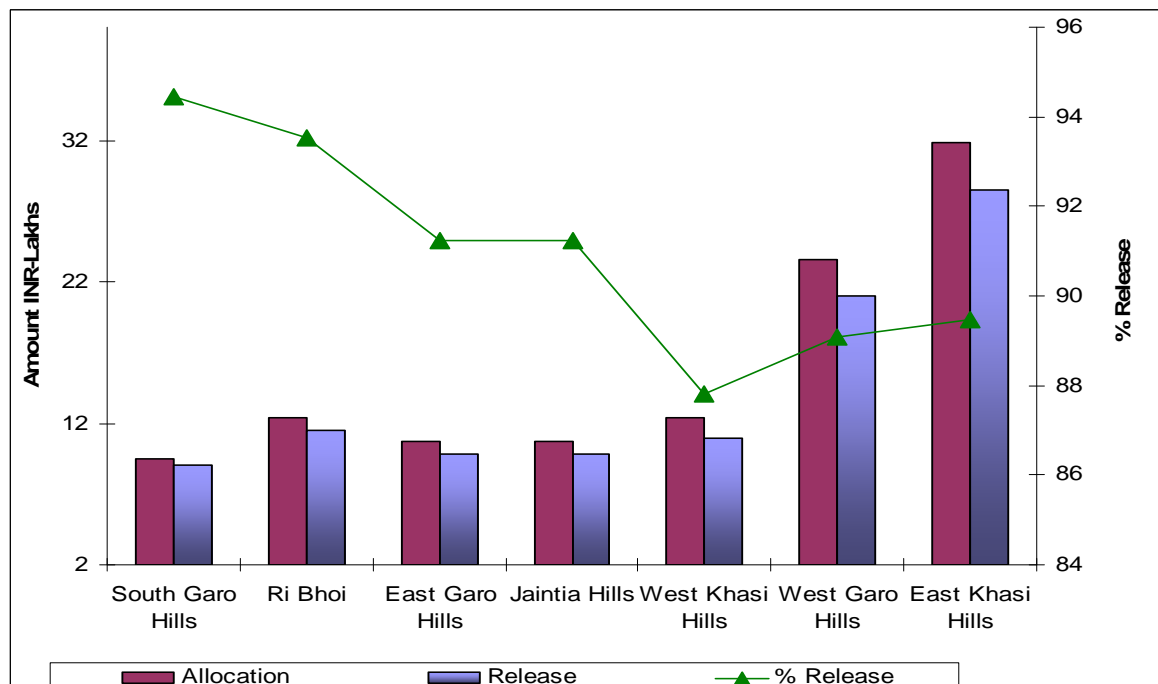
Figure 5.2: Allocation and Release of funds in Meghalaya



Source: MM Study

In Meghalaya, funds have been released in 7 different districts; out of which major proportion have been released to districts such as East Khasi Hills and West Garo Hills. On the other hand districts like West Khasi Hills, Jaintia, Ri Bhoi, South Garo Hills etc have received more or less similar funds. Same is depicted graphically below.

Figure 5.3: Allocation of Funds in different districts



Source: MM Study

It has been seen that throughout Meghalaya State, ADIP scheme is being implemented by the Artificial Limb Manufacturing Corporation. There is single local organisation which is responsible for the implementation of the scheme. There are two District Disability Rehabilitation Centre in the State responsible for looking after the disability relief scheme initiated by the State itself. It has also been observed that there is no monitoring and evaluation mechanism at district or State level. Therefore, local government authorities are in no position to keep a check on the development / progress of the ADIP scheme in the State. **The total list of beneficiaries contacted is given in Appendix A.**

#### 5.4 Physical Performance of the Scheme

It is evident from the above mentioned graph that about INR 41.87 Lakh has been allocated to the three selected districts named South Garo Hills, West Garo Hills and East Khasi Hills and INR 35.42 lakh has been released which is 84.6 % of the fund allocated. As per data provided by the implementing agencies, during the reference period 210 Differently Abled have been provided benefit. Out of these 210 our team has tried to contact all but we could talk to only 102 beneficiaries as others had shifted from the addresses provided to us by the implementing agency.

Looking into physical performance it is evident that about INR 13,493 has been spent for one Differently Abled person, which is on the higher side as per beneficiary benefit as per guideline should not go beyond 6,500/- and 20% of the total fund can only be used as operational cost.

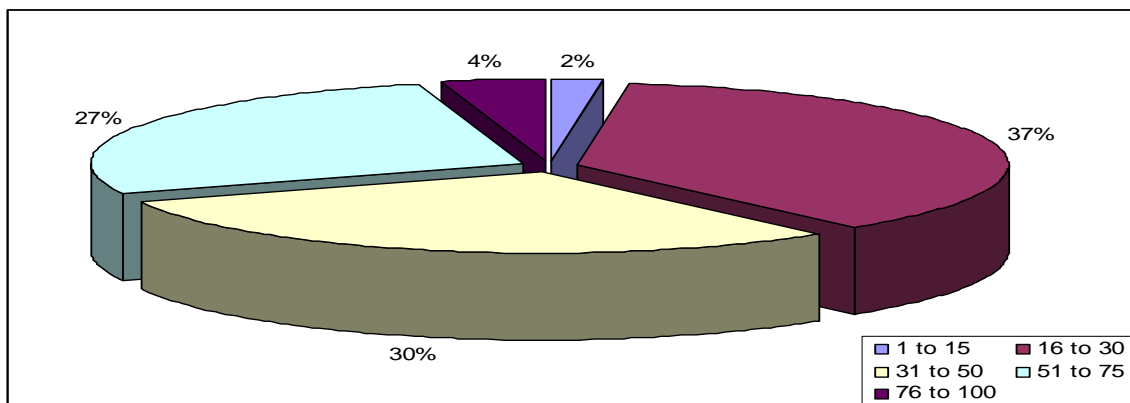
#### 5.5 Physical Verification of the Scheme

##### 5.5.1 Profile of Beneficiary Contacted

##### 5.5.1.1 Age Group of Beneficiaries

It was observed that the scheme benefits are reaching to all age groups. A vast majority of the contacted beneficiaries fall in the age group of 16-30, which is 37 %, followed by 30 % from the age group of 31-50 years. About 4 % were from the age group of 76-100 years and rest 2 % were from the age group of 1-15 years.

Figure 5.4: Age Group of Beneficiaries

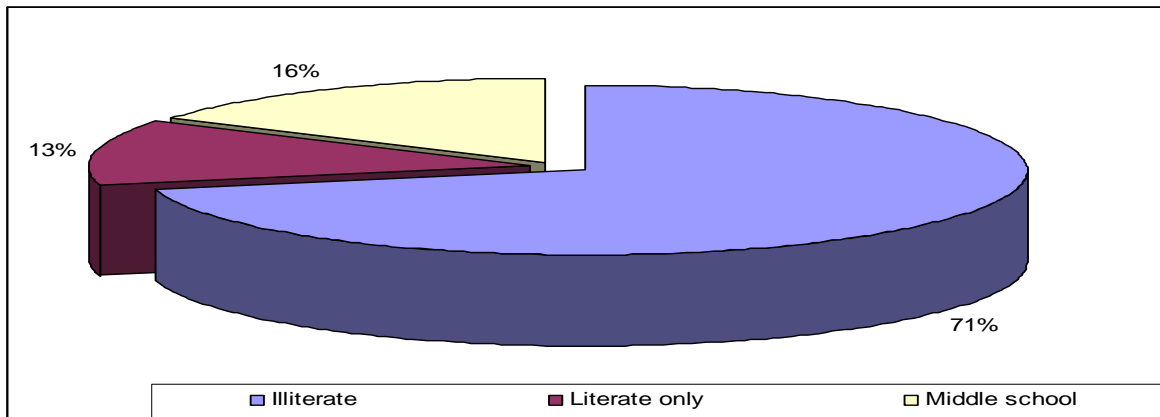


Source: MM Study

### 5.5.1.2 Literacy level of Beneficiaries

The literacy level of the beneficiaries is generally low. Beneficiaries belonging to the older generation are by and large illiterate and never attended school. Respondents from the younger generation have received basic education. Of all the beneficiaries contacted, a total of approximately 71 % are illiterate. Nearly 16 % of the beneficiaries have completed their middle school education. About 13 % are literate but had never attended school. Same is presented graphically in figure 5.5.

Figure 5.5: Literacy level of Beneficiaries

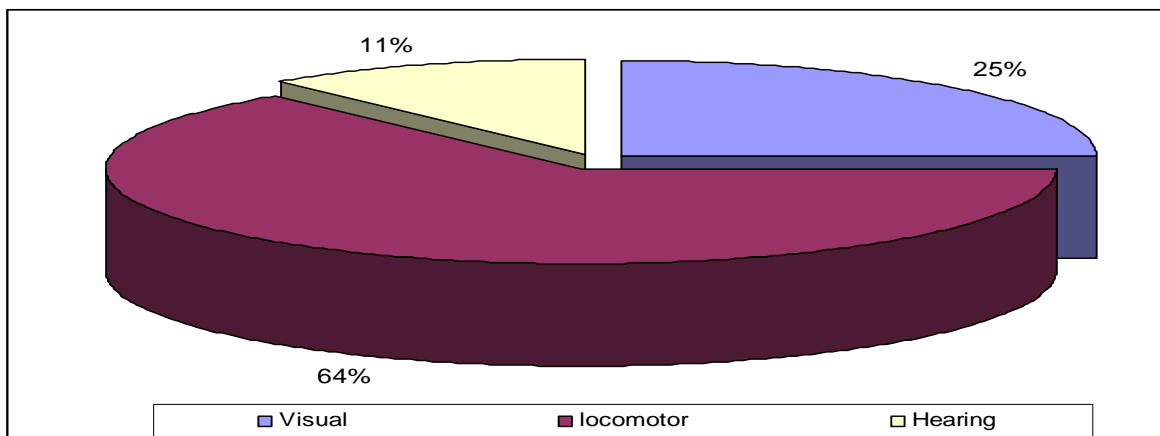


Source: MM Study

### 5.5.1.3 Type of Disability

It can be seen through the survey that prevalence of Locomotor disability is quite high in comparison with other physical disabilities in the area. Majority of the respondents were given assistance for orthopaedic disabilities which is 64 %. Number of people who have received assistance for other types of Differential Ability is considerably low. It has been noticed in the field that the main focus of the Implementing agencies is the orthopedically handicapped. Among the contacted beneficiaries, 25 % were supported for hearing problems, while 11 % were visually impaired.

Figure 5.6: Type of Disability

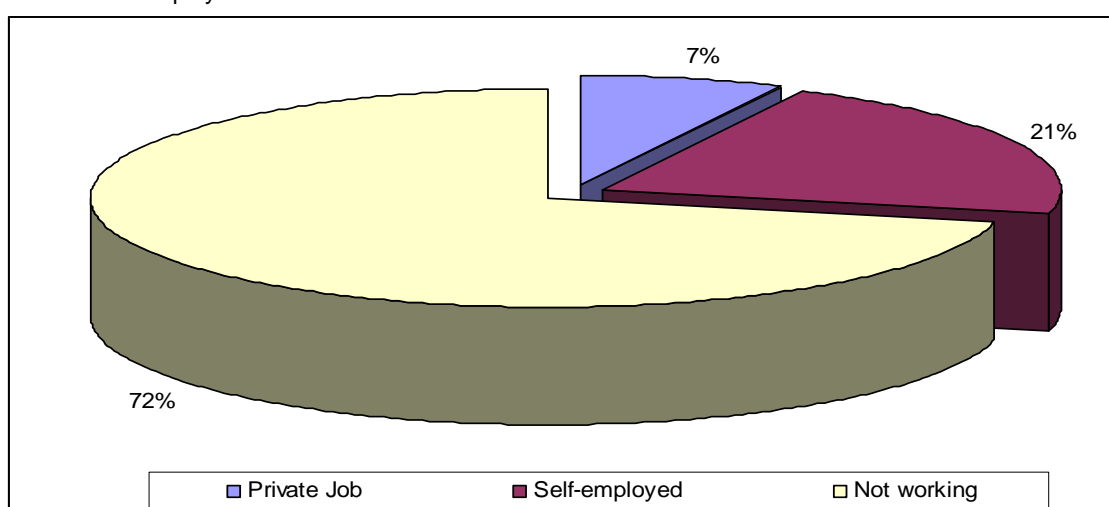


Source: MM study

### 5.5.1.4 Employment Status of the Differently Abled

It has been observed that above one-fourth of the beneficiaries (Differently Abled beneficiaries) contacted were found having gainful employment. Majority of the respondents were not working because of having low education background and are not able to find employment that need technical qualification, and in general they are physically not fit for employment. About 72 % of the beneficiaries are not employed. Approximately 21 % of the contacted beneficiaries are self employed, mostly managing petty shops. Approximately 7 % are employed with private employers.

Table 5.1: Employment status of Beneficiaries



Source: MM study

### 5.5.1.5 Income Group of Beneficiaries and his/her Guardian

The beneficiaries are from very poor socio-economic backgrounds. They are mostly self employed and have limited or meagre earnings.

### 5.5.1.6 Nature of Disabilities of the Beneficiaries

During the survey it was found that the major cause of disability of the beneficiaries was congenital. However, the other major cause of the disability was illness. Nearly 50% of locomotor disabilities had occurred due to accidents.

Table 5.2: Nature of disabilities of the Beneficiaries (in %)

Type of Disability	Visual	Hearing	Locomotor
Congenital	50	30.6	28.6
Illness	50	25	21.4
Accidental	0	44.4	50.0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 5.5.1.7 Effect of Disability on Normal Routine of Life

It can be concluded from the Table 5.3 presented below that people with disabilities are facing problem with highest degree with their mobility. They always require some outside assistance to perform their daily chores. Therefore, dependency on others is another big issue with them. Same is depicted in the table below.

Table 5.3: Effect of Disability on Normal Routine of Life (in %)

Effect of Disability	Visual	Hearing	Locomotor
Restricted Mobility	100	0	100
Disruption/Stopping study or work	28.6	0	30.6
Dependency of others	100	100	97.2
Couldn't marry	7.1	0	5.6
Couldn't find job/livelihood	0	0	11.1
<i>Multiple Response Question</i>			

Source: MM study

### 5.5.1.8 Reaction of Society

From the Table 5.4 presented below it can be understood that societal behaviour with the Differently Abled People and their acceptability in the society is not up to the mark. People suffering from visual and locomotor disabilities seem to be more vulnerable to the adverse reaction of society. Discrimination, disregard and rude behaviour are the major issues associated with the adverse behaviour of the society.

Table 5.4: Reaction of Society (in %)

Whether society have behaved adversely due to disability	Visual	Hearing	Locomotor
Yes	71.4	50	58.3
No	28.6	50	41.7
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

### 5.5.1.9 Awareness of ADIP Scheme

It can be concluded from the below Table 5.5 that most of the respondents were unaware of the ADIP scheme which can be attributed to the low level of advertisement of the scheme by the concerned departments. Overall nearly 16.7 % of hearing beneficiaries were found aware of the scheme followed by 43 % visual and 19.4 % locomotor beneficiaries. As the number of locomotor beneficiaries are more the total awareness is further low.

Table 5.5: Prior Informaton regarding ADIP Scheme(in %)

Awareness of ADIP Scheme	Visual	Hearing	Locomotor
Yes	42.9	16.7	19.4
No	57.1	83.3	80.6
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

#### 5.5.1.10 Awareness Regarding the Type of Appliances Being Used

During the survey it was observed that almost all beneficiaries were aware of the aids/appliances which they are using. However, few locomotor beneficiaries were not aware of the technical fitting of the callipers. Most of the beneficiaries obtained information regarding their appliances from various sources but the major sources being doctors, District Disability Rehabilitation Centre (DISTRICT DISABILITY REHABILITATION CENTRE ) and relatives etc.

Table 5.6: Awareness regarding the type of Appliances obtained (in %)

Whether the beneficiaries are aware of the appliances provided?	Visual	Hearing	Locomotor
Yes	100	100	91.7
No	0	0	8.3
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

#### 5.5.1.11 Year of Obtaining Device First Time

Table 5.7 presented below is depicting the year when Differentially Abled Beneficiaries have obtained aids and appliances for the first time.

Table 5.7: Year of obtaining device first time (in %)

Year of obtaining Device first time	Visual	Hearing	Locomotor
2007	0	0	2.8
2008	0	0	16.7
2009	42.9	16.4	55.6
2010	57.1	83.3	25
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

#### 5.5.1.12 Financial Assistance for Aids/Appliances

It can be concluded from the table 5.8 that majority of the financial assistance provided to the beneficiaries were District Disability Rehabilitation Centre , NGOs (Implementing Agencies) and other State level bodies.

Table 5.8: Financial Aid for Appliances (in %)

Source of financial assistance	Visual	Hearing	Locomotor
District Disability Rehabilitation Centre	41.7	50	63.9
Composite Regional Centres	8.3	16.7	0
Artificial Limb Manufacturing Corporation	0	16.7	0
State handicapped corporation	16.7	0	2.8
NGO	0	16.7	19.4
Other State level Bodies	8.3	0	13.9
Self	25	0	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

### 5.5.1.13 Number of Times the Aids/Appliances Obtained

It has been seen that most of the beneficiaries were given aids/ appliances once or twice during the reference period i.e. 2007-2010.

Table 5.9: Number of times the aid have been provided(in percent)

No. of Times aids provided	Visual	Hearing	Locomotor
1 to 2 times	100	100	100
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

### 5.5.1.14 Whether Differently Abled is the head of the Household

Disability is restricting people in many ways; same can be seen in Table 5.10. Only 2.8% locomotor and 16.7% of visual Differently Abled are head of the household.

Table 5.10: Whether Differently Abled is the head of the household (in %)

Whether DA is the Head of The household?	Visual	Hearing	Locomotor
Yes	16.7	2.8	0
No	83.3	97.2	100
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

### 5.5.1.15 Literacy Level of the Head of Household

During the survey it was observed that education level among the head of the household of the beneficiaries is also very less. Overall, approximately 50-60 % of the head of the household are illiterate (66.7% visual, 44.4% hearing and 57.2% locomotor). However, 30 % of the beneficiaries are educated up to different level. Category wise further classification is given in the table below.

Table 5.11: Literacy level of the head of household (in %)

Literacy level of the head Of household	Visual	Hearing	Locomotor
Illiterate	66.7	44.4	57.2
Literate only	0	8.3	0
Middle school	33.3	33.3	21.4
Secondary school	0	11.1	14.3
Higher secondary	0	2.9	7.1
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

### 5.5.1.16 Monthly Income of the Head of the Household

In Meghalaya It was found that majority of the head of the household of the beneficiaries had an income in the range of INR 3001-5000, followed by 19.6% in the range of INR 2001-3000 per month.

Table 5.12: Monthly Income of the head of the household (in %)

Income group (per month)	Visual	Hearing	Locomotor	Total
INR 1001- 2000	16.7	2.8	0	4.8
INR 2001 – 3000	50	33.3	7.1	19.6
INR 3001 – 5000	23.1	38.9	71.5	55.3
INR 5001 – 10000	0	22.2	0	2.0
More than INR 10001	16.7	2.8	21.4	18.4
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

### 5.5.1.17 Dependency of Family Members on the Differently Abled Person

During the survey it was found that approximately 33.3% beneficiaries of hearing and 19.4% beneficiaries of locomotor disability had family members dependent on them, while nearly 7% visually impaired persons had family members dependent on them.

Table 5.13: Dependency of family members on the disabled person (in %)

Dependent members on the Differently Abled person?	Visual	Hearing	Locomotor
Yes	7.1	33.3	19.4
No	92.9	66.7	80.6
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

### 5.5.1.18 Number of Dependent Person

Table 5.14 below is depicting the number of people dependent on the beneficiaries. It can be concluded that the number of dependent family members on the beneficiaries are very low as most of them are unemployed and unmarried. Beneficiaries of Visual disabilities have 7% members who are dependent on them. On the other hand the percentage of dependants is high in the category of beneficiaries of Hearing and Locomotor disabilities.

Table 5.14: Number of Dependent Person (in %)

Total number of dependents on Differently Abled Person	Visual	Hearing	Locomotor
3	7.1	16.7	8.3
4	0	0	12.8
5	0	0	12.8
6	0	16.7	0
None	92.9	66.6	66.1
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study



### 5.5.1.19 Place of Application for the Assistance under ADIP scheme

Majority of the application for obtaining the appliances from ADIP scheme was made to District Disability Rehabilitation Centre followed by NGOs and the other State level bodies. Other agencies like Artificial Limb Manufacturing Corporation / State Limb Manufacturing Corporation obtained little application for obtaining the appliances under ADIP Scheme as they are not accessible in the area and awareness regarding the scheme among beneficiaries is very low.

Table 5.15: Place of Application for the appliance under ADIP Scheme (in %)

Place of application for assistance under the ADIP Scheme	Visual	Hearing	Locomotor
District Disability Rehabilitation Centre	64.3	83.3	88.9
Composite Regional Centres	7.1	0	0
Artificial Limb Manufacturing Corporation	7.1	0	0
State handicapped corporation	64.3	66.7	33.3
Other State level Bodies	85.7	66.7	41.7
NGO	35.7	50	72.2
<i>Multiple Response Question</i>			

Source: MM study

### 5.5.1.20 Time taken for obtaining the appliances after application

From the table it can be concluded that most of the beneficiaries had to wait for the aids and appliances till the fitment of the appliance. However, some of the beneficiaries of the locomotor disability had received the aids/appliances immediately after they applied for the aids.

Table 5.16: Time Taken for obtaining the appliances after application (in %)

Time taken for aids/appliances	Visual	Hearing	Locomotor
Till Surgery	7.1	0	0
Till the Fitment of Appliances	92.9	100	66.7
Immediately	0	0	33.3
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

### 5.5.1.21 Time Since aids/appliance has been obtained by beneficiary under ADIP scheme

During the survey most of the contacted beneficiaries were using their aids/appliances since last 16 to 34 months.

Table 5.17: Time Since the availability and usage of appliance obtained under ADIP scheme (in %)

Time frame (in months)	Visual	Hearing	Locomotor
16	14.2	0	5.6
18	14.2	0	8.3
20	64.4	100	11.1
22	0	0	5.6
24	0	0	36.1
26	7.2	0	2.7
34	0	0	30.6
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

### 5.5.1.22 Time taken (in months) to adapt the appliance

During the survey it was found that majority of the beneficiaries took maximum of one or two months to get adapted to the appliances they were given. However, some respondents even took over three to four months to adjust with the appliances.

Table 5.18: Time taken to adapt the appliance (in %)

Time taken (in months)	Visual	Hearing	Locomotor
1	42.9	83.3	44.4
2	57.1	16.7	41.7
3	0	0	13.9
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

### 5.5.1.23 Annual Maintenance cost (in INR) of the Aid

Below table is depicting the annual expenses incurred on the maintenance of the aids and appliances given to the beneficiaries. An average amount of INR 200-500 is being spent on the maintenance which is generally borne by the beneficiaries themselves.

Table 5.19: Annual maintenance cost of the aid (in %)

Maintenance cost (in INR)	Visual	Hearing	Locomotor
100	7.1	0	11.1
150	7.1	0	0
200	14.3	16.6	33.3
250	21.4	33.4	8.3
300	7.1	33.3	11.1
350	0	0	0
500	42.9	16.7	30.6
1000	0	0	5.6
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

## 5.6 Impact of Scheme on Differently Abled

ADIP scheme is concerned with the curative and rehabilitative aspects of the disability. Scheme services ranging from the provision of Artificial Limbs, Wheel Chairs, Callipers, Crutches, Walkers to corrective surgeries. Through these services, scheme has had a great Impact on the mobility of the beneficiaries. Therefore, overall scheme has a positive and constructive output on the Differently Abled beneficiaries.

Aids and appliances provided under the ADIP scheme has supported well in resumption of work and study, mobility restriction has been decreased to a great extent and dependency has also been reduced. Hence, majority of the respondents are able to do most of their chores by themselves without depending on anybody else. However, scheme has not played much vital role in reducing the social stigma attached with the disability. Awareness regarding the scheme amongst beneficiaries is almost zero. However, some of the care takes are familiar with the scheme.

### 5.6.1 Qualitative changes experienced after fitment of equipments under ADIP Scheme

Table 5.20 presented below is depicting the qualitative changes brought by the assistance provided under the ADIP scheme. Under this scheme those who were provided aids for visual and locomotor problem have increased their mobility and their dependency on others get reduced. Hearing beneficiaries found jobs and avenues of livelihood along with their total dependency in performing daily chores.

Table 5.20: Qualitative changes experienced after fitment of equipments under ADIP Scheme (in %)

Changes after fitment of the appliances	Visual	Hearing	Locomotor
Increase mobility	100	16.7	100
Continuation/resumption of work	14.3	0	33.3
Decrease dependency on others	100	100	100
Total independence in performing daily chores	21.4	100	27.8
Found job/livelihood	0	0	11.1
<i>Multiple Response Question</i>			

Source: MM study

### 5.6.2 Whether beneficiaries feel that their standard of living has improved

During the survey it has been seen that almost 100 beneficiaries of Visual and Hearing and about 86% of locomotor, believe that their standard of life has been improved after getting aids/appliances under the scheme. However, approximately 14 % beneficiaries of locomotors disabilities believe otherwise.

Table 5.21: Whether beneficiaries feel that their standard of living has improved or not (in %)

Improved living standard	Visual	Hearing	Locomotor
Yes	100	100	86.1
No	0	0	13.9
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

### 5.6.3 Whether receive any significant change in the reaction of society after getting equipped with the aids/appliances

Table 5.22 below is depicting the change in reaction of the society after getting the appliances. It can be easily understood that there is no change in the reaction of the society towards Differently Abled people.

Table 5.22: Whether receive any significant change in the reaction of society after getting equipped with the aids/appliances (in %)

Significant Change	Visual	Hearing	Locomotor
No	100	100	100
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

#### 5.6.4 How far Differently Abled People are Rehabilitated

During the survey it has been observed that after getting assistance under the ADIP scheme most of the beneficiaries felt that their life has become average. Beneficiaries of locomotor and hearing disabilities seem to be more content with the support given under the scheme.

Table 5.23: How far differently abled people are rehabilitated (in %)

How far Differently Abled people have been rehabilitated	Visual	Hearing	Locomotor
Completely/Fully	0	16.7	2.8
Satisfactorily/Adequately/Sufficiently/passably/suitably/tolerably/effectively	14.3	33.3	58.3
Average	85.7	50	38.9
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

#### 5.6.5 Effect of disability on care taker

Table presented below is depicting the effects on the care takers of the Differently Abled persons. It can be concluded that disability has restricted the care takers severely as 100 % care takers are required to be with their Differently Abled family member.

Table 5.24: Effect of Disability on Care taker (in %)

Effect of disability	Visual	Hearing	Locomotor
Restricted Mobility	100	100	100
<i>Multiple Response Question</i>			

Source: MM study

#### 5.6.6 Relation of caretaker with Differently Abled Person

Table 5.25 presented below is depicting the care takers of the Differentially Abled beneficiaries.

Table 5.25: Relation of caretaker with Differently Abled Person (in %)

Relation of caretakers	Visual	Hearing	Locomotor
Mother	0	40	0
Father	12.5	0	11.8
Spouse	12.5	0	0
Elder brother	25	20	16.7
Elder sister	0	0	16.7
Others (Younger brother/sister or any other)	50	40	54.8
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

### 5.6.7 Changes brought in the life of care taker after getting assistance under ADIP Scheme

Scheme has brought changes in the life of care takers of the Differently Abled persons as well. Scheme has contributed in many ways. Some of them are being reflected by the table below.

After getting assistance under ADIP scheme a large number of care takers experienced increased mobility as they were not required to accompany their Differently Abled family member every time.

Table 5.26: Changes brought in the life of care taker after getting assistance under ADIP Scheme (in %)

Changes	Visual	Hearing	Locomotor
Increase mobility	25	60	33.4
Continuation/resumption of study or work	0	0	0
Decreases in dependency on others for daily chores	50	40	50
Total independence in performing daily chores	25	0	16.6
<b>Total (Number) Multiple Response Question</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

### 5.6.8 How far one think that their Differently Abled family member is rehabilitated

During the survey it has been observed that after getting assistance under the ADIP scheme most of the beneficiaries feel satisfied. Same is depicted in table below.

Table 5.27: How far one think that their Differently Abled family member is rehabilitated (in %)

How far Differently Abled people have been rehabilitated	Visual	Hearing	Locomotor
Completely/Fully	0	20	16.7
Satisfactorily/Adequately/Sufficiently/passably/suitably/tolerably/effectively	37.5	40	50
Average	62.5	40	33.3
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

### 5.6.9 Quality of Aids Provided and their Performance

As per the feedbacks received from the beneficiaries regarding the performance of the aids and appliances, most of the beneficiaries had faced no problem in using the aids/appliances. But beneficiaries of artificial limb and hearing aids have a little complaint about the quality of the products. In case of hearing aids, beneficiaries reported that the product they are given is outdated and the performance is not up to the mark. On the other hand, beneficiaries of artificial limbs had complaints of un-sustainability and poor quality of the limbs. It has also been seen that, once their artificial limbs break, they have no option to get it repaired, rather than going to the District Disability Rehabilitation Centre for further help.

Provision for tricycles and wheelchair is not serving the purpose in the hilly and uneven areas. Therefore, few cases of selling off the tricycles for money have also been reported. During interaction with the beneficiaries, most of the beneficiaries and their care takers has opined that the quality of provided products are quite satisfactory. The only problem they are facing is regarding maintenance of the aids because at local level repairing shops are not available.

Some of the common complaints observed in the field are listed below:

- Using manual wheelchair or tricycle is quite tough in hilly or uneven terrain.
- Outdated aids for the hearing impaired beneficiaries.

***List of Beneficiaries Contacted under the scheme is attached as Appendix A***

## 5.7 Capabilities of Implementing Agencies

In Meghalaya, Artificial Limb Manufacturing Corporation is the only implementing agency associated with ADIP scheme during the reference period which is based outside Meghalaya and has no institutional facility in the State. Therefore, coordination amongst Artificial Limb Manufacturing Corporation and State and local authorities is lacking.

Agencies based outside the State, have no option of follow-ups with the beneficiaries. They conduct camps as per their planning/ schedule in the concerned areas in some specific times. They also have no institutional setups in the State which also makes them inaccessible for the Differently Abled people.

## 5.8 Types of Services Provided as Care after Fitting of Aids

In the State of Meghalaya scheme is being implemented by Artificial Limb Manufacturing Corporation which is an outside agency. Hence, beneficiaries have no other option to bear the expenses themselves to maintain the aids and appliances.

Few beneficiaries have approached District Disability Rehabilitation Centre and have received some help. In most of the cases, beneficiaries of tricycles and wheel chairs have stopped using, as they have no option to maintain. There is no workshop nearby where they can get their appliances fixed. Furthermore, due to the hilly terrain beneficiaries find it difficult to use the tricycles in the uneven region.

## 5.9 Issues and Constraints

- There were few instances that just because of the beneficiaries' personal inadaptability or initial discomfort to the aids they have stopped using it.
- Callipers which were given to the children were not in use, as the children grown-up and callipers don't get fit with their limbs.
- It has been observed that an aid such as tricycle and wheelchair doesn't work well in Meghalaya as the region is hilly and uneven terrain. Therefore, motorised aids vehicles could be a better solution.
- Absences of any monitoring mechanism at the State or district level left the local official clueless about the ADIP scheme in the State. Fund is directly given to the implementing agencies from the centre to conduct distribution camps for aids and appliances. Meanwhile, neither Department of Social Justice nor district administration is kept in the loop. Therefore, at the State level or at the district level government official are completely in blank regarding the scheme implementation in the State of Meghalaya. Hence, monitoring from the State is not there.
- Before conducting camps, organisations advertise and inform people about when and where camp is going to be organised. In the case of Artificial Limb Manufacturing Corporation, Implementing agency is based outside Meghalaya and they have no institutional setup in the State. Therefore, information about the camp is not able to reach to the beneficiaries properly specially in the remote areas. Hence, a large chunk of population remains un-served.
- In some cases the quality of the aids provided was poor in quality. This is happening especially with hearing aids. Beneficiaries using artificial limbs have complained that the durability of the limbs is very

low. Once it got damaged they have no option other than discarding it or approaching to District Disability Rehabilitation Centre for getting it repaired.

#### 5.10 Recommendations

- Ministry of Social Justice & Empowerment should inform State and District authorities while releasing fund and should also provide details of release so that State Authorities can utilise this information for Monitoring of scheme implementation for better scheme delivery.
- Due to non-availability of workshops and competent technicians within the reach, most of the beneficiaries stop using their appliances once it gets damaged. Therefore, Provisions for follow up and maintenance of the appliances should be provided
- Local NGOs especially DPOs (Differently Abled People's Organisation) should be roped in to reach more Differently Abled beneficiaries.
- In States such as Meghalaya where District Disability Rehabilitation Centre are sole institutions responsible for catering to the needs of the Differently Abled people should be strengthened. At present there are only 2 District Disability Rehabilitation Centre in Shilong and Tura. Hence, more District Disability Rehabilitation Centre are required to meet the need of the State.
- The registration process has to be made proper and rigorous. The address list of the beneficiaries has to be verified and back checking be done to find out the quality of the appliances provided on an annual basis.
- The scheme covers the need for physical appliances. The beneficiaries of the schemes should be linked to other State and Central Government Schemes which will ensure them a dignified livelihood and true multi-dimensional rehabilitation.

## 6. State Report of Sikkim

### 6.1 Overview of the Scheme since its Inception

In the State of Sikkim, ADIP scheme is being implemented by Artificial Limb Manufacturing Corporation and a Rajasthan based organisation Narayan Seva Sansthan in the reference year 2007-10. Involvement of the local authority or State authorities in implementing the ADIP scheme is almost negligible. Government officials are not well aware of the ADIP scheme and its implementation in their State. Since, Implementing organisations apply at the district level for getting projects to implement in that particular district; once their proposals got forwarded by the district official to State and then State to centre, it starts receiving funds from the centre directly and State or districts are not kept in loop. Therefore, the State remain unaware of what is happening in their district. There is a single District Disability Rehabilitation Centre in the State, though officials are planning to open few more District Disability Rehabilitation Centre in some other districts very soon.

Apart from ADIP Scheme, there are few more State sponsored Schemes/Programmes oriented to the mainstreaming of the Differently Abled people in the State. Some of them are mentioned below.

**1-Scholarship/Stipend:** Scholarship is being given to the Differently Abled children studying in different government schools within Sikkim. Stipend is also given to the Differently Abled students studying in special schools within and outside State. In addition an allowance of INR 300 and INR 500 per year is also given for uniform. Also INR 800 is given to those going for higher education.

**2-Sheltered Workshop for Differently Abled persons:** Sheltered workshop is provided to the Differently Abled people at Jorethang where they are trained in cane and bamboo weaving for two years. Thereafter they are engaged in the production centres on monthly wages depending on the nature of work.

**3- Subsistence Allowance:** 800 persons with disabilities are being provided with subsistence allowance at INR 200 per month per beneficiary.

**4-Special School for Deaf:** A special school for deaf is being established at Sichay Basti, Gangtok since year 2004. Special arrangement has been provided to educate children with special need. They are also provided free education, food and lodging facilities.

**5-Issue of disability identity cards:** Regular camps are organised in order to identify the Differently Abled people in the area and they are provided free medical consultation and disability certificate.

**6-Unemployment Allowance for educated Differently Abled:** Under this assistance programme, educated unemployed Differently Abled are being assisted with INR 200 per month. This assistance is given up to two years continuously meanwhile they are assisted to get employment.

**7- Free distribution of aids and appliances:** Under this programme, District Disability Rehabilitation Centre provides free aids and appliances to the Differently Abled people. It also provides medical treatment and correctional services at its centre which is located at District Hospital, Shillong.

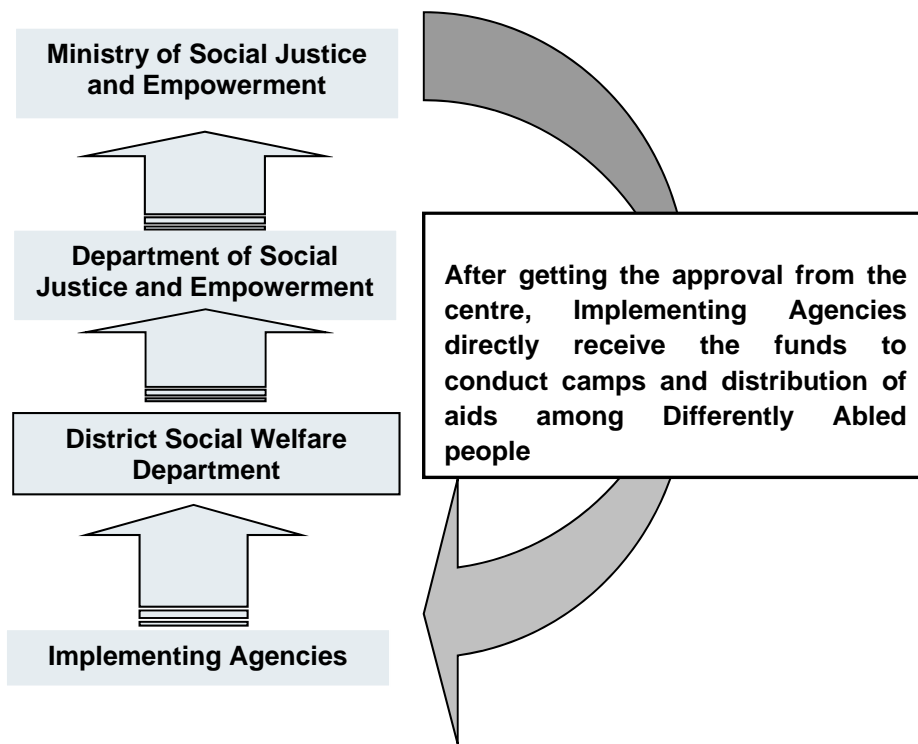
### 6.2 Process of Implementation of the Scheme

Responsibility of implementing the scheme at the grassroot level is in the hands of the District Disability Rehabilitation Centre, NGOs, Composite Regional Centres, Artificial Limb Manufacturing Corporation / State Limb Manufacturing Corporation. These implementing agencies are required to prepare their detailed



proposals for the implementation of the scheme for the concerned year and submit them to the district office. The district offices after scrutinising the proposals at its level forward the same to the State office which scrutinises the report and send it to the Ministry of Social Justice & Empowerment at the central level along with the recommendations. On receiving fund approval from centre, implementing agencies organize camps to distribute aids and appliances to eligible Differently Abled persons in the specific areas that are allotted to them. The implementation structure of the scheme is given in chart below.

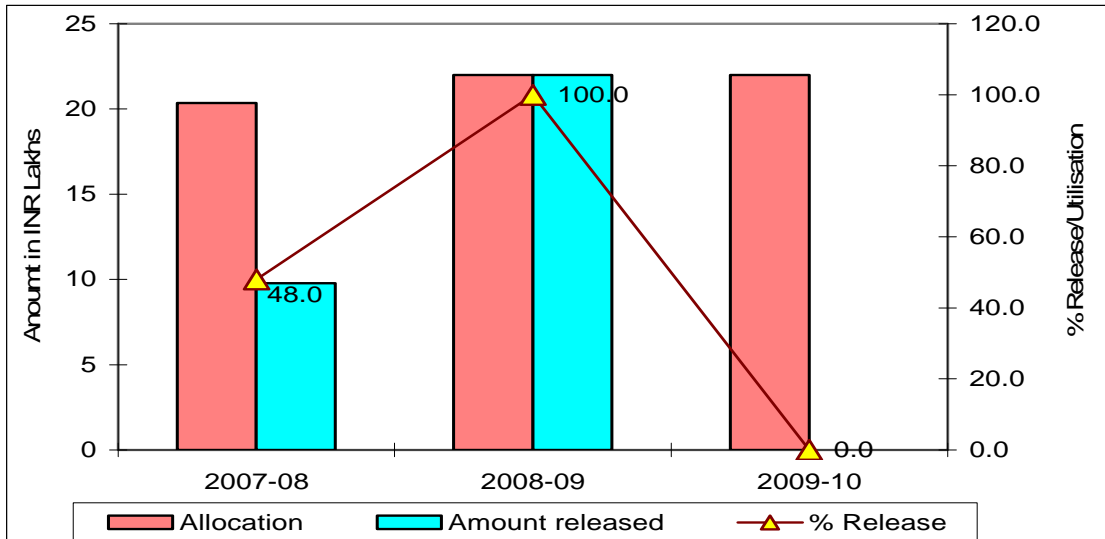
Figure 6.1: Flow of fund In Sikkim Under ADIP Scheme



### 6.3 Financial Performance

Total allocation for the Sikkim State was INR 64.36 lakh in the reference period ie, 2007-2010. Out of which only INR 31.77 lakh was released from year 2007 to 2009, which is about 49.4 % of the total fund allocated for the State. No fund has been released during 2009-10. Same is depicted in the figure below.

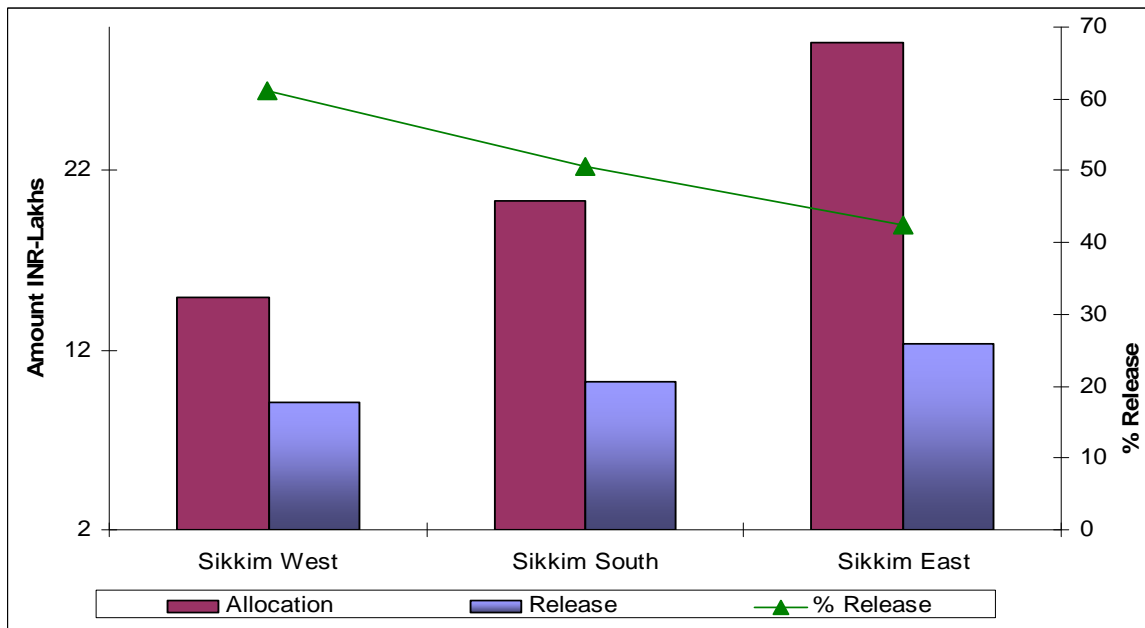
Figure 6.2: Allocation and release of funds in Sikkim



Source: MM study

In State of Sikkim the fund has been released in 3 different districts. The fund allocation during the reference period has been depicted graphically. However, data for fund release in year 2009-10 is not available.

Figure 6.3: Allocation of Funds District Wise in Sikkim



Source: MM study

It has been observed that there is a gradual increase in the fund allocated and fund released. Major proportion of the fund is being utilised by the Sikkim East district. Interaction with the State and district official level suggests that after getting the recommendation for the project implementation, agencies are not in touch with the government authorities. Therefore, State level authorities and district level officials remain clueless regarding the development of the ADIP scheme in the State. Thus, local Government authorities are not in a position to monitor the scheme during its implementation.

#### 6.4 Physical Performance of the Scheme

It is evident from the above mentioned graph that about INR 42.4 Lakh has been allocated to the three selected districts named Sikkim West, Sikkim South and Sikkim East and INR 31.8 lakh has been released which is 75 % of the fund allocated. As per data provided by the implementing agencies, during the reference period 274 Differently Abled have been provided benefit. Our team has tried to contact all 274 but could speak to only 143 and others were not found available in their respective address provided by the Implementing Agency. Looking into physical performance it is evident that about INR 9,284/- has been spent for one Differently Abled person which is slightly on the higher side as per beneficiary benefit as per guideline should not go beyond INR 6,500 and 20 % of the total fund can only be used as operational cost.

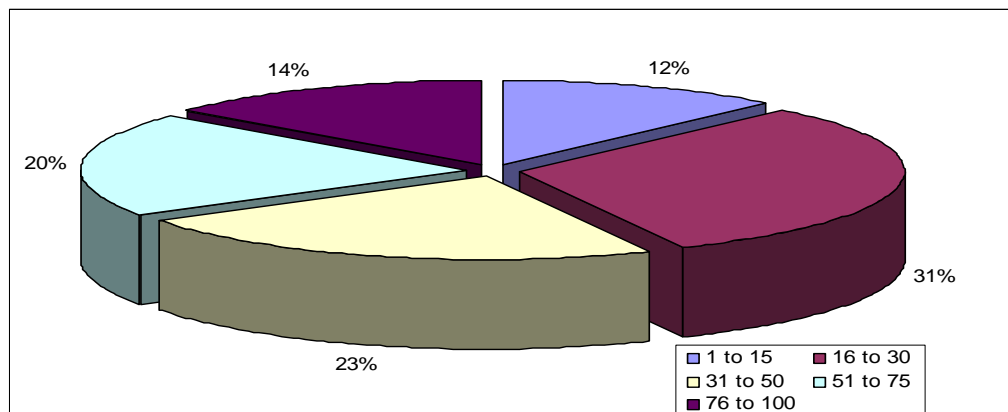
#### 6.5 Physical Verification of the Scheme

##### 6.5.1 Profile of the Beneficiaries Contacted

##### 6.5.1.1 Age Group of Beneficiaries

It was observed from the field that the scheme benefits are reaching to all age groups. The majority of the contacted beneficiaries fall in the age group of 16-30 which is 31% followed by 23% from the age group of 31-50 years. 20% were from the age group of 51-75 years, 14% fall in the age group of 76-100 years and rest 12 % were from the age group of 1-15 years. Same is depicted graphically below.

Figure 6.4: Age Group of Beneficiaries Contacted in Sikkim



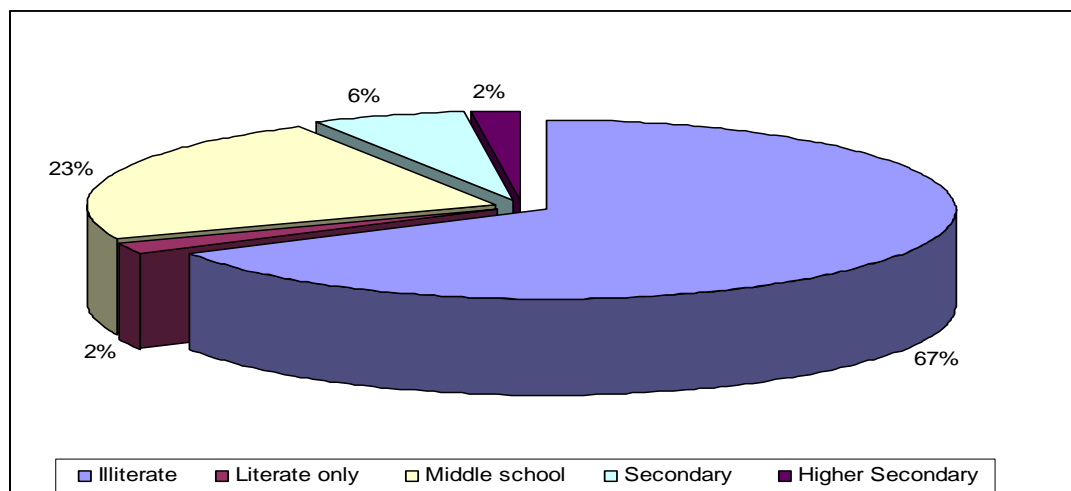
Source: MM Study

### 6.5.1.2 Literacy Level

The literacy level of the beneficiaries is comparatively better in Sikkim. Beneficiaries belonging to the older generation are by and large illiterate and never attended school. Respondents from the younger generation have by and large received basic education.

Of all the beneficiaries contacted a total of approximately 67 % are illiterate. About 23 % of the beneficiaries have completed their middle school education, and 2 % are literate but had never attended school. About 6 % of the beneficiaries contacted, had a completed their education up to secondary level. Approximately 2 % beneficiaries had attended school up to Higher secondary level. Same is presented graphically below.

Figure 6.5: Literacy Level of Beneficiaries

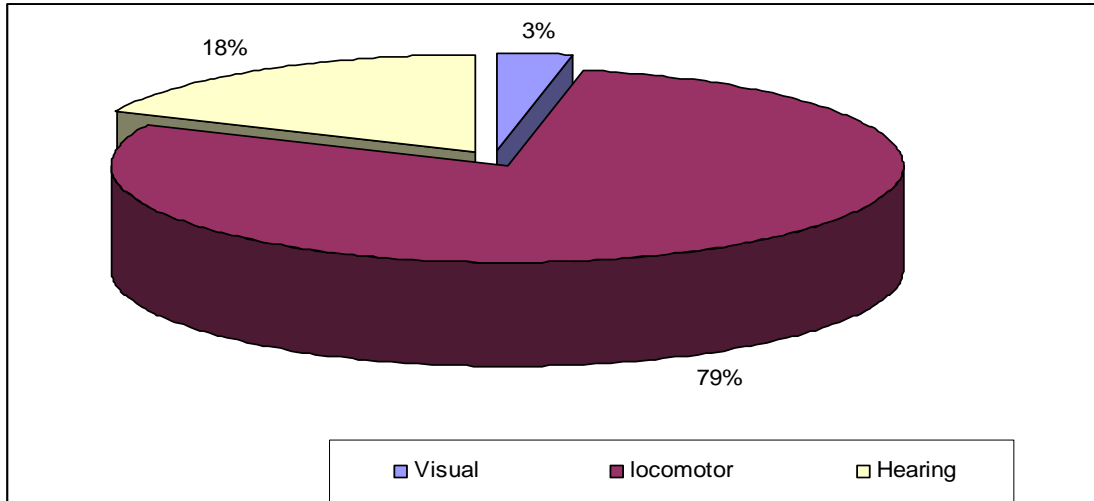


Source: MM Study

### 6.5.1.3 Type of Disability

It can be seen through the survey that prevalence of locomotor disability is quite high in comparison with other physical disabilities. Majority of the respondents were given assistance for orthopaedic disabilities which is 79 %. Number of people who have received assistance for other types of Differential Ability is considerably low. It has been noticed in the field that the main focus of the Implementing Agencies is the orthopaedic handicapped. Among the contacted beneficiaries 18 % were supported for hearing problems while only 3 % were visually impaired.

Figure 6.6: Type of Disability



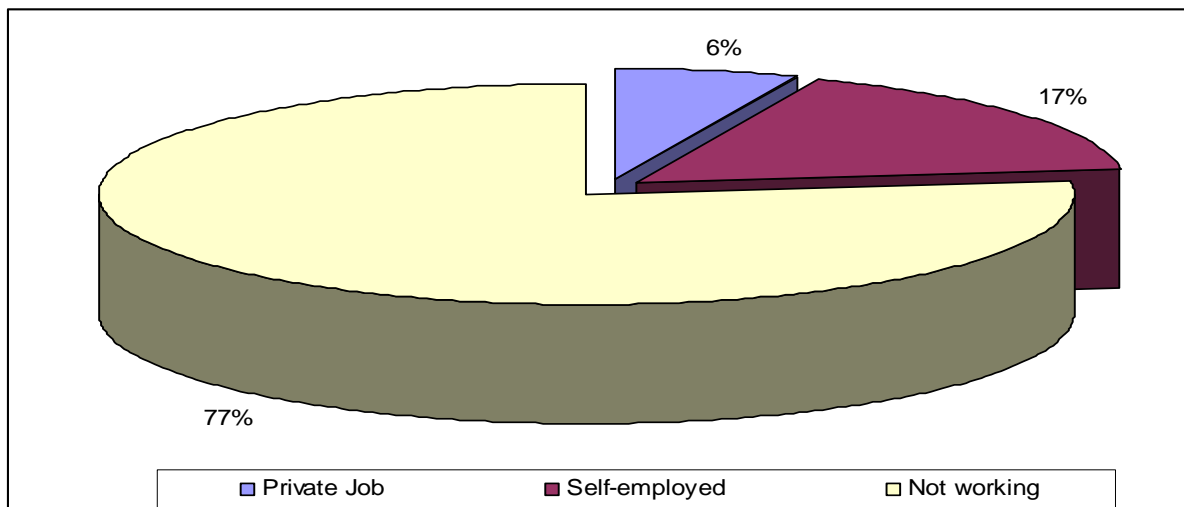
Source: MM Study

#### 6.5.1.4 Employment status of the Differently Aabled

It has been observed that about one-third of the respondents (differently able beneficiaries) contacted were found having gainfully employment either by self employment or by getting into private jobs. But, majority of the respondents were not working because of having low education background and are not able to find employment that need technical qualification, and in general they are physically not fit for employment.

Nearly 77% of the beneficiaries are not employed. Approximately 17% of the contacted beneficiaries are self employed, mostly managing petty shops and rest 6% are employed with the private employers.

Figure 6.7: Employment status of Beneficiaries



Source: MM Study

#### 6.5.1.5 Income Group of beneficiaries and his/her Guardian

The beneficiaries are from very poor socio-economic backgrounds. They are mostly self employed and have limited or meagre earnings ranging between INR 1500 to 2000.

#### 6.5.1.6 Nature of Disabilities of the Beneficiaries

During the survey it was found that the main cause of disability of the beneficiaries was congenital which symbolises a heretical pattern to the source of disease. However the other major cause of the disability was illness.

Table 6.1: Nature of Disabilities of the Beneficiaries (in %)

Type of Disability	Visual	Hearing	Locomotor
Congenital	100	41.7	60.8
Illness	0	58.3	13.7
Accidental	0	0	25.5
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

#### 6.5.1.7 Reaction of Society

From the table it can be concluded that society have behaved adversely to the Differently Abled person with the exception of the audibly impaired Differently Abled person where only 8.3% of the neighbouring population have behaved adversely.

Table 6.2: Reaction of Society (in %)

Whether society have behaved adversely due to disability	Visual	Hearing	Locomotor
Yes	100	8.3	47.1
No	0	91.7	52.9
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

#### 6.5.1.8 Reaction of Society towards you

From the Table 6.3 it can be inferred that majority of the beneficiaries had to face various disgraceful situation due to their disability, it was found that most of the society behaved very rudely to the physically challenged person.

Table 6.3: Reaction of Society towards Differently Abled Person (in %)

Type	Visual	Hearing	Locomotor
Empathetic	0	0	53
Rude	50	91.7	7
Disregard	0	0	23
Discriminating	50	0	17
others	0	8.3	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

### 6.5.1.9 Awareness regarding ADIP Scheme

It can be inferred from the below Table 6.4 that almost all the respondents were unaware of the ADIP scheme in prior. Only 36 % of the beneficiaries were aware of this scheme in advance.

Table 6.4: Beneficiaries Awareness on ADIP Scheme Prior to receive benefit (in %)

Prior Information regarding ADIP Scheme	Visual	Hearing	Locomotor
Yes	0	0	36
No	100	100	64
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

### 6.5.1.10 Awareness Regarding the type of Appliances Obtained

It is very much conclusive from the table that almost all the beneficiaries were aware of the appliances being provided as a part of the ADIP Scheme.

Table 6.5: Awareness regarding the type of Appliances Obtained (in %)

Whether the beneficiaries are aware of the appliances provided?	Visual	Hearing	Locomotor
Yes	100	100	100
No	0	0	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

### 6.5.1.11 Source of Information Regarding the Appliances

From the Table 6.6, it can be deduced that various types of beneficiaries obtained information regarding their appliances from different sources but the major sources being doctors - 60% in hearing, Composite Regional Centres - 44% locomotor, District Disability Rehabilitation Centre - 50% Visual and 30% from their relatives and other sources.

Table 6.6: Source of information regarding the appliances (in %)

Source of Information	Visual	Hearing	Locomotor
District Disability Rehabilitation Centre	50	10	10
Composite Regional Centres	0	0	44
Doctor	0	60	2
Relatives	0	0	30
others	50	30	14
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

### 6.5.1.12 Year of Obtaining Appliances

From the Table 6.7 below it can be inferred that the beneficiaries obtain their appliances from year 2003 to 2010. The per cent distribution of appliances for various years is presented below in table and it shows most of the appliances are distributed during the year 2010.

Table 6.7: Year of Obtaining appliances (in %)

Year of obtaining appliances	Visual	Hearing	Locomotor
2003	50	0	2
2007	50	0	0
2008	0	0	23.5
2009	0	16.7	11.8
2010	0	83.3	62.7
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

#### 6.5.1.13 Financial aid for Appliances

It can be derived from the Table 6.8 below that majority of the financial aid provided to the beneficiaries (hearing 75% and 41% locomotor) were District Disability Rehabilitation Centre and State Handicapped Corporation. Other agencies like Composite Regional Centres , Artificial Limb Manufacturing Corporation / State Limb Manufacturing Corporation contributed in very low %age. Even 51% of the beneficiaries who were impaired by movement contributed themselves for their appliances (100% in visual and 51% in locomotor).

Table 6.8: Financial aid for Appliances (in %)

Source of financial aid	Visual	Hearing	Locomotor
District Disability Rehabilitation Centre	0	75	41
Composite Regional Centres	0	0	2
Artificial Limb Manufacturing Corporation	0	0	2
State Handicapped Corporation	0	16.7	2
Other State Level Bodies	0	0	2
Self	100	8.3	51
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

#### 6.5.1.14 Number of times the aid have been Obtained

It can be easily deduced from the table that all the beneficiaries obtained the aid or the appliances only once or twice.

Table 6.9: Number of times the aid have been provided (in %)

No Of Times	Visual	Hearing	Locomotor
1 to 2 times	100	100	100
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

#### 6.5.1.15 Information regarding the Head of the Household

It has been observed that almost all the beneficiaries who were visually impaired were not the head of the family. However 8.3 and 7.8% of the beneficiaries who were impaired audibly and by physical movement were the head of the family respectively.



Table 6.10: Information regarding head of Household (in %)

Whether Respondent is head of the family?	Visual	Hearing	Locomotor
Yes	0	8.3	7.8
No	100	91.7	92.2
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

#### 6.5.1.16 Literacy Level of the Head of the Household

During the survey it was found that head of the household of the beneficiaries who were visually handicapped was illiterate. However for beneficiary hearing majority of the head of the family were illiterate with 23% of the head of the family were educated up to middle school. For beneficiary locomotor the literacy group was mixed with majority of the head of the family being illiterate and even with head of the family who have pursued their graduation.

Table 6.11: Literacy level of the head of the family (in %)

Types	Visual	Hearing	Locomotor
Illiterate	100	67	57
Literate only	0	10	4
Middle School	0	23	8
Secondary School	0	0	17
Higher secondary	0	0	9
Graduate	0	0	5
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

#### 6.5.1.17 Monthly Income of the Head of the Household

It was found that majority of the head of the household of the beneficiaries had a income range of INR 3001 - 5000/ month which clearly indicated the low financial status of the families of the beneficiaries.

Table 6.12: Monthly Income of the Head of the Household (in %)

Income Range	Visual	Hearing	Locomotor	Total
INR 2001 – 3000	50	35	20	23.60
INR 3001 – 5000	50	55	57	56.43
INR 5001 – 10000	0	10	22	19.18
More than INR 10001	0	0	1	0.79
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

#### 6.5.1.18 Dependency of family members on the Differently Abled Person

During the survey it was found that in most of the cases there were no dependent family members on the physically challenged persons who were the beneficiaries. However 8.3 and 9.8% of the beneficiaries who were impaired by hearing and locomotion had members dependent on them.

Table 6.13: Dependency of family members on the Disabled Person (in %)

Anyone dependent on the Differently Abled person?	Visual	Hearing	Locomotor
Yes	0	8.3	9.8
No	100	91.7	90.2
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

#### 6.5.1.19 Number of dependent person

From the table, it can be inferred that as low as 8.3 and 9.8% of all the three type of beneficiaries had members of family dependent on them. It can also be inferred that maximum of 2 members were dependent on the beneficiaries.

Table 6.14: Number of Dependent Person (in %)

Total number of dependents	Visual	Hearing	Locomotor
2	0	8.3	10
None	100	91.7	90
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

#### 6.5.1.20 Place of Application for the appliance under ADIP Scheme

Majority of the application for obtaining the appliances from ADIP scheme was made to NGOs followed by District Disability Rehabilitation Centre and the other State level bodies. Other agencies like Artificial Limb Manufacturing Corporation / State Limb Manufacturing Corporation and Composite Regional Centres obtained little application for obtaining the appliances under ADIP Scheme.

Table 6.15: Place of Application for the appliance under ADIP Scheme (in %)

Table Heading Left	Visual	Hearing	Locomotor
District Disability Rehabilitation Centre	0	25	15
Composite Regional Centres	0	9	5
Artificial Limb Manufacturing Corporation	0	9	25
State handicapped corporation	0	17	10
Other State level Bodies	0	25	10
NGO	100	8.3	5
Self	0	6.7	30
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

#### 6.5.1.21 Time taken for obtaining the appliances after application

From the table it can be concluded that most of the appliances obtained under ADIP scheme reached the beneficiaries till the fitment of the appliance. Only a very low %age of the respondents said that they obtained their appliances immediately.

Table 6.16: Time Taken for obtaining the appliances after application (in %)

Time Frame	Visual	Hearing	Locomotor
Till the Fitment of Appliances	100	83.3	92.2
Immediately	0	16.7	7.8
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

#### 6.5.1.22 Type of Device obtained

From the table it can be inferred that most of the beneficiaries obtained Braille writing equipments and other assistive as appliances to enhance the condition of their day to day life. However many also obtained low vision aid like spectacles.

Table 6.17: Type of device obtained (in %)

Type of Device	Visual	Hearing	Locomotor
Braille writing Equipments and other assistive	50	0	0
Low vision aid and other assistive aid for the blind	50	0	20
Corrective surgeries done	0	0	9
Hearing Aid	0	100	2
Tricycle and clutches			69
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

#### 6.5.1.23 Time Since the availability and usage of appliance obtained under ADIP Scheme

It can be clearly deduced from the table that majority of the appliances were made available to the beneficiaries within 16 to 40 months of time.

Table 6.18: Time Since the availability and usage of appliance obtained under ADIP Scheme (in percent)

Time frame (in months)	Visual	Hearing	Locomotor
16	0	0	2
18	0	25	20
20	0	41.7	28
22	50	16.7	14
24	50	16.6	4
34	0	0	2
36	0	0	15
40	0	0	15
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

#### 6.5.1.24 Time taken (in months) to adapt the Appliance

During the survey finding it was found that majority of the beneficiaries took maximum of one month to get equipped with the appliance; however some respondents even took three to four months to get equipped with the appliances.

Table 6.19: Time taken to adapt the appliance (in %)

Time taken (in months)	Visual	Hearing	Locomotor
1	100	8.3	84.3
2	0	66.7	13.7
3	0	16.7	0
4	0	8.3	0
7	0	0	2
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

#### 6.5.1.25 Annual Maintenance cost (in INR) of the aid

During the survey it was observed that the annual maintenance cost of the appliances obtained by the beneficiaries ranged from hundred rupees to five hundred rupees. A very high percentage of the beneficiaries who were audibly impaired had to spent five hundred rupees annually for the maintenance of the aid.

Table 6.20: Annual maintenance cost of the aid (in percent)

Maintenance Cost (INR)	Visual	Hearing	Locomotor
50	0	0	2
100	50	0	35.3
150	0	0	2
200	0	8.3	35.3
250	0	8.4	3.9
300	50	8.3	17.6
350	0	8.3	2
500	0	58.5	2
1000	0	8.3	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

## 6.6 Impact of Scheme on Differently Abled

It has been the constant endeavour of the government to provide the Differently Abled people with the equal opportunity of mainstreaming with the society. It is essential for the social, economic and vocational rehabilitation of the Differently Abled persons throughout country. India has a very large number of Differently Abled persons. Many of them are from the very low income group and can not afford to buy aids for themselves without any financial help. With the implementation of the ADIP scheme a large number of Differently Abled have been assisted with the assistive devices which can reduce the effect of disability and enhance the economic potential of the Differently Abled. ADIP scheme is concerned with the curative and rehabilitative aspects of the disability. Scheme's services ranging from the provision of Artificial Limbs, Wheel Chairs, callipers, Crutches, Walkers to corrective surgeries. Through these services, scheme has had a great Impact on the mobility of the beneficiaries. Therefore, overall scheme has a positive and constructive output on the Differently Abled beneficiaries. However, a large number of Differently Abled persons are still deprived of the benefits because of the less frequent distribution of the appliances and low investment in the scheme.

Aids and appliances provided under the ADIP scheme has supported well in resumption of work and study, mobility restriction has been decreased to a great extent and dependency has also been reduced. Hence, majority of the respondents are able to do most of their chores by themselves without depending on anybody else. However, scheme has not played much vital role reducing the social stigma attached with the disability.

Awareness regarding the scheme amongst beneficiaries is almost zero. However, some of the care takers are familiar with the scheme.

#### 6.6.1 Qualitative Changes Experienced after Fitment of Equipments under ADIP Scheme

The below table suggests the changes that have been brought to the life of the beneficiaries under the ADIP scheme. Mostly the impaired person became completely independently performing their work and they could even rejoin their place of work. However the aid/appliances provided under ADIP scheme also benefited them by increasing their mobility.

Table 6.21: Changes brought to the life of the beneficiaries under ADIP Scheme (in %)

Benefits	Visual	Hearing	Locomotor
Increase Mobility	50	8.3	15.7
Continuation/resumption of study of work	0	0	13.7
Decrease in dependency on others for daily chores	0	0	64.7
Total independency in performing daily chores	50	91.7	5.9
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

#### 6.6.2 Whether beneficiaries feel that their standard of living has improved

It can be concluded from the table that almost all the beneficiaries under this scheme have been facilitated by the policies of the scheme and all have a common opinion that the appliances/aid have improved their life condition.

Table 6.22: Impact of Scheme on Beneficiaries Life-improved standard of living (in %)

Suggestions	Visual	Hearing	Locomotor
Yes	100	100	100
No	0	0	0
Total	100	100	100

Source: MM study

#### 6.6.3 Whether receive any significant change in the reaction of society after getting equipped with the aids/appliances

During the survey it was observed that the respondents had to face the same disgraceful situation even after improving their life condition and they did not receive any changes in behaviour from the neighbour or the surrounding people.

Table 6.23: Change in reaction of society after receiving benefit (in %)

Changes observed	Visual	Hearing	Locomotor
Yes	0	0	0
No	100	100	100
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

#### 6.6.4 How far Differently Abled People are Rehabilitated

As far as the success of the Project is concerned in rehabilitating the physiological condition of the physically impaired beneficiaries majority of the beneficiaries were adequately satisfied.

Table 6.24: Proportion of Differently abled Rehabilitated (in %)

Types of rehabilitation	Visual	Hearing	Locomotor
Satisfactorily/adequately	100	41.7	31.4
Average	0	58.3	68.6
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

#### 6.6.5 Relation of Caretaker with Differently Abled Person

During the survey it was observed that majority of the care takers looking after the Differently Abled person belonged to the others group who may be younger brother or sister or anyone and who did not have any direct relationship with the Differently Abled person. However some of the care takers were found to be the father, elder brother or sister and even spouse.

Table 6.25: Relation of caretaker with Disable Person (in %)

Relationship	Care taker Visual	Care Hearing	Care Taker Locomotor
Mother	0	0	12.5
Father	50	0	0
Spouse	50	0	6.3
Elder brother	0	0	6.2
Others	0	100	75
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

#### 6.6.6 Effect of Disability on Caretaker

During the survey it was found that the care taker who looked after the Differently Abled person faced the problem of mobility since they have to look after the Differently Abled person almost all the time and hence their mobility was restricted.

Table 6.26: Effect of disability on care taker (in %)

Effect of disability of the DA on care taker	Care taker Visual	Care Hearing	Care Taker Locomotor
Restricted Mobility	100	100	100
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

### 6.6.7 Changes brought in the life of Caretaker after getting assistance under ADIP Scheme

The ADIP project has been a sure help to the care taker of the Differently Abled person and have increased their mobility. Apart from this the appliances /aid have decreased the dependency on others for daily chores.

Table 6.27: Changes brought in the life of care taker (in %)

Benefits	Care taker Visual	Care taker Hearing	Care Taker Locomotor
Increase Mobility	0	33.3	50
Decrease in dependency on others for daily chores	50	33.3	50
Total independency in performing daily chores	50	33.3	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

### 6.6.8 How far one Think that their Differently Abled Family Member is Rehabilitated

As far as the success of the Project is concerned in rehabilitating the physiological condition of the physically impaired beneficiaries majority of the beneficiaries were adequately satisfied.

Table 6.28: Proportion of Differently abled Rehabilitated (in %)

Types of rehabilitation	Care taker Visual	Care taker Hearing	Care Taker Locomotor
Satisfactorily/adequately	0	33.3	18.8
Average	100	66.7	81.2
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM study

### 6.6.9 Effect of Disability on Normal Routine Life

From the table below it can be inferred that the disability have mainly made these people dependent on others for daily chores as well as restricted their mobility in their surroundings.

Table 6.29: Effect of disability on normal routine life (in %)

Effect of disability of the DA on care taker	Non beneficiary Hearing	Non beneficiary Locomotor
Restricted Mobility	0	50
Disruption/stopping study or work	0	0
Dependent on others for daily chores	100	50
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM study

### 6.6.10 Reaction of society towards the Differently Abled Non Beneficiaries

During the survey it was observed that the society behaved rudely towards this Differently Abled person. The society also discriminated as well as disregarded these handicapped persons.

Table 6.30: Reaction of person towards the DA Person (in %)

Mode of reaction towards the DA person	Non beneficiary Hearing	Non beneficiary Locomotor
Empathetic	0	0
Rude	50	0
Disregard	0	50
Discriminating	50	50
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM study

#### 6.6.10.1 Changes that could be brought to life if provided with the Appliances or Aids

The respondents were very ambitious of changing their lives in many ways and they thought they can be completely independent on their own as well as their mobility can increase to a greater extent.

Table 6.31: Changes that could be brought to life if provided with the appliances or aids (in %)

Benefits	Non beneficiary Hearing	Non beneficiary Locomotor
Increase Mobility	0	50
Total independency in performing daily chores	100	50
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM study

#### 6.6.11 Quality of Aids provided and their performance

Implementing Agencies under ADIP Scheme have to distribute Artificial Limb Manufacturing Corporation and ISI mark products. The implementing agencies procure the distribution material is per the scheme norms which assures the good quality products. The quality of the aids and appliances is good since the aids and appliances were procured from the reputed government accredited agencies like Artificial Limb Manufacturing Corporation and from the credible sources. There was no complaint regarding the quality of appliances like Wheel chair, tricycles and crutches etc but there were some complaints on the quality of hearing aids and artificial limbs. It has also been reported that utility of tricycles and wheelchairs is very less as the geographical conditions are not so conducive.

**List of Beneficiaries Contacted under the scheme is attached as Appendix A.**

### 6.7 Capabilities of Implementing Agencies

In Sikkim, Artificial Limb Manufacturing Corporation and Narayan Seva Sansthan are the implementing agencies associated with ADIP scheme during the reference period. Both organisation are based outside Sikkim and has no institutional facilities in the State. Therefore, coordination amongst implementing agencies and State and local authorities is lacking. Agencies based outside State, have no option of follow-ups with the beneficiaries. They conduct camps as per their planning/ schedule in the concerned areas in some specific times. They also have no institutional setups in the State which also makes them inaccessible for the Differently Abled people.



## 6.8 Types of Services Provided as Care after Fitting of Aids

Information gathered from the field suggests that District Disability Rehabilitation Centre is the only life line to replace the older device or getting any device repaired. The implementing agencies which provide aids and appliances are based outside Sikkim, therefore there is no service and follow ups from the implementing agencies.

### CASE STUDY of Rameshwaram



**Rameshwaram**, a Gangtok resident and 50 year old self employed man lost his leg in a train accident in Bihar in 1997. He was affected severely since he was the only earning member of his family. Initially he used to walk with the help of his family members. Later on he went to Kolkata where he was fitted with a prosthetic leg. But durability of the prosthetic was hardly few months. Therefore, he faced lots of issues in mobility. Economically his condition is not sound enough and he is the only earning member of his family. Therefore, he cannot afford artificial limbs by his own. In year 2007 a camp was organized by the Implementing Agency and he was given a prosthetic leg. Since then, he is using the artificial limb for mobility. In case of any repair requirements he is taking help from District Disability Rehabilitation Centre Gangtok

## 6.9 Issues and Constraints

- Absences of any monitoring mechanism at the State or district level left the local official clueless about the ADIP scheme in the State. Fund is directly given to the implementing agencies from the centre to conduct distribution camps for aids and appliances. Meanwhile, neither Department of Social Justice nor district administration is kept in the loop. Therefore, at the State level or at the district level government official are completely in blank regarding the scheme implementation in the State of Meghalaya. Hence, monitoring from the State is not there.
- Before conducting camps, organisations advertise and inform people about when and where camp is going to be organised. In the case of Artificial Limb Manufacturing Corporation, Implementing agency is based out side Meghalaya and they have no institutional setup in the State. Therefore, information about the camp is not able to reach to the beneficiaries properly specially in the remote areas. Hence, a large chunk of population remains un-served.
- Lack of local implementing agencies.
- There were few instances that just because of the beneficiaries' personal inadaptability or initial discomfort to the aids they have stopped using it.
- Callipers which were given to the children were not in use, as the children grown-up and callipers don't get fit with their limbs.
- It has been observed that an aid such as tricycles and wheelchairs doesn't work well in Meghalaya as the region is hilly and uneven terrain. Therefore, motorised aids vehicles could be a better solution.
- In some cases the quality of the aids provided was poor in quality. This is happening especially with hearing aids. Beneficiaries using artificial limbs have complaint that the durability of the limbs is very low. Once it got damaged they have no option other than discarding it or approaching to District Disability Rehabilitation Centre for getting it repaired.

#### 6.10 Recommendations

- Ministry of Social Justice & Empowerment should inform State and District Authorities while releasing fund and should also provide details of release so that State Authorities can utilise this information for Monitoring of scheme implementation for better scheme delivery.
- Due to non availability of workshops and competent technicians within the reach, most of the beneficiaries stop using their appliances once it gets damaged. Therefore, Provisions for follow up and maintenance of the applications should be provided
- Local NGOs especially DPOs (Differently Abled People's Organisation) should be roped in to reach more Differently Abled beneficiaries.
- In States such as Sikkim where District Disability Rehabilitation Centre are sole institutional setups responsible for catering to the needs of the Differently Abled people should be strengthened. At present there are only District Disability Rehabilitation Centre at Gangtok. Hence, more District Disability Rehabilitation Centre are required to meet the need of the State.
- The registration process has to be made proper and rigorous. The address list of the beneficiaries has to be verified and back checking be done to find out the quality of the appliances provided on an annual basis.
- The scheme covers the need for physical appliances. The beneficiaries of the schemes should be linked to other State and central government schemes which will ensure them a dignified livelihood and true multi-dimensional rehabilitation.

## 7. State Report of Punjab

### 7.1 Overview of Scheme since its Inception

The 'Department of Social Security and Women & Child Development, Government of Punjab, has been entrusted to providing social services to Differently Abled population and ensure their emancipation, welfare and participation in mainstream socio-economic activities in Punjab since 1955. The directorate of the department is situated in Chandigarh and an officer at the level of Dy. Director is in-charge of ADIP Scheme along with the other programmes related to welfare of Women & Children, Old Persons and Infants. The objective of the Department of Social Security and Women & Child Development, Government of Punjab, is to cater to the developmental needs of over 70 % population of the State by ensuring that the benefits of development from different sectors do not bypass children, women, aged and persons with disabilities. At the district levels, District Social Security Officers (DSSOs) are responsible for implementing the scheme at the district level.

Apart from the Centrally Sponsored Scheme of ADIP, the State Government has initiated some State level schemes for the welfare of Differently Abled Population in Punjab. They are as follows:

- Scholarship Scheme for Differently Abled Students:** Initiated in the year 1970-71, the scheme proposes to provide scholarship to the deaf, dumb, blind and orthopaedic challenged students. These scholarships are given to those students whose annual family income doesn't exceed INR 60,000. The rates of scholarships are as follows.

Table 7.1: Scholarship Scheme for differently abled students

Educational Standard	Rate of Scholarship (in INR)
1st to 8th	200
9th onwards (including post school education)	300

Source: Department of Social Security and Women & Child Development

- State Award to Physical Handicapped:** The State Government has formed 'District Level Committees' under the chairpersonship of District Collector in every district. The District Collector proposes the names of outstanding Differently Abled social worker/government employees/sports persons and the organizations that work for the welfare of the Differently Abled persons in the district to the 'State Level Committee' headed by Hon'ble Cabinet Minister, Social Security for recognition of their work and monetary reward by the State Government. The award amount is as follows:

Table 7.2: Amount of State Award to Physical Handicapped

Award Category	Award Amount in INR
Differently Abled social worker/government employees	10,000
Differently Abled sports persons	5,000
NGOs working for welfare of Differently Abled	25,000

Source: Department of Social Security and Women & Child Development

- Free/confessional bus travel to visually Differently Abled / Orthopaedic challenged:** Visually impaired persons have been provided with the facility to travel free of cost in Punjab Roadways Transportation Corporation (PRTC)/Punjab Roadways buses. The same facility has been provided to **orthopaedically challenged** in the State government buses for up to 50 %.

4. **Attendance Scholarship Scheme for the Differently Abled students in rural area:** Under this scheme, the Differently Abled students belonging to rural area are provided with annual scholarship to the tune of INR 1000 for meeting the expenses towards purchase of books-notebooks and INR 1500 for the purchasing of school uniform till class X. For the Differently Abled students studying beyond class X, the scholarship is INR 1500 for books-notebooks and INR 1500 for the uniform per annum. For availing the scholarship under this head, the annual income of the family of Differently Abled student should not exceed INR 60,000.
5. **Regional Spinal Injuries Centre, Mohali:** On the lines of 'Indian Spinal Injuries Centre, New Delhi', which mandated to be incepted by the Union Ministry of Social Justice & Empowerment according to the 'Physically Disabled (Welfare) Act, 1995', the Punjab State Government has started Regional Spinal Injuries Centre at Mohali to treat the patients with spinal problems. This centre has treated 30,773 patients till 31/03/11 through physiotherapy.
6. **Government school for visually Differently Abled, Jamalpur, Ludhiana:** The school is functioning since 1968. There are 16 hostels for visually Differently Abled children. It is co-education and residential school. The lodging, boarding, clothes and uniforms are provided to students free of cost by the State Government.

The school is affiliated to Punjab School Education Board and students are taught till class X with the assistance of brail books and instruments. The medium of instruction is 'Gurumukhi' language. In the year 2010-11, the school has benefited 54 students with the total budget of the school pegged at INR 63.64.

7. **Brail Press/Library for Blinds:** The Brail Press was initiated in Government school for visually disabled at Jamalpur, Ludhiana in the year 1996. The main objective of the project is to make available brail books in Punjabi language according to the syllabus of Punjab School Education Board till class X. These books are given free of cost to the visually Differently Abled students.

An audio cassette recording studio has been started in the campus. The purpose of the studio is to provide free of cost audio lectures to the visually disabled students in higher classes through establishing an audio library. The membership fees had been kept only INR 100 which are refundable and used only as security deposit. Against this amount, 5 audio cassettes can be taken on loan from the library for the period of a fortnight. Group of visually Differently Abled can avail the membership of the library at the refundable deposition of INR 300. In return, 15 audio cassettes can be loaned at a time. The budget for the scheme in the recent years has been as follows:

Table 7.3: Allocation and expenditure on Brail Press/ Library for Blinds in Punjab

Year	Budget (INR in Lakh)	Expenditure (INR in Lakh)
2010-11	85.66	84.80
2011-12	72.81	4.36( till 4/2011)

Source: Department of Social Security and Women & Child Development

8. **Training Centre for Teachers of the Physically Handicapped, Brail Bhawan, Jamalpur, Ludhiana:** This institute has been incepted by Union Government with the help of Punjab State Government in government school for visually Differently Abled at Jamalpur, Ludhiana through National Institute for Visually Handicapped (NIVH), Dehradun. The administrative and academic procedure of the institute is

controlled and guided according to the guidelines of Rehabilitation Council of India, New Delhi. The institute is running 'Teacher Training Diploma' in special education of two years duration with semester system. The course is affiliated to Indira Gandhi National Open University (IGNOU), New Delhi. In every semester, 25 bright candidates are selected through open screening test to pursue the diploma course. The budget for this institute is allotted by NIVH, Dehradun, and the infrastructure is provided by the line department of the State.

9. **Reservation policy of State government for Differently Abled persons in State government jobs:**  
 The State Government has provision of reservation in State government jobs of group A, B, C & D and in promotions of Differently Abled employees. In new recruitments, they are provided 3 % reservation. The following table provides the break-up of different types of disabled in this reservation.

Table 7.4: Provision of reservation for differently abled in government jobs in Punjab

Type of disability	% reservation ear-marked in new recruitments
Blind and Partially Blind	1
Deaf and Dumb	1
Physically Handicapped (Orthopaedic)	1

Source: Department of Social Security and Women & Child Development, Punjab

## 7.2 Implementation of ADIP Scheme in Punjab

Before the year 2009-10, the NGOs used to conduct assessment camps in various places of districts with the assistance of District Social Security Officers and based on the assessment camps, prepared a proposal of the required appliance/aids for the district. There was no bar on the NGOs for working in any districts. Capitalizing on such loophole of the ADIP Scheme, few unscrupulous persons formed NGOs and started preparing the proposals for availing the grants-in-aid from Union Ministry of Social Justice & Empowerment. The proposals could either send through the Directorate of Social Security, Government of Punjab or they could directly be sent to Union Ministry of Social Justice & Empowerment. Most of NGOs used to bypass the State bureaucratic machinery and sent their proposals directly to the Union Ministry of Social Justice & Empowerment. In such cases, neither the directorate, nor the district social security officers were informed about the grant of money to NGOs. The NGOs were at their discretion to take assistance of Social Security Officers for distribution of appliances to the end beneficiary. Most of NGOs did not keep District Social Security Officers informed about the distribution camps as well. Thus, the bureaucratic machinery of Punjab was alienated from the ADIP Scheme.

After the revision of ADIP guidelines in the year 2009-10, the NGOs are allowed to send the proposal only for the district where they are registered. This new system as weeded out the fly by night NGOs who ventured into disability sector for either monetary gains or for gaining political mileage from the publicity of donating appliances to the weakest section of population.

Punjab, on the other hand has very active and robust Red Cross in most of the districts. District Red Cross, under the chairpersonship of the District Collector, also works for the welfare of Differently Abled persons. The proposals of Red Cross for grants under ADIP Scheme are duly scrutinized by the District Social Welfare Officer and send to the Directorate of Social Security, Government of Punjab for further action. The officer at the level of Director scrutinizes the proposals and if satisfied, forwards them to the Union Ministry of Social Justice & Empowerment along with his/her recommendations.

According to the inception report submitted by study team, it was envisaged that the three sampled district in Punjab would be Amritsar (High), Hoshiarpur (Medium) and Muktsar (Low). In the subsequent stages of the study, it was discovered that the NGOs which have worked in the designated districts during the reference period of the study, are no more existing since the revision of guidelines of the ADIP Scheme in the year 2009-10. The members of their erstwhile management could not provide the list of beneficiaries. In light of the above background, new districts were chosen as sample district, after due discussions with the client. The following table summarizes the sampled districts and Implementing Agencies.

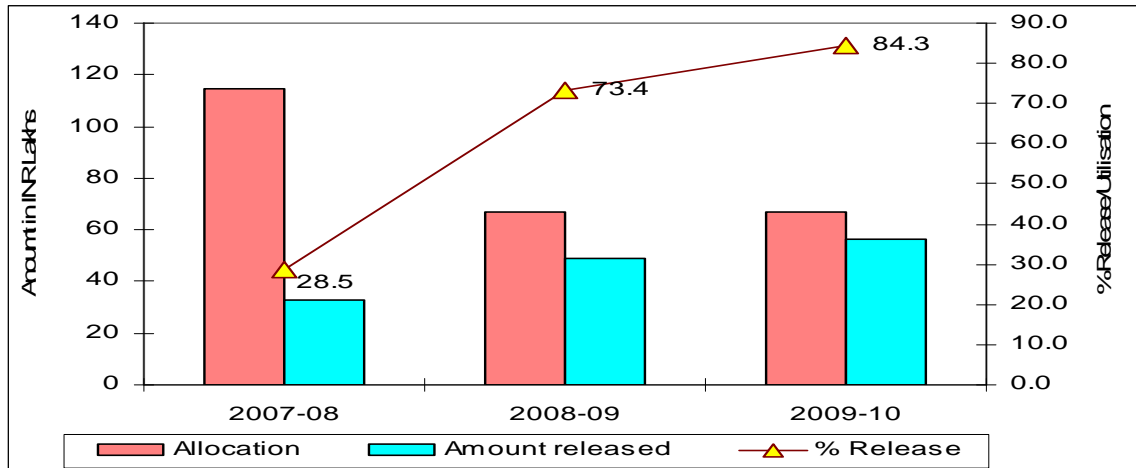
Table 7.5: Details from NGOs implementing the program

District	Implementing Agencies	Year	Funds Released & Utilised (Lakh)	Number of Beneficiaries as per details provided	Number of beneficiaries surveyed
Amritsar	Narayan Sewa Sansthan	2007-08	9.73	108	40
		2008-09			
		2009-10			
	Amar Jyoti Charitable Trust	2007-08	1.5	74	
		2008-09			
		2009-10			
Faridkot	Red Cross	2007-08	3.5	-	30
		2008-09			
		2009-10			
	Amar Jyoti Charitable Trust	2007-08	1.5	50	
		2008-09			
		2009-10			
Sangrur	Delhi Bharat Vikas Foundation	2007-08	6.63	76	30
		2008-09			
		2009-10			
	Guru Nanak Charitable Trust	2007-08	-	77	
		2008-09			
		2009-10			

### 7.3 Financial Performance

It was observed that a total of INR 248.35 Lakh was allocated for Punjab during the reference period (2007-10) out of which only INR 138.3 Lakh was released which is about 55.67 % of the fund allocated. It is evident from the Figure 7.1 below that the amount released for Punjab State significantly decreased in last three years (2007-10), whereas the amount utilized has drastically increased from mere 28.5 % to 84.3 % during the same reference period.

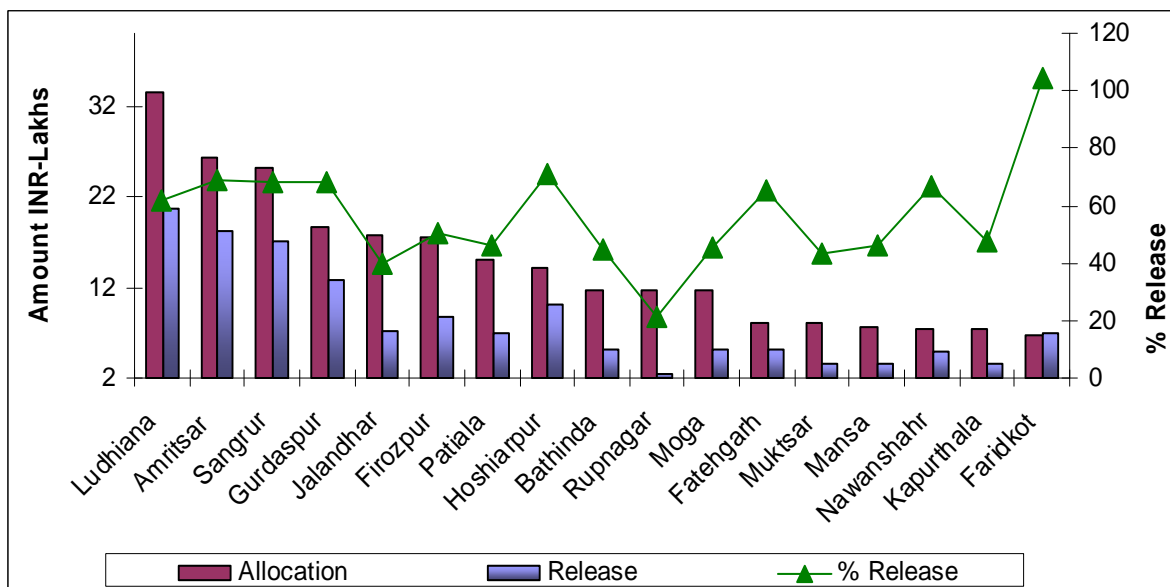
Figure 7.1: Allocation, release and % release of ADIP funds in Punjab



Source: Ministry of Social Justice and Empowerment

The following Figure 7.2 provides the district level analysis of amount allocated, released and % utilization. The amount allocated is generally higher for the districts having large population size. The amount utilized is more accurate indicator of the district specific needs and institutional capacity of the local organizations to distribute the appliances to the needy beneficiary. It is evident from the data presented in the following figure 7.2 that Faridkot District has the highest proportion of amount utilized 104% (7 lakhs was utilized when 6.7 lakhs was actually released) in entire State of Punjab.

Figure 7.2: District wise allocation, release and % release of ADIP funds in Punjab



Source: Ministry of Social Justice and Empowerment



## 7.4 Physical Performance of the Scheme

It is evident from the above mentioned graph that about INR 48.45 lakh has been allocated to the three selected districts named Hoshiarpur, Amritsar and Muktsar INR 31.75 lakh has been released which is 65.5 % of the fund allocated. As per data provided by the implementing agencies, during the reference period, 182 Differently Abled have been provided benefit. Out of these 182, our team could meet 146 beneficiaries as remaining beneficiaries were found shifted from the address provided by the implementing agency. Looking into physical performance it is evident that about INR 13,956 has been spent for one differently person which is on the higher side as per guideline, as the per beneficiary benefit should not go beyond INR 6,500 and 20 % of the total fund can only be used as operational cost.

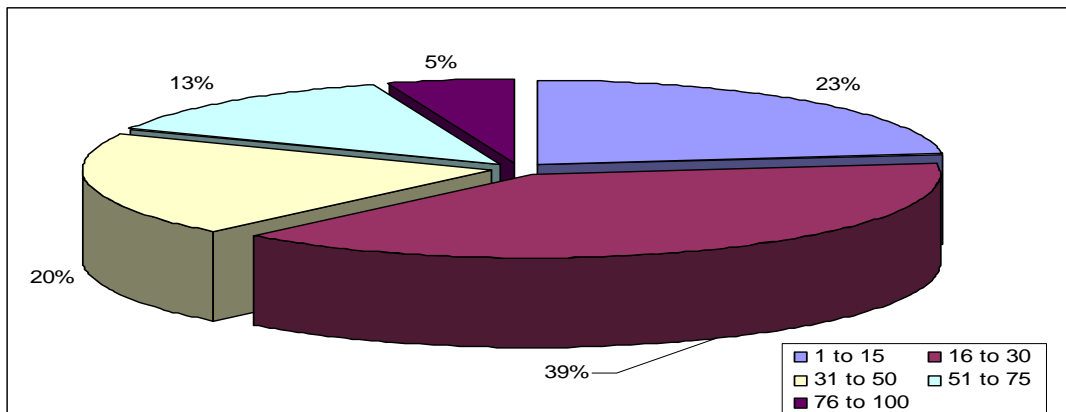
## 7.5 Physical Verification of the Scheme

### 7.5.1 Profile of the Beneficiaries contacted

#### 7.5.1.1 Age Group of Beneficiaries

The study reveals that 39% of the beneficiaries covered under the study were between the age group of 16 to 30 years, followed by 23% of the beneficiaries between 1 to 15 years, followed by 20% of them in the age group of 31 to 50. Only 5% of beneficiaries were found in the age group of 76 to 100 years.

Figure 7.3: Age of the Beneficiaries



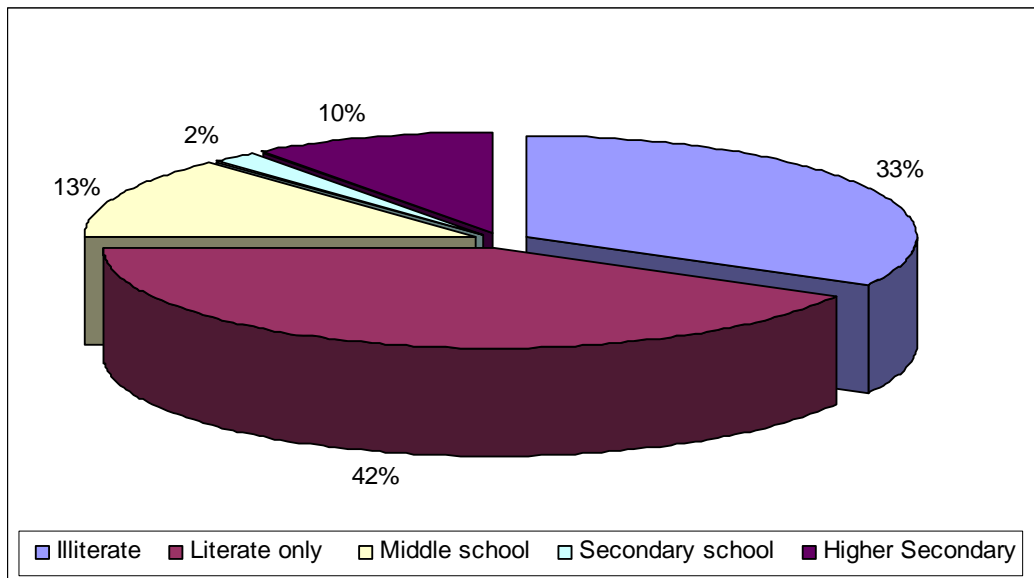
Source: MM study

#### 7.5.1.2 Literacy Level

A considerable section of the beneficiaries (33%) have completed their secondary school followed by 13% of them completing their middle school. Another 10% of the beneficiaries have completed higher secondary. A total of 42% of the beneficiaries covered under the study were illiterate



Figure 7.4: Literacy Level

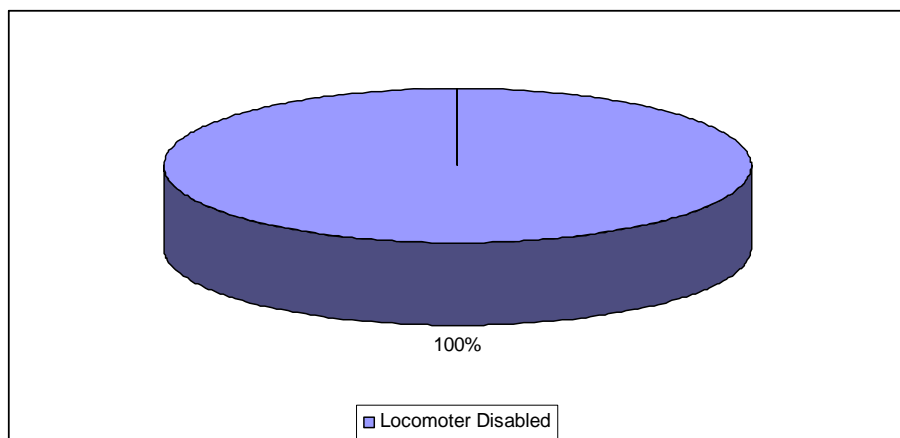


Source: MM study

### 7.5.1.3 Type of Disability

The only type of disable beneficiaries (Locomotor) was supported and they were contacted during the study.

Figure 7.5: Types of beneficiaries contacted

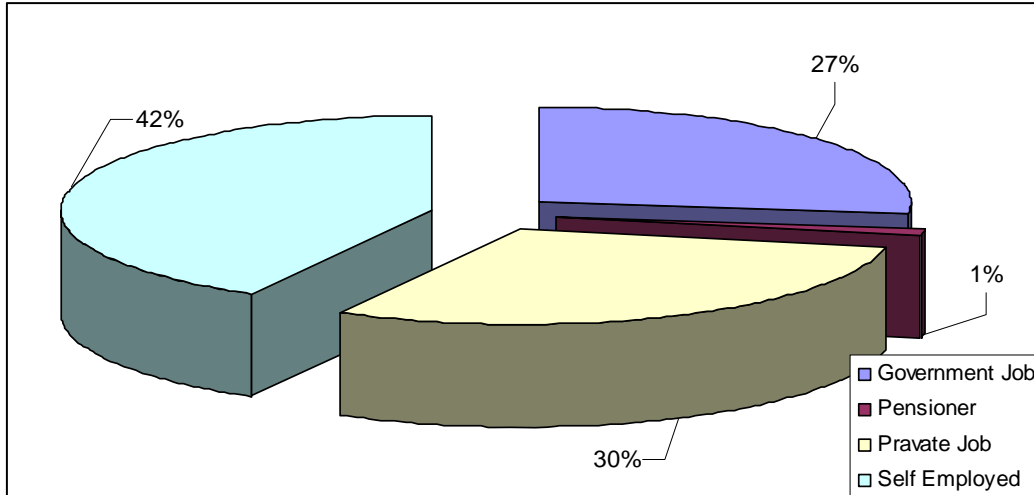


Source: MM study

### 7.5.2 Employment Status of Beneficiaries and his/her guardian

During the survey it was found that about 42% of the respondents who were the guardians of the contacted beneficiaries were self employed whereas the remaining 30% were employed in private sector. In all 27% of the respondents were employed in Government job and 1% was dependent on pension.

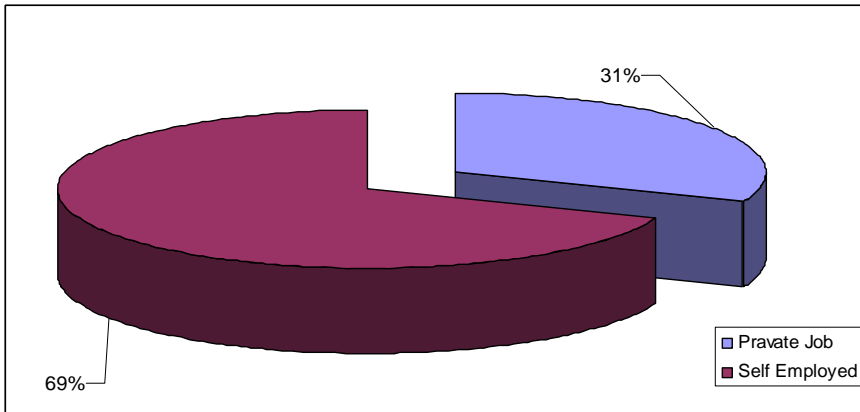
Figure 7.6: Employment Status of gurdians of beneficiaries



Source: MM study

During the survey it was observed that majority of the beneficiaries were self employed (69%) whereas the remaining beneficiaries were employed in private sector (31%)

Figure 7.7: Employment Status of Beneficiaries



Source: MM study

### 7.5.2.1 Income Group of Beneficiaries and his/her Guardian

The beneficiaries are from very poor socio-economic backgrounds. They are mostly self employed and have limited or meagre earnings ranging from INR 1500 to 3000 per month.

### 7.5.2.2 Information regarding the Head of the Household

It has been observed that majority of the beneficiaries who were physically challenged were the head of the family. But at the same time, almost 40 % of the beneficiaries who were physically challenged were found not to be the head of the family.

### 7.5.2.3 Nature of disabilities of the beneficiaries

During the survey it was found that the main cause of disability of the beneficiaries was Congenital (51.1%) followed by illness which accounted for almost 47% of the disabilities.

Table 7.6: Nature of disabilities of the beneficiaries (in %)

Type of Disability	Locomotor
Congenital	51.1
Accidental	1.8
Illness	47.1
<b>Total</b>	<b>100</b>

Source: MM study

### 7.5.2.4 Reaction of Society

From the Table 7.7 it can be concluded that society has been very rude to the physically handicapped person and looked upon them with disregard.

Table 7.7: Reaction of society (in %)

Whether society have behaved adversely due to disability	Locomotor
Yes	90
No	10
<b>Total</b>	<b>100</b>

Source: MM study

### 7.5.2.5 Type of Reaction of Society towards you

From the table 7.8 below it can be inferred that majority of the respondents had to face various disgraceful situation in the society due to their physical disability. Most of the society looked upon these respondents with disregard as well as behaved rudely with them. However it was also observed that about 6 % of the society was very kind and compassionate towards this physically challenged person.

Table 7.8: Reaction of Society towards DA (in %)

Type	Locomotor
Empathetic	5.8
Rude	6.9
Disregard	34.5
Discriminating	44.8
Others	8
<b>Total</b>	<b>100</b>

Source: MM study

### 7.5.2.6 Prior Information regarding ADIP Scheme

From the table it can be inferred that in Punjab almost 95% of the respondents were aware of the ADIP scheme in advance whereas remaining 5% of the respondent were unaware of this scheme.

Table 7.9: Prior Information regarding ADIP Scheme (in %)

Prior Information regarding ADIP Scheme	Locomotor
Yes	95
No	5
<b>Total</b>	<b>100</b>

Source: MM study

#### 7.5.2.7 Source of Information

From the table it can be concluded that most of the respondents came to know about this scheme mainly through NGO. It was also observed that the respondents came to know about this scheme from various other sources

Table 7.10: Source of Information regarding the ADIP scheme (in %)

Types	Locomotor
NGO	93.1
Others	6.9
<b>Total</b>	<b>100</b>

Source: MM study

#### 7.5.2.8 Awareness regarding the type of Appliances obtained

It is very much conclusive from the table that majority of the beneficiaries were aware of the appliances being provided as part of the ADIP Scheme.

Table 7.11: Awareness regarding the type of Appliances obtained (in %)

Whether the beneficiaries are aware of the appliances provided	Locomotor
Yes	80
No	20
<b>Total</b>	<b>100</b>

Source: MM study

#### 7.5.2.9 Source of information regarding the Appliances

Form the table it can be deduced that almost all the beneficiaries obtained information regarding their appliances from various NGOs

Table 7.12: Source of information regarding the appliances (in %)

Source of Information	Locomotor
NGO	100
<b>Total</b>	<b>100</b>

Source: MM study

#### 7.5.2.10 Year of obtaining Appliances

From the table below it can be concluded that the beneficiaries obtained their appliances during 2006 to 2009. The in % distribution of appliances for various years is given in the table below. However majority of the appliances were made available to the beneficiaries in the year of 2009.

Table 7.13: Year of Obtaining Appliances (in %)

Year	Locomotor
2006	3.4
2007	13.8
2008	37.9
2009	44.8
<b>Total</b>	<b>100</b>

Source: MM study

#### 7.5.2.11 Financial aid for Appliances

It can be derived from the table below that majority of the financial aid provided to the beneficiaries were from NGOs.

Table 7.14: Financial aid for appliances (in %)

Source of financial aid	Locomotor
NGO	100
<b>Total</b>	<b>100</b>

Source: MM study

#### 7.5.2.12 Number of times the aid have been obtained

From the table it can be concluded that majority of the beneficiaries obtained their appliances only once or twice.

Table 7.15: Number of times the aid have been provided (in %)

No Of Times	Locomotor
1 to 2 times	100
<b>Total</b>	<b>100</b>

Source: MM study

#### 7.5.2.13 Dependency of family members on the Disabled Person

During the survey it was found that in about 30 % of the respondents conveyed that family members were dependent on them whereas the remaining 70 % did not have family members dependent on them.

Table 7.16: Dependency of family members on the disabled person (in %)

Anyone dependent on the disabled person?	Locomotor
Yes	30
No	70
<b>Total</b>	<b>100</b>

Source: MM study

#### 7.5.2.14 Number of dependent person

From the table it can be inferred that there were many members in the family who were dependent on the beneficiaries. Mainly there were only two members who were dependent on these beneficiaries.

Table 7.17: Number of dependent person (in %)

Total number of dependents	Locomotor
1	32.3
2	35.4
3	19.1
4	13.2
<b>Total</b>	<b>100</b>

Source: MM study

#### 7.5.2.15 Place of Application for the appliance under ADIP scheme

During the survey it was observed that majority of the beneficiaries made their application to NGOs for obtaining their appliances.

Table 7.18: Place of Application for the appliance under ADIP scheme (in %)

Table Heading Left	Locomotor
NGO	100
<b>Total</b>	<b>100</b>

Source: MM study

#### 7.5.2.16 Time taken for obtaining the appliances after application

From the table 7.19, it can be concluded that most of the appliances obtained under ADIP scheme reached the locomotor Beneficiaries immediately which signifies the efficiency of the NGOs who were responsible for supplying the aid or the appliances to the beneficiary.

Table 7.19: Time Taken for obtaining the appliances after application (in %)

Time Frame	Locomotor
Till Surgery	0
Till the Fitment of Appliances	48
Immediately	52
<b>Total</b>	<b>100</b>

Source: MM study

#### 7.5.2.17 Type of Device Obtained

From the table 7.20, it can be inferred that most of the beneficiaries obtained Braille writing equipments and other assistive as appliances to enhance the condition of their day to day life. However many also obtained low vision aid like spectacles.

Table 7.20: Type of Device Obtained (in %)

Type of Device	Locomotor
Crutches and tricycle both	82.2
Wheelchairs and tricycles	6.8
Others	11.0
<b>Total(Multiple Response)</b>	<b>100</b>

Source: MM study

#### 7.5.2.18 Time Since the availability and usage of Appliance obtained under ADIP Scheme

From the table it can be deduced that majority of the appliances were made available to the beneficiaries within three to five months.

Table 7.21: Time Since the availability and usage of appliance obtained under ADIP Scheme (in %)

Time frame (in months)	Locomotor
1	12
2	10
3	40
4	11
5	25
11	2
<b>total</b>	<b>100</b>

Source: MM study

#### 7.5.2.19 Time taken (in months) to adapt the Appliance

During the survey finding it was found that majority of the beneficiaries took maximum of two months to get equipped with the appliance.

Table 7.22: Time taken to adapt the appliance (in %)

Time taken (in months)	Locomotor
1	19.5
2	39.1
3	31.4
6	10
<b>Total</b>	<b>100</b>

Source: MM study

#### 7.5.2.20 Annual Maintenance cost (in INR) of the aid

During the survey it was observed that the annual maintenance cost of the appliances by the beneficiaries ranged from one hundred to approximately four hundred rupees. However majority of the beneficiaries had to spend one hundred rupees annually to repair the device they have obtained.

Table 7.23: Annual maintenance cost of the aid (in %)

Maintenance cost (in INR)	Locomotor
50	3.2
100	32.3
150	16.3
200	10.9
250	16.5
300	7.7
350	10.4
400	2.7
<b>Total</b>	<b>100</b>

Source: MM study

While asking about the responsibility of Differently Abled it has been reported by about 60 % of the beneficiaries that they are head of the family.

Table 7.24: Whether DA is Head of the Family (in %)

Whether respondent is head of the family?	Locomotor
Yes	60
No	40
<b>Total</b>	<b>100</b>

Source: MM study

### 7.5.2.21 Literacy Level of the Head of the Household

During the survey it was observed that majority of the head of the family of the beneficiaries were educated up to middle school which corresponds to 53 % .It was also seen that about 27 % of the head of the household of the beneficiary were illiterate. Very small %age of the head of the household of the beneficiary were educated up to Higher Secondary levels.

### 7.5.2.22 Monthly Income of the Head of the Household

It was found that majority of the head of the household of all the beneficiaries had a income range of 2000 to 3000 rupees monthly which clearly indicated the very low financial status of the families of the beneficiaries. (>1000 - 41.4%, 1000 - 2000 = 17.2% and 2000 - 3000 = 41.4%)

Table 7.25: Monthly Income of the Head of the Household (in %)

Income Range	Locomotor
Less than INR 1000	41.4
INR 1000 - 2000	17.2
INR 2001 – 3000	41.4
<b>Total</b>	<b>100</b>

Source: MM study

## 7.6 Impact of Scheme on Beneficiaries

Most of the beneficiaries of the ADIP Scheme belong to the poorest strata of population. Their lives depend upon either the charity or the meagre sustenance earned by the able bodied person of the family. The scheme has been implemented well in various areas during the reference period. However, as mentioned earlier, the maintenance of the aids and appliances administered have not been up to the mark. The beneficiaries need to be given an orientation about the better and long-run use of appliances. It was observed that many of them stopped using the aid owing to minor issues. A minor adjustment, here and there, makes the appliance usable again. But for this, they need to be made aware and proper follow up sessions need to be organised.

The scheme has been able to reach out to the differently able population, even in remote areas to a great extent. But still, there is a large population left uncovered. The frequency of camps is too less. A large number of beneficiaries inquired during the survey, that when would the next camp be organised. The impact of the scheme, as far as the physical mainstreaming of the beneficiaries is concerned has been successful to a great extent. But the scheme has not helped the beneficiaries to improve their financial or social status. Hence the scheme should also help the beneficiaries to link them with the other livelihood schemes with options for income generation taking the level of their impairment also in to account.



### 7.6.1 Qualitative Changes Experienced after Fitment of Equipments under ADIP Scheme

The below table 7.26 suggests the changes that have been brought to the life of the beneficiaries under the ADIP scheme. The benefits obtained during the ADIP scheme helped them to increase their mobility and also helped them to perform their daily work independently.

Table 7.26: Changes brought to the life of the beneficiaries under ADIP scheme (in %)

Benefits	Locomotor
Increase Mobility	48.9
Continuation/resumption of study of work	20.4
Decrease in dependency on others for daily chores	47.1
Total independency in performing daily chores	5
Got married /engaged	12.2
Found Job/Livelihood	14.9
No change	0.9
<b>Total (Multiple response)</b>	<b>100.0</b>

Source: MM Survey

### 7.6.2 Whether Beneficiaries Feel that their Standard of Living has Improved

It can be concluded from the table that 7.27 almost all the respondents were facilitated by the scheme and the scheme have improved their standard of living (70%), however some of them found the scheme to be non beneficial for them (30%).

Table 7.27: Impact of Scheme on Beneficiaries Life-improved standard of living (in %)

Suggestions	Locomotor
Yes	70
No	30
<b>Total</b>	<b>100</b>

Source: MM study

### 7.6.3 Whether Receive any significant change in the reaction of society after getting equipped with the aids/appliances

During the survey it was found that there was a mixed response of the society towards this physically challenged people. Some of the respondents had to face disregardful situations even after obtaining the appliances.

Table 7.28: Change in the reaction of the society after obtaining the appliances (in %)

Changes observed	Locomotor
Yes	44.8
No	55.2
<b>Total</b>	<b>100</b>

Source: MM study

### 7.6.4 How far Disabled People are Rehabilitated

As far as the success of the Project is concerned, in rehabilitating the physiological condition of the physically impaired beneficiaries, majority of the beneficiaries were averagely or adequately satisfied.

Table 7.29: Proportion of Differently abled Rehabilitated (in %)

Types of rehabilitation	Locomotor
Completely/Fully	23.0
Satisfactorily/adequately	41.0
Average	36.0
Poorly	0
<b>Total</b>	<b>100</b>

Source: MM study

## 7.7 Capabilities of Implementing Agencies

Since the revision of the guidelines of ADIP Scheme, only local level NGOs are encouraged to send their proposal via District Social Security Officer and Directorate of Social Security, Punjab. The Punjab, though very small State, has 8 District Disability Rehabilitation Centre , most of them functioning to their full potential. Every District Disability Rehabilitation Centre has a small workshop of its own where the trained staffs from various National Institutes (NIs) are capable of making cheap prosthetic limbs.

Apart from the District Disability Rehabilitation Centre , the District Red Cross was found very active in Punjab. Red Cross is a major stakeholder in the implementing of ADIP Scheme in Punjab after the guidelines have been revised. Most of District Red Cross sends their proposals with the help of District Social Welfare Officer to the Directorate.

The demand of prosthetic limbs is very high in rural areas due to large number of accidents caused due to handling of heavy agricultural machinery without precautions. Only some of the DDR Care capable of meeting the challenges of high demand of prosthetic limbs. Only District Disability Rehabilitation Centre provide after care services of limbs/appliances. Other NGOs don't provide after care services of the appliances once provided. The lifetime of prosthetic limbs vary according to the age of beneficiary, their life style and uses of the limb/appliances. The present guidelines stipulate for renewal of limb/appliance after three years for a child and after five year for an adult, in practice, these guidelines cannot be followed and have to tend to the need of the beneficiary.

### 7.7.1 Red Cross, Faridkot

Indian Red Cross Societies are different from Non-Governmental Organizations (NGOs). NGOs are registered with government under Indian Societies Act and are governed accordingly whereas Indian Red Cross is administered by a special Act of 1920, which was later indianized duly by amendments in 1956, 1957 & 1992. It has its own constitution for protocol and day to day functioning. The District Collector is ex-officio chairman of the District Red Cross Society.



Source: Red Cross, Faridkot DC, Faridkot receiving presidential award for recognition of exemplary services towards differently abled persons by District Red Cross Society

Figure 7.8: State of the Art prosthetic limbs manufactured by Red Cross, Faridkot in their lab



Source: MM study

Figure 7.9: Lab cum Workshop of Red Cross, Faridkot



Source: MM study

Indian Red Cross Society, Faridkot has well trained Orthopaedics and Prosthesis Engineer with a training of four and a half years from NIRTAR, Cuttack and a trained helper cum assistant in their 'Physiotherapy cum Artificial Limbs fitting Centre' which has been functioning since 1996 by the efforts of successive visionary Chairpersons and dedicated & efficient staff of the of the District Red Cross.

Their artificial limbs centre, though small in size, but are of State of Art and can give a run for money to many for profit companies which produce artificial limbs for Differently Abled persons. They prepare all types of artificial limbs like Above Elbow (AE), Below Elbow (BE), Above Thigh (AT), Below Thigh (BT) and many other prosthetic limbs which are custom made for needy Differently Abled persons and are provided them on no profit any loss. The officials at Red Cross, Faridkot have been far-sighted. They realised that in that part of the State, due to heavy mechanization of agriculture, there has been corresponding increase in the demand of artificial limbs, especially hands, cut accidentally during the manoeuvring of agricultural machinery. They established contacts with private companies which produce State of art, custom made

artificial limbs for wealthy individuals. They sought dealership of such instruments through which they could produce the endo-skeleton artificial limbs in their laboratory in Red Cross, Faridkot. Now Red Cross Faridkot has tie-ups with leading manufactures of artificial limbs. They manufacture the endo-skeleton limbs, bionic hands which would enable the user to move even a single finger, hold delicate items in hands like glass of water, and even drive two and four wheelers.

The Red Cross, Faridkot is running a physiotherapy centre. It is open to public with a nominal maintenance fees. The centre has been provided with a full time physiotherapist and a helper. The physiotherapy centre has all the latest gadgets required.

Figure 7.10: Physiotherapy Centre, Red Cross, Faridkot



Source: Red Cross, Faridkot

Figure 7.11: Physiotherapy Centre, Red Cross, Faridkot



Source: Red Cross, Faridkot

Apart from the State of art laboratory, Red Cross, Faridkot is running a fully residential special school from first to secondary for deaf and dumb, and blind children. The courses of the school are approved by Rehabilitation Council of India. The entire faculty of this school is especially trained for educating special children. The classrooms, bathrooms, toilets, staircases and hostel are especially designed for the sensitivity of the Differently Abled children.

#### 7.7.2 Red Cross, Sangrur

The District Disability Rehabilitation Centre , Sangrur is being run in the premises of Red Cross, Sangrur. The District Disability Rehabilitation Centre was handed over to the Red Cross in 2006. The District Disability Rehabilitation Centre has dedicated staff of 4 persons. One physiotherapist, two trained orthopedics and a helper. The demand of artificial limbs is quite high in the rural areas of Sangrur district due to high number of agricultural machinery related accidents. The staff of Red Cross, Sangrur is socially committed and don't deny artificial limbs to anybody who comes to them. They take it as a religious duty and even pool the required money from their own pockets. They have the requisite infrastructure and instruments in the lab which were handed over to them with District Disability Rehabilitation Centre . Since the handing over of District Disability Rehabilitation Centre to Red Cross, they have not received any funds under ADIP despite regularly sending their proposals to Directorate of Social Security, Punjab. Even the Director confirmed that the proposals of Red Cross, Sangrur have always been found in accordance with the guidelines set by Ministry of Social Justice & Empowerment and the same have been sent to the Ministry in much advance of the last date. Despite being tidy and punctual in sending the proposals to Ministry, the Red Cross, Sangrur has not received any funds since the year 2006 under ADIP Scheme. It has dampened the spirit of dedicated staff of Red Cross. Moreover, there is tapering clause about the salaries of District

Disability Rehabilitation Centre staff which stipulates for 10% cut in the salaries paid to the staff of District Disability Rehabilitation Centre .

The District Disability Rehabilitation Centre, Sangrur is one of the best managed District Disability Rehabilitation Centre of Punjab. Even the officials at Directorate level maintain it as the best run District Disability Rehabilitation Centre. The District Disability Rehabilitation Centre is functioning because of its functionaries. They are highly spirited, committed and enthusiastic about their occupation. But no organization can run without funds in the long run. There is urgent need that the Ministry of Social Justice & Empowerment take stock of the situation, absorb the staff of District Disability Rehabilitation Centre who is working there for more than five years as permanent government staff and allocate funds from ADIP Scheme for district of Sangrur for the benefit of large needy population who have been left without any succour.

### 7.8 Issues & Constraints

- There is no data on the total number of Differently Abled persons in the State since the last census. In the absence of reliable data, total need of the type of assistance/appliances according to the suitability of age of beneficiary cannot be assessed.
- Earlier, the Department of Social Security had not been kept informed after the recommendation for the implementing agencies have been sent to the centre. Hence the 5-10 % sample check which was to be ensured by the government functionaries at district level, has not been done. In absence of monitoring and supervising, the unscrupulous NGOs had field day. They distributed less appliances and have shown more on paper. They inflated the procurement prices artificially.
- In the beginning of the reference period the scheme was implemented mostly by agencies from outside the State. This resulted in low accessibility of the beneficiaries to the Implementing Agency. This has been addressed in the last year of the reference period i.e. 2009-2010 by the State government with the more powers deciding that the scheme implementation within the State is going to be done only through the NGOs and other agencies from within the State.
- The study team also discovered that 5-10% of sample check is generally not done by the monitoring authorities. This can be redeemed to a great extent by making the presence of the DSWO who is the monitoring authority in the camp mandatory.
- In some cases the quality of the aids provided was very poor. To avoid such occurrences the procurement of the appliances should be done only from Artificial Limb Manufacturing Corporation or its subsidiaries.
- The population is highly floating. This makes contacting them very difficult. Some times there are errors also in the address of the beneficiaries mentioned. To minimize such problems in the future the greater emphasis should be given on registration. Filing of residential proof also has to be made mandatory with a reservation margin of 5-10% of the beneficiaries per district per year who may not be able to produce any residential proof due to a variety of justifiable reasons.
- There is a shortage of facilities for the Mentally Differently Abled. As the scheme intends to cater to the Mentally Differently Abled also this critical gaps should be spanned by provision of trained and competent human resource.
- No implementing agencies provide technical trainings to the beneficiaries to enhance their skill depository. This leaves a gap in the process of their integration in to the society as their dependency will still continue in most of the cases. The beneficiaries should be linked with skill development programmes and income generation opportunities.

## 7.9 Recommendations

- Ministry should inform State and District authority while releasing fund and should also provide details of release so that State Authorities can be utilised for Monitoring of scheme implementation for better scheme delivery
- At least 5-10 % sample check has to be made mandatory for the aids and appliances provided through the scheme.
- The registration process has to be made rigorously. The address list of the beneficiaries has to be verified and back checking be done to find out the quality on an annual basis.
- The scheme covers the need for physical appliances. The beneficiaries of the schemes should be linked to other State and central government schemes that will ensure them a dignified livelihood.
- Specialized camps should be organized to cater to different categories of Differently abled and they should strictly be attended by practitioners from concerned specializations.
- Camps are to be organized for the identification of beneficiaries. The delivery of the appliances is to be made within a stipulated time period after the camp. To avert malpractices, sample checking by the monitoring authority is to be made mandatory after providing the same.

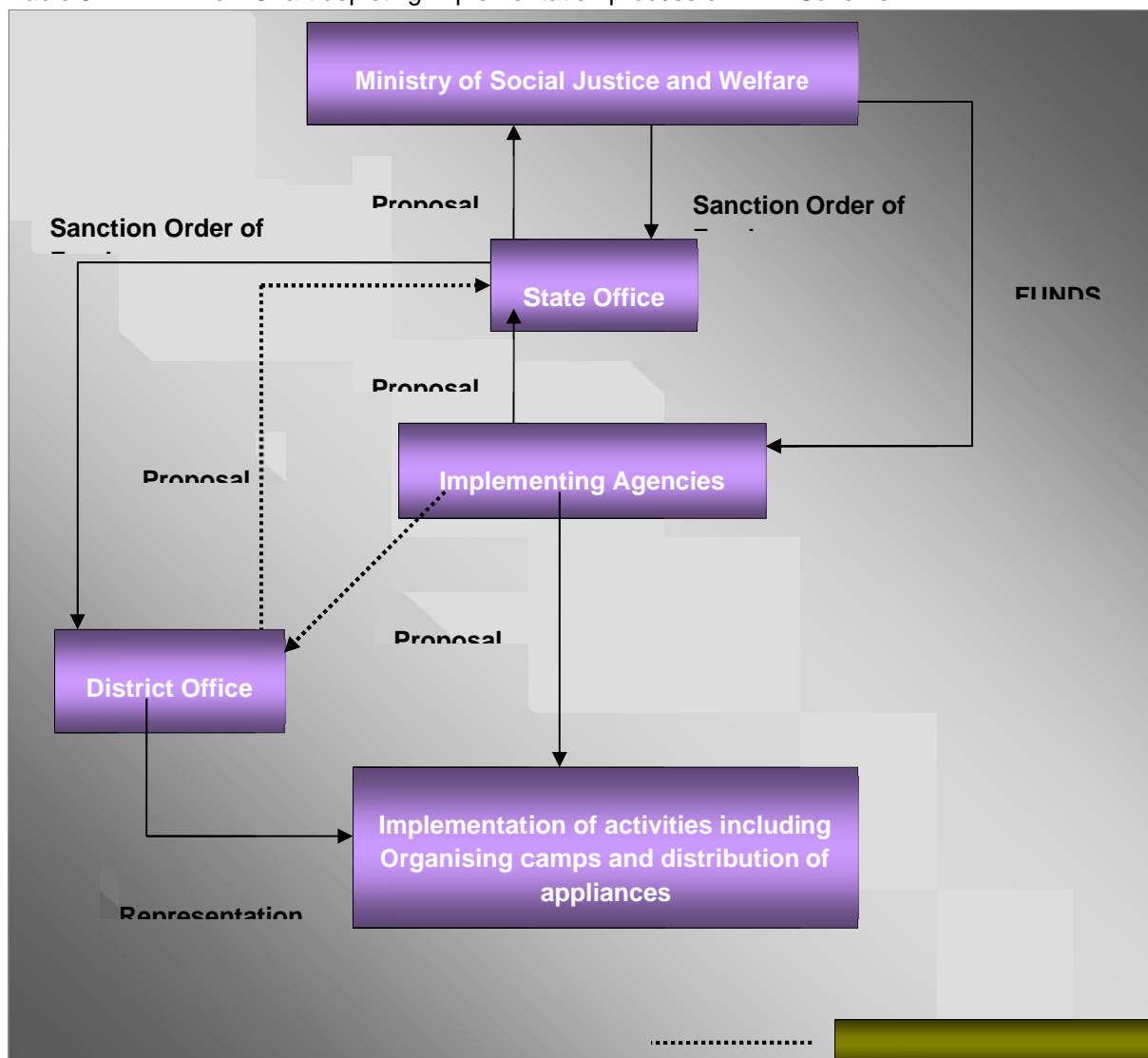


## 8. State Report of Rajasthan

### 8.1 Overview of Scheme since its Inception

The implementation agencies prepared a proposal, which included various activities it intended to carry out, the locations where it wanted to carry out the activities and the number of Differently Abled Persons who would be benefited by these activities. This proposal was then routed through the State Office to the Ministry of Social Justice and Empowerment. The Ministry then evaluated the proposal on various grounds and then allocated and released funds to the implementing agencies.

Table 8.1: Flow Chart depicting implementation process of ADIP Scheme



Source: MM Study

The Ministry also sent sanction orders of release of funds to the State Office which then in turn sent a copy to the district office. The implementing agencies then organized camps wherein the Differently Abled Person are provided with aids and appliances. The District Office sent their representatives to these camps who take a note of the category wise number of appliances distributed. Since last year (2009-10) the process has changed a bit due to which the implementing agencies now need to route the proposal through the district office. The district offices also feel that this change was necessary as previously, though being a major stakeholder the district office did not have a serious role in the implementation process.

However the consultants feel that though the implementation process is quite streamlined, the monitoring and evaluation mechanism of the scheme needs more attention, as it is necessary to audit rather than just evaluate the work done by the implementing agencies, not only financially but whether all categories of Differently Abled Persons are benefiting from this scheme or not. Most of the implementing agencies have their focus areas. Majority of them cater to people who have locomotor disabilities. This makes them more prejudiced while implementing the scheme.

During the field survey our team could meet and hold detailed discussions with District Offices, State Government and the Implementing Agencies. The qualitative findings during these discussions are as follows:

The District Officials feel that the role of the district office in the implementation of the ADIP scheme was negligible until last year (2009-10). Before this the NGOs used to directly give the proposals to the State office which would in turn direct it to the Central Government. The only role of the district office was to send their representatives when the implementing agencies organize camps to distribute appliances. These representatives would check the number of appliances distributed during these camps. The participation and active involvement of the district office which know more about the ground realities in the district and the situation of the Differently Abled Persons was hence curbed.

The evaluation of the work done by the implementing agencies is not satisfactory as there is no proper system for it. The district offices also commented strongly on the quality of appliances and the rates at which they are purchased. According to them the appliance purchased from Artificial Limbs Manufacturing Corporations are very costly and the same quality of appliances can be purchased at lower rates in the State itself. The role of the district office seems to be of a silent spectator in the implementation of the ADIP scheme though it is a major stakeholder.

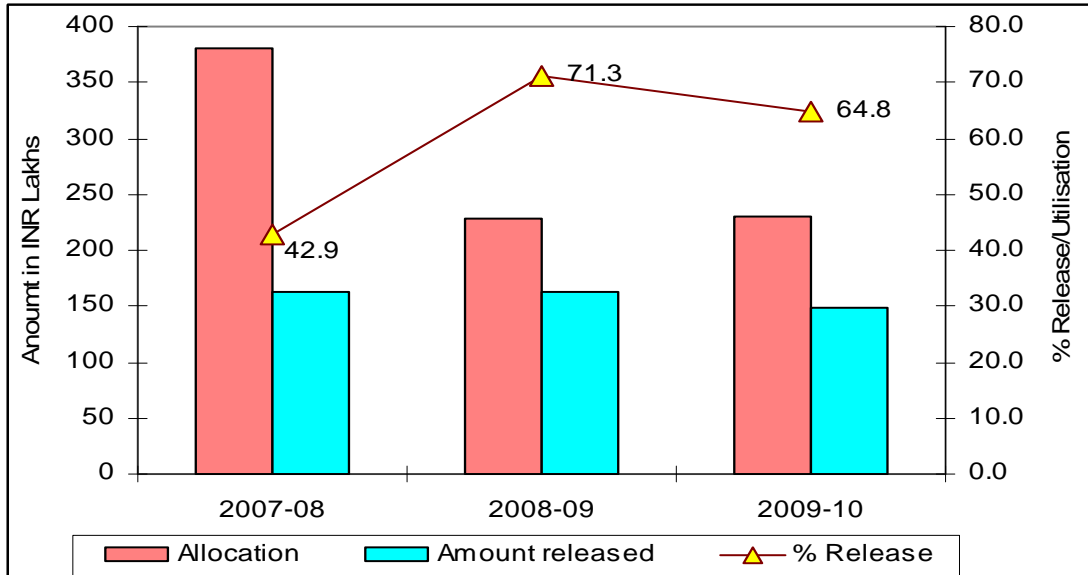
The district officials however believe that the ADIP scheme has its own credits also as it has helped many Differently Abled persons in the districts. But according to them there still lies a concern because the Differently Abled persons still do not have proper livelihood and hence the ADIP scheme will not be able to improve their standard of living to a greater extent.

## 8.2 Financial Performance

It was observed that a total of INR 839.30 Lakh was allocated for Maharashtra during the reference period (2007-10), out of which only INR 475.27 Lakh was released which is about 57 % of the fund is allocated. It is evident from figure 8.1 that there is a certain degree of variability in the percentage of amount released for Maharashtra State in last three years 2007-10 (Figure. 8.1).



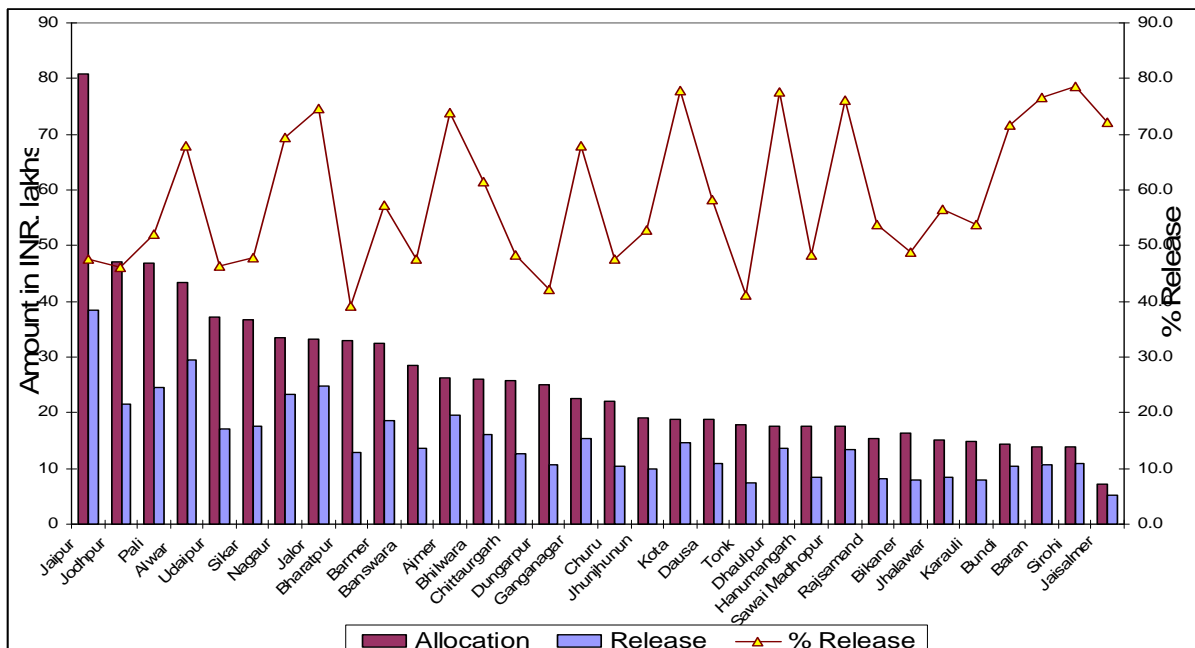
Figure 8.1: Comparison of Allocation and Release of ADIP Fund during reference period (2007-10)



Source: Ministry of Social Justice & Empowerment

Looking into district level comparison we could see that fund has been released in 33 districts of Rajasthan and fund release was more or less similar to different districts in terms of amount. However, Jaipur, Alwar and Pali have received highest proportion of fund that too between 5 to 8 % of total release to the State during the reference period (figure 8.2).

Figure 8.2: District wise Comparison of Allocation and Release of ADIP Fund during reference period (2007-10)



Source: MM Study

### 8.3 Physical Performance of the Scheme

It was observed that the fund that has been released to the implementing agency been totally utilised by them and implementing agencies have also submitted Utilisation Certificate for the funds utilised directly to the Ministry. However, no such reports have been submitted to district or State level. Thus, local Government authorities (district & State) are not in a position to monitor the scheme during its implementation. The only possibility of monitoring comes into picture when the same implementation agency submits application/proposal for funding during next financial year (only if they apply through the district or State) at the district level office and with their proposal they are also submitting last year's details including Utilisation Certificate.

Details of the year wise funds utilised by Implementing Agencies, the number of Differently Abled Persons declared as beneficiaries by the Implementing Agencies and the number of surveyed beneficiaries are given in the below table:

Table 8.2: Funds Utilised, Beneficiaries Declared and Actual Survey

District	Implementing Agencies	Year	Funds Utilised (Lakh)	Number of Beneficiaries as per details provided	Number of beneficiaries surveyed
Pali	Narayan Seva Sansthan	2007-08	9.73	115	60
		2008-09	9.75	252	
		2009-10	9.01	-	
	Pt. Deendayal Institute for Physically Handicapped	2007-08	4.99	-	
		2008-09	-	245	
		2009-10	-	-	
Banswara	Narayan Seva Sansthan	2007-08	3.6	49	60
		2008-09	6	215	
		2009-10	-	-	
Bikaner	Bhagwan Mahaveer Viklang Sahayta Samiti	2007-08	-	-	60
		2008-09	-	-	
		2009-10	2	61	

In case of Bhagwan Mahaveer Viklang Sahayta Samiti which had implemented the scheme in Bikaner district, the consultants have found major inconsistencies in the information given by the agency. Many Differently Abled persons who were in the list of beneficiaries provided by the agency had actually not received any aid or appliance. Hence, the consultants could not survey the required number of beneficiaries in the district.

It is evident from the above mentioned graph that about INR 90.88 Lakh has been allocated to the three selected districts named Pali, Banswara and Bikaner and INR 45.08 lakh has been released which 49.6% of the fund is allocated. As per data provided by the implementing agencies, during the reference period 937 Differently Abled have been provided benefit. Out of these 937, our team could speak to 180 beneficiaries.

Looking into physical performance it is evident that about INR 3,848.87 has been spent for one Differently Abled person which is slightly on the lower side as per guideline, as per beneficiary expenditure should not go beyond INR 6,500 and 20 % of the total fund can only be used as operational cost.

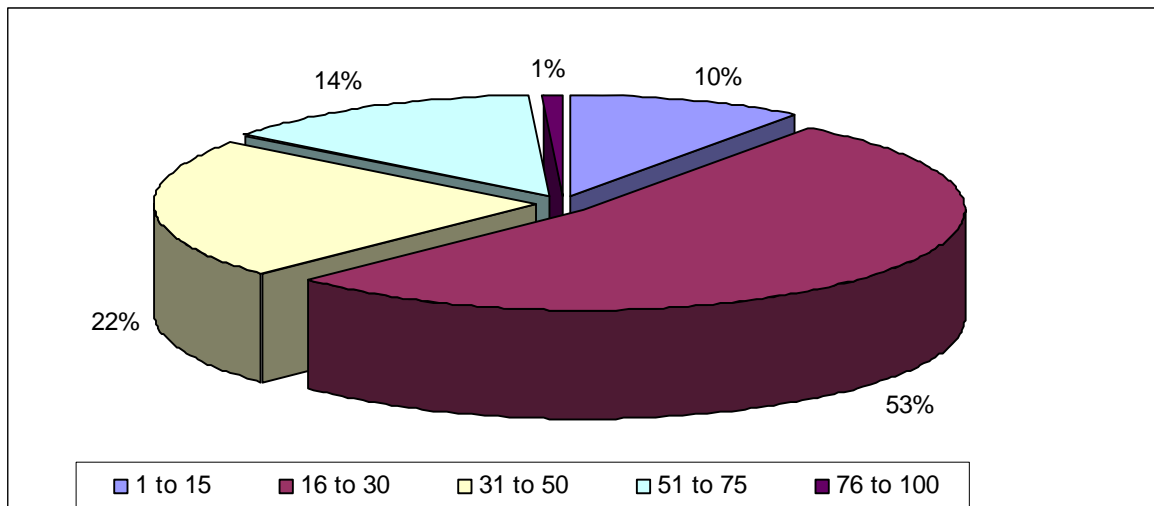
## 8.4 Physical Verification of the Scheme

### 8.4.1 Demographic Profile of the Beneficiaries

#### 8.4.1.1 Age Group of Beneficiaries

It is noticed from the field, that Differently Abled Person, across all age groups have benefited from the ADIP scheme. As given in figure 8.3 below, of all the beneficiaries contacted in the State 10 % were in the age group up to 15 years, 53 % were in the age group of 16 to 30 years, 22 % were in the age group of 31 to 50 years, 14 % were in the age group of 51 to 75 years, and 1 % were above the age of 76 years.

Figure 8.3: Age Group of the Beneficiaries in %

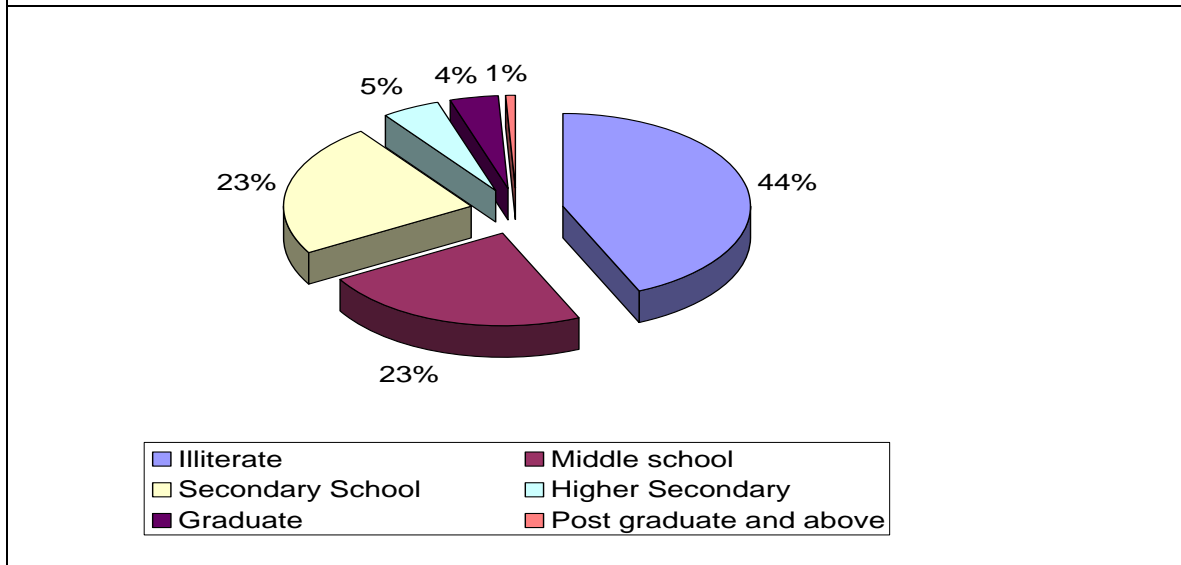


Source: MM Study

#### 8.4.1.2 Literacy Level

The educational status of the beneficiaries is generally low. While 44 % of the contacted beneficiaries are illiterate, 23 % each have completed their middle school and secondary school; while 5 % have completed higher secondary and 4 % of the beneficiaries have completed their graduation. Only one percent of the beneficiaries have done their masters degree.

Figure 8.4: Education Status of the Beneficiaries in %

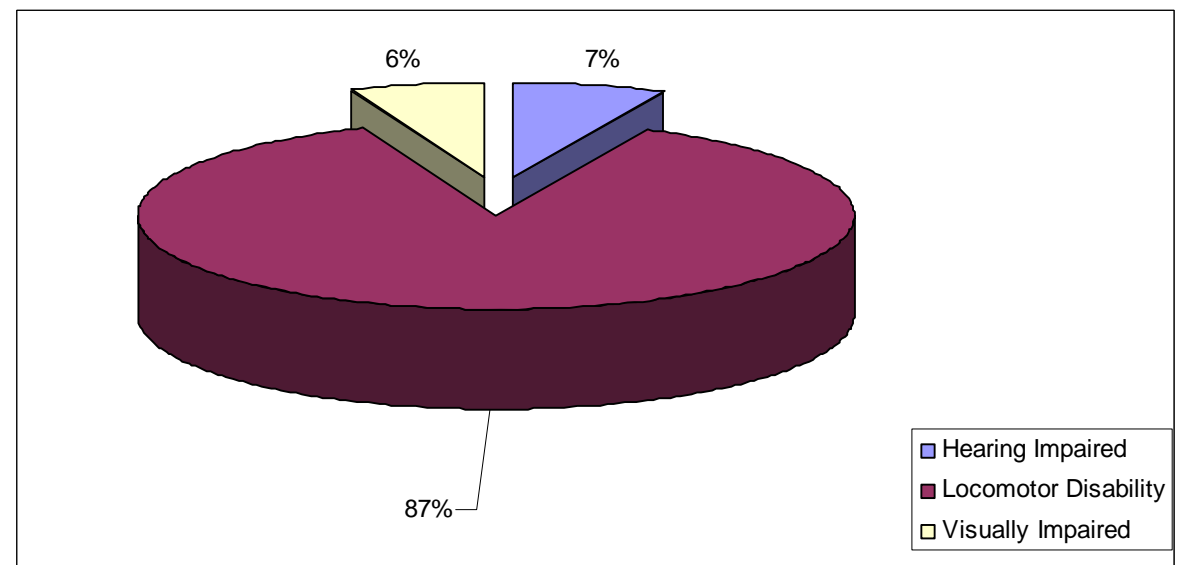


Source: MM Study

### 8.4.1.3 Type of Disability

Most of the Implementing Agencies in the State have expertise in the field of locomotor disabilities. Almost all the assistance was given to people with locomotor disabilities (87%), followed by people with hearing impairment (7%) and visually impaired 6%.

Figure 8.5: Types of disabilities in %

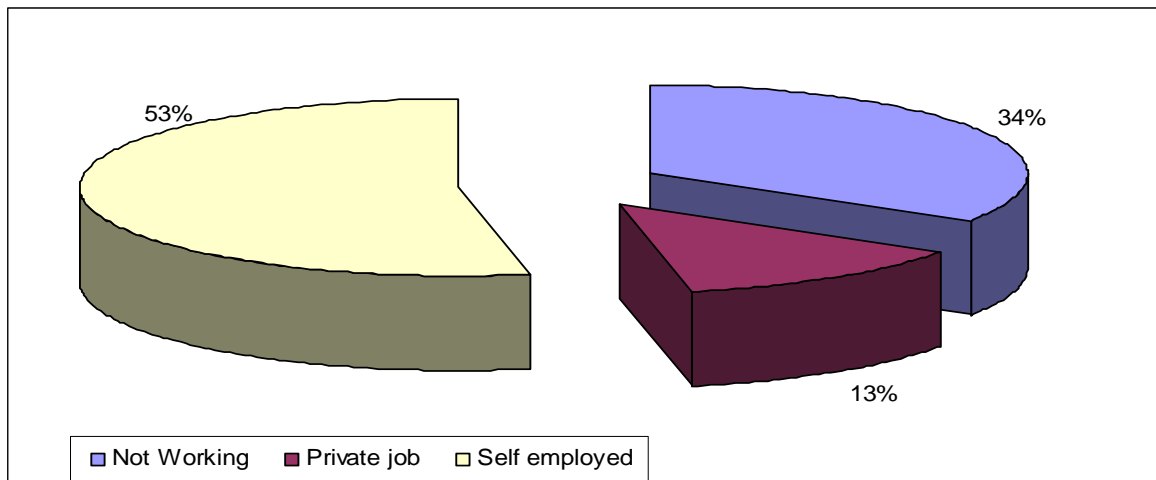


Source: MM Study

#### 8.4.1.4 Employment Status of Beneficiaries and his/her Guardian

The heads of the households of the beneficiaries are also in many cases not employed. About 53% of them are self employed and 13% are being employed with private parties, while 34% of the guardians are unemployed.

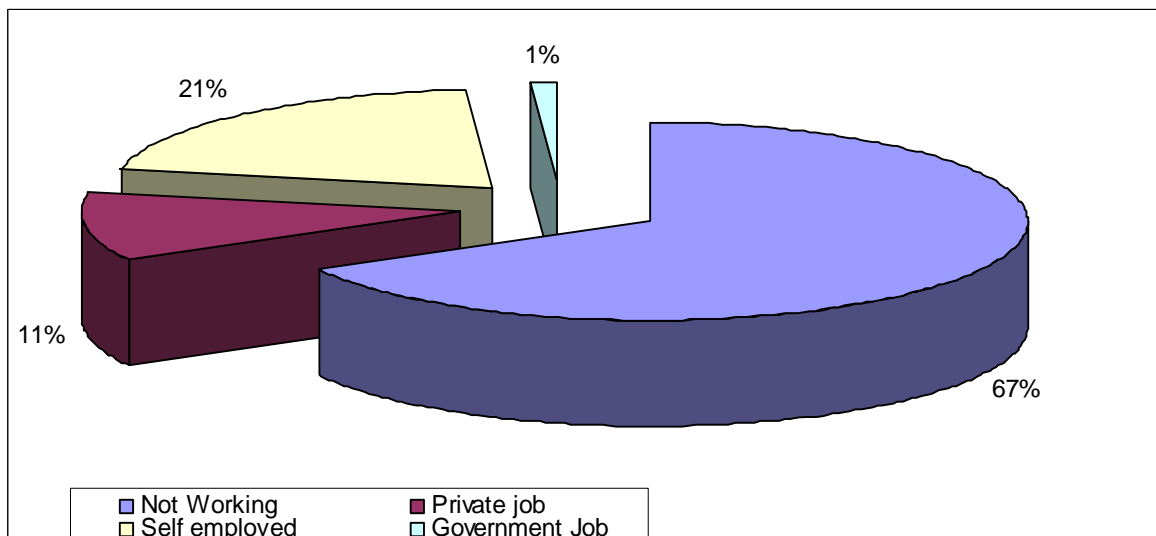
Figure 8.6: Employment Status of the Heads of the Households of the Beneficiaries in %



Source: MM Study

Majority of the beneficiaries (67%) are not gainfully employed, while 21% of them are self employed, 11% of the beneficiaries are working in private setting and 1% of them have government jobs.

Figure 8.7: Employment Status of the Beneficiaries in %



Source: MM Study

#### 8.4.1.5 Nature of Disabilities of the Beneficiaries

During the survey it was found that the major cause of disability of the beneficiaries was illness followed by congenital problems. However, the other cause of the disability was accidents.

Table 8.3: Nature of Disabilities of the Beneficiaries(in %)

Type of Disability	Hearing	Locomotor	Visual
Congenital	11.1	26.8	0
Illness	88.9	67	0
Accidental	0	6.2	100
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 8.4.1.6 Effect of Disability on Normal Routine of Life

It can be concluded from the table presented below that people with disabilities are facing problem with highest degree with their mobility. They always require some outside assistance to perform their daily chores. Therefore, dependency on others is another big issue with them. Same is depicted in the table presented below.

Table 8.4: Effect of Disability on Normal Routine of Life (in %)

Effect of disability	Visual	Hearing	Locomotor
Restricted Mobility	0	22.2	99.1
Disruption/Stopping study or work	100	11.1	35.7
Dependency of others	100	11.1	50
Couldn't marry	0	11.1	5.4
Couldn't find job/livelihood	0	11.1	17.9
<i>Multiple Response Question</i>			

Source: MM Study

#### 8.4.1.7 Reaction of Society

From the table presented below it can be understood that societal behaviour with the disabled people and their acceptability is quite better in Rajasthan as compared with other States. However, people having locomotor disabilities seem to be vulnerable to the adverse reaction of society. Discrimination, and disregard and rude behaviour are the major concerned behaviour of the society.

Table 8.5: Reaction of society (in %)

Whether society have behaved adversely due to disability	Visual	Hearing	Locomotor
Yes	0	0	3.6
No	100	100	96.4
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 8.4.1.8 Awareness of ADIP Scheme

It can be concluded from the below table that almost 100% respondents were aware of the ADIP scheme.

Table 8.6: Prior Information regarding ADIP Scheme(in %)

Awareness of ADIP Scheme	Visual	Hearing	Locomotor
Yes	100	100	100
No	0	0	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 8.4.1.9 Awareness Regarding the Type of Appliances Being Used

During the survey it was observed that almost all beneficiaries were aware of the aids/appliances which they are using. Most of the beneficiaries obtained information regarding their appliances from various sources but the major sources being doctors, DDRCs and relatives etc.

Table 8.7: Awareness Regarding the Type of Appliances Obtained (in %)

Whether the beneficiaries are aware of the appliances provided?	Visual	Hearing	Locomotor
Yes	100	100	100
No	0	0	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 8.4.1.10 Year of Obtaining Device First Time

Table presented below is depicting the year when Differently Abled Beneficiaries have obtained aids and appliances for the first time.

Table 8.8: Year of Obtaining Device first time (in %)

Year of obtaining Device first time	Visual	Hearing	Locomotor
2002	0	0	0.9
2005	0	0	0.9
2007	0	0	5.4
2008	100	77.8	84.8
2010	0	22.2	8
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 8.4.1.11 Financial Assistance for aids/appliances

It can be concluded from the table below that the financial assistance provided to the beneficiaries is through NGOs (Implementing Agencies) working in the area.

Table 8.9: Financial aid for Appliances(in %)

Source of financial assistance	Visual	Hearing	Locomotor
NGO	100	100	100
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 8.4.1.12 Number of times aids/appliances obtained

It has been seen that most of the beneficiaries were given aids/ appliances once or twice during the reference period ie 2007-2010. However, some beneficiaries of Locomotor Disabilities were given the aids 3 to 5 times as well.

Table 8.10: Number of times the aid have been provided(in %)

No. of Times aids provided	Visual	Hearing	Locomotor
1 to 2 times	100	100	90.2
3 to 5 times	0	0	9.8
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 8.4.1.13 Whether Differently Abled is the Head of the Household

Disability is restricting people in many ways, same can be seen in table presented below.

Table 8.11: Whether Different Abled is the Head of the Household (in %)

Whether DA is the Head of the household?	Hearing	Locomotor	Visual
Yes	9.4	12.3	0
No	90.6	87.7	100
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 8.4.1.14 Literacy Level of the Head of Household

During the survey it was observed that education level among the Head of the Household of the Beneficiaries is also very low. Overall approximately 90% of the head of the household are illiterate. However; hardly 10% of the beneficiaries are educated up to different levels. Category wise further classification is given in the table below.

Table 8.12: Literacy Level of the Head of Household(in %)

Literacy level of the head of the household	Hearing	Locomotor	Visual
Illiterate	77.8	92	0
Literate only	0	00	0
Middle school		1.7	0
Secondary school	0	0.9	0
Graduate	0	0.9	0
Other	22.2	4.5	100
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study



#### 8.4.1.15 Monthly Income of the Head of the Household

During the survey it was found that majority of the head of the household of all the beneficiaries had an income range of INR 2001-3000 per month, followed by 32.6% within the range of INR 1001-2000.

Table 8.13: Monthly Income of the Head of the Household (in %)

Income group	Hearing	Locomotor	Visual	Total
INR 1001- 2000	27.3	35.3	0	32.6
INR 2001 – 3000	49.4	54.1	0	50.5
INR 3001 – 5000	23.3	9.3	0	9.7
INR 5001 – 10000	0	1.3	0	1.1
Not working	0	0	100	6.0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 8.4.1.16 Dependency of Family Members on the Disabled Person

During the survey, it was found that approximately 3% Beneficiaries of Hearing Disability and 14% beneficiaries of Locomotor Disability had members dependent on them.

Table 8.14: Dependency of family members on the Disabled Person (in %)

Dependent members on the disabled person?	Visual	Hearing	Locomotor
Yes	0	3.4	13.8
No	100	96.6	86.2
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 8.4.1.17 Number of Dependent Person

Table below is depicting the number of people dependent on the beneficiaries. It can be concluded that the number of dependent family members on the beneficiaries are very low as most of them are unemployed and unmarried.

Table 8.15: Number of Dependent Person(in %)

Total number of dependents on disable	Visual	Hearing	Locomotor
1	0	0	2.7
2	0	3.4	17.9
3	0	0	15.2
4	0	0	10.7
5	0	0	1.8
None	100	96.6	51.7
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 8.4.1.18 Place of Application for the Assistance under ADIP Scheme

Majority of the application for obtaining the appliances from ADIP Scheme was made to NGOs (Implementing Agency). However, some beneficiaries of visual disability approached DDRCs and State Handicapped Corporation as well.

Table 8.16: Place of Application for the appliance under ADIP Scheme (in %)

Place of application for assistance under the ADIP Scheme	Visual	Hearing	Locomotor
District Disability Rehabilitation Centre	100	0	0
NGO	100	100	100
<i>Multiple Response Question</i>			

Source: MM Study

#### 8.4.1.19 Time taken for obtaining the Appliances after Application

From the table it can be concluded that most of the beneficiaries had acquired aids and appliances immediately after they applied for the assistance. Only beneficiaries of visual disability had to wait till the fitment of their appliances.

Table 8.17: Time Taken for obtaining the appliances after application (in %)

Time taken for aids/appliances	Visual	Hearing	Locomotor
Till the Fitment of Appliances	100	0	0.9
Immediately	0	100	99.1
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 8.4.1.20 Time since aids/appliance has been Obtained by Beneficiary under ADIP Scheme

During the survey most of the contacted beneficiaries were using their aids/appliances since last 12 to 48 months.

Table 8.18: Time Since the availability and usage of Appliance obtained under ADIP Scheme (in %)

Time frame (in months)	Visual	Hearing	Locomotor
0	0	0	0.9
12	0	22.2	6.2
24	0	0	6.2
25	0	0	0.9
26	0	0	1.8
32	100	0	4.5
36	0	77.8	74.1
40	0	0	0.9
48	0	0	4.5
<b>total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 8.4.1.21 Time Taken (in months) to Adapt the Appliance

During the survey it was found that majority of the beneficiaries took maximum of up to one month to get adapted to the appliances they were given.

Table 8.19: Time taken to adapt the Appliance (in %)

Time taken (in months)	Visual	Hearing	Locomotor
0	100	77.	79.5
1	0	22.2	20.5
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 8.4.1.22 Annual Maintenance Cost (in INR) of the Aid

The table below depicts the annual expenses incurred on the maintenance of the aids and appliances given to the beneficiaries. An average amount of INR 100-200 is being spent on the maintenance which is generally borne by the beneficiaries themselves.

Table 8.20: Annual maintenance cost of the aid (in %)

Maintenance Cost (INR)	Visual	Hearing	Locomotor
100	100	100	51.4
200	0	0	35.8
250	0	0	5.4
300	0	0	3.6
500	0	0	3.8
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 8.5 Impact of Scheme on Differently Abled

During the reference period a large number of Differently Abled Persons have benefited from the scheme. However it becomes difficult to assess the extent of the coverage of the scheme as there are no updated census records of the Differently Abled Persons. Hence the exact status can only be commented upon only after comparing the number of people benefited with the total number of Differently Abled Persons. However there is no doubt about the fact that the scheme has helped in changing lives of a large number of persons.

The overall impact observed during field survey and detailed interaction with the beneficiaries, district offices and implementing agencies are as follows:

- Increased mobility: Now the Differently Abled in the locomotors category are able to move freely without constant support from others. It was observed that these people now move freely in their villages and interact with other people rather than sitting at home, which was the case before.
- Many have been able to find some livelihood as now they can reach workplaces easily.
- There is a feeling among the beneficiaries that the government gives a thought for their situation and attempts are being made to improve their situation.

### 8.5.1 Qualitative changes experienced after fitment of equipments under ADIP scheme

Table presented below is depicting the qualitative changes brought by the assistance provided under ADIP scheme. Under this scheme those who were provided aids for visual and locomotor problem have increased their mobility and their dependency on others get reduced.

Table 8.21: Qualitative changes experienced after fitment of equipments under ADIP scheme (in %)

Changes after fitment of the appliances	Visual	Hearing	Locomotor
Increase mobility	100	0	100
Continuation/resumption of work	0	11.1	1.8
Decrease dependency on others	100	0	59.8
Total independence in performing daily chores	0	0	22.3
Got married	0	0	0.9
Found job/livelihood	0	9.6	1.8
No change	0	77.8	0
Others	0	22.2	0
<i>Multiple Response Question</i>			

Source: MM Study

### 8.5.2 Whether Beneficiaries feel that their standard of living has improved

During the survey it has been seen that most of the benefices of Locomotor and Visual Disability believe that their standard of living has been improved. However, a little over 50% beneficiary of hearing problems thinks otherwise.

Table 8.22: Whether Beneficiaries feel that their standard of living has improved (in %)

Improved living standard	Visual	Hearing	Locomotor
Yes	100	44.4	82.1
No	0	55.6	17.9
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 8.5.3 Whether receive any significant change in the reaction of society after getting equipped with the aids/appliances

Table below is depicting the change in reaction of the society after getting the appliances. It can be easily understood that there is no significant change in the reaction of the society towards disabled people.

Table 8.23: Reaction of society after getting equipped with the aids/appliances (in %)

Significant Change	Visual	Hearing	Locomotor
Yes	0	0	2.7
No	100	100	97.3
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 8.5.4 How far Disabled Persons are Rehabilitated

During the survey it has been observed that after getting assistance under the ADIP scheme most of the beneficiaries felt that their life has become satisfactory. Beneficiaries or locomotor and hearing disabilities seem to be more content with the support given under the scheme. However, 11.2% beneficiaries of hearing problem are not satisfied with the aids given under the scheme.

Table 8.24: How far Disabled Persons are Rehabilitated (in percent)

How far disable people have been rehabilitated	Visual	Hearing	Locomotor
Completely/Fully	0	22.2	10.7
Satisfactorily/Adequately/Sufficiently/passably/suitably/tolerably/effectively	100	44.4	72.3
Average	0	22.2	17
Poorly	0	11.2	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 8.5.5 Effect of Disability on Caretaker

Table presented below is depicting the effects on the care takers of the disabled persons. It can be concluded that disability has restricted the care takers as well, as they are required to be with their disabled family member for assistance.

Table 8.25: Effect of Disability on Caretaker (in %)

Effect of disability	Visual	Hearing	Locomotor
Restricted Mobility	100	100	0
others	0	0	100
<b>Multiple Response Question</b>			

Source: MM Study

#### 8.5.6 Relation of Caretaker with Disabled Person

Table presented below is depicting the various care takers of the Differently Abled Beneficiaries.

Table 8.26: Relation of Caretaker with Disable Person (in %)

Relation	Visual	Hearing	Locomotor
Mother	50	0	0
Father	0	100	100
Spouse	30	0	0
Others(Younger brother/sister or any other)	20	0	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 8.5.7 Changes brought in the life of care taker after getting assistance under ADIP Scheme

Scheme has brought changes in the life of care takers of the Differently Abled Persons as well. Scheme has contributed in many ways. Some of them are being reflected in the table below.

After getting assistance under ADIP Scheme, 100% care takers of the Beneficiaries of Locomotor Disability experienced increased mobility as they are now not required to accompany their disabled family member every time. However, care takes of the beneficiaries of hearing disabilities find no change even after the assistance given under scheme.

Table 8.27: Changes brought in the life of Care Taker after getting assistance under ADIP Scheme (in %)

Changes	Visual	Hearing	Locomotor
Increase mobility	0	0	100
Decrease in dependency on others for daily chores	80	0	0
Found job/livelihood	10	0	0
No change	10	100	0
<i>Multiple Response Question</i>			

Source: MM Study

### 8.5.8 How far one thinks that their disabled family member is rehabilitated

During the survey it has been observed that after getting assistance under the ADIP Scheme most of the beneficiaries feel satisfied but beneficiaries of hearing disability did not experience any remarkable change. Same is depicted in the table below.

Table 8.28: How far one think that their disabled family member is rehabilitated (in %)

How far disable people have been rehabilitated	Visual	Hearing	Locomotor
Completely/Fully	0	0	0
Satisfactorily/Adequately/Sufficiently/passably/suitably/tolerably/effectively	80	0	60
Average	20	0	40
Poorly	0	100	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 8.5.9 Quality of Aids provided and their Performance

There have been mixed responses from the beneficiaries related to quality of appliance provided. Also the consultants during field survey found out that the appliances, which most of the beneficiaries were using currently, were damaged and the beneficiaries were just managing to help themselves with the appliances. But the quality of appliances provided by the implementing agencies cannot alone be blamed. The appliances having not been maintained on timely basis were obsolete as some of them reaching their life. Now in the light of the fact that the appliances are given to persons who are below poverty line, it can be understood that these beneficiaries do not even have enough money to maintain these appliances. The major problems with the appliance included

- Punctured tyres, in some cases even torn off
- Broken tricycle handles

- Crutches without rubber bushes
- Arm rest of crutches torn off
- Hearing aids not functioning properly

***List of Beneficiaries Contacted under the scheme is attached as Appendix A***

## 8.6 Capabilities of Implementing Agencies

The consultants have evaluated the capacity of the implementing agencies on various parameters including accuracy of records kept, penetration in to locations they have implemented the scheme, other related work they have been doing in this area and personal relations built with the Differently Abled Person which helps in understanding their needs accurately.

The findings for each of the implementing agencies on the above mentioned parameters are as follows

### 8.6.1 Narayan Seva Sansthan

The field survey of beneficiaries in their area of operation was smooth. All beneficiaries met had been provided with appliances as mentioned in the data provided by the implementing agencies. In many cases it was found that the beneficiaries had appliances which were distributed in camps organised in the year 2010-11. The appliances provided to them in the camps organised in the year 2008 were also found in their homes. This concerns the fact that a beneficiary can be given appliances the second time only with a gap of three year time period as per the guidelines of the ADIP scheme.

### 8.6.2 Pt. Deendayal Institute for Physically Handicapped

This implementing agency had organised camp in Ras village which is located in the northern part of the district of Pali in partnership with Ambuja Cement. In this camp, the Differently Abled Persons from the nearby villages were benefited.

All beneficiaries met had been provided with the appliances. However the beneficiaries did not recognize the name of the implementing agency. This may be due to the fact that Ambuja is a known name in the area as the company has its major plant in the area.

### 8.6.3 Bhagwan Mahaveer Viklang Sahayta Samiti

The study team did field investigation of the scheme implementation of the organization in Rajasthan in Bikaner district. The agency had provided a list of 80 beneficiaries to the consultants. It was later found that 20 names in the list were duplicate entries as separate entries had been done for a single person who had been provided with tricycle and crutches both.

During field survey it was found that these beneficiaries were provided with the tricycles but crutches were distributed to only a few of them. In other cases some had not been provided even with tricycles. The consultants had a difficult time in getting a justification from the implementing agency whose reasons for such major errors were not satisfactory. The various reasons the implementing agency given are as follows:

- As per the representative of the agency, they were allotted funds in the month of March and the Ministry had asked for the list of beneficiaries before month of June. Following to this, the agency had argued with the Ministry that the same was not possible to implement in such a short span of time. In reply to this the Ministry had advised to prepare a list of beneficiaries and the agency can actually implement the work

after submitting the list. Following to this the agency submitted the list but when the camp was organised the persons mentioned in the list did not turn up and hence the agency was unable to provide them with appliances.

- The agency also accused the Differently Abled Person of denying receiving any appliance, although these had been given to them. According to the agency, many of these persons sell the appliance given to them to other people or as scrap to get some money as they are poor and do not have any livelihood.

### 8.7 Types of services provided as care after fitting of aids

The consultants after interaction with the implementing agencies and beneficiaries found out that no additional services are provided as care after fitting of aids by the implementing agencies. Due to which a major proportion of aids and appliances were found not used by the beneficiaries just because of lack of maintenance. Many of the beneficiaries reported that they had to dump (in case of hearing aid) or sell (in case of tricycle) the received aid just because it was not working properly. Beneficiaries have also complained that no service centre for repairing of such aids and appliances are available within their reach thus, once it is not working they have no other option except discarding it. As per scheme guideline, recipient of aids (Differently Abled) can receive next benefit of aids after three year of receiving first benefit and in such condition if the received aid is not working then the poor Differently Abled again become immobile in spite of receiving aid.

#### Case Study

Beneficiary, **Kali Devi** lives in a village named Sankhala Basti of district Bikaner. The village is around 15 kms away from the national highway, approach road to the village can barely be called a road. It took the consultants around 40 minutes for this 15 Kms drive. The beneficiary lives in a hut on the outskirts of the village she has her right leg amputated and it is difficult for her to perform daily chores. She had been provided a tricycle during a camp organised by the Implementing Agency (IA) during the year 2009-10. Barely a year after she was given the tricycle, it now stands unused as both tyres are torn off. She states that she was grateful to the IA for providing the appliance but now she is in the same condition as she was a year back. An analysis of the situation of the beneficiary points out a major drawback of the scheme – lack of provision for maintenance. The quality of appliance provided is a major concern. The appliance though it may be of an approved quality, does not stand a chance against the tough geographical situation where it is used. Because of poor financial status beneficiary is not able to afford the expenditures to repair received aid.

### 8.8 Issues & Constraints

Though the ADIP Scheme has largely succeeded in its objectives, there are some constraints which hinder effective implementation of the scheme. Some of these are as listed below.

- There are no proper records of the geographical distribution of Differently Abled Persons either with the district office of social justice and empowerment or with the implementing agencies. The district offices and implementing agencies are relying on the census done by the central government once in ten years. For providing effective aid to the Differently Abled it is necessary to have proper details which will help in planning the location of organising camps and the number of Differently Abled who need to be attended.
- Centre allots funds for a specific district. Now there is no mechanism to ensure that all the respective villages will get benefited from the sanctioned fund. The implementing agencies have the liberty to select location of organising camps based on their convenience.
- There is other self managed NGOs which are working in the district. Some of these also organise camps and distribute appliances to Differently Abled persons. The implementing agencies have pointed out incidents where persons who have already been benefited by the ADIP scheme also collect appliance from such camps and the persons who really in need them do not get them.



- There is no system to ensure that the beneficiary who is being given the appliance has not already benefited by receiving appliance from other sources.
- Also it is difficult to ensure that the beneficiary will not sell the appliance given to him/her to some one else or as scrap, which has been pointed out by the implementing agencies. There have been incidents where many Differently Abled Persons have sold the appliance given to them for some money as they have limited livelihood options.
- Many beneficiaries cannot afford the maintenance cost of the appliances given to them. As a result the appliance break down in a few months and become non functional. This is affecting the effectiveness of the scheme.
- There is serious lack of system to evaluate the work done by the implementing agencies.
- It was pointed out by the implementing agencies that persons living in distant villages do not come to take the appliances in the camps organised as bulky appliance such as tricycles would need a jeep to carry them to their villages and they cannot bear that cost.
- The awareness among the beneficiaries about the scheme seems low. Only handful beneficiaries said that they have heard about the scheme. There are possibilities of misusing the provisions for political or personal mileage.

## 8.9 Recommendations

After analyzing the issues identified during field visits, recommendations of the consultants are as follows:

- There needs to be a proper updated list of Differently Abled Persons in the village and district which should be used to implement activities. This can be done by the district office and whichever implementing agency is operating in the district can coordinate with the district office for the same.
- This activity will also help in estimating the number and details of beneficiaries and non beneficiaries. This in turn will ensure that no particular person gets aid or appliance more than one time in the span of three years and no Differently Abled Persons is left out.
- There must be a mechanism to ensure that all Tehsils and respective villages of the district get benefited from the scheme. This can be done by either implementing the scheme at the Tehsil level rather than district level or the district office can ensure that all Tehsils get benefited in turn.
- It is also necessary to ensure that the person benefiting under the scheme has not already been benefited by appliance received from other sources ie. other agencies working independently and not receiving funds from the government. This can be done by convincing such agencies to coordinate with the district office before implementing such activities.
- The beneficiaries are benefited but not for long as they cannot maintain the appliance given to them owing to inability to bear maintenance cost. It is recommended that the implementing agencies should conduct maintenance camps from time to time and provision for the same should be made in the regulations of the scheme.

## 9. State Report of Jammu & Kashmir

### 9.1 Overview of ADIP Scheme

The ADIP Scheme is a centrally sponsored Scheme. The Scheme is implemented through agencies that have been authorised and approved by the Ministry of Social Justice and Empowerment. As far as the sampled districts are concerned all the Implementing Agencies are based outside the State. They visit the State only for doing camps.

It was alleged by the District Authorities that the Implementing Agencies conduct one camp for identification of beneficiaries but do not come for the second camp meant for distribution of appliances. During field survey the team met with these problems as well. In many cases the team was not able to locate the beneficiaries whose names were provided by the Implementing Agency. This happened due to lack of specific address. In many places the address is limited to the name of a street or even a district/town. This problem was more acute in Udhampur District where the team could find only as less as two beneficiaries.

In many cases where the team managed to find out the beneficiaries after putting in a lot of efforts the persons mentioned in the list denied that they have received appliance from the Implementing Agency. In some cases they even denied having attended any camp.

It was observed that the beneficiary list provided by the Implementing Agencies contained wrong details of the beneficiaries. This includes name and age of the beneficiaries which are crucial in reaching the Beneficiaries.

Apart from ADIP Jammu & Kashmir State has three more schemes, details of them are mentioned below:

#### 9.1.1 Job reservation for the Differently Abled

The State Government provides reservation for Differently Abled in government jobs. Visually Handicapped Orthopedically handicapped and Hearing Impaired persons are provided 1% of reservation each in government jobs.

#### 9.1.2 Financial Assistance

Differently Abled Persons are given a monthly assistance INR 150.

#### 9.1.3 Conveyance Allowance

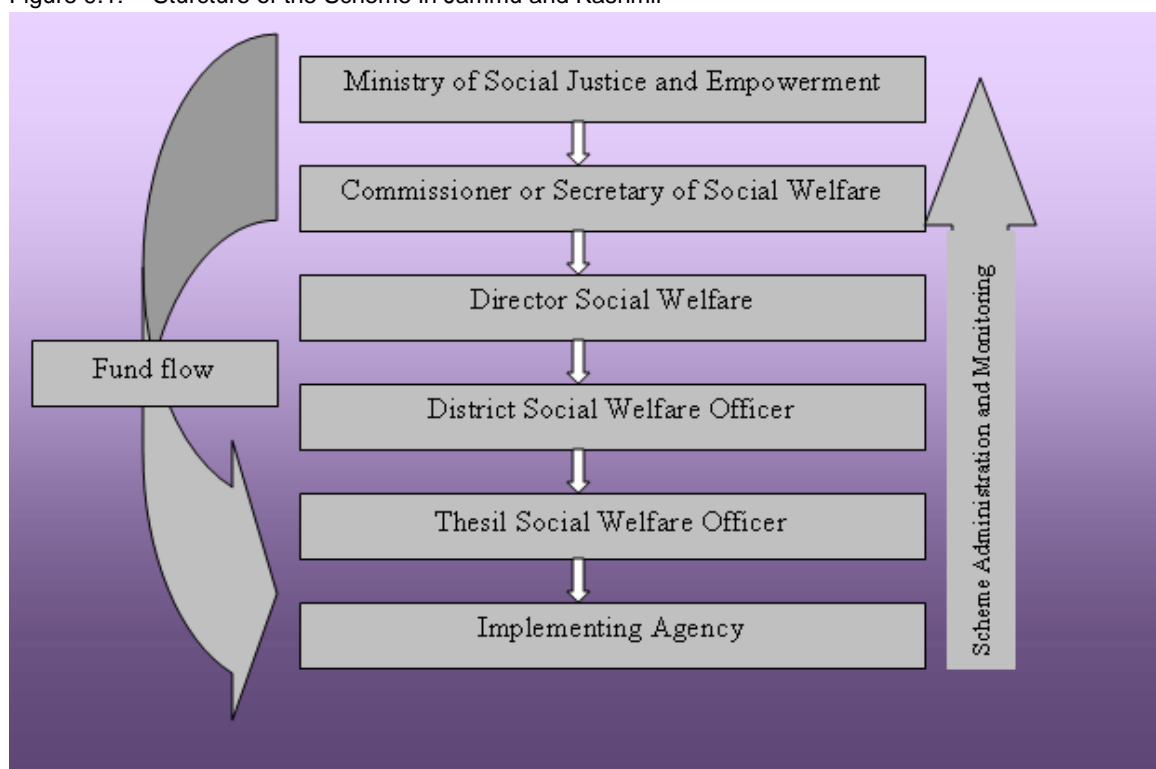
Differently Abled government employees are given Conveyance allowance.

### 9.2 Implementation of the Scheme

Responsibility of implementing the scheme at the grass root level is in the hands of the District Disability Rehabilitation Centre's, NGOs, Composite Regional Centres, Artificial Limbs Manufacturing Corporation. These Implementing Agencies are required to prepare their detailed proposals for the implementation of the scheme for the concerned year and submit them to the district office. The district offices after scrutinising the proposals at its level forward the same to the State office which scrutinises the report and send it to the

Ministry of Social Justice & Empowerment at the central level along with the recommendations. On receiving fund approval from centre, implementing agencies organize camps to distribute aids and appliances to eligible Differently Abled Persons in the specific areas that are allotted to them. According to district and State level officials the scheme is under the jurisdiction of the Commissioner or Secretary of Social Welfare at the State level. At the district level scheme is taken care of by District Social Welfare Officer. At the Tehsil level the scheme is under Tehsil Social Welfare Officer. Agencies that have been assigned to implement the scheme in the district level organise two camps i.e. one for identification of the beneficiaries and the second for distribution of Aids and Appliances. Structure of the implementation of the scheme is as given in the figure below:

Figure 9.1: Structure of the Scheme in Jammu and Kashmir

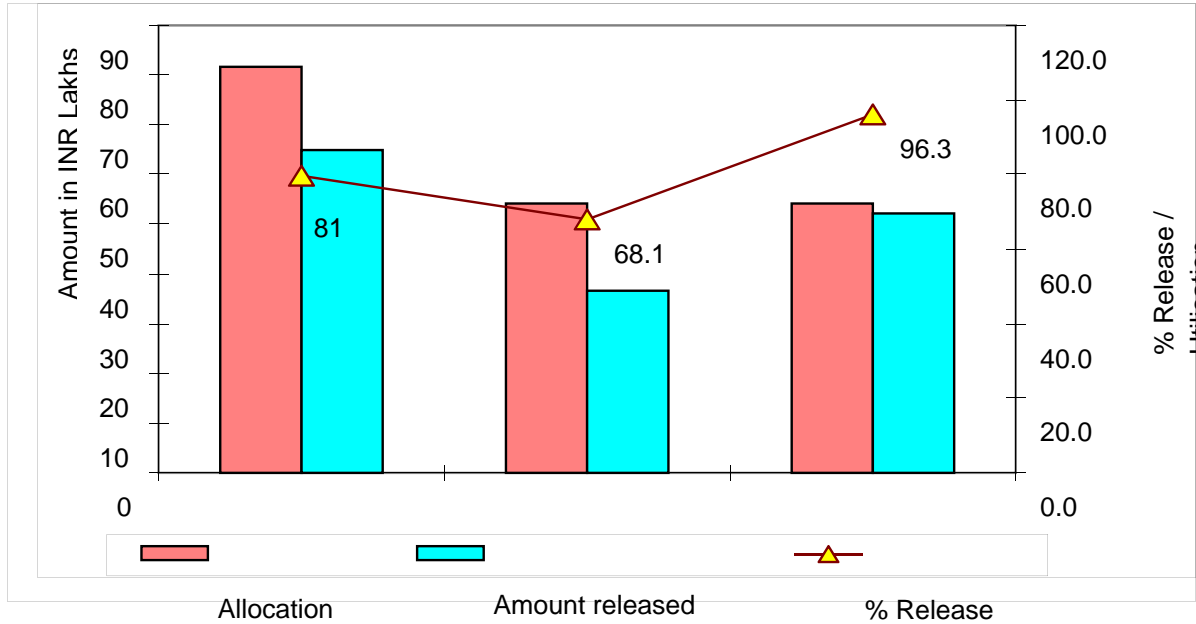


Source: MM Study

### 9.3 Financial Performance

The State of Jammu and Kashmir was allotted an amount of INR 81.51 Lakh during the financial year 2007-08 of which 81% (INR 65.02 Lakh) was released during the financial year. In the year 2008-09, the State received an allotment of INR 54 Lakh which was 33.75% less than that of the allotment of the previous year. Utilisation of the allotted funds during the year was 68.1% (INR 36.75 Lakh). In 2009-10, the State received an annual allotment of INR 52 Lakh of which no expenditure is made.

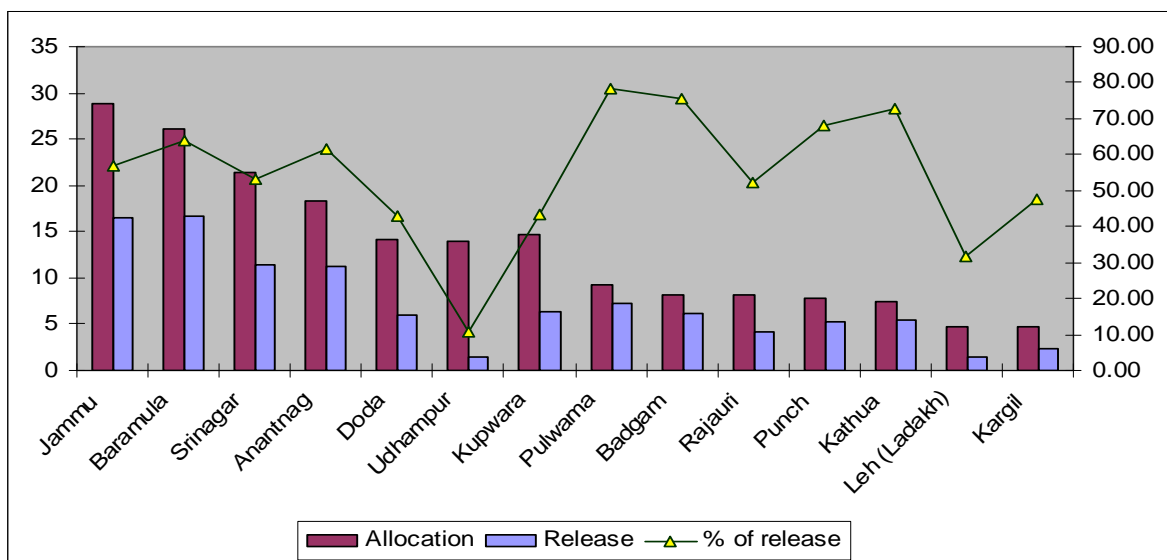
Table 9.1: Allocation and Release of funds in Jammu and Kashmir



Source: MM Study

In Jammu and Kashmir fourteen districts have been provided support under the scheme during the study period. Release of funds against allotment has remained low. Total allotment for the State of Jammu and Kashmir during the reference period was INR 189.51 Lakh and only INR 153.77 was released (81%).

Table 9.2: Allocation of Funds in different districts



Source: MM Study

#### 9.4 Physical Performance of the Scheme

It is evident from the above mentioned graph that about INR 51.08 Lakh has been allocated to the three selected Districts named Pulwama, Jammu and Udhampur and INR 40.24 Lakh has been released which 78.8% of the funds is allocated. As per data provided by the implementing agencies, during the reference period 232 Differently Abled have been provided benefit in the selected districts, out of these 232 our team has tried to talk to 180 beneficiaries but it was found that the addresses provided by implementing agencies were not full as only district names were provided to us and it was really difficult to find beneficiaries with only district names. District officials were also not found aware of the beneficiaries benefited under the project. After three visits to the State, we could only contact 83 beneficiaries and they too were found taking benefit from other schemes as well.

Looking into physical performance it is evident that about INR13,875.86 has been spent for one Differently Abled person which is on upper side as per guideline, which should not go beyond INR 6,500 and 20% of the total fund can only be used as operational cost.

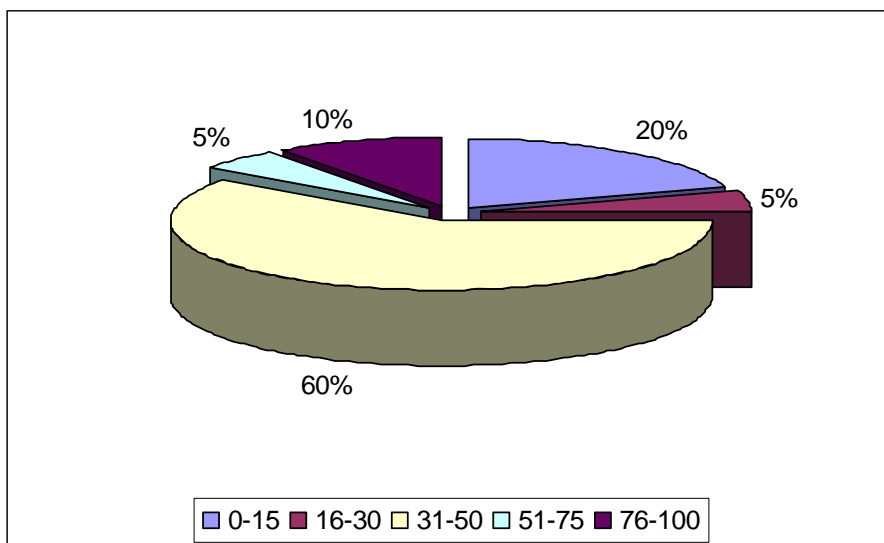
#### 9.5 Physical Verification of the Scheme

##### 9.5.1 Demographic Profile of the Beneficiaries

##### 9.5.1.1 Age Group of Beneficiaries

It was observed from the field that the scheme benefits are reaching to all age groups. A vast majority of the contacted beneficiaries fall in the age group of 31-50 years which is 60%, followed by 20% from the age group of 0-15 years. About 10% were from the age group of 76-100 years and rest age belonged to age groups 16-30 and 51-75 (5% each).

Table 9.3: Age group of Beneficiaries

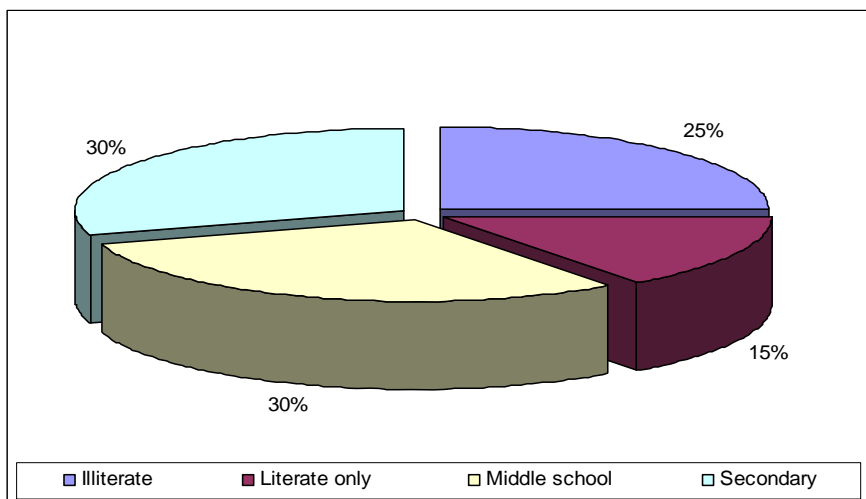


Source: MM Study

### 9.5.1.2 Literacy Level

Literacy level of the beneficiaries is generally very low. While 30% each of the beneficiaries contacted had completed their middle school and secondary school, 15% of them were literate only and had no formal schooling. Another 25% of the beneficiaries were illiterate.

Table 9.4: Literacy Level of Beneficiaries

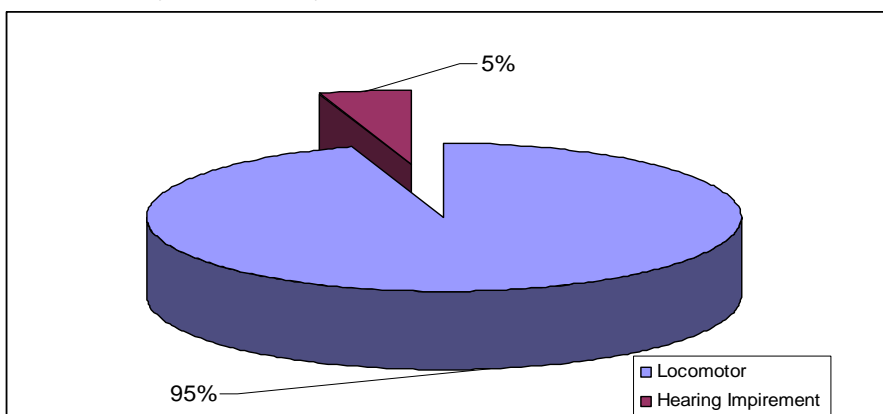


Source: MM Study

### 9.5.1.3 Type of Disability

It has been revealed through the survey, that prevalence of Locomotor disability is quite high in comparison with other disabilities in the area. Majority of the respondents were given assistance for orthopaedic disabilities which is 95%. Number of people who have received assistance for other types of Differential Ability is considerably low. It has been noticed in the field that the main focus of the Implementing agencies is the Orthopedically handicapped. Among the contacted beneficiaries 5% were supported for hearing problems.

Table 9.5: Type of Disability

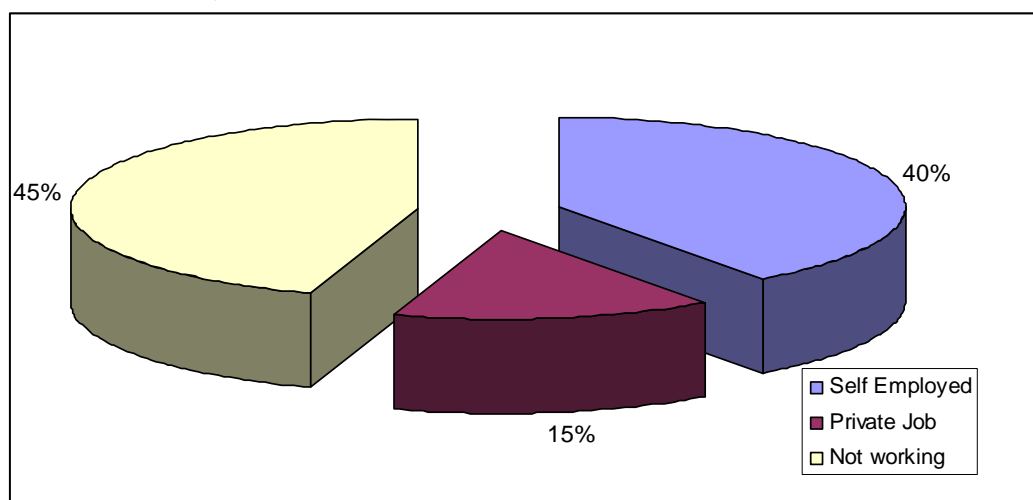


Source: MM Study

### 9.5.1.4 Employment Status of the Disabled

It has been observed that a total of 55% of the respondents were gainfully employed. Low levels of education and disability are the main reasons forcing them not to work. Of all the beneficiaries contacted, 40% were self employed, mostly managing petty shops and doing tailoring work. About 15% are employed with the private employers.

Table 9.6: Employment status of Beneficiaries



Source: MM Study

### 9.5.1.5 Income Group of Beneficiaries and his/her Guardian

The beneficiaries are from very poor socio-economic backgrounds. They are mostly self employed and have limited or meagre earnings.

### 9.5.1.6 Nature of Disabilities of the Beneficiaries

During the survey it was found that the major cause of hearing disability of the beneficiaries was congenital (100%) and that of Locomotor disability was illness (58%). However, the other cause of the locomotor disability was congenital (32%) and accident (11%).

Table 9.7: Nature of Disabilities of the Beneficiaries (in %)

Type of Disability	Hearing	Locomotor
Congenital	100	31.58
Illness	0	57.89
Accidental	0	10.53
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 9.5.1.7 Effect of Disability on Normal Routine of Life

It can be concluded from the table presented below that people with disabilities are facing problem with highest degree with their mobility. Even if they are able to perform their daily chores when they need to move around they are dependent on others to a great extent.

Table 9.8: Effect of Disability on Normal Routine of Life (in %)

Effect of disability	Hearing	Locomotor
Restricted Mobility	0	57.89
Disruption/Stopping study or work	0	21.05
Dependency on others	100	5.26
Couldn't marry	0	0
Couldn't find job/livelihood	0	15.8
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 9.5.1.8 Reaction of Society

It was observed from the field that the Differently Abled in many cases have faced discrimination from the society. The table below shows the perception of Differently Abled about the discriminative behaviour of the society towards them.

Table 9.9: Reaction of Society (in %)

Whether society have behaved adversely due to disability	Hearing	Locomotor
Yes	0	31.57
No	100	68.42
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 9.5.1.9 Awareness of ADIP Scheme

Information gathered from the field suggests that the beneficiaries are not aware of the ADIP scheme. None of the beneficiaries said that they have heard about the scheme.

Table 9.10: Prior Informaton regarding ADIP Scheme (in %)

Awareness of ADIP Scheme	Hearing	Locomotor
Yes	0	0
No	100	100
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 9.5.1.10 Awareness Regarding the Type of Appliances Being Used

Of all the beneficiaries contacted they were of the opinion that they do not know about the aids and appliances they have been provided.



Table 9.11: Awareness regarding the type of Appliances obtained (in %)

Whether the beneficiaries are aware of the appliances provided?	Hearing	Locomotor
Yes	100	47.37
No	0	52.63
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 9.5.1.11 Year of Obtaining Device First Time

Most (84.21percent) of the Locomotor Beneficiaries obtained devices first time in the year 2009, followed by 2008 when about 11% of the selected beneficiaries received devices for the first time. However beneficiaries with hearing impairment have received their device during 2008 only.

Table 9.12: Year of obtaining device first time (in %)

Year of obtaining Device first time	Hearing	Locomotor
2007	0	5.27
2008	100	10.52
2009	0	84.21
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 9.5.1.12 Financial Assistance for aids/appliances

It was observed that beneficiary (hearing and locomotors) have received financial assistance also for purchasing/maintaining their aids and appliances.

Table 9.13: Financial aid for appliances (in %)

Source of financial assistance	Hearing	Locomotor
Artificial Limbs Manufacturing Corporation of India	0	31.58
NGO	100	68.42
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 9.5.1.13 Number of times the aids/appliances obtained

It has been seen that most of the beneficiaries were given aids/ appliances once or twice during the reference period i.e., 2007-2010.

Table 9.14: Number of times the aid have been provided (in %)

No. of Times aids provided	Hearing	Locomotor
1 to 2 times	100	100
3 to 5 times	0	0
More than 5 times	0	0
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM study

#### 9.5.1.14 Whether Differently Abled is Head of the Household

It was observed from the field that, many of the beneficiaries by themselves were heads of the households. This increases their social responsibility of having to provide for the basic needs of the family.

Table 9.15: Whether Differently Abled is the head of the household (in %)

Whether DA is the Head of the household?	Hearing	Locomotor
Yes	100	52.63
No	0	47.37
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 9.5.1.15 Literacy Level of the Head of Household

During the survey it was observed that education level among the head of the household of the beneficiaries is also very less. A total of approximately 25% of the heads of the households of the respondent beneficiaries were illiterate. The rest of them had some degree of education. Category wise further classification is given in the table below.

Table 9.16: Literacy level of the Head of Household(in %)

Literacy level of the head Of household	Hearing	Locomotor
Illiterate	100	22
Literate only	0	33
Middle school	0	17
Secondary school	0	11
Higher secondary	0	17
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 9.5.1.16 Monthly Income of the Head of the Household

In Jammu and Kashmir it was found that majority of the head of the household of all the beneficiaries had an income range of INR 1001 to 2000 per month, followed by INR 2001-3000.

Table 9.17: Monthly Income of the Head of the Household (in %)

Income group	Hearing	Locomotor	Total
INR 1001- 2000	100	36.84	40.1
INR 2001 – 3000	0	31.58	30.1
INR 3001 – 5000	0	15.79	15.0
INR 5001 – 10000	0	5.26	5.0
Not working	0	10.53	10.0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 9.5.1.17 Dependency of Family Members on the Disabled Person

During the survey it was found that approximately 33% beneficiaries of hearing and 19% beneficiaries of Locomotor Disability had members dependent on them.

Table 9.18: Dependency of family members on the disabled person (in %)

Dependent members on the disabled person?	Hearing	Locomotor
Yes	33.3	19.4
No	66.7	80.6
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 9.5.1.18 Number of Dependent Person

Table below is depicting the number of people Dependent on the Beneficiaries. It can be concluded that the number of dependent family members on the beneficiaries are very low as most of them are unemployed and unmarried.

Table 9.19: Number of Dependent Person (in %)

Total number of dependents on disable	Hearing	Locomotor
3	100	45.31
4	0	27.27
5	0	27.27
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 9.5.1.19 Place of Application for the assistance under ADIP Scheme

All the beneficiaries contacted for aids and appliances were provided them through camps organised by the Implementing agencies.

Table 9.20: Place of Application for the appliance under ADIP scheme (in %)

Place of application for assistance under the ADIP Scheme	Hearing	Locomotor
Artificial Limbs Manufacturing Corporation of India	0	27.27
NGO	100	72.73
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 9.5.1.20 Time Taken for Obtaining the Appliances after Application

From the table it can be concluded that most of the beneficiaries of Locomotor Disability had to wait for the aids and appliances till the fitment of the appliance. However, some of the beneficiaries of the locomotor disability and all of those with hearing disability had received the aids/appliances immediately after they applied for the aids.

Table 9.21: Time Taken for obtaining the appliances after application (in %)

Time taken for aids/appliances	Hearing	Locomotor
Till the Fitment of Appliances	0	66.7
Immediately	100	33.3
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 9.5.1.21 Time Since aids/appliance has been obtained by beneficiary under ADIP Scheme

Most of the beneficiaries met by the study team have told that they had to wait for about two to three years for receiving aids and appliances.

Table 9.22: Time Since the availability and usage of appliance obtained under ADIP scheme (in %)

Time frame (in years)	Hearing	Locomotor
Two years	100	26.32
Three Years	0	73.68
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 9.5.1.22 Time taken (in months) to adapt the appliance

During the survey it was found that majority of the beneficiaries took maximum of two months to get adapted to the appliances they were given.

Table 9.23: Time taken to get adapted to the appliance in months (in %)

Time taken (in months)	Hearing	Locomotor
1	0	36.36
2	100	63.64
<b>Total</b>	<b>100</b>	<b>100.00</b>

Source: MM Study

#### 9.5.1.23 Annual Maintenance Cost (in INR) of the Aid

Below table is depicting the annual expenses incurred on the maintenance of the aids and appliances given to the beneficiaries. An average amount of INR 500 is being spent on the maintenance which is generally borne by the beneficiaries themselves.

Table 9.24: Annual maintenance cost of the Aid (in %)

Maintenance Cost (INR)	Hearing	Locomotor
Up to 100	0	9.09
500	100	81.81
1000	0	9.09
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

## 9.6 Impact of Scheme on Differently Abled

ADIP scheme is concerned with the curative and rehabilitative aspects of the disability. Scheme's services are ranging from the provision of Artificial Limbs, Wheel Chairs, Callipers, Crutches, and Walkers to corrective surgeries. Through these services, scheme has had a great Impact on the mobility of the beneficiaries. Therefore, overall the scheme has a positive and constructive effect on the disabled beneficiaries. As far as the dependency of beneficiaries on others is concerned, the scheme has had positive effects. It has contributed towards reducing dependency on others and increased mobility of the caretakers. The scheme has had little or no impact on the social perception of disability. The stigma on disabilities is still prevailing.

### 9.6.1 Qualitative changes experienced after fitment of equipments under ADIP Scheme

Table presented below is depicting the qualitative changes brought by the assistance provided under ADIP scheme. Under this scheme those who were provided aids for locomotor problems have increased their mobility and their dependency on the others got reduced.

Table 9.25: Qualitative changes experienced after fitment of equipments under ADIP Scheme (in %)

Changes after fitment of the appliances	Hearing	Locomotor
Increase mobility	0	100
No change	100	0
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 9.6.2 Whether beneficiaries feel that their standard of living has improved

According to the beneficiaries there has not been much change on the standard of their living because of the scheme. While only 42.11% of the Locomotor Beneficiaries were of the opinion that there has been some improvement to the standard of their living because of increased mobility, 57.89% of them were of the opinion that there has been no impact of the scheme on the standard of their living. This has been described below in the following table.

Table 9.26: Impact of Scheme on Beneficiaries Life-improved standard of living (in %)

Improved living standard	Hearing	Locomotor
Yes	0	42.11
No	100	57.89
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 9.6.3 Whether receive any significant change in the reaction of society after getting equipped with the aids/appliances

Table below is depicting the change in reaction of the society after getting the appliances. It can be easily understood that there is no significant change in the reaction of the society towards disabled people.

Table 9.27: Change in reaction of society after receiving benefit (in %)

Significant Change	Hearing	Locomotor
Yes	0	0
No	100	100
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 9.6.4 How far Disabled Persons are Rehabilitated

During the survey it has been observed that after getting assistance under the ADIP Scheme most of the beneficiaries felt that their life has become rehabilitate after receiving the benefit up to certain extent (average).

Table 9.28: Proportion of Differently abled Rehabilitated (in %)

How far disable people have been rehabilitated	Hearing	Locomotor
Average	100	80
Poorly	0	20
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 9.6.5 Effect of Disability on Caretaker

Table presented below is depicting the effects on the care takers of the disabled persons. It can be concluded that disability has restricted the care takers severely as 100% care takers are required to be with their disabled family member.

Table 9.29: Effect of Disability on Caretaker (in %)

Effect of disability	Hearing	Locomotor
Restricted Mobility	100	100
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 9.6.6 Relation of Caretaker with Disable Person

Table presented below is depicting the various care takers of the Differently Abled beneficiaries.

Table 9.30: Relation of Caretaker with Disable Person (in %)

Relation	Hearing	Locomotor
Mother	0	50
Spouse	100	50
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 9.6.7 Changes brought in the life of Caretaker after getting assistance under ADIP Scheme

The major impact of the scheme on the Caretaker have been their increased mobility. This is evident from the table below.

Table 9.31: Changes brought in the life of Care taker after getting assistance under ADIP Scheme (in %)

Changes	Hearing	Locomotor
Increase mobility	100	50
Decrease in dependency on others for daily chores	0	50
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 9.6.8 How far one thinks that their Disabled Family Member is Rehabilitated

Most of the respondents were of the opinion that there has not been much impact of the scheme on the rehabilitation of their disabled family member.

Table 9.32: Proportion of Differently abled Rehabilitated (in %)

How far disable people have been rehabilitated	Hearing	Locomotor
Poorly	100	100
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 9.6.9 Quality of Aids provided and their Performance

The beneficiaries were of the opinion that the appliances like wheel chairs and tricycles provided through the camp were of medium quality. The tyres and rims had developed problems soon after they were obtained from the Implementing agency.

The team observed from the field that the appliances provided were in some cases not fitting to the environment in which they were to be used. As the State of Jammu and Kashmir is home to hills and plains the undulating terrain of the area is causing problem for the application of the appliances provided. The team met a beneficiary in Udhampur district who had received two tricycles from two different agencies (one under ADIP). The first one has broken down irreparably and the second one has not been used for a long time because of unsupportive terrain.

Figure 9.2: Two appliances given to same beneficiary



Source: MM Study

**List of Beneficiaries Contacted under the scheme is attached as Appendix A**

#### 9.7 Capabilities of Implementing Agencies

In Jammu and Kashmir, the scheme is implemented by different agencies ranging from Artificial Limbs Manufacturing Corporation (ALIMCO) to NGOs. None of the Implementing Agencies in the sampled districts have own institutional capacities in the State. They are outside agents coming for camps only. Agencies based out side State, have no option of follow-ups with the beneficiaries. They conduct camps as per their planning/ schedule in the concerned areas in some specific times. They also have no institutional setups in the State which also makes them inaccessible for the disabled persons.

#### 9.8 Types of services provided as Care after fitting of Aids

There is little follow-up for the maintenance of the appliance once provided by the Implementing Agency. They soon become unused because of minor problems like puncture of a tyre. It was observed from the field that the beneficiaries lack motivation to repair them even if they can afford to spent money from their own pockets for the same.

#### 9.9 Issues and Constraints

The process of documentation of the scheme has been very poor. In many places names and addresses of the beneficiaries are not any more than mere numbers because of the faulty registration. Crucial details of the beneficiaries are not recorded right. This points to loop holes in the registration and assessment process.



- Many of the people in the list provided by the Implementing agencies denied having received appliances under the scheme. Some of them even denied having attended any camps for the same. This points towards possibilities and pilferages in the system.
- None of the implementing agencies in the sampled districts are based within the State. This leaves them to depend on local leaders for the implementation of the scheme. They, as a result, have to be submissive to the requirements of such leaders. This can lead to misuse of the scheme for petty gains by the local leaders. It was observed that an appliance provided under the scheme carried name of a local leader as its donor.
- The State officials said that they have no formal information about the allocation of funds. Most of the implementing agencies are getting funds directly from the central government. They approach the district authorities for support to conduct camps.
- It was alleged by DSO office in Jammu that the Implementing Agencies do not provide appliances to the beneficiaries who have attended the camp.

Figure 9.3: Name of a local leader projected on the appliance as donor



Source: MM Survey

#### 9.10 Recommendation

- Information on allocation of funds to Implementing agencies by the Ministry of Social Justice and Empowerment should be provided to district and State Authorities directly.
- Registration and documentation of the scheme should be made rigorous.
- Local NGOs especially DPOs (Disabled People's Organisation) should be roped in to reach more Disabled Beneficiaries.
- While appliances are provided the environment in which they are to be used should be assessed. Usage of appliances like tricycle and wheel chairs in sloppy terrains can cause danger to the life of the beneficiary.
- The scheme covers the need for physical appliances. The beneficiaries of the schemes should be linked to other State and Central Government Schemes which will ensure them a dignified livelihood and true multi-dimensional rehabilitation.

# 10. State Report of Uttar Pradesh

## 10.1 Overview of Scheme since its Inception

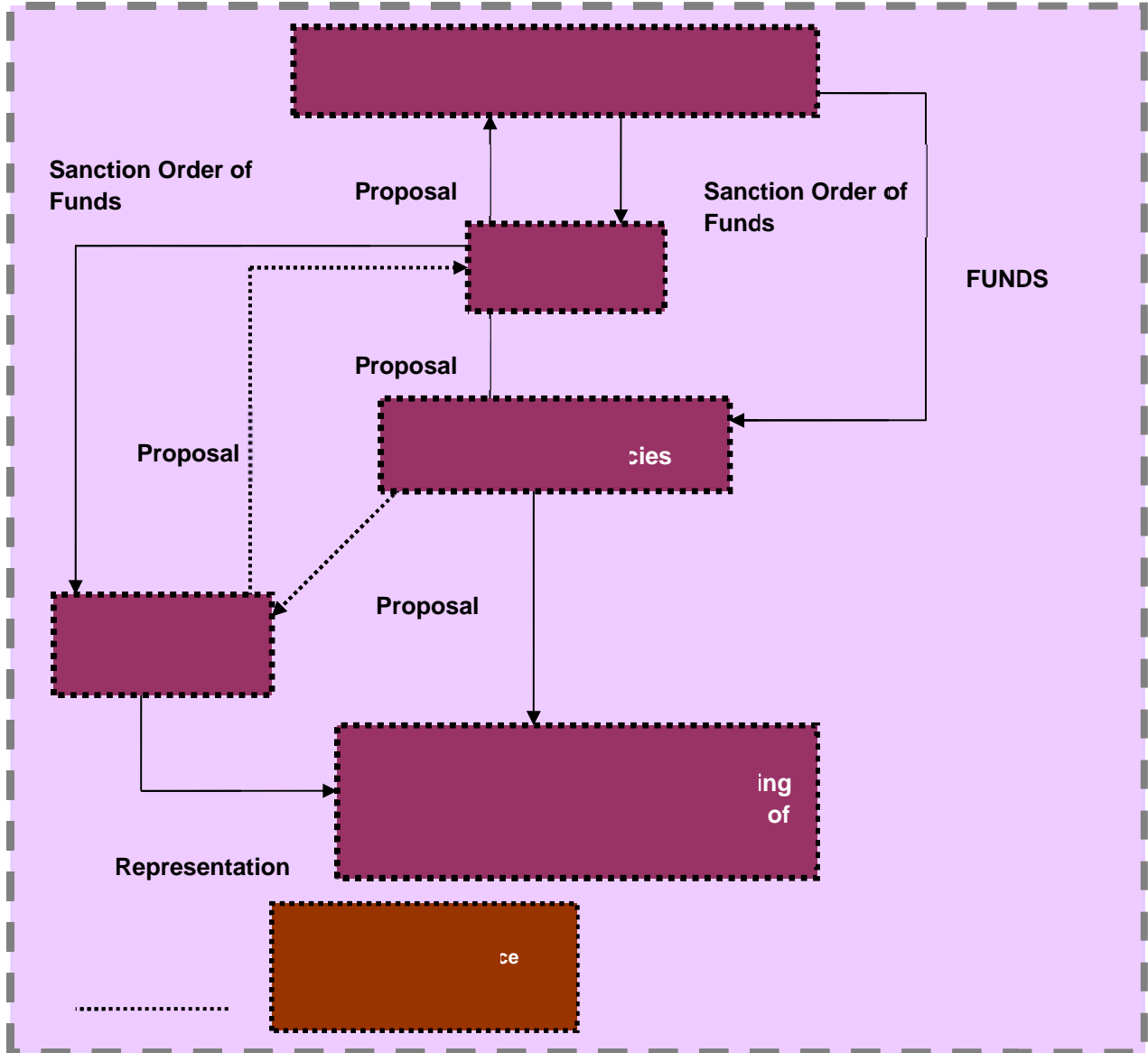
Previously the Implementation Agencies prepared a proposal which included the various activities that it intended to carry out, the locations where it wanted to carry out the activities and the number of Differently Abled Person who would be benefited by the activities. This proposal was then routed through the State Office to the Ministry of Social Justice and Empowerment. The Ministry then evaluated the proposal on various grounds and then allocated and released funds to the Implementing Agencies. The Ministry also sent sanction orders for release of funds to the State Office which then in turn sent a copy to the District Office. The Implementing Agencies then organized camps wherein the Differently Abled Persons are provided with aids and appliances. The District Office sent their representatives to these camps who took a note of the category wise number of appliances distributed.

Since last year the process has changed a bit due to which the Implementing Agencies now need to route the proposal through the District and State Offices both. The District Offices also feel that this change was necessary as previously though being a major stakeholder, the District Office did not have a major role in the implementation process. However the consultants feel that though the implementation process is quite streamlined, the evaluation process of the scheme needs more attention as it is necessary to audit rather than just evaluate the work done by the Implementing Agencies, not only financially but whether all categories of Differently Abled Persons are benefiting from this Scheme or not.

It has been noted in the field survey that the Implementing Agencies are a bit biased for the type of Differently Abled Persons they have been working largely for.

The role of the District Officials in the implementation of the ADIP Scheme has been negligible in Uttar Pradesh. According to the District Offices, the NGO's are in communication with the State Office and Centre directly. It was found that the district officials did not have much clue over the activities of the Implementing Agencies. The District officials are entrusted with the job of cross checking the work with a sample of the Beneficiaries. They do so and that brings an end to their role. The participation and active involvement of the district office which know more about the ground realities in the district and the situation of the Differently Abled Persons was hence curbed. The District officials complaint that these NGO's don't seek their advice before organizing camps. The district officials are in touch with the beneficiaries throughout the year as there are other State run schemes for the physically handicapped. If the NGO's are in touch with these officials then they can get a clear picture of the current status before organizing any activities. This will help in identifying and prioritizing the physically handicapped who may need assistance urgently. There have been cases where some have been benefited by both the State run schemes and ADIP whereas some did not get assistance from any of these. The district offices strongly feel that the implementing agencies are given more powers than they should be given. The evaluation of the work done by the Implementing Agencies is not satisfactory as there is no proper system for it. The role of the district office seems to be of a silent spectator in the implementation of the ADIP scheme though it being a major stake holder. The District officials however believe that the ADIP Scheme has its own credits also as it has helped many Differently Abled Persons in the districts. But according to them there still lies a concern because the Differently Abled Persons still do not have proper livelihood and hence the ADIP scheme will not be able to improve their standard of living to a greater extent.

Figure 10.1: Flow Chart depicting implementation process of ADIP Scheme



Source: IMM Study

## 10.2 Actual Status of the Scheme (Physical & Financial)

The details of the year wise funds utilised by Implementing Agencies, the number of Differently Abled Persons declared as beneficiaries by the Implementing Agencies and the number of surveyed beneficiaries are given in the below table below.

Table 10.1: Funds Allocated and Released during 2007-2010 (INR in Lakhs)

S. No	District	Allocation	Release	% Release
1	Kanpur Nagar	88.0	62.37	70.9
2	Allahabad	72.9	36.56	50.2
3	Azamgarh	62.7	34.62	55.2
4	Agra	55.3	20.38	36.9
5	Varanasi	47.6	24.52	51.5
6	Barabanki	47.3	36.65	77.5
7	Jaunpur	44.4	18.82	42.4
8	Etah	44.2	21.61	48.9
9	Sultanpur	43.5	24.74	56.9
10	Aligarh	45.17	14.11	31.2
11	Kheri	41	9.05	22.1
12	Hardoi	40.6	31.27	77.0
13	Lucknow	40.4	26.86	66.5
14	Muzaffarnagar	61.47	8.25	13.4
15	Deoria	39.6	13.75	34.7
16	Bulandshahr	37.2	21.87	58.8
17	Maharajganj	37.2	0	0.0
18	Sitapur	37	11.62	31.4
19	Rampur	35.8	12.51	34.9
20	Kanpur Dehat	33.4	11.25	33.7
21	Gorakhpur	15.3	6.75	44.1
22	Saharanpur	33.2	20.79	62.6
23	Unnao	50.9	14.2	27.9
24	Bareilly	32.8	16.88	51.5
25	Rae Bareli	32.6	0	0.0
26	Pratapgarh	32.6	7	21.5
27	Firozabad	32.5	6.75	20.8
28	Ballia	32.2	0	0.0
29	Budaun	29.7	6.98	23.5
30	Ghaziabad	29.7	12.8	43.1
31	Moradabad	29.6	26.06	88.0
32	Gonda	29.5	0	0.0
33	Ghazipur	29.4	0	0.0
34	Mathura	29.4	14.69	50.0
35	Farrukhabad	29	11.37	39.2
36	Bijnor	28.7	22.34	77.8
37	Shahjahanpur	28.5	9.5	33.3
38	Bahraich	26.2	0	0.0
39	Ambedkar Nagar	26	2	7.7
40	Jhansi	26	6.41	24.7
41	Meerut	25.9	4	15.4
42	Basti	25.8	17.84	69.1
43	Siddharthnagar	25.8	10.4	40.3
44	Hathras	25.7	11.36	44.2
45	Fatehpur	25	9.42	37.7
46	Jalaun	24.6	7.25	29.5
47	Kushinagar	22.5	5	22.2
48	Pilibhit	21.84	12	54.9

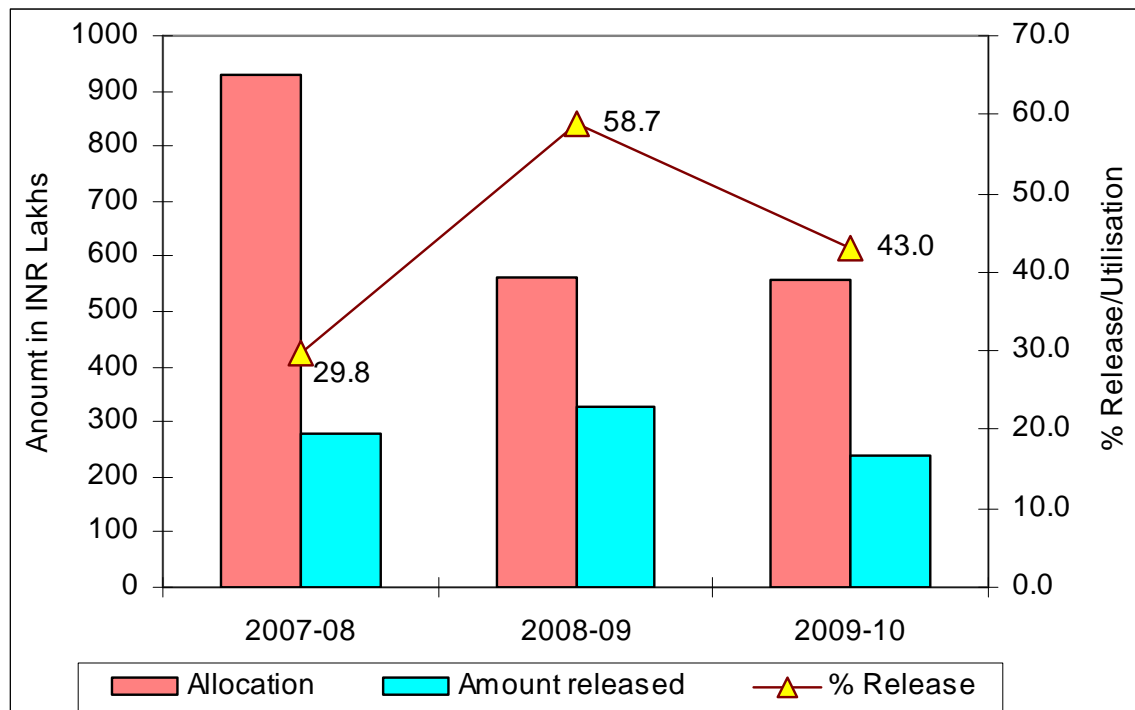
S. No	District	Allocation	Release	% Release
49	Balrampur	21.65	4.5	20.8
50	Mirzapur	19.02	18.86	99.2
51	Banda	18.49	12.94	70.0
52	Chandauli	18.18	8.75	48.1
53	Faizabad	17.58	6.38	36.3
54	Mainpuri	15.32	7.37	48.1
55	Lalitpur	15.21	3	19.7
56	Sant Kabir Nagar	14.86	5.5	37.0
57	Kannauj	14.85	6.04	40.7
58	Auraiya	14.7	3	20.4
59	Sant Ravidas Nagar Bhadohi	14.68	8.34	56.8
60	Mau	14.68	8	54.5
61	Gautam Buddha Nagar	14.63	7.62	52.1
62	Etawah	14.61	5.93	40.6
63	Jyotiba Phule Nagar	14.54	6.28	43.2
64	Kaushambi	14.3	7.08	49.5
65	Baghpat	12.58	6.89	54.8
66	Sonbhadra	10.98	7.02	63.9
67	Hamirpur	10.75	4.62	43.0
68	Chitrakoot	10.33	6	58.1
69	Shrawasti	7.82	4.75	60.7
70	Mahoba	7.68	5.84	76.0
	Total	2073.12	857.31	41.4

Source: MM Study

### 10.2.1 Financial Performance

The State of Uttar Pradesh was allotted an amount of INR 2073.1 Lakh during the financial year 2007-10 of which 41.4% (INR 857.31 Lakh) was released during the same year. In 2009-10 the State received an annual allotment of INR 559 Lakh of which INR 240.25 lakh (43%) was only received.

Figure 10.2: Scheme Allocation and Released for Year 2007-10



Source: MM Study

In Uttar Pradesh 68 districts have been provided support under the scheme during the study period. Release of funds against allotment has remained low.

### 10.3 Physical Performance of the Scheme

As per the data available, about INR 143.14 Lakh has been allocated to the three selected districts named Etawah, Hardoi and Kanpur Nagar and INR 99.92 lakh has been released which 69.92% of the fund is allocated. As per data provided by the Implementing Agencies, during the reference period 1123 Differently Aabled have been provided benefit. However, Implementing Agencies were not found maintaining detailed address of the beneficiaries they only provided addresses of 200 Beneficiaries because of which our study team could contact only 166 beneficiaries as others were found shifted from the actual address.

Looking into physical performance it is evident that about INR 4981 has been spent for one differently person which is slightly on the lower side as per as per guideline, which should not go beyond INR 6,500 and 20% of the total fund can only be used as operational cost.

### 10.4 Physical Verification

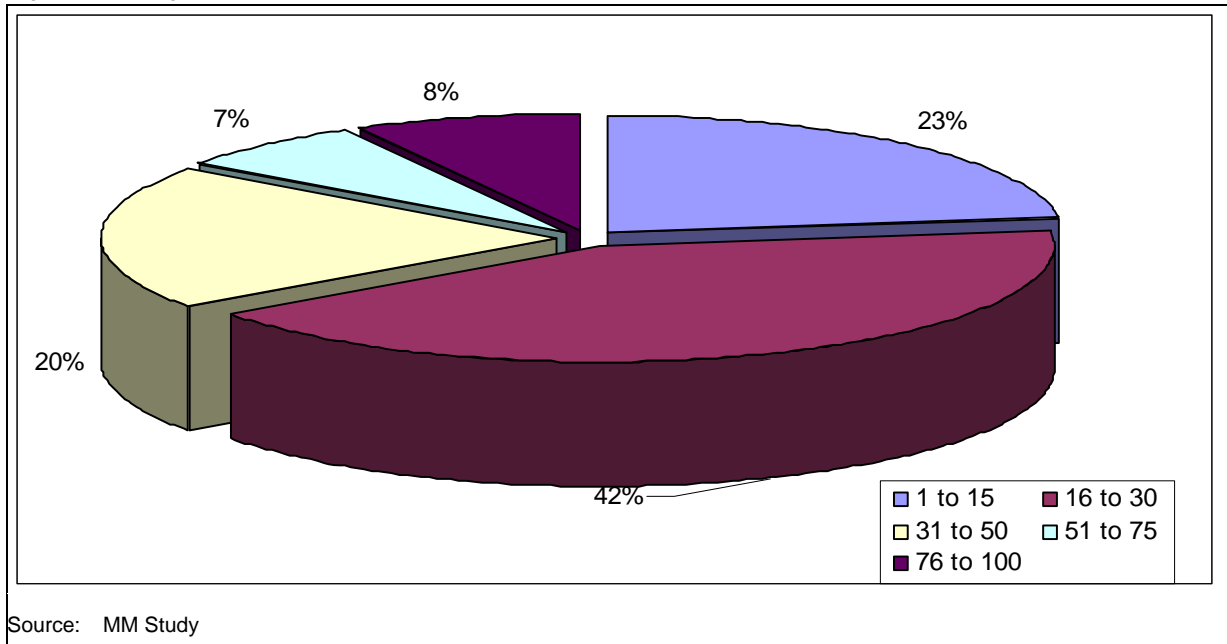
#### 10.4.1 Profile of the Beneficiaries

##### 10.4.1.1 Age Group of Beneficiaries

As per our field survey, 42% of the beneficiaries covered under the study were between the age group of 16 to 30 years, followed by 23% of the beneficiaries between 1 to 15 years, followed by 20% of them in the age

group of 31 to 50 years. The least number of beneficiaries were found in the age group of 51 to 75 years (7%).

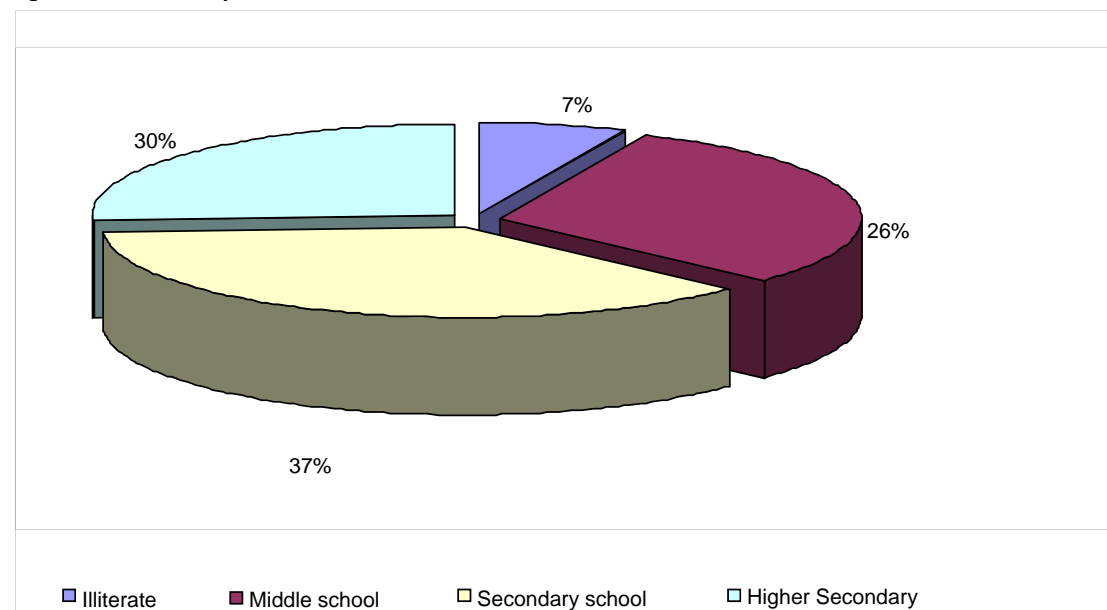
Figure 10.3: Age Group of the Beneficiaries



#### 10.4.1.2 Literacy Level

A considerable section of the beneficiaries (37%) have completed their secondary school followed by 26% of them completing their middle school. Another 30% of the beneficiaries have completed higher secondary education. A total of 7% of the beneficiaries covered under the study were illiterate.

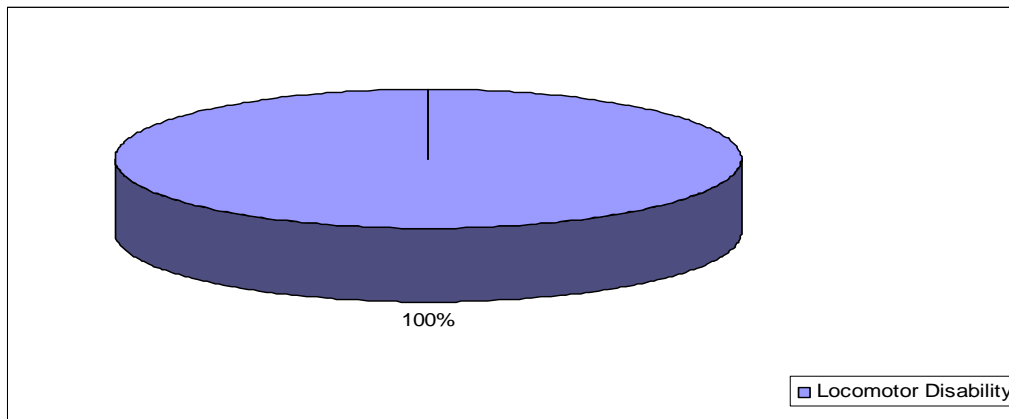
Figure 10.4: Literacy Level



### 10.4.1.3 Type of Disability

The only type of disable beneficiaries contacted was Locomotor.

Figure 10.5: Types of Beneficiaries contacted

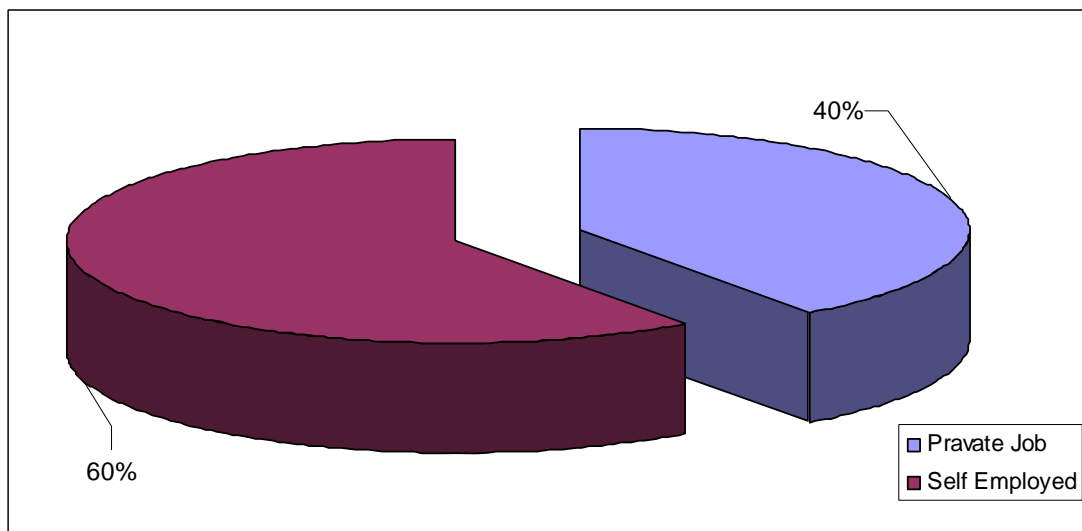


Source: MM Study

### 10.4.2 Employment Status of Beneficiaries and his/her Guardian

During the survey it was found that about 60% of the respondents who were the guardians of the contacted beneficiaries were self employed, whereas the remaining 40% were employed in private sector.

Figure 10.6: Employment Status of Guardians of Beneficiaries



Source: MM Study

#### 10.4.2.1 Income Group of Beneficiaries and his/her Guardian

The beneficiaries are from very poor socio-economic backgrounds. They are mostly self employed and have limited or meagre earnings.



#### 10.4.2.2 Information regarding the Head of the Household

It has been observed that the majority of the beneficiaries who were physically challenged the head of the family. But at the same time, almost 45% of the beneficiaries who were physically challenged were found not to be the head of the family.

#### 10.4.2.3 Nature of Disabilities of the Beneficiaries

During the survey it was found that the main cause of disability of the beneficiaries was Illness followed by accidents which accounted for almost 11% of the disabilities.

Table 10.2: Nature of disabilities of the beneficiaries((in %)

Type of Disability	Locomotor
Congenital	0
Accidental	10.3
Illness	89.7
<b>Total</b>	<b>100</b>

Source: MM Study

#### 10.4.2.4 Reaction of Society

From the table it can be concluded that society has been very rude to the physically handicapped person and looked upon them with disregard.

Table 10.3: Reaction of Society (in %)

Whether society have behaved adversely due to disability	Locomotor
Yes	93.1
No	6.9
<b>Total</b>	<b>100</b>

Source: MM Study

#### 10.4.2.5 Type of Reaction of Society towards you

From the table it can be inferred that majority of the respondents had to face various disgraceful situation in the society due to their physical impairedness. Most of the society looked upon these respondents with disregard as well as behaved rudely with them. However it was also observed that about 6% of the society was very kind and compassionate towards these physically challenged persons.

Table 10.4: Reaction of Society towards Differently Able (in %)

Type	Locomotor
Empathetic	5.8
Rude	6.9
Disregard	34.5
Discriminating	44.8
others	8
<b>Total</b>	<b>100</b>

Source: MM Study

#### 10.4.2.6 Awareness of ADIP Scheme

From the table it can be inferred that in State Uttar Pradesh almost 97% of the respondents were aware of the ADIP scheme in advance whereas remaining 3% of the respondent were unaware of this scheme.

Table 10.5: Prior Information regarding ADIP Scheme (in %)

Prior Information regarding ADIP Scheme	Locomotor
Yes	96.6
No	3.4
<b>Total</b>	<b>100</b>

Source: MM Study

#### 10.4.2.7 Source of Information

From the table it can be concluded that most of the respondents came to know about this scheme mainly through NGOs. It was also observed that the respondents came to know about this scheme from various other sources as well.

Table 10.6: Source of Information regarding the ADIP Scheme (in %)

Types	Locomotor
NGO	93.1
Others	6.9
<b>Total</b>	<b>100</b>

Source: MM Study

#### 10.4.2.8 Awareness Regarding the Type of Appliances Obtained

It is very much conclusive from the table that majority of the beneficiaries were aware of the appliances being provided as part of the ADIP Scheme.

Table 10.7: Awareness regarding the type of Appliances obtained (in %)

Whether the beneficiaries are aware of the appliances provided?	Locomotor
Yes	80
No	20
<b>Total</b>	<b>100</b>

Source: MM Study

#### 10.4.2.9 Source of Information regarding the Appliances

From the table it can be deduced that all the beneficiaries obtained information regarding their appliances from various NGOs.

Table 10.8: Source of information regarding the appliances (in %)

Source of Information	Locomotor
NGO	100
<b>Total</b>	<b>100</b>

Source: MM Study

#### 10.4.2.10 Year of Obtaining Appliances

From the table below, it can be concluded that the beneficiaries obtained their appliances during 2006 to 2009. The in percent distribution of appliances for various years is given in the table below. However majority of the appliances were made available to the beneficiaries in the year of 2009.

Table 10.9: Year of Obtaining appliances (in %)

Year	Percent of Beneficiary
2006	3.4
2007	13.8
2008	37.9
2009	44.8
<b>Total</b>	<b>100</b>

Source: MM Study

#### 10.4.2.11 Financial Aid for Appliances

It can be derived from the table below that all of the financial aid provided to the Beneficiaries were from NGOs.

Table 10.10: Financial Aid for Appliances (in %)

Source of Financial Aid	Locomotor
NGO	100
<b>Total</b>	<b>100</b>

Source: MM Study

#### 10.4.2.12 Number of times the Aid have been Obtained

From the table it can be concluded that all the beneficiaries obtained their appliances only once or twice.

Table 10.11: Number of times the Aid have been provided(in %)

No of Times	Locomotor
1 to 2 times	100
3 to 5 times	0
More than 5 times	0
<b>Total</b>	<b>100</b>

Source: MM Study

Table 10.12: Whether Differently Abled is Head of the Household (in %)

Whether respondent is head of the family?	Locomotor
Yes	55.2
No	44.8
<b>Total</b>	<b>100</b>

Source: MM Study

#### 10.4.2.13 Literacy Level of the Head of the Household

During the survey it was observed that majority of the head of the family of the beneficiaries were educated up to middle school which corresponds to 53%. It was also seen that about 27% of the head of the household of the beneficiary were illiterate. Very small percentages of the head of the household of the beneficiary were educated up to Higher Secondary levels (10%).

Table 10.13: Literacy level of the Head of Household (in %)

Literacy level of the Head of Household	Locomotor
Illiterate	27.0
Literate only	10.0
Middle school	53.0
Higher secondary	10.0
<b>Total</b>	<b>100</b>

Source: MM Study

#### 10.4.2.14 Monthly Income of the Head of the Household

It was found that majority of the head of the household of all the beneficiaries had a monthly income range of INR 2000-3000, which clearly indicated the very low financial status of the families of the beneficiaries.

Table 10.14: Monthly Income of the Head of the Household (in %)

Income Range	Locomotor
Less than INR 1000	41.4
INR 1001 - 2000	17.2
INR 2001 - 3000	41.4
<b>Total</b>	<b>100</b>

Source: MM Study

#### 10.4.2.15 Dependency of Family Members on the Disabled Person

During the survey, it was found that about 69% of the respondents conveyed that family members were dependent on them, whereas the remaining 31% did not have family members dependent on them.

Table 10.15: Dependency of family members on the Disabled Person (in %)

Anyone dependent on the disabled person?	Locomotor
Yes	69.0
No	31.0
<b>Total</b>	<b>100</b>

Source: MM Study

#### 10.4.2.16 Number of Dependent Person

From the table it can be inferred that there were many members in the family who were dependent on the beneficiaries. Mainly there were only three members, who were dependent on these beneficiaries.

Table 10.16: Number of Dependent Person (in %)

Total number of dependents	Locomotor
1	13.4
2	20.9
3	37.6
4	13.8
5	6.9
6	4
7	3.4
<b>Total</b>	<b>100</b>

Source: MM Study

#### 10.4.2.17 Place of Application for the appliance under ADIP Scheme

During the survey it was observed that majority of the beneficiaries made their application to NGOs for obtaining their appliances.

Table 10.17: Place of Application for the appliance under ADIP scheme (in %)

Table Heading Left	Locomotor
District Disability Rehabilitation Centre	0
NGO	100
<b>Total</b>	<b>100</b>

Source: MM Study

#### 10.4.2.18 Time taken for obtaining the Appliances after Application

From the table it can be concluded that most of the appliances obtained under ADIP Scheme reached the Beneficiaries immediately and signifies the efficiency of the NGOs who were responsible for supplying the aid or the appliances to the beneficiary.

Table 10.18: Time Taken for obtaining the appliances after application (in %)

Time Frame	Locomotor
Till Surgery	0
Till the Fitment of Appliances	13.8
Immediately	86.2
<b>Total</b>	<b>100</b>

Source: MM Study

#### 10.4.2.19 Type of Device Obtained

From the table it can be inferred that most of the Beneficiaries obtained clutches followed by wheel chair and also corrective surgeries done. However many also obtained low vision aid like spectacles.

Table 10.19: Type of Device Obtained (in %)

Type of Device	Locomotor
Clutches obtained	82.2
Wheel chair obtained	11.0
Corrective surgeries done	6.8
<b>Total (Multiple Response)</b>	<b>100</b>

Source: MM Study

#### 10.4.2.20 Time since the Availability and Usage of Appliance Obtained under ADIP Scheme

From the table it can be deduced that majority of the appliances were made available to the beneficiaries within three to five months.

Table 10.20: Time Since the availability and usage of appliance obtained under ADIP Scheme (in %)

Time frame (in months)	Locomotor
1	12.0
2	10
3	40
4	11
5	25
11	2
<b>Total</b>	<b>100</b>

Source: MM Study

#### 10.4.2.21 Time Taken to Adapt the Appliance

During the survey, it was found that majority of the beneficiaries took maximum of one month to get acquainted with the appliance.

Table 10.21: Time taken to adapt the appliance (in %)

Time taken (in months)	Locomotor
1	93.1
2	3.4
3	3.4
<b>Total</b>	<b>100</b>

Source: MM Study

#### 10.4.2.22 Annual Maintenance Cost (in INR) the aid

During the survey it was observed that the annual Maintenance cost (in INR) of the appliances by the beneficiaries ranged from one hundred to five hundred rupees. However majority of the beneficiaries had to spend two hundred rupees annually to repair the device they have obtained.

Table 10.22: Annual maintenance cost of the Aid((in %)

Maintenance cost (INR)	Locomotor
100	3.4
150	6.9
200	51.7
250	13.8
300	10.3
350	3.6
400	3.4
500	6.9
<b>Total</b>	<b>100</b>

Source: MM Study

## 10.5 Impact of Scheme on Beneficiaries

During the reference period, a large number of Differently Abled Persons have benefited from the scheme. However it becomes difficult to what extent the coverage has been, as there are no updated census records of the Differently Abled Persons. Hence the exact status can only be commented upon only after comparing the number of people benefited with the total number of Differently Abled Persons. However there is no doubt about the fact that the scheme has helped in changing lives of a large number of persons.

The overall impact observed during field survey and detailed interaction with the beneficiaries, district offices and implementing agencies are as follows:

- Freedom in movement, hence now the Differently Abled Persons in the locomotors category are now able to move freely without constant support from others. It was observed that these people now move freely in their villages and interact with other people rather than sitting at home.
- Many have been able to find some livelihood as now they can reach workplaces easily.
- There is a feeling among the beneficiaries that the government gives a thought for their situation and attempts are being made to improve their situation.

### 10.5.1 Qualitative changes experienced after fitment of equipments under ADIP Scheme

The below table suggests the changes that have been brought to the life of the beneficiaries under the ADIP Scheme. The benefits obtained during the ADIP scheme helped them to increase their mobility and also helped them to perform their daily work independently.

Table 10.23: Changes brought to the life of the beneficiaries under ADIP Scheme (in %)

Benefits	Locomotor
Increase Mobility	96.4
Continuation/resumption of study of work	6.8
Decrease in dependency on others for daily chores	6.8
Total independency in performing daily chores	10.2
Total(Multiple response)	

Source: MM Study

### 10.5.2 Whether beneficiaries feel that their standard of living has improved or not?

It can be concluded from the table that almost all the respondents were facilitated by the policies of the scheme and the scheme have improved their standard of living however some of them found the scheme to be non beneficial for them.

Table 10.24: Impact of Scheme on Beneficiaries Life-improved standard of living (in %)

Suggestions	Locomotor
Yes	96.6
No	3.4
<b>Total</b>	<b>100</b>

Source: MM Study

### 10.5.3 Whether receive any significant change in the reaction of society after getting equipped with the aids/appliances

During the survey it was found that there was a mixed response of the society towards this physically challenged people. Some of the respondents had to face disregardful situations even after obtaining the appliances.

Table 10.25: Change in reaction of society after receiving benefit (in %)

Changes observed	Locomotor
Yes	44.8
No	55.2
<b>Total</b>	<b>100</b>

Source: MM Study

### 10.5.4 How far Disabled Persons are Rehabilitated

As far as the success of the Project is concerned in rehabilitating the physiological condition of the physically impaired beneficiaries majority of the beneficiaries were averagely or adequately satisfied.

Table 10.26: Proportion of Differently abled Rehabilitated (in %)

Types of rehabilitation	Locomotor
Completely/Fully	6.9
Satisfactorily/adequately	48.3
Average	44.8
<b>Total</b>	<b>100</b>

Source: MM Study

### 10.5.5 Quality of Aids provided and their Performance

There have been mixed responses from the beneficiaries related to quality of appliances provided. Also the consultants during field survey found out that the appliances which most of the beneficiaries were using currently, were broken and the beneficiaries were just managing to help themselves with the appliances. But the quality of appliances provided by the implementing agencies cannot alone be blamed. It is obvious that the appliances given will need timely maintenance for proper functioning. Now in the light of the fact that the appliances are given to persons who are below poverty line, it can be understood that these beneficiaries do not even have enough money to maintain these appliances. The major problems with the appliance included:

- Punctured and torn off tyres (in some cases)
- Broken tricycle handles
- Crutches without rubber cushions
- Arm rest of crutches torn off
- Hearing aids not functioning properly

The question hence arises that whether appliance maintenance camps must also be organised and for which there must be any provision under the ADIP scheme.

**List of Beneficiaries Contacted under the scheme is attached as Appendix A**



## 10.6 Capabilities of Implementing Agencies

The consultants have evaluated the capacity of the implementing agencies on various parameters including accuracy of records kept, penetration in locations they have been allotted, other related work they have been doing in this area and personal relations built with the Differently Abled Persons which helps in understanding their needs accurately. The findings for each of the implementing agencies on the above mentioned parameters are as follows.

### 10.6.1 Narayan Seva Sansthan

This agency is a well known name in the region. It has its head office in Udaipur where it also has a 1000 bed hospital which is independently run by the NGO. Herein mainly patients suffering from Polio are treated and surgeries if needed are done free of cost. The agency has its offices in major cities nationwide. In the previously organized camps the agency has done extensive coverage of the Differently Abled Persons in the respective districts.

The implementing agency had been sanctioned funds for distribution of appliances in Kanpur Nagar. The field survey of beneficiaries in their area of operation was smooth. All beneficiaries met had been provided with appliances as mentioned in the data provided by the implementing agencies.

### 10.6.2 Lohia Public School

- Lohia Public School is an organisation which is know for it various social services in the area. This implementing agency had been sanctioned funds for the Hardoi district in Uttar Pradesh. The field survey of beneficiaries in their area of operation was smooth. All beneficiaries met had been provided with appliances as mentioned in the data provided.
- But there were certain discrepancies as far as the area coverage in the district is concerned. It was found that the implementing agency had not conducted sufficient camps in the district headquarter of Hardoi. They had mainly distributed appliances in and around Sandila town which is at a small distance from Hardoi.

This concerns the effectiveness of the scheme because if all the areas and hence all the physically handicapped people in the district are not covered then the purpose of the scheme fails.

## 10.7 Types of services provided as care after fitting of Aids

The consultants after interaction with the implementing agencies and beneficiaries found out that no additional services are provided as care after fitting of aids by the implementing agencies.

## 10.8 Issues and Constraints

Though the ADIP scheme has largely succeeded in its objectives, there are some constraints which hinder effective implementation of the scheme. Some of these are as listed below:

- There were no proper census records of Differently Abled Persons with either the district office of social justice and empowerment or the implementing agencies. The district offices and implementing agencies are relying on the census data which is done once in ten years. For providing effective aid to the Differently Abled it is necessary to have proper details which will help in planning the location of organising camps and the number of Differently Abled who need to be attended.

- The centre allots funds for a specific district. Now there is no mechanism to ensure that all tehsils and respective villages will get benefited by these funds. The Implementing Agencies have the liberty to select location of organising camps as per their ease.
- There is other self run NGOs which are working in the district. Some of these also organise camps and distribute appliances to Differently Abled Persons. The Implementing Agencies have pointed out incidents where persons who have already been benefited by the ADIP scheme also collect appliances from such camps and the persons who really need them do not get it.
- There have been incidents where many Differently Abled Persons have sold the appliance given to them for some money as they do not have any other livelihood.
- Many beneficiaries cannot afford the maintenance cost of the appliances given to them. As a result the appliances break down in some months and become non functional. This is affecting the effectiveness of the scheme. Also a particular person will be provided aid next time only after three years while the previous appliance becomes non functional within six months or a year.
- Most importantly there needs to be a proper system to audit rather than mere evaluating the work done by the implementing agencies.
- The objectives of the ADIP Scheme though being very clear and simple, it has not been effective to satisfactory levels due to above mentioned constraints. Hence in the coming time it is necessary to build systems which can block such inconsistencies.

The major areas of concern as identified during the field visits are as under:

- Lack of proper updated census records of the Differently Abled Persons
- Lack of mechanism to ensure that all Tehsils and respective villages of the district are benefited from the scheme
- There is no system to ensure that the beneficiary who is being given the appliance has not already benefited by appliance received from other sources.
- Also it difficult to ensure that the beneficiary will not sell the appliance given to him/her to some other people or for scrap, which has been pointed out by the Implementing Agencies.
- Most of the beneficiaries are not in a State to maintain the appliance given to them and hence they become non functional in a short span of time.
- There is serious lack of system to evaluate the work done by the implementing agencies.

## 10.9 Recommendations

After analyzing the issues identified during field visits the recommendations of the consultants are as follows:

- There needs to be a proper updated list of Differently Abled Persons in the district which should be used to implement activities. This can be done by the district office and whichever implementing agency is operating in the district can coordinate with the district office for the same.
- This activity will also help in estimating the number and details of beneficiaries and non beneficiaries. This in turn will ensure that no particular person gets aid or appliance more than one time in the span of three years and no Differently Abled Person is left out.
- There must be a mechanism to ensure that all Tehsils and respective villages of the district get benefited by the scheme. This can be done by either implementing the scheme at the Tehsil level rather than district level. If this alternative becomes very confusing the district office can ensure that all Tehsils get benefited in turns.
- It is also necessary to ensure that the person benefiting under the scheme has not already been benefited by appliance received from other sources i.e. other agencies working independently and not receiving funds from the government. This can be done by convincing such agencies to coordinate with the district office before implementing such activities.

- The beneficiaries are benefited but not for long as they cannot maintain the appliance given to them owing to inability to bear maintenance cost. It is recommended that the implementing agencies should conduct maintenance camps frequently and provision for the same should be made in the regulations of the scheme.
- Most importantly it is necessary to assess the work of the Implementing Agencies. It necessary to audit rather than merely evaluate the activities of the agencies under the ADIP Scheme. Regular third party auditing is hence needed which can independently investigate the activities of these agencies.

# 11. State Report of Uttarakhand

## 11.1 Overview of Scheme since its Inception

All the schemes and programmes related to disability are under the preview of the Ministry of Social Justice. The Ministry Administers Pension Scheme for the Differently Abled, reimbursement on Aids purchased by the Differently Abled persons up to a maximum of INR 3500 and the ADIP scheme. The ADIP Scheme is a centrally sponsored scheme while the rest are funded by the State Government.

According to the State officials the health map of Uttarakhand is marked by absence of psychiatric care settings. It is also notable that the State is not able to hire assistance from psychiatrists as the State does not have psychiatrists either. When the State conducts health camps it is compelled to use assistance of practitioners from other specializations. According to the State authorities it has bearing on the implementation of the ADIP Scheme also as proper assessment of the mentally Differently Abled cannot be done.

Figure 11.1: One of the Beneficiaries with Hearing Aid



Source: MM Study

It was understood from the interaction with the State authorities that District Disability Rehabilitation Centres have not been formed in all the districts yet. They cited remote locations and corresponding logistic issues as reason for the same. Wherever District Disability Rehabilitation Centres have been formed, they are empowered to certify disability and should be able to mobilize doctors belonging to all the specializations related to disability.

The districts of Pithoragrah, Chamoli and Champawat are very remotely located and the State Authorities reported that there are very serious problems with the implementation of the ADIP Scheme as the beneficiaries have to travel very long through uneven terrain.

Implementing agencies except National Institutes are approved by the State. As a policy the State approves only organizations from within the State as implementing agencies. They also reported that there are repeated instances of organizations outside the State which never submitted request to the State government having been allotted funds under the scheme and conducted camps in the State.

The National Institutes according to the State authorities is in no way accountable to the State government. Neither do they send fund request to the State government nor do they update the State government about the programmes.

The fund requests are collected from the interested organizations for the implementation of the scheme which will be scrutinized at district and State levels. The criteria for the selection of the agencies are as follows:

- The NGO should have credible working history of at least three years.
- The NGO should be registered under the PWD Act of 1995.
- It should be recommended by District Magistrate
- The organization should have enough human resources to implement the scheme.
- The NGO should be recommended by the DSWO or District Disability Welfare Officer.
- They should file audit reports of the organization for the last three years along with the fund request.
- The annual reports of the organization should be attached.
- Utilization certificate of the last year should be attached.
- The beneficiary list of the previous year should be attached.

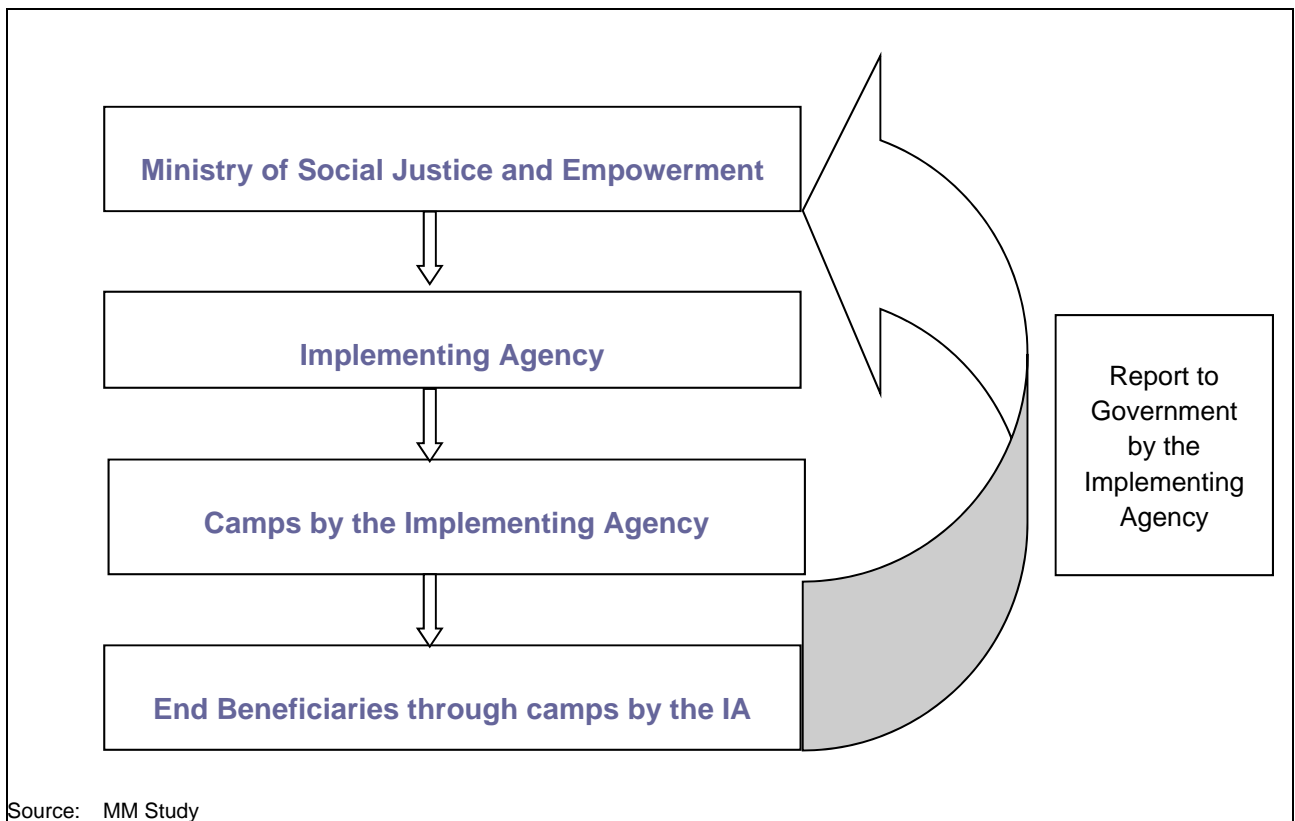
- The NGO should be based in Uttarakhand.
- Where ever DDRCs have been formed they are the first choice.

If the requests received have been found competent they compare the allotment and expenditure for the last year and recommend accordingly in line with the scheme requirement.

Till 2009-2010 financial year the role of the State Government was nominal as far the implementation of the ADIP Scheme was concerned. The State was not consulted on who should be the implementing agencies in the different parts of the State or what their strengths are or how much funds should be given to such Implementing Agencies. During 2009-2010 there has been a paradigm shift in the implementation of the scheme with more involvement of the State government.

In the pre 2008-09 era where funds were directly allotted from the Ministry of Social Justice and Empowerment, it is reported and observed by the evaluation team in the field that service of a number of Implementing Agencies were hired by the centre for the implementation of the scheme.

Figure 11.2: Flow chart of Scheme Implementation in Uttarakhand Up to 2008-09



Source: MM Study

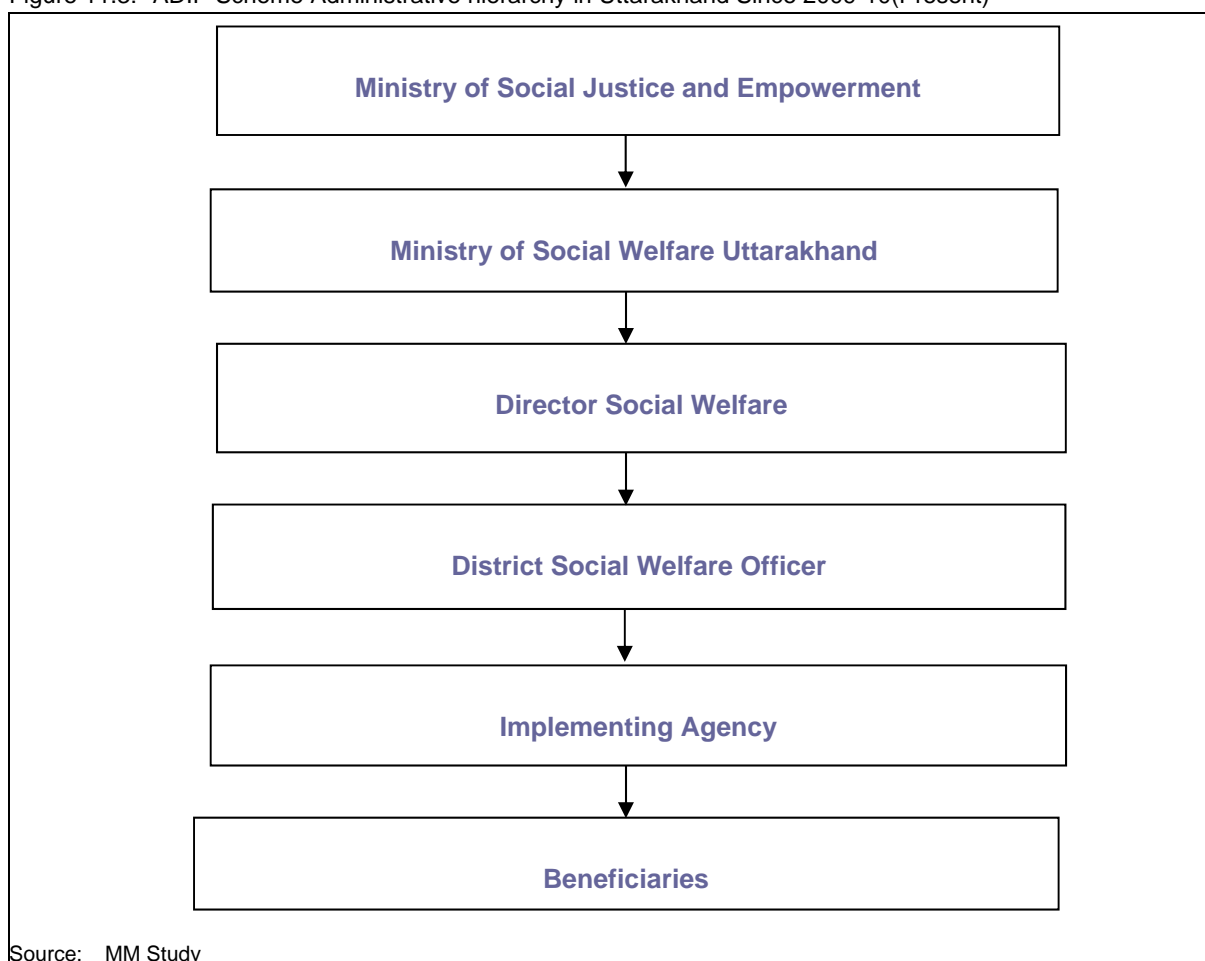
With the inducement of greater thrust on the role of State Government in the implementation of the scheme, it was the policy of the State Government not to hire service from the NGOs outside the State. This was supported with the power of the State Government to forward or reject the fund request by various agencies. According to the State Authorities, it is better to implement the Scheme through the agencies from within the State as they have better understanding of the prevailing conditions of the area. Besides this, the local presence of the agencies would make them more responsible and accountable in the implementation of the Scheme.

Even after authority to make decision has been given to the State Government as to who should implement the project where, the role of the State Government, according to the State Authorities is limited to scrutinizing and forwarding of the fund requests by the Implementing Agencies. Once this has been taken care of, the State Government is not intimidated by the Central Government as to how much fund has been allotted to whom. This, the State reported creates a lot of issues in monitoring the implementation of the scheme.

### 11.2 Process of Implementation of the Scheme (ADIP)

The Ministry of Social Welfare on receiving letter from the Central Government instructs the DSWOs to collect fund requests from Implementing Agencies in their respective districts. The DSWOs forward the same to the Director, Social Welfare Department. After his/her scrutiny he/she forwards the same to the Ministry of Social Welfare. The Ministry of Social Welfare forwards the same to the Central Government for further action. Funds are transferred directly to the Implementing agency by the Ministry of Social Justice & Empowerment, Government of India. The Implementing Agencies are required to identify the Beneficiaries and organize camps to distribute aids to them. Along with the fund requests for the next year the implementing agencies are required to submit the utilization certificate and list of beneficiaries for the year just completed along with other documents.

Figure 11.3: ADIP Scheme Administrative hierarchy in Uttarakhand Since 2009-10(Present)



Source: MM Study

The scheme is implemented through camps. Beneficiaries are informed about the camp by local cable channels, public notices, and announcements and by word of mouth. In cases where the implementing agencies are from outside the State beneficiaries who have been prescribed corrective surgeries had to go to the concerned States and get the same done.

The State authorities were of the opinion that there are serious problems with the implementation of the scheme in the remote districts of the State as there are connectivity problems. They said that the instances of mental illness are high in the far remote area of the State, but there is little facility within the State to care treatment for the same. The lacuna is mainly in the forms of trained human resource and basic and specialized infrastructural facilities for giving care to such population.

In most cases the scheme implementation is limited to provision of aid materials or corrective surgeries. Neither there is any follow up from the part of the agency nor from the part of the Implementing Agencies. None of the beneficiary interviewed has reported to have heard about the scheme. They are under the impression that the aids are given by the Implementing Agencies in their own capacities. Some of these Implementing Agencies also organise such camps in their own capacity.

### 11.3 Details of other State level Schemes related to Differently Abled of Uttrakhand

#### 11.3.1 Scheme for providing Grants to open Shop for Disabled Persons

Table 11.1: Allocation of funds to diabled persons for shop construction in (2011-12)

S.No	Date of receiving application	Name of Disabled Person	Father/Husband Name	Gram	Monthly Income	Disability Percentage	Land (Yes/No)	Sanctioned Amount (INR)
1.	14.4.11	Shri Govind Singh	Shri Sabbal Singh	Singot	2000	-	Yes	20000
2.	14.4.11	Kumari Dipika	Shri Umed Singh	Singot	3000	100	No	-
3.	02.07.11	Shri Heera Madi	Shri Makra Nand	Moltadi	900	40	Yes	20000

Source: District Level Data collect from District Disability Rehabilitation Centre

Government has set criteria of allocating funds for construction of shops. Persons of disability can get these funds when:

- Disabled Person have their own land for opening the shop, and
- A road should be passing through the shop

If the two above conditions are met then a Disabled Person will get INR 20,000 out of which INR 5,000 is that allowance which will not be refunded but remaining INR 15,000 will be given at 4% interest.

#### 11.3.2 Scheme for Providing Artificial Limb to Disabled Persons

Under the Scheme, persons with disability are getting tricycle, wheelchair, artificial leg, ear machine etc. in range between INR 500-3500. This scheme launched by the Government is not very useful as opined by large number of disabled persons, because the Government provides fund only up to INR 3500. It is clear from the table below that no one has got beyond INR 3500 for any artificial limb. Many times the cost of artificial limb crosses INR 3500 benchmark as set by the Government and the total additional cost burden ultimately goes to concerned disabled person.

Eligibility criteria for getting financial aid are as under:

- Income Certificate from Tehsildar
- Disability Certificate
- Copy of Family Register
- Application Performa mandated by the Medical Officer

Table 11.2: Sanctioned funds for Artificial Limb in (2010-11)

Sr. No.	Date of receiving application	Name of disabled person	Father/Husband Name	Gram	Monthly Income	Disability Percentage	Name of Artificial Limb	Cost of Artificial Limb	Sanctioned Amount (INR)
1.	20.09.10	Atar Singh	Late Jawar Singh	Matli	1000	80	Leg	4800	3500
2.	29.05.09	Kumari Salochana	Late Narayan Singh	Gad Barsoli	700	80	Leg	5250	3500
3.	30.05.09	Smt. Nirmala Devi	Shri Mahishanand	Kandi	1000	90	Tricycle	40,633	3500
4.	07.08.10	Shri Kushla Nand	Shri Rupram	Joshiyada	700	50	Ear Amchine	3200	3200
5.	10.08.10	Shri Dinesh Chandra	Shri Bhajan Lal	Gorsada	4428	100	Hand	5000	3500
6.	26.11.10	Shri Lakhi Ram	Shri Baishakhu Ram	Gorsada	1000	65	Ear Machine	17,500	3500
7.	06.01.11	Shri Mohit (Dabhu)	Shri Bardan Singh	Kalap	2670	75	Stand Walker	4100	2300
8.	14.01.11	Shri Soban Deyi	Shri Alam Singh	Birpur Dunda	451	85	Wheelchair	6200	3500
9.	26.02.11	Shri Ramesh Lal	Shri Janki Das	Shyampur	2738	70	Leg	23500	3500

Source: District Level Data collect from DDRC

### 11.3.3 Scheme for Marriage of Disabled Couples

According to this Scheme persons with disability will be getting benefit if they have:

- Income Certificate
- Disability Certificate
- Domicile Certificate
- Copy of Family Register
- Certificate of Marriage

Government is providing INR 14,000 when both couples are disabled and in case where only one person is found to be disabled then INR 11,000 is allotted to him/her as shown in table below:



Table 11.3: Sanctioned Amount for Marriage of Disabled Couples

Sr. No.	Date of Marriage	Couples Name	Gram	Monthly Salary	Disability Percentage		Sanctioned Amount
1.	30.11.11	Sunita & Inder Singh	Siri	BPL	42	Boy	11000
2.	22.04.10	Anita & Ravindra Singh	Ganesh Pur	1100	45	Boy	11000
3.	13.04.10	Ram Deyi & Gopal Singh	Tipri	900	45	Boy	11000
4	15.11.10	Anita & Vinod Singh	Naitala	1000	Boy-45 Girl-40	Both	14000

Source: District Level Data collect from District Disability Rehabilitation Centre

#### 11.3.4 Financial Allocation to Dehradun

Table 11.4: Funds Released and Utilized in (2008-09)

Sr. No.	Name of Scheme	Annual Target		Received Funds	Expenditure	No. of Disabled Persons	No. of Disabled Benefited
		Financial	Physical				
1.	Scholarship for disabled children from class(1-10)	3.60	210	3.16	0.00	-	-
2.	Artificial Limb/Hearing Aid	0.35	18	1.00	1.00	24	24
3.	Nutritional Allowance for Disabled	380.0	5261	277.19	277.19	5617	5617
4.	Shop Construction Scheme	1.80	13	1.40	1.40	7	7
5.	Couples getting Marital Allowance	1.25	18	1.65	1.65	14	14
6.	Organising Seminars	0.15	-	0.12	0.12	3	3
<b>Total</b>		<b>390.75</b>	<b>5730</b>	<b>287.68</b>	<b>284.5</b>	<b>6000</b>	<b>6000</b>

Source: District Level Data collect from District Disability Rehabilitation Centre

Table 11.5: Funds Released and Utilized in (2009-10)

Sr. No.	Name of Scheme	Annual Target		Received Funds	Expenditure	No. of Disabled Persons	No. of Disabled Benefited
		Financial	Physical				
1.	Scholarship for disabled children from class(1-10)	3.14	355	4.70	3.20	84	84
2.	Artificial Limb/Hearing Aid	1.00	28	0.14	0.14	5	5
3.	Nutritional Allowance for Disabled	305.30	6361	294.13	294.13	6361	6361
4.	Shop Construction Scheme	1.40	7	1.00	1.00	5	5
5.	Couples getting Marital Allowance	1.60	14	1.21	1.10	10	10
6.	Organising Seminars	-	-	0.15	0.15	3	3
<b>Total</b>		<b>315.58</b>	<b>7120</b>	<b>306.03</b>	<b>302.92</b>	<b>6893</b>	<b>6893</b>

Source: District Level Data collect from District Disability Rehabilitation Centre

Table 11.6: Funds Released and Utilized in (2010-11)

Sr. No.	Name of Scheme	Annual Target		Received Funds	Expenditure	No. of Disabled Persons	No. of Disabled Benefited
		Financial	Physical				
1.	Scholarship for disabled children from class(1-10)	3.14	355	4.59	1.74	135	135
2.	Artificial Limb/Hearing Aid	1.00	27	1.00	1.00	27	27
3.	Nutritional Allowance for Disabled	562.00	7800	500.60	500.60	7800	7800
4.	Shop Construction Scheme	1.40	7	-	-	-	-
5.	Couples getting Marital Allowance	1.60	14	1.21	1.21	11	11
6.	Organising Seminars	0.10	2	0.10	0.10	2	2
<b>Total</b>		<b>572.38</b>	<b>8560</b>	<b>512.09</b>	<b>506.39</b>	<b>8110</b>	<b>8110</b>

Source: District Level Data collect from District Disability Rehabilitation Centre

### 11.3.5 Scheme for Scholarship to Children

Government has defined some basic criteria for giving scholarships as listed below:

- Income certificate of parents whosoever working
- Income of family should not exceed above INR 2000/ month
- Disability Certificate

Scholarship provided to different classes is shown in the table drawn below:

Table 11.7: Sanctioned Amount for Different Classes

Class	Amount Allotted / month (INR)
1-5	50
6-8	80
9-10	170
11-12	85
Graduation	125
PG	170

Source: District Level Data collect from District Disability Rehabilitation Centre

Children with SC/ST background are eligible to take money when the family income does not exceed INR 2 lakh in a year. Different scholarship rates are shown in the table below:

Table 11.8: Scholarship amount / month for SC/ST (INR)

Classification of Group (Based on Income Classification)	Hostels	Days Scholar
A	1200.00	550.00
B	820.00	530.00
C	570.00	300.00
D	380.00	230.00

Source: District Level Data collect from District Disability Rehabilitation Centre

Children with disability whose family income do not exceed INR 1 lakh will be eligible for getting benefits in case of OBC. Table below illustrates variance in scholarship amount provided to different groups.

Table 11.9: Scholarship amount / month for OBC (INR)

Classification of Group (Based on Income Classification)	Hosteliers	Days Scholar
A	750	160
B	510	210
C	400	325
D	260	350

Source: District Level Data collect from District Disability Rehabilitation Centre

### 11.3.6 Budget Allocation for NIVH (National Institute for the Visually Handicapped, Dehradun) under ADIP Scheme from the Ministry of Social Justice and Empowerment

Table 11.10: Funds Allocation to NIVH

Year	Grant Received (INR)	Expenditure (INR)
2006-07	3,42,30,000.00	94,99,522.00
2007-08	NIL	2,10,06,897.00
2008-09	1,50,00,000.00	1,02,87,113.00
2009-10	4,10,00,000.00	1,72,24,562.00

Source: District Level Data collect from District Disability Rehabilitation Centre

Allocation of budget to NIVH is huge enough for providing benefits to a number of people. As per the field visits undertaken by MM professional it was found that NIVH had done lot of work for upliftment of visually handicapped by organising camps in different parts of the State.

## 11.4 List of Collaborating Agencies in ADIP Camps

Table 11.11: Collaborative Camps

Sr. No.	Name of the Collaborating Agency
1.	SSA, Mayur Vihar, Dehradun
2.	Vision Society of India, Near Natraj Cinema, Dehradun
3.	Lion's Club, Dehradun
4.	Red Cross Society, Jalandhar, Punjab
5.	Sadbhawna, Kurli Bazar, Mussorie
6.	UNECSS, Binola, Taluka Road, Bageshwar
7.	Manav Sewa Samiti, Shyalde, Almora
8.	Cantonment Board, Clement Town, Dehradun
9.	Cantonment Board, Garhi Cant, Dehradun
10.	Red Cross Society, Roop Nagar, Punjab
11.	Maidani Sabha, Haridwar
12.	Rath Janjati Samiti. U/A
13.	NarayanSwamy Charitable Trust

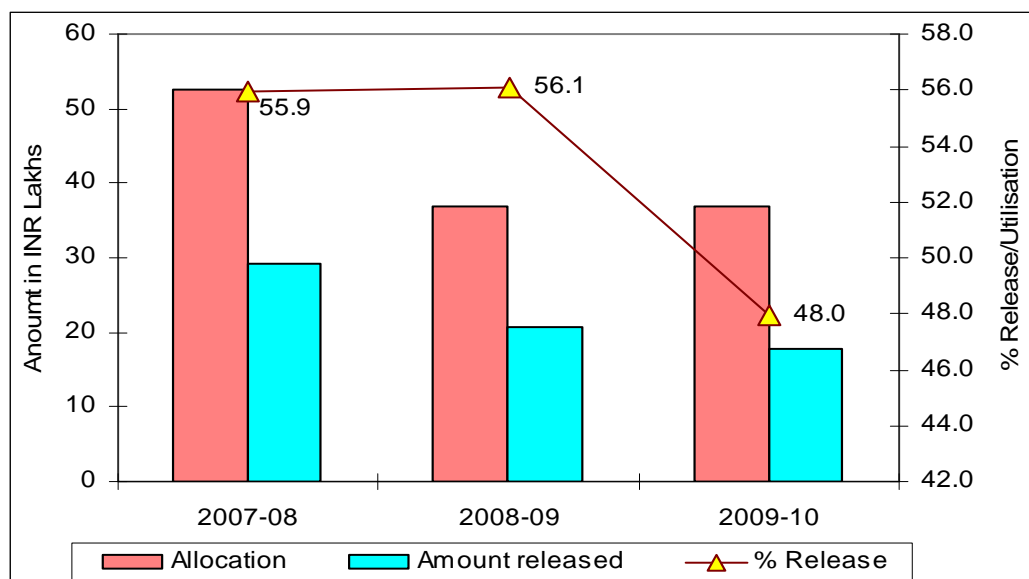
Sr. No.	Name of the Collaborating Agency
14.	UNSECO Club, Dehradun
15.	District Administration, U/A
16.	Army Wife Welfare Association, New Delhi
17.	Lion's Club, Kotputli, Rajasthan
18.	Government of Chandigarh, UT
19.	Indian Muscular Dystrophy Association (HP)
20.	District Institute of Education & Training (HP)
21.	National Association for the Blind (HP, New Delhi, Maharashtra, etc.)
22.	National Federation of the Blind (New Delhi, UP, TN, MP, Rajasthan, etc.)
23.	Government Civil Hospital, SunderNagar, HP
24.	District Red Cross Society, HP
25.	Government Zonal Hospital, Bilaspur, HP
26.	Friends Club, Jallalabad, Ferozpur, Punjab
27.	Latika Roy Foundation, Dehradun
28.	Lion's Club, Faridkot, Punjab
29.	Jain Milan, Jain Dharmashala, Dehradun
30.	S.B.M.A. Plan International (U/A)

Source: District Level Data collect from District Disability Rehabilitation Centre

### 11.5 Financial Performance

The State of Uttarakhand was allotted an amount of INR 52.45 Lakh during the financial year 2007-08 of which INR 29.33 Lakh was released during the financial year. In the year 2008-09, the State received an allotment of INR 20.75 Lakh which was nine Lakh less than the previous year. The State received a total of INR 67.83 Lakh during the reference period (2007-10), of total allocated INR 126.45 lakh which is only about 54% of the funds allocated.

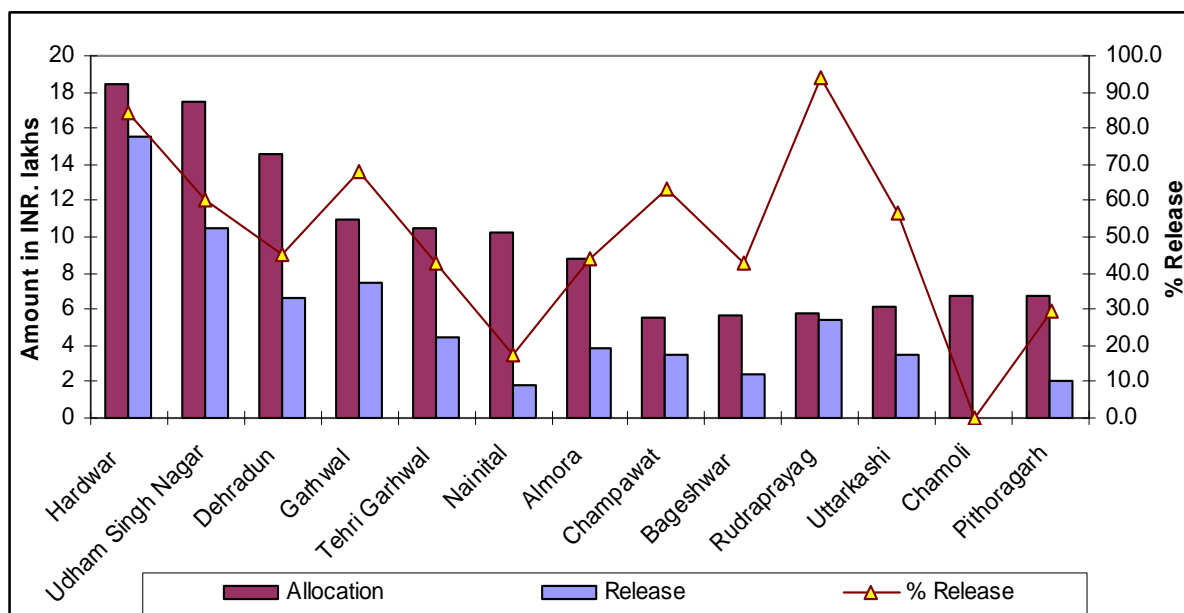
Figure 11.4: Comparison of Allocation and Release of ADIP Fund during reference period (2007-10)



Source: Ministry of Social Justice & Empowerment

Looking into district level comparison we could see that fund has been released in 12 districts of Uttarakhand and most of the fund released to Haridwar (about 30% of total) followed by Tehri Garhwal (22.7%), Udham Singh Nagar (19.9%), Dehradun (12.5%), Rudraprayag (10.3%) etc. (figure 11.5).

Figure 11.5: District wise Comparison of Allocation and Release of ADIP Fund during reference period (2007-10)



Source: Ministry of Social Justice & Empowerment

It was observed that all the funds released to the Implementing Agencies have been totally utilised by them and Implementing Agencies have also submitted Utilisation Certificates for the funds utilised directly to the Ministry. However, no such reports have been submitted to District or State level. Thus, Local Government Authorities (District & State) are not in a position to monitor the scheme during its implementation. The only possibility of monitoring comes into picture when the same Implementation Agency submits application/proposal for funding to next financial year at the district level office and with their proposal they are also submitting last years details including Utilisation Certificate.

### Allocation of funds in Uttarkashi:

Table 11.12: Funds allotted and Utilized (2007-08)

Sr. No.	Name of Scheme	Annual Target		Received Funds	Expenditure	No. of Disabled Persons	No. of Disabled Benefited
		Financial	Physical				
1.	Scholarship for disabled children from class(1-10)	1.3338	125	1.3338	1.3338	125	125
2.	Purchase of Artificial Limb/Hearing Aid	0.125	3	0.102	0.102	3	3
3.	Nutritional Allowance for Disabled	87.45	1946	87.45	87.45	1946	1946
4.	Shop Construction Scheme	-	-	-	-	-	-
5.	Couples getting Marital Allowance	1.65	14	1.65	1.65	14	14
6.	Organising Seminars	0.0064	-	0.0064	0.0064	-	-
7.	Government Disabled Workshop	-	-	-	-	-	-
Total		90.5427	2088	90.5427	90.5427	2088	2088

Source: MM Study

The order or notice for organising seminar is given by the concerned District Magistrate. Seminars consist of team of Doctors, Disabled Persons NGOs and other Government Officials. The basic aim for organising seminar is only to create awareness among disabled persons.

Table 11.13: Funds allotted and Utilized (2008-09)

Sr. No.	Name of Scheme	Annual Target		Received Funds	Expenditure	No. of Disabled Persons	No. of Disabled Benefited
		Financial	Physical				
1.	Scholarship for disabled children from class(1-10)	1.50	121	1.50	1.50	121	121
2.	Artificial Limb/Hearing Aid	0.175	5	0.175	0.175	5	5
3.	Nutritional Allowance for Disabled	100.176	2165	100.176	100.176	2165	2165
4.	Shop Construction Scheme	-	-	-	-	-	-
5.	Couples getting Marital Allowance	0.64	5	0.64	0.64	5	5
6.	Organising Seminars	0.12	-	0.12	0.12	-	-
7.	Government Disabled Workshop	-	-	-	-	-	-
<b>Total</b>		<b>102.611</b>	<b>2296</b>	<b>102.611</b>	<b>102.611</b>	<b>2296</b>	<b>2296</b>

Source: MM Study

Table 11.14: Funds allotted and Utilized (2009-10)

Sr. No.	Name of Scheme	Annual Target		Received Funds	Expenditure	No. of Disabled Persons	No. of Disabled Benefited
		Financial	Physical				
1.	Scholarship for disabled children from class(1-10)	1.50	147	2.20	1.54	113	113
2.	Artificial Limb/Hearing Aid	0.20	5	0.07	0.07	2	2
3.	Nutritional Allowance for Disabled	103.92	2165	103.93	103.93	2165	2165
4.	Shop Construction Scheme	0.20	1	0.40	0.40	2	2
5.	Couples getting Marital Allowance	0.64	5	0.44	0.36	3	3
6.	Organising Seminars	0.00	0	0.10	0.10	2	2
7.	Government Disabled Workshop	-	-	-	-	-	-
<b>Total</b>		<b>106.46</b>	<b>2323</b>	<b>107.14</b>	<b>106.4</b>	<b>2287</b>	<b>2287</b>

Source: MM Study

Table 11.15: Funds allotted and Utilized (2010-11)

Sr. No.	Name of Scheme	Annual Target		Received Funds	Expenditure	No. of Disabled Persons	No. of Disabled Benefited
		Financial	Physical				
1.	Scholarship for disabled children from class(1-10)	1.70	147	1.90	1.64	177	177
2.	Artificial Limb/Hearing Aid	0.48	13	0.48	0.30	9	9
3.	Nutritional Allowance for Disabled	125	2496	170.46	170.46	2543	2543
4.	Indira Gandhi National Disabled Pension	4.49	187	4.49	4.49	55	55
5.	Shop Construction Scheme	0.80	4	-	-	-	-
6.	Couples getting Marital Allowance	1.00	8	0.47	0.47	4	4
7.	Organising Seminars	0.20	4	0.10	0.10	6	6
8.	Government Disabled Workshop	-	-	-	-	-	-
<b>Total</b>		<b>133.67</b>	<b>2859</b>	<b>177.9</b>	<b>177.46</b>	<b>2794</b>	<b>2794</b>

Source: MM Study

We can easily interpret from the tables drawn above that there is a rise of financial allocation in all the 4 years. But still the condition of Disabled Persons was not better in most of the places. Quality of equipments is a major concern in Uttarakhand. Equipments provided by the district authorities and NGOs are not long lasting. Since Uttarkashi is situated at hilly area, so disabled people find lot of difficulties in using tricycle or any other mode because the quality of equipments is low as per the standards.

## 11.6 Physical Performance of the Scheme

It is evident from the above mentioned graph that about INR 39.1 Lakh has been allocated to the three selected districts named Dehradun, Uttarkashi and Hardwar and INR 24.64 lakh has been released which 63% of the fund is allocated. As per data provided by the implementing agencies, during the reference period 1205 Differently Aabled have been provided benefit. Out of these 1205 our team has contacted 183 beneficiaries as per the sample decided for this evaluation.

Looking into physical performance it is evident that about INR 2,050 has been spent for one differently person if operation cost is being also used for providing benefit only this is very low so far ADIP guideline and during field visit we have seen that quality of aids and appliances are not very good.

## 11.7 Physical Verification of the Scheme

### 11.7.1 Profile of the Beneficiaries Contacted

#### 11.7.1.1 Age Group of Beneficiaries

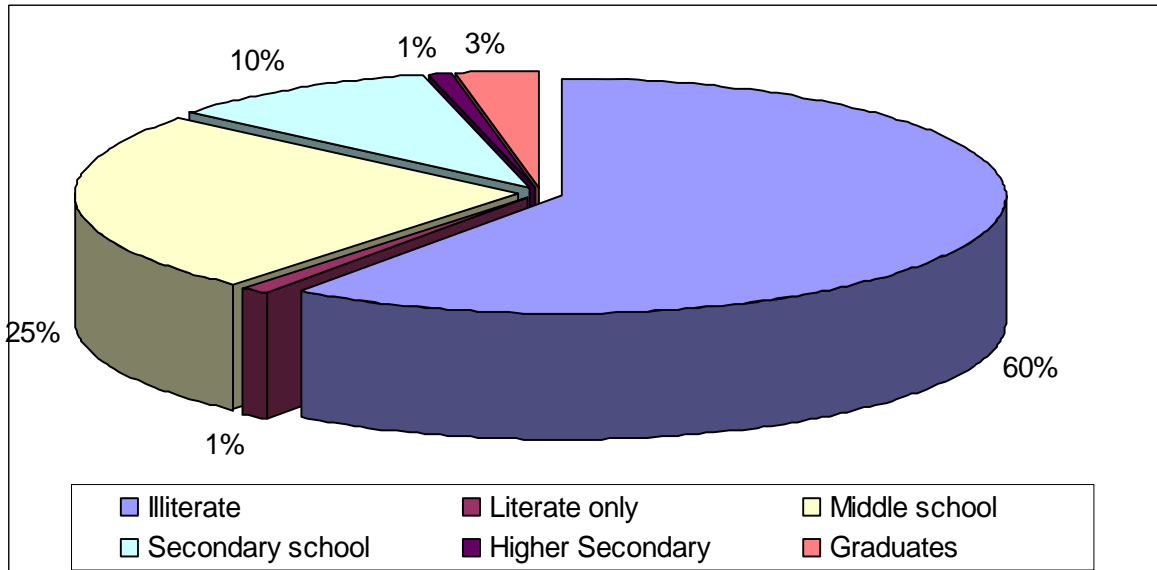
The median age of the beneficiaries contacted is 36%. It was observed from the field that the scheme benefits to beneficiaries across age groups. A vast majority of the contacted beneficiaries fall within or above productive age group. Some of the beneficiaries contacted are students also.

#### 11.7.1.2 Literacy Level

The literacy level of the Beneficiaries is generally low. Beneficiaries belonging to the older generation are by and large illiterate and never attended school. Respondents from the newer generation have by and large received basic education.

Of all the Beneficiaries contacted a total of 60% are illiterate. 25% of the beneficiaries have completed their middle school education. 10% of them had completed their secondary school. 3% of the beneficiaries contacted, had competed their graduation and 1% of them had completed their secondary education and another 1% was literate only.

Figure 11.6: Literacy level of the Beneficiaries

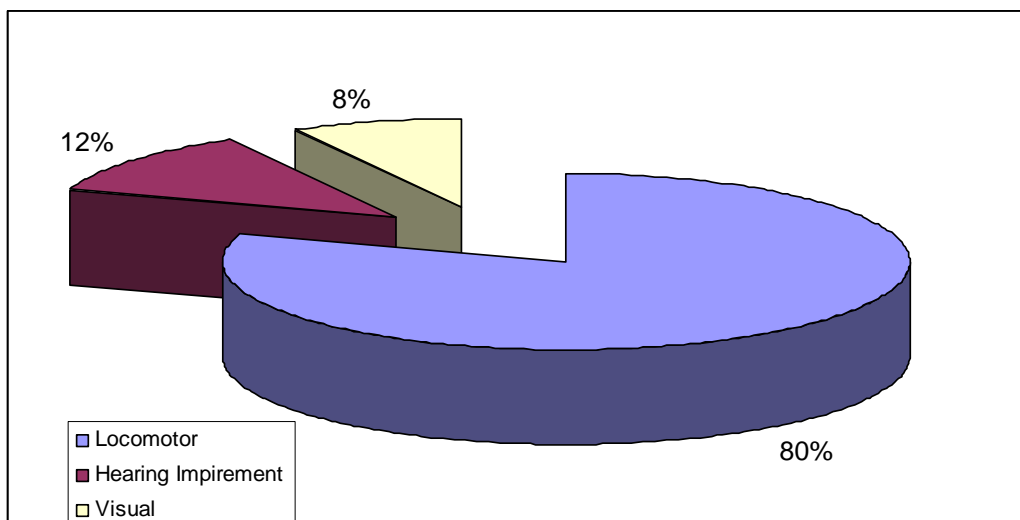


Source: MM Study

### 11.7.1.3 Type of Disability

Majority of the respondents were given assistance for orthopaedic disabilities. Number of people who have received assistance for other types of Differential Ability is considerably low. It has been noticed in the field that the main focus of the Implementing agencies is the Orthopedically handicapped. Discussions with the State authorities and some of the implementing agencies suggest that there is no facility in Uttarakhand for diagnosis of the mentally Differently Able. Among the contacted beneficiaries, 80% were supported for orthopaedic problems, 12% for hearing impairment and 8% for visual disability.

Figure 11.7: Type of Disability



Source: MM Study

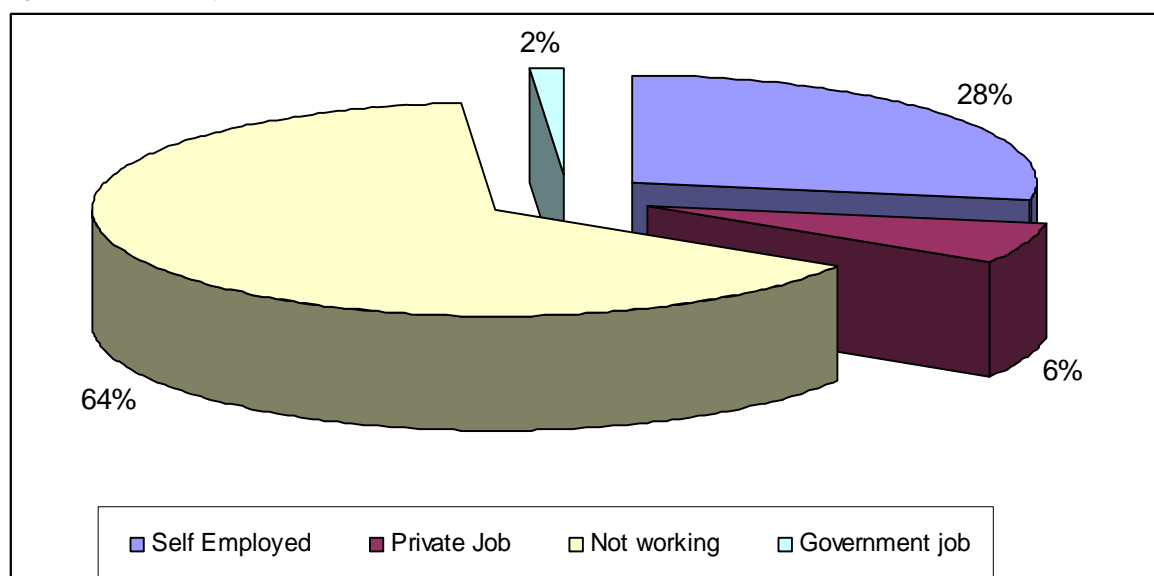


#### 11.7.1.4 Employment Status of Beneficiaries and his/her Guardian

Slightly more than one-third of the respondents (Differently Abled Beneficiaries) contacted were found having gainfully employed. Those who have been disabled due to leprosy are not able to find any employment for themselves. Even after having been cured they are not able to find any gainful employment due to the existing social stigma. They live in Ashram settings, sometimes with their families. Their needs are met by the help provided by larger community to the Ashrams. Many of them indulge in begging also for meeting their further needs. Majority of the respondents were having low education background and are not able to find employment that need technical qualification, and in general they are physically not fit for employment that need high level of physical strain.

The literacy level of the Care takers of the respondents is also very low and they belong to the lower strata of social ladder and find themselves managing petty shops or doing agricultural activities. In all 64% of the beneficiaries are not employed. About 28% of the contacted beneficiaries are self employed mostly managing petty shops, 6% are employed with the private employers and 2% is working with government organisations.

Figure 11.8: Employment status of the Beneficiaries



Source: MM Study

#### 11.7.1.5 Income Group of Beneficiaries and his/her Guardian

The beneficiaries are from very poor socio-economic backgrounds. They are mostly self employed and have limited or meagre earnings.

#### 11.7.1.6 Nature of Disabilities of the Beneficiaries

During the survey it was found that the main cause of disability of the beneficiaries was congenital which symbolises a heredity pattern to the source of disease. However the other major cause of the disability was illness, and accidents causing various physical impairments.

Table 11.16: Nature of disabilities of the Beneficiaries(in %)

Type of Disability	Visual	Hearing	Locomotor
Congenital	58	46.5	50
Illness	20	25	35
Accidental	22	28.5	15
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 11.7.1.7 Reaction of Society

From the table it can be concluded that society have showed a mixed approach towards this physically handicapped person. However the beneficiaries who were visually handicapped had to face various adverse and disgraceful situation in the society.

Table 11.17: Reaction of society(in %)

Whether society have behaved adversely due to disability	Visual	Hearing	Locomotor
Yes	100	78.5	78
No	0	21.5	22
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 11.7.1.8 Reaction of Society towards you

From the table it can be inferred that majority of the beneficiaries had to face various disgraceful situation due to their disability, it was found that most of the society behaved very rudely to the physically challenged person and looked upon them with sheer disregard.

Table 11.18: Reaction of Society towards Differently Abled (in %)

Type	Visual	Hearing	Locomotor
Empathetic	12.5	1	20
Rude	46.5	39	28
Disregard	29	28	40
Discriminating	12	32	2
others	0	0	10
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 11.7.1.9 Prior Information regarding ADIP Scheme

From the table it can be inferred that in Uttarakhand almost all the respondents were aware of the scheme previously.

Table 11.19: Prior Information regarding ADIP Scheme (in %)

Prior Information regarding ADIP Scheme	Visual	Hearing	Locomotor
Yes	100	100	100
No	0	0	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 11.7.1.10 Source of Information

From the table it can be concluded that most of the respondents were aware of this scheme and they mainly came to know about this through Radio, Newspaper, and through relatives and friends.

Table 11.20: Source of Information regarding the ADIP Scheme(in %)

Types	Visual	Hearing	Locomotor
TV	0	0	15
Radio	77	0	10.5
NEWS Paper	0	50	27.5
NGO	12.5	50	27
Relative/Family /Friend	10.5	0	20
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 11.7.1.11 Awareness Regarding the Type of Appliances Obtained

It is very much conclusive from the table that almost all the beneficiaries were aware of the appliances being provided as a part of the ADIP Scheme.

Table 11.21: Awareness regarding the type of Appliances Obtained (in %)

Whether the beneficiaries are aware of the appliances provided?	Visual	Hearing	Locomotor
Yes	90	100	100
No	10	0	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 11.7.1.12 Source of information regarding the Appliances

Form the table it can be deduced that various types of beneficiaries obtained information regarding their appliances from different sources but the major sources being doctor, CRC and from their relatives.

Table 11.22: Source of information regarding the appliances (in %)

Source of Information	Visual	Hearing	Locomotor
District Disability Rehabilitation Centre (DDRC)	0	0	5
Composite Regional Centre	12	30	10
Doctor	68	40	20
Relatives	20	17	55
Others	0	13	10
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 11.7.1.13 Year of Obtaining Appliances

From the table below it can be inferred that the beneficiaries obtained their appliances during 2003 to 2010. The in percent distribution of appliances for various years is given in the table below. However majority of the contributions were in the year 2010.

Table 11.23: Year of Obtaining appliances(in %)

Year Of obtaining appliances	Visual	Hearing	Locomotor
2003	0	0	0
2007	0	32	20
2008	17	8	20
2009	50	0	0
2010	33	60	60
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 11.7.1.14 Financial aid for Appliances

It can be derived from the table below that majority of the financial aid provided to the beneficiaries were from Artificial Limbs Manufacturing Corporation (ALIMCO) /SLIMCO and State handicapped corporation. Other agencies like CRC, DDRC contributed in very low percentage. It was also found that there were many beneficiaries who did not receive any financial aid and they had to spend from themselves for obtaining the appliances.

Table 11.24: Financial Aid for Appliances(in %)

Source of financial aid	Visual	Hearing	Locomotor
District Disability Rehabilitation Centre	6.2	0	12.5
Composite Regional Centres	11.25	0	20
Artificial Limbs Manufacturing Corporation	37.25	14	22.5
State Handicapped Corporation	6.25	28	12.5
Other State Level Bodies	40	0	0
NGO	0	0	17.5
Self	0	58	15
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 11.7.1.15 Number of times the Aid have been Obtained

It can be easily deduced from the table that all the beneficiaries obtained the aid or the appliances only once or twice.

Table 11.25: Number of times the aid have been provided(in %)

No Of Times	Visual	Hearing	Locomotor
1 to 2 times	100	100	100
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 11.7.1.16 Information Regarding Head of the Household

It has been observed that almost all the beneficiaries who were impaired visually as well as by physical movements were not the head of the family. However 50% of the beneficiaries who were impaired audibly were the head of the family.

Table 11.26: Whether Differently Abled is head of the family(in %)

Whether respondent is head of the family?	Visual	Hearing	Locomotor
Yes	0	50	0
No	100	50	100
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 11.7.1.17 Literacy Level of the Head of the Household

During the survey it was found that majority of the heads of the households were literate and completed education up to middle school. However head of the households of visually impaired beneficiaries were found educated.

Table 11.27: Literacy level of the Head of the Family (in %)

Types	Visual	Hearing	Locomotor
Illiterate	0	10	15
Literate only	10	10	17
Middle School	47.5	20	10
Secondary School	0	20	15
Higher secondary	27.5	40	28
Graduate	15	0	15
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 11.7.1.18 Monthly Income of the Head of the Household

It was found that majority of the head of the household of all the beneficiaries had a income range of INR 5000 to 10000 monthly which clearly indicated the average financial status of the families of the beneficiaries.

Table 11.28: Monthly Income of the Head of the Household (in %)

Income Range	Visual	Hearing	Locomotor	Total
INR 2001 – 3000	35.6	11.4	10	12.2
INR 3001 – 5000	4.4	28.6	30	27.8
INR 5001 – 10000	60.0	60.0	60.0	60.0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 11.7.1.19 Dependency of Family Members on the Disabled Person

During the survey it was found that in most of the cases majority of the family members were dependent on the beneficiaries.

Table 11.29: Dependency of family members on the Disabled Person(in %)

Anyone dependent on the disabled person?	Visual	Hearing	Locomotor
Yes	55	100	60
No	45	0	40
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 11.7.1.20 Number of Dependent Person

From the table it can be inferred that there were many members in the family who were dependent on the beneficiaries. Mainly there were one or two members who were dependent on these beneficiaries.

Table 11.30: Number of Dependent Person(in %)

Total number of dependents	Visual	Hearing	Locomotor
1	20	80	80
2	60	20	10
None	20	0	20
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 11.7.1.21 Place of Application for the Appliance under ADIP Scheme

Majority of the application for obtaining the appliances from ADIP scheme was made to NGOs followed by Artificial Limbs Manufacturing Corporation (ALIMCO) /SLIMCO and the other State level bodies. Other agencies like DDRC (District Disability Rehabilitation Centre) and CRC (Composite Regional Centres) obtained little application for obtaining the appliances under ADIP Scheme.

Table 11.31: Place of Application for the appliance under ADIP Scheme(in %)

Agencies	Visual	Hearing	Locomotor
District Disability Rehabilitation Centre	6.2	12	6.2
Composite Regional Centres	17.5	20	6.2
Artificial Limbs Manufacturing Corporation	31.5	2	32.4
State Handicapped Corporation	6.2	31	6.2
Other State Level Bodies	6.2	0	17.5
NGO	32.4	35	31.5
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 11.7.1.22 Time taken for obtaining the Appliances after Application

From the table it can be concluded that most of the appliances obtained under ADIP scheme reached the beneficiaries till the fitment of the appliance. Only a very low percentage of the respondents said that they obtained their appliances immediately and many did not receive their appliance till surgery; that is they obtained their appliances only during surgery.

Table 11.32: Time Taken for obtaining the appliances after application(in %)

Time Frame	Visual	Hearing	Locomotor
Till Surgery	22.5	39.3	10
Till the Fitment of Appliances	77.5	60.7	75
Immediately	0	0	15
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 11.7.1.23 Type of Device Obtained

From the table it can be inferred that most of the beneficiaries obtained Braille writing equipments and other assistive as appliances to enhance the condition of their day to day life. However many also obtained low vision aid like spectacles.

Table 11.33: Type of Device Obtained(in %)

Type of Device	Visual	Hearing	Locomotor
Hearing machine	0	100	0
Braille writing Equipments and other assistive	6.2	0	0
Low vision aid and other assistive aid for the blind	62.5	0	20
Corrective surgeries done	12.5	0	31
Clutches and tricycles	18.8	0	49
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 11.7.1.24 Time Since the availability and usage of appliance obtained under ADIP Scheme

It can be clearly deduced from the table that majority of the appliances were made available to the beneficiaries within 1 to 10 months of time.

Table 11.34: Time Since the availability and usage of appliance obtained under ADIP scheme(in %)

Time frame (in months)	Visual	Hearing	Locomotor
1	10	0	2
2	6.2	25	20
3	31.2	41.7	28
4	6.2	16.7	14
5	18.8	16.7	2
6	6.2	0	2
7	6.2	0	2
8	15.2	0	15
9	0	0	15
10	0	0	10
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 11.7.1.25 Time taken (in months) to Adapt to the Appliance

During the survey finding it was found that majority of the beneficiaries took maximum of one month to get equipped with the appliance however some respondents even took two months to get acquainted with the appliances.

Table 11.35: Time taken to adapt the appliance(in %)

Time taken (in months)	Visual	Hearing	Locomotor
1	100	100	84.3
2	0	0	13.7
7	0	0	2
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 11.7.1.26 Annual Maintenance cost of the Aid

During the survey it was observed that the Annual Maintenance cost of the appliances obtained by the beneficiaries ranged from fifty rupees to thousand rupees. A very high percentage of the beneficiaries who were audibly impaired had to spend five hundred rupees annually for the maintenance of the aid.

Table 11.36: Annual maintenance cost of the Aid(in %)

Maintenance Cost (INR)	Visual	Hearing	Locomotor
50	0	0	2
100	0	0	35.3
150	0	0	2
200	10	20	35.3
250	0	0	3.9
300	0	30	17.6
350	0	0	2
500	30	50	2
1000	60	0	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

## 11.8 Impact of Scheme on Beneficiaries

The scheme has had Impact on the mobility of the Beneficiaries and their care takers alike. Without the assistance from the scheme, most of them could not have afforded to buy any such appliance.

Discussions with the beneficiaries suggest that the provision of appliances, if of good quality, has had positive impact on their psychology. They say that they feel good to possess one. Majority of the respondents are able to do most of their chores by themselves without depending on anybody else. The aids provided have increased their independence. In some cases where hearing aids have been provided, it resulted in the development of the speaking faculty of the beneficiaries also as they received more auditory inputs for development of speech. Only very few of the beneficiaries feel that their standard of life has been positively impacted by the appliances or aids provided through the scheme. As far as the social acceptance is concerned the beneficiaries are of the opinion that provision of any of the appliances or corrective surgeries have not resulted in their increased social acceptance.



### 11.8.1 Qualitative changes experienced after fitment of equipments under ADIP Scheme

The below table suggest the changes that have been brought to the life of the beneficiaries under the ADIP scheme. The benefits obtained during the ADIP Scheme helped them to increase their mobility and also helped them to perform their daily work independently.

Table 11.37: Changes brought to the life of the beneficiaries under ADIP Scheme(in %)

Benefits	Visual	Hearing	Locomotor
Increase Mobility	87.5	78.5	65
Total independency in performing daily chores	12.5	21.5	35
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 11.8.2 Whether Beneficiaries feel that their standard of living has improved or not?

It can be concluded from the table that majority of the beneficiaries under this scheme have been facilitated by the policies of the scheme; however many of the beneficiaries did not find any change even after obtaining the facilities from the ADIP scheme.

Table 11.38: Impact of Scheme on Beneficiaries Life-improved standard of living (in %)

Suggestions	Visual	Hearing	Locomotor
Yes	79	64	70
No	21	36	30
Total	100	100	100

Source: MM Study

### 11.8.3 Change in the reaction of the Society after obtaining the Appliances

During the survey it was observed that the respondents had to face the same disgraceful situation even after improving their life condition and they did not receive any changes in behaviour from their neighbour or the surrounding people.

Table 11.39: Change in the reaction of the Society after obtaiing the appliances(in %)

Changes observed	Visual	Hearing	Locomotor
Yes	0	0	0
No	100	100	100
Total	100	100	100

Source: MM Study

### 11.8.4 How far one think that their Disabled Family Member is Rehabilitated

As far as the success of the Project is concerned in rehabilitating the physiological condition of the physically impaired beneficiaries majority of the beneficiaries were satisfied.

Table 11.40: Proportion of Differently abled Rehabilitated (in %)

Types of rehabilitation	Visual	Hearing	Locomotor
Satisfactorily/adequately	100	60	50
Average	0	40	50
Total	100	100	100

Source: MM Study

### 11.8.5 Relation of caretaker with Disable Person

During the survey it was observed that majority of the care takers looking after the Differently Abled were their elder brothers.

Table 11.41: Relation of Caretaker with Disable Person (in %)

Relationship	Care taker Visual	Care Hearing	Care Locomotor
Father	0	25	25
Spouse	40	0	0
Elder brother	60	50	50
Elder sister	0	25	25
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 11.8.6 Effect of Disability on Caretaker

During the survey it was found that the care taker who looked after the Differently Abled person faced the problem of mobility since they have to look after the Differently Abled person almost all the time and hence their mobility was restricted.

Table 11.42: Effect of Disability on Care taker (in %)

Effect of disability of the DA on care taker	Care taker Visual	Care Hearing	Care Locomotor
Restricted Mobility	100	100	100
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 11.8.7 Changes brought in the life of the care taker due to the aid made available to the Differently Abled Person

The ADIP project has been a sure help to the care taker of the Differently Abled Person and have increased their mobility. It has also helped the disabled person to stay relied on others. Apart from this the appliances /aid have decreased the dependency on others for daily chores.

Table 11.43: Changes brought in the life of the care taker due to the aid made available to the Differently Abled Person(in %)

Benefits	Care taker Visual	Care taker Hearing	Care Locomotor
Increase Mobility	0	25	0
Decrease in dependency on others for daily chores	50	27	50
Total independency in performing daily chores	50	43	50
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 11.8.8 How far one think that their Disabled Family Member is Rehabilitated

As far as the success of the Project is concerned in rehabilitating the physiological condition of the physically impaired beneficiaries majority of the beneficiaries were averagely and adequately satisfied.

Table 11.44: Proportion of Differently abled Rehabilitated (in %)

Types of rehabilitation	Care taker Visual	Care taker Hearing	Care Locomotor
Satisfactorily/adequately	0	33.3	88.0
Average	100	66.7	12.0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 11.8.9 Quality of Aids provided and their Performance

Interactions with the Implementing agencies suggest that they stick to the ALIMCO standards or they procure directly from ALIMCO to ensure supply of good quality aids to the Differently Abled. The State authorities also confirmed that the Implementing agencies are instructed to supply good quality aids to the beneficiaries.

The quality check of 5 – 10% is not done in the State of Uttarakhand. It was observed in the State that the quality of the equipments provided was in many cases not good. Tricycles were in good and working condition, but most of the wheelchairs provided in the State were of substandard quality. There are instances of the sheets used as seat being torn off and the beneficiaries falling off.

There are instances of single crutches being given to people with disability of both the limbs citing the reason that there were not enough numbers of crutches for all. The implementing agency in some cases took back such single crutches from the beneficiaries promising to provide crutches in pairs and gave them substandard pairs of crutches. The beneficiaries reported that such replaced pairs of crutches were very thin and they bent when used with force, (some of them even broke off soon) which they are compelled to do due to the severity of their disability. All aids/accessories provided except crutches require maintenance and the beneficiaries spent up to a maximum of INR 1000 for the maintenance of the same a year.

***List of Beneficiaries Contacted under the scheme is attached as Appendix A***

### 11.9 Capabilities of Implementing Agencies

Some of the agencies implementing the scheme during the reference period were based outside Uttarakhand and had no institutional facilities in the State, while some of them had their offices and other institutional facilities within the State.

In the case of the agencies that were based outside the State they either had some contact persons in the State with whose assistance they organized camps. In some cases the implementing agencies were completely foreign bodies that neither had contact persons nor any institutional set up. They came from outside to organise camps and after organizing camps they left with little follow up activities. The distant locations from where they came also made it nearly impossible to come back for follow up.

An agency that has been implementing the scheme from within the State was of the opinion that it has both institutional capacities and human resources to implement the scheme in the whole of Uttarakhand.

The policy of the State government has also undergone a change in this regard, as the State from the year 2009-10 accepts request only from agencies from within the State.

## 11.10 Types of services provided as Care after fitting of Aids

The role of the Implementing Agencies is limited to providing Aids and Assistance through camps in most cases. One of the Implementing Agencies said that they help the beneficiaries to repair the hardware if there was some problem with it. All the respondents were of the opinion that there was no support from the implementing agencies for the repair of the same. Nor did the beneficiaries seek help from the implementing agencies.

The boots provided, after corrective surgery are not locally available. As and when such boots provided by the implementing agencies after the corrective surgery, were obsolete they did not buy again and there was little improvement since then.

## 11.11 Case Studies

### 11.11.1 Case Study of Kunal

**Kunal** had hearing impairment from birth itself. He was told that there was going to be a camp for the hearing impaired in the Government hospital in September 2009 for distribution of hearing aids. He along with his friends attended the camp. His father also accompanied him to the hospital.

During the camp he was given a hearing aid, which he has been using since then. His father reported that the child had problems with speaking as well. After starting to use the hearing aid, father reported that there is improvement in the speaking ability of the child as well as he is able to listen and comprehend.

*(Address: c/o Deaf School, IIT Roorkee, Disability Category: Hearing Impaired, Date of Discussion: 18/07/2011)*

### 11.11.2 Case Study of Gopal

**Mr. Gopal** is living in Mahant Dayal Puri Kusht Ashram with his wife Yasoda. He is 58 years old and has a leg amputated due to aggravation of leprosy. The other leg also has been affected by leprosy. He has no work and lives on the help given in the Ashram.

Figure 11.9: Gopal with the replaced pair of Crutches



Source: MM Study

In the second half of January 2010 some of his friends mentioned that there is going to be a medical camp for distribution of aids and appliances to the Differently Abled Persons. He went to the camp. As he had difficulty with walking, he was given an aluminium crutch. It was told that as there is a shortage of crutches only one crutch can be given.

A few days later some staff from the Implementing Agency visited the ashram and informed him that if he returned the single crutch which has been given during the camp a pair of crutches can be given to him. As he returned the single crutch he was given a pair of crutches made of thin metal which was not strong enough as the previous one. He reported that the new pair of crutches bended while he walked. As he was feeling that the new crutches were not strong enough with the replaced pair of crutches he bought a newer pair of crutches. He also had got his amputated leg fixed from Jaipur with an artificial limb by his own efforts. (*Address: Mahant Dayalpuri Kusht Ashram, Chandi Ghat, Haridwar, Disability category: Loco-motor, Date of discussion: 17/07/2011*)

#### 11.12 Issues & Constraints

The Department of Social Justice of Uttarakhand is not kept in the loop after the recommendation for the implementing agencies have been sent to the centre. Hence the Ministry said that it is not able to do timely monitoring of the scheme. According to the State the DSWOs who are designated to carry out the monitoring of the scheme on behalf of the Ministry of Social Justice do not give it much importance as this is not a major scheme. Generally only one camp is conducted by implementing agencies. In majority of the cases aids are distributed immediately or they are given through some or other supply mechanism.

In cases where the Implementing Agencies are based outside Uttarakhand, beneficiaries need to travel outside the State if corrective surgeries are prescribed. Beneficiaries who have been contacted by Mott MacDonald team said that they attended only one camp. Generally beneficiaries get to know about the camps by word of mouth. In cases where the Differently Abled Persons stay in Ashrams or Charity Centres they are informed through the authorities of the institutions. There are instances of authorities of the Implementing Agencies visiting the care settings and asking the Differently Abled as to what assistance they need and telling them what they can be given. Interactions with the beneficiaries by Mott MacDonald team suggests that neither do the Beneficiaries know about the scheme nor do they know about the role of the government in the scheme.

Figure 11.10: One of the Beneficiaries who have been using wheel chair in an in-house Care Centre since 2008

In the beginning of the reference period of the study, scheme was implemented mostly by agencies from outside the State. This resulted in low accessibility of the beneficiaries to the Implementing Agencies. This concern has been addressed in the last year of the reference period i.e. 2009-2010 by the State Government's decision that the scheme implementation within the State is going to be done only through the NGOs and other agencies having institutional settings in the State.

The study team also discovered that 5-10% of sample check is generally not done by the monitoring authorities. This can be addressed to a great extent by making the presence of the DSWO who is the monitoring authority in the camp mandatory.

In some cases the quality of the aids provided was very poor. To avoid such occurrences the procurement of the appliances should be done only from ALIMCO or its subsidiaries.



Source: MM Study

The Differently Abled population is highly floating. This makes contacting them very difficult. Some times there are errors also in the address of the beneficiaries mentioned. To minimize such problems in the future, greater emphasis should be given on registration. Filing of residential proof also has to be made mandatory with a reservation margin of 5-10% of the beneficiaries per district per year that may not be able to produce any residential proof due to a variety of justifiable reasons. Case reports of these beneficiaries who are not able to produce the required data should be made mandatory.

There is a shortage of facilities for the Mentally Differently Abled. As the scheme intends to cater to the Mentally Differently Abled also, this critical gap should be spanned by provision of trained and competent human resource.

Only one of the Implementing Agencies said that they provide technical trainings to the beneficiaries to enhance their skill depository. The rest of the agencies do not do so because they do not have resources to do so. This again leaves a gap in the process of their integration in to the society as their dependency will still continue in most of the cases. The beneficiaries should be linked with skill development programmes and income generation opportunities.

It has come to the notice of the study team that wheel chairs are very sensitive to the physical surroundings of their usage. In cases where the beneficiaries were given wheel chairs and used it in the well maintained indoor facility it has been working in good condition for long time. But when provided to beneficiaries who were to use the same in poor surroundings and open facilities the life of the same was very less, and was turned to scrap in a short while. Some of them who were to use it in poor surroundings even sold them off to the scrap dealers. Besides this, the wheel chair is useful when there is an able bodied attendant for the beneficiary; to the poor Differently Abled this is not a viable option more often than not.

In most cases appliances are brought by the Implementing Agencies before the camp. This is leading to catering to the beneficiaries based on the availability of already procured appliances and not on the basis of actual need of the Beneficiaries and practical appliances in their physical surroundings. There was a lack of interest seen in case of government agencies functioning in the State. Locomotors living in hilly areas in

Uttarkashi are not able to run there Tricycles. If they try to use at such places then it causes a lot of damage. Maintenance of Tricycles is very difficult because there is no presence of nearby shops for repairing.

### 11.13 Recommendations

- Ministry should inform State and District Authorities while releasing fund and should also provide details of release so that State Authorities can utilised this information for Monitoring of scheme implementation for better scheme delivery.
- At least 5-10% sample check has to be made mandatory for the aids and appliances provided under the scheme.
- The registration process has to be made proper and rigorous. The address list of the beneficiaries has to be verified and back checking be done to find out the quality of the appliances provided on an annual basis.
- The scheme covers the need for physical appliances. The beneficiaries of the schemes should be linked to other State and Central Government Schemes which will ensure them a dignified livelihood and true multi-dimensional rehabilitation.
- Specialized camps should be organized to cater to different categories of Differently Abled Persons and they should strictly be attended by practitioners from concerned specializations.
- As some of the appliances are very sensitive to the physical surroundings in which they are used, home visits are recommended before providing the aids and appliances for making a multi dimensional assessment.
- Camps are to be organized for the identification of beneficiaries. The delivery of the appliances is to be made within a stipulated time period after the camp. To avert malpractices sample checking by the monitoring authority is to be made mandatory after providing the same.
- Government agencies should monitor in an efficient and effective manner in order to provide all benefits regarding the scheme.
- Government officials including DSWO should properly look into the scheme as well as inspect the lower officials in case when affected people are facing difficulties regarding equipments.
- State officials, NGOs working for the scheme should properly ensure that those people who have already received equipments should not come again and again.

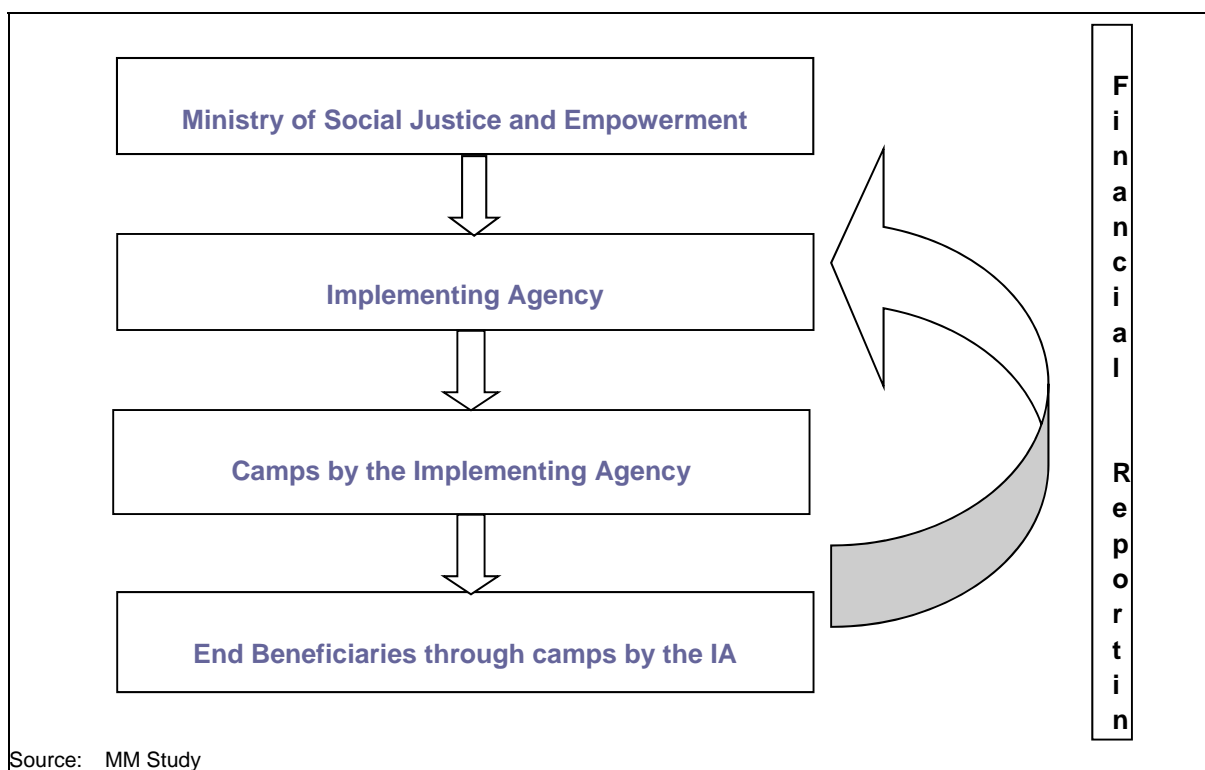


## 12. State Report Chhattisgarh

### 12.1 Overview of Scheme since its Inception

The role of the State Government was very limited till year 2006-07, in the implementation of ADIP Scheme. Implementing Agencies were dealing directly with Union Ministry of Social Justice & Empowerment. The funds were allotted to States according to the total numbers of Differently Abled population and released directly to the Implementing Agencies depending upon their past record of utilization of funds, and their institutional capacity as reported by themselves. There was no mechanism to verify their institutional capacity and works performed by them. The State Government, kept aloof from the loop by design, was devoid of any data about the NGOs working in the State for the welfare of Differently Abled, their institutional capacity and other relevant information about them. The following flow chart describes the functioning of the Scheme prior to the year 2006-07.

Figure 12.1: Flow chart of Scheme Implementation in Chhattisgarh Upto 2008-09



#### 12.1.1 Experiment of District Disability Rehabilitation Centre (DDRC)

District Disability Rehabilitation Centre (DDRC) is an initiative by the Ministry of Social Justice and Empowerment, Government of India, to facilitate comprehensive services to Persons with Disabilities in the rural areas. These units have a group of rehabilitation professions for providing services like identification of Persons with Disabilities, Awareness Generation, Early Detection and Intervention, Provision / Fitment, Follow-up and repairing of Assistive Devices, Therapeutic Services like Physiotherapy, Speech Therapy etc.,

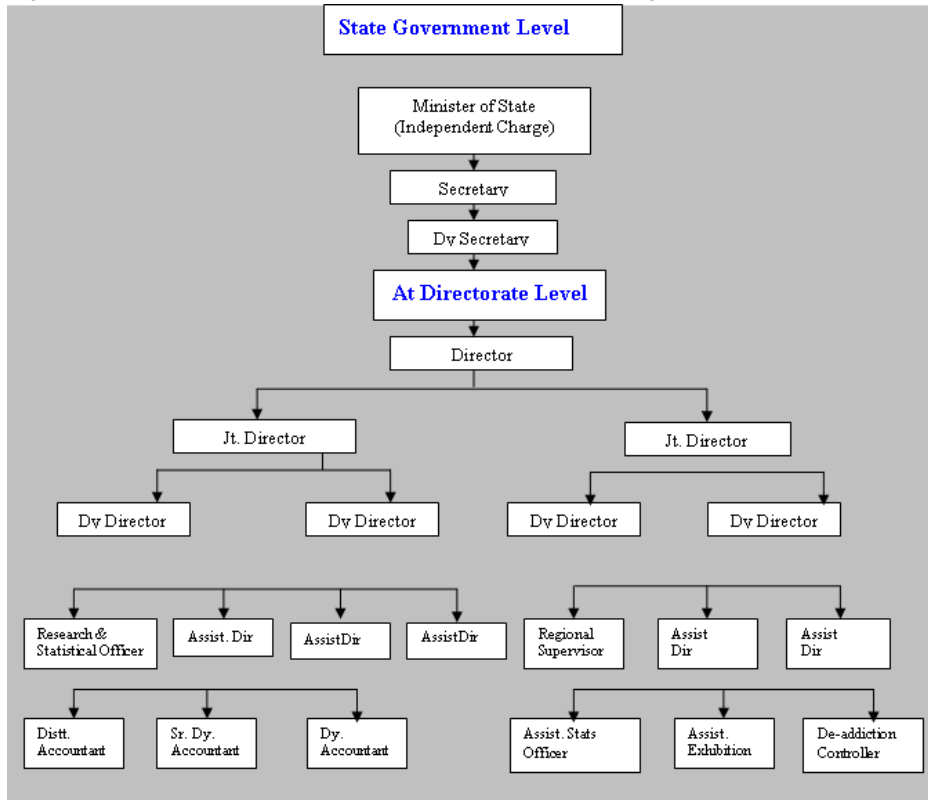


and facilitation of distribution of Disability Certificates, Bus Passes and other concessions/ facilities for Persons with Disabilities.

DDRC is a joint venture of Central and State Governments wherein Central Government was to establish, initiate, implement the centre for three years involving funding for manpower contingencies as well as required equipments and coordination. The initial management and mentoring of DDRC was assigned to different National Institutes. State Government was to provide provision for rent free, well connected building, basic infrastructure, furniture, monitoring and coordination of activities through District Management Team (DMT) Chaired by the District Collector and also identification of Implementing Agency. After the first three years under the tutelage of National Institute (There are 7 different types of National Institutes for different types of disabilities across India), the DDRC had to be transferred to a local NGO working for the welfare of Differently Abled that had been receiving funds under ADIP Scheme continually since last few years.

In the year 2006-07 the guidelines of the scheme have been revised. The State Government through its district level officials is required to identify NGOs in every district which are working for the welfare of Differently Abled and assist them in preparation of proposals for grants under ADIP. These proposals, thus collected from the NGOs, are sent to Ministry of Social Justice & Empowerment. In the year 2007-08, the union Ministry of Social Justice & Empowerment has stipulated the maximum number of such proposals from any district to maximum of two. Thus, the State Government is required to identify two NGOs in every district for sending proposals under ADIP Scheme. The State of Chhattisgarh doesn't have any single line Ministry dedicated to the welfare of Differently Abled population. The works and procedures related to them have been clubbed with the 'Ministry of Women & Child Development and Social Welfare'. The following flow-chart shows the Administrative Hierarchy of Department of Social Welfare of Chhattisgarh State Government (Figure 12.2).

Figure 12.2: Structure of Scheme implementaion in Chaatisgarh



Source: Directorate of Social Welfare Chhatisgarh

### 12.1.2 State Specific Initiatives in Chhattisgarh for the Welfare of Differently Abled

The implementation of Centrally Sponsored ADIP Scheme is under the purview of Directorate, Social Welfare, Raipur. Along with the Central Schemes for the welfare of Differently Abled population, the State Government has taken many initiatives on its own for the welfare of Differently Abled. The salient among them are as follows:

- Chhattisgarh Finance & Development Corporation for Differently Abled - For the purpose of ensuring the rights of Differently Abled and for providing them the new avenues for self-employment, the State Government had established the 'Chhattisgarh Finance & Development Corporation for Differently Abled' under the Chairpersonship of Hon'ble Minister, Social Welfare as a challenging agency of 'National Finance & Development Corporation for Differently Abled'. With the help and supervision of national apex body, 'Chhattisgarh Finance & Development Corporation for Differently Abled' provides soft loans at reduced rates to the Differently Abled persons enabling them to establish their own businesses, in service/merchandise or self-employment. The details of loan windows are as follows.

Table 12.1: Schemes run by Chhattisgrah Finance & Developmenet Corporation for Differently Abled

Type of Business Activities	Amount of loans provided
Establishing small scale business unit in Service/Merchandise	1-3 Lakh
Agricultural & Allied Activities	5 Lakh
Purchasing of vehicle	5 Lakh

Source: Directorate of Social Welfare, Chhatisgarh

Apart from the above mentioned windows of assistance to Differently Abled population, the corporation provides special loans for the welfare of mentally handicapped persons, they are as follows:

Table 12.2: Schemes run by Chhattisgarh Finance & Development Corporation for Mentally Handicapped Persons

Type of Business Activities	Amount of loans provided
Loan for self-employment	Up to 3 Lakh
Establishing small scale business unit in Service/Merchandise	Up to 5 Lakh
Education/training	7.5-15 Lakh

Source: Directorate of Social Welfare, Chhattisgarh

The interest rate charged by Chhattisgarh Finance & Development Corporation from Differently Abled is 5-8%. Differently Abled women are granted additional rebate of 1% interest rate.

- Commissionerate for Differently Abled - For the supervision, evaluation and effective implementation of 'Differently Abled (Welfare) Act 1995' and for the conservation of rights of Differently Abled ensuring their full cooperation by the State, Article 60 of the Act provides for establishing a Commissionerate for Differently Abled at Durg district of Chhattisgarh State. The Commissioner appointed for this purpose supervises the activities of the NGOs working for the welfare of target population, ensures their representation in government jobs and their grievances redresses through judicial interventions.
- Various State Institutions established under 'Differently Abled (Welfare) Act, 1995-Chhattisgarh State Government has established several institutions for the welfare and rehabilitation of Differently Abled population. The salient among them are as follows:

Table 12.3: Institutes run by Chhattisgarh State Government for Rehabilitation of Differently Abled Population

S No	Name of the Governmental Institute	Place
1	Government School for Visual and Hearing Disabled	Raipur, Bilaspur, Jagdalpur
2	Juvenile Home for Orthopaediacaily Disabled Children	Raipur, Jagdalpur
3	Home for Multiple-Disabled	Raipur
4	Home for Mentally Retarded Children	Raipur
5	Special School for the Hearing Disabled Girls	Dhamtari
6	Special School for the Mentally Retarded Girls	Surguja
7	Rehabilitation Workshop	Bilaspur
8	National Rehabilitation Programme	Bilaspur, Rajnandgaon, Korla
9	District Rehabilitation Centres for Differently Abled (run by State Govt.)	Dantewara, Kanker, Mahasamund, Dhamtari, Kawardha, Korba, Janjgir-Champa, Surguja, Korla
10	District Rehabilitation Centres for Differently Abled (run by National Institute and NGOs.)	Raipur, Durg, Rajnandgaon, Jagdalpur, Raigarh, Jashpur
11	District Rehabilitation Centres (under Central Regional Programme)	Bilaspur

Source: Directorate of Social Welfare Chhattisgarh

Apart from the setting up of the above mentioned institutions by the State Govt. for the welfare of Differently Abled, the State Govt. undertakes the following programmes on annual basis.

- Encouragement of Wedding of Differently Abled for their social rehabilitation.
- State Level Awards to the organisations working for welfare of Differently Abled to further motivate them.
- Scholarship to Differently Abled Children for pursuance of higher studies
- Organization of Special Sports Meets for Differently Abled enabling them to showcase their abilities, cooperation and encouragement.

### 12.1.3 Other Programmes in Chhattisgarh for Welfare of Differently Abled

Apart from the above mentioned State specific initiatives, the State govt. runs some regular programmes for fulfilling its commitment towards the welfare of Differently Abled. The salient among them are as follows:

Table 12.4: Programmes undertaken by the Chhattisgarh State Govt. for the Welfare of Differently Abled

SI No	Title of Programme
1	Deen Dayal Rehabilitation Programme for Differently Abled
2	National Rehabilitation Programme for Differently Abled
3	Creation of Disabled Friendly Buildings
4	Donation of Artificial Organs/Appliances
5	Identification of posts for Differently Abled
6	Increase in the Vehicle Allowance of Differently Abled in Govt Jobs
7	Leprosy Welfare Programme
8	Educational Programme

Source: Directorate of Social Welfare Chhattisgarh

- Deen Dayal Rehabilitation Programme for Differently Abled -Under the Scheme, the first phase of the identification, registration and distribution of identity cards to Differently Abled with more than 40% of disability, from the total number of Differently Abled in the State found by sample surveys and census has been undertaken. The work is still underway.
- Distribution of Artificial Organs/Appliances - Chhattisgarh State Government provides Artificial Organs/Appliances to poor Differently Abled from its own resources for minimizing the effect of their disability. Callipers, Tricycles, Wheel-chairs, Crutches, Hearing Aids, Walking Stick and Brail-books, etc are provided to Differently Abled under this scheme. The economic criteria for provision of artificial organs/appliances are given below.

Table 12.5: Economic Criterion relied upon by Chhattisgarh State Govt. for provision of Artificial Organs/Appliances

Monthly Family Income	Cost of Organ/Appliance Charged
< 5000	Free of cost
5001 and above	50% of the cost of organ/Appliance

Source: Directorate of Social Welfare, Chhattisgarh

- Educational Programmes-The State Government runs some fully residential institutes for the Differently Abled children. Children are provided free hostels, education-training, food, clothes and other residential facilities free of cost in order to make them completely rehabilitated. For contingency, telephone and computers have also been provided in such institutes. List of such institutes run by State Govt is given below:

Table 12.6: Educational Institutes run by Chhattisgarh Govt for the education of differently abled children

SI No	Name of the Governmental Institute	Place
1	Government School for Visual and Hearing Disabled	Raipur
2	Government School for Visual and Hearing Disabled	Bilaspur
3	Government School for Visual and Hearing Disabled	Jagdalpur
4	Special School for the Hearing Disabled Girls	Dhamtari
5	Special School for the Mentally Retarded Girls	Surguja
6	Juvenile Home for Orthopaediacaaily Disabled Children	Raipur
7	Juvenile Home for Orthopaediacaaily Disabled Children	Jagdalpur
8	Home for Multiple-Disabled	Raipur
9	Home for Mentally Retarded Children	Raipur
10	Rehabilitation Workshop	Bilaspur

Source: Directorate of Social Welfare Chhattisgarh

- State Brail Press- the State Govt. runs a special brail printing press for providing the course books to visually Differently Abled school going children of primary and middle school level. There are 2 computers and a printer in this printing press under the computer printing unit.
- Rehabilitation workshop-A rehabilitation workshop is run by State Govt in Bilaspur for providing employment oriented vocational training to Differently Abled, viz, typing, shorthand, printing, painting, computer, welding, carpentry and stitching-embroidery.
- Educational Scholarship to Differently Abled-The State Govt provides special scholarships to Differently Abled students at primary, middle, secondary, higher secondary and college levels according to the standard and competence of the student starting from INR 50 to 240. Accordingly the blind students are being provided INR 50-100 for readers. The State Govt has put a ceiling of INR 8000 per month as family income for considering the Differently Abled student for State Scholarship.

The rates of scholarship provided by the State Government are as follows:

Table 12.7: State Sholarship to all differently abled students

Education Level	Standard	Scholarship rate/month (INR)
Primary	Till class 5	50
Middle	From class 6-8	60
From Upper Middle to Higher Secondary	From class 9-12	70

Source: Directorate of Social Welfare Chhatisgarh

The State Government provides different rates of scholarships to the meritorious students from the Differently Abled population who score 40% or more at studies. The rates of such scholarships are given below:

Table 12.8: Scholarship provided to differently abled meritorious students

Education Level	Day Scholar/month (INR)	Hosteller/month (INR)
From 9 <sup>th</sup> to 12 <sup>th</sup> class and IIT	85	140
Graduate	125	180
Post-Graduate and Business Graduate	170	240

Source: Directorate of Social Welfare Chhatisgarh

## 12.2 Process of Implementation of the Scheme

### 12.2.1 District Level

The officer at the designation of Deputy Director in District Panchayat and Social Welfare (DPSW) is the resource person at the district level who identifies the NGO. The criterion relied upon are as follows:

- The NGO should be registered.
- The NGO should have adequate institutional capacity like infrastructure, health experts of Differently Abled (Orthopaedics, Physiotherapists, etc) to implement the scheme.
- The NGO should have credible working history of at least three years for the welfare of Differently Abled.
- The financial robustness of the NGO should have been verified by qualified Chartered Accountant through yearly audit reports of last three years.

The NGOs thus identified are requested to conduct assessment camps for Differently Abled with the assistance and under the supervision of district level officer. The schedules of upcoming camps are advertised through local newspapers, pamphlets and notice-board of District Panchayat Office. Apart from the State Govt. machinery, the NGOs themselves advertise the upcoming evaluation cum assessment camps. In such camps, the NGOs with the assistance of doctors from district hospital (Orthopaedic, Physiotherapists), assess the number of Differently Abled persons according to different types of disabilities, the types and number of aids/appliance to be procured and their prospective cost. This information are compiled and sent in proposal along with the other requisite information to the DPSW office, which in turn sends it to the District Collector for scrutiny at district level. The office of District Collector scrutinizes the proposals and if satisfied, forwards it to the Directorate of Social Welfare for further action.

There are some National Institutes working in some of the districts of Chhattisgarh. At present, they don't send their proposals to the DPSW, office of District Collector of State level Directorate of Social Welfare. They approach the State government only for occasional support they require for conducting the assessment camps in districts. They send their proposals directly to Union Ministry of Social Justice & Empowerment.

It is to be noted that the role of DPSW is only advisory to the NGOs in making the proposal. The DPSW is otherwise also mandated to conduct assessment and evaluation camps on its own for fulfilling their obligation towards State specific welfare oriented programmes for Differently Abled.

#### 12.2.2 State Level

The implementation of centrally sponsored scheme of ADIP is only a minor part of overall functioning of Directorate of Social Welfare, Chhattisgarh. The officer at the designation of Deputy Director is the resource person for keeping the record of ADIP Scheme in the entire State. His office in Directorate of Social Welfare receives the proposals from districts, scrutinizes them and if satisfied, forwards them to union Ministry of Social Justice & Empowerment for further action.

#### 12.2.3 Distribution of Aids/Appliances

Once the fund is released, the NGOs inform the recorded prospective beneficiaries through post and paper advertisements to attend the camp at designated day and site for getting the aid/appliance.

### 12.3 Status of the Scheme

The role of State bureaucracy is over once the proposals of NGOs are sent to Union Ministry of Social Justice & Empowerment for final action on them. If the proposal is found proper according to the set guideline, funds are transferred directly in the bank account of NGO in two equal instalments. The second instalment is released only after the submission of fund utilization certificate for the funds released in the first instalment by the same NGO is done. The Directorate of Social Welfare is informed by the Ministry of Social Justice and Empowerment, Government of India as to which NGO has been given how much funds. The District level officials are not informed by any agency as to how much funds have been given to whom for the implementation of the scheme.

The State bureaucracy treats the ADIP Scheme as prerogative of Central Government and an additional burden on State machinery. This leads to a lack of motivation to monitor the scheme and sample checking of beneficiaries for physical verification of utilization of funds.

In the sampled district of Jashpur, there is only one NGO working for Differently Abled. It was in the year 2007-08 that this organization got any fund under ADIP Scheme. In the unavailability of financial resources, it is unable to provide aids/appliances to any new patient. Since last four years, it is carrying out only assessment camps and sending its proposals to Ministry of Social Justice & Empowerment seeking some funding, but every time its proposal was declined, due to one or the other reason. According to them, reasons of declining to give funds have not been made clear. Now the Differently Abled persons have stopped coming to even assessment camps.

There is no institutional mechanism to ensure that the funds released to an NGO of any District are spent on the Differently Abled population of that district only. In all the three sampled districts, namely, Jashpur, Janjgir-Champa and Raipur, several cases have come to light where the beneficiaries were not the residents of that district. They were from some adjoining or in some cases from distant districts. On the other hand, the National Institutes don't provide the list of beneficiaries to the district level officials with whose help they conduct assessment and distribution camps in the districts. Therefore, in the current format, the 5-10% sample verification by the State government official is not taking place.

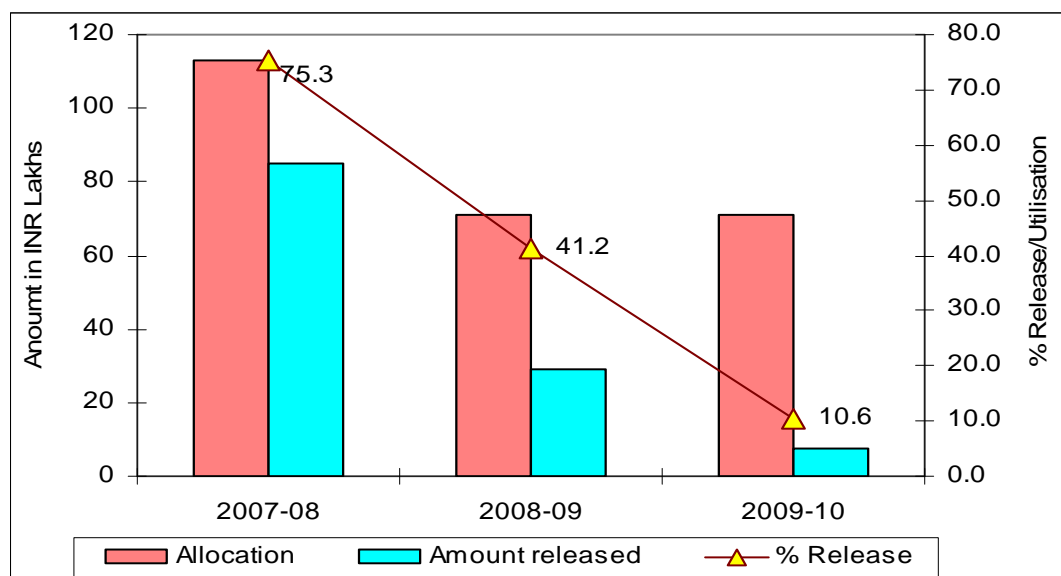
The current format of scheme doesn't stipulate any limit on number of beneficiaries to be given aids/appliances at a single location or camp. It is the sole discretion of NGO whether they burn the whole amount of funds at the single distribution camp or stretch it to more than one camp activity. In reality, it becomes difficult for cash starved NGOs to refrain from political and advertorial mileage which comes from a single grand event than several small ones. It has come to light that in order to burn the whole amount of funds in a single go, NGOs provide aids/appliances to those Differently Abled persons who were not listed in assessment camps held by them earlier before the preparation of proposal for grants-in-aid under ADIP Scheme.

The Differently Abled persons, who attend to assessment and distribution camps, belong to very poor economic strata of society. Their disabilities generally come in way of gaining good schooling or even the basic education. Thus, it is not surprising that none of the beneficiaries had ever heard or had any knowledge about the ADIP Scheme. The information about the scheme is only at the bureaucratic level or at the NGO level.

## 12.4 Financial Performance

It was observed that a total of INR 255.08 Lakh was allocated for Chhattisgarh during the reference period (2007-10) out of which only INR 121.96 Lakh was released which is about 48% of the fund allocated. It is evident from the following figure that the amount released for Chhattisgarh State has significantly gone down by each year since year 2007-08. On asking for reason of such a sharp decrease, State level officials reported that they forward almost all the applications which they receive from the district level authorities and that they are not in a position to comment on release of funds as it is the central government’s decision.

Figure 12.3: Comparison of Allocation and Release of ADIP Fund during reference period (2007-10)

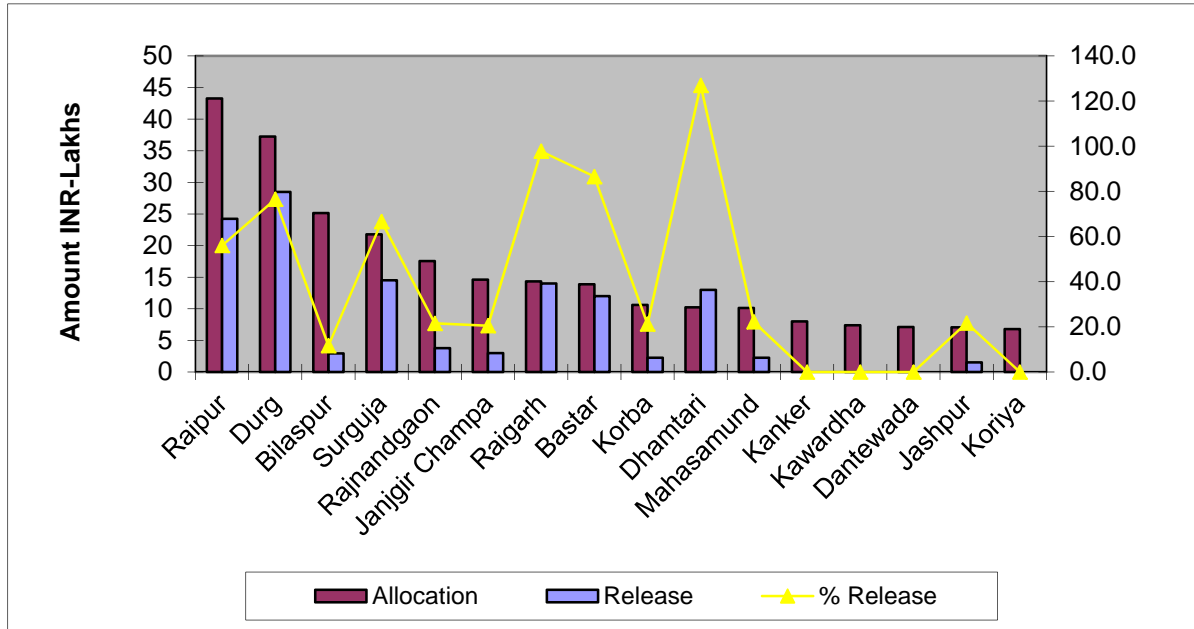


Source: Ministry of Social Justice & Empowerment

Looking into district level comparison we could see that fund has been released only to 12 districts of Chhattisgarh and the fund release was mostly concentrated to the districts Raipur and Durg i.e. about 44% (Figure 12.4).



Figure 12.4: District wise Comparison of Allocation and Release of ADIP Fund during reference period (2007-10)



Source: Ministry of Social Justice & Empowerment

It was observed that the fund that has been released to the implementing agency has been totally utilised by them and implementing agencies have also submitted Utilisation Certificate for the funds Utilised directly to the Ministry. However, no such reports have been submitted to district or State level. Thus, local Government authorities (district & State) are not in a position to monitor the scheme during its implementation. The only possibility of monitoring comes into picture when the same implementation agency submits application/proposal for funding to next financial year at the district level office and with their proposal they are also submitting last years details including Utilisation Certificate.

### 12.5 Physical Performance of the Scheme

It is evident from the above mentioned graph that about INR 64.94 Lakh has been allocated to the three selected districts named Raipur, Jangir Champa and Jaspur and INR 18.76 lakh has been released which only 28.9% of the fund is allocated. As per data provided by the implementing agencies, during the reference period, 345 Differently Abled have been provided benefit. Out of these 345 beneficiaries, our field team has tried to contact 180 beneficiaries as per the sample decided for this evaluation. However, we could meet only 120 beneficiaries as addresses for the remaining were not found correct.

Looking into the physical performance it is evident that about INR 4,350 has been spent for one Differently Abled person which is on the lower side as per guideline, which should not go beyond INR 6,500 and 20% of the total fund can only be used as operational cost.

## 12.6 Physical Verification of the Scheme

### 12.6.1 Profile of the Beneficiaries contacted

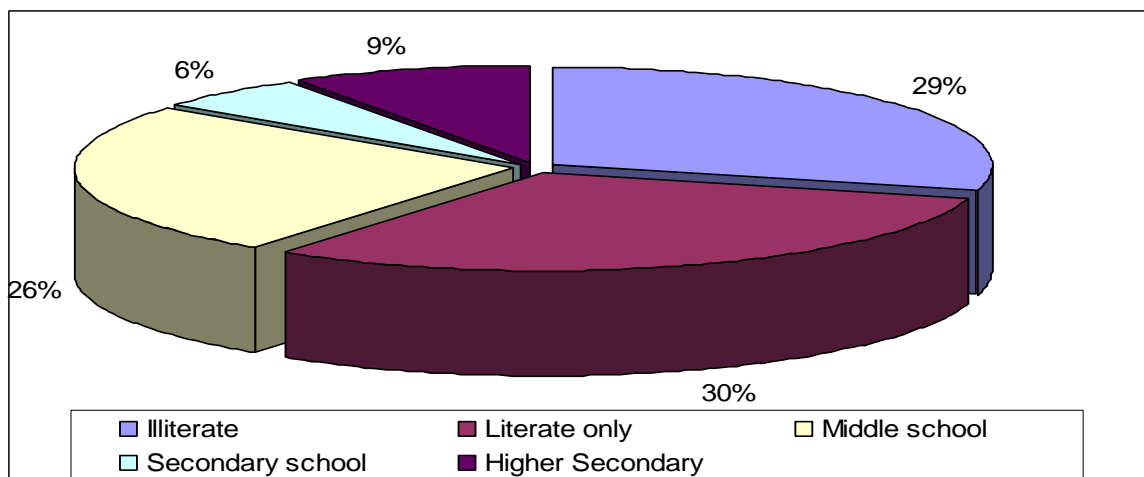
#### 12.6.1.1 Age Group of Beneficiaries

The ADIP scheme has catered to beneficiaries across age groups. Majority of the beneficiaries contacted during the field study belong to the productive age group during the field investigation.

#### 12.6.1.2 Literacy Level

The education status of the beneficiaries was very low. Of all the Beneficiaries contacted 29% were illiterate. Another 30% of the beneficiaries were literate but have no formal education. About 26% of the beneficiaries completed their middle school, while 6% of them had completed their secondary education. About 9% of the beneficiaries completed their higher secondary education.

Figure 12.5: Literacy level of the beneficiaries (in %)

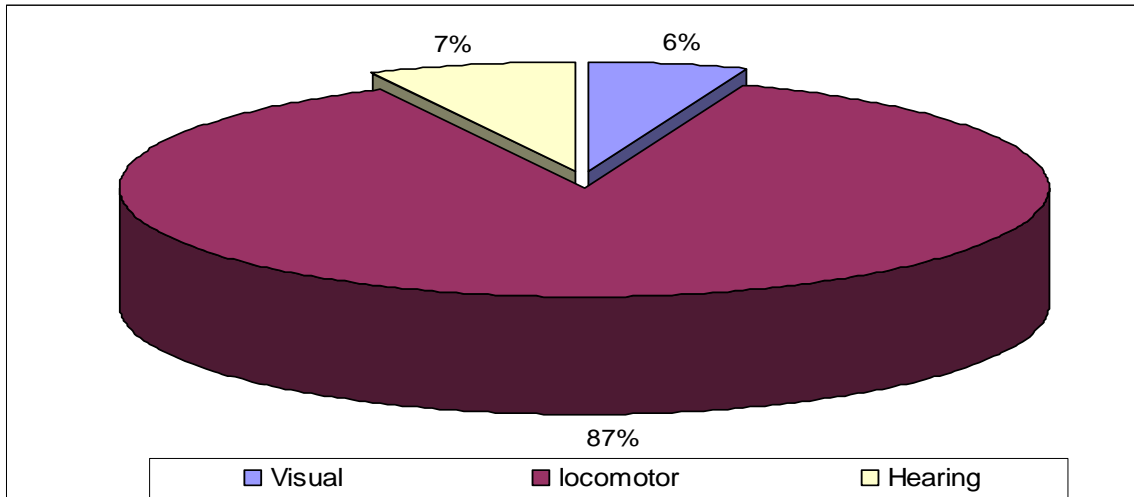


Source: MM Study

#### 12.6.1.3 Type of Disability

Of all the beneficiaries contacted, 87% were physically challenged and 6% were visually challenged, while another 7% of the beneficiaries were Hearing Impaired.

Figure 12.6:Types of Beneficiaries contacted (in %)

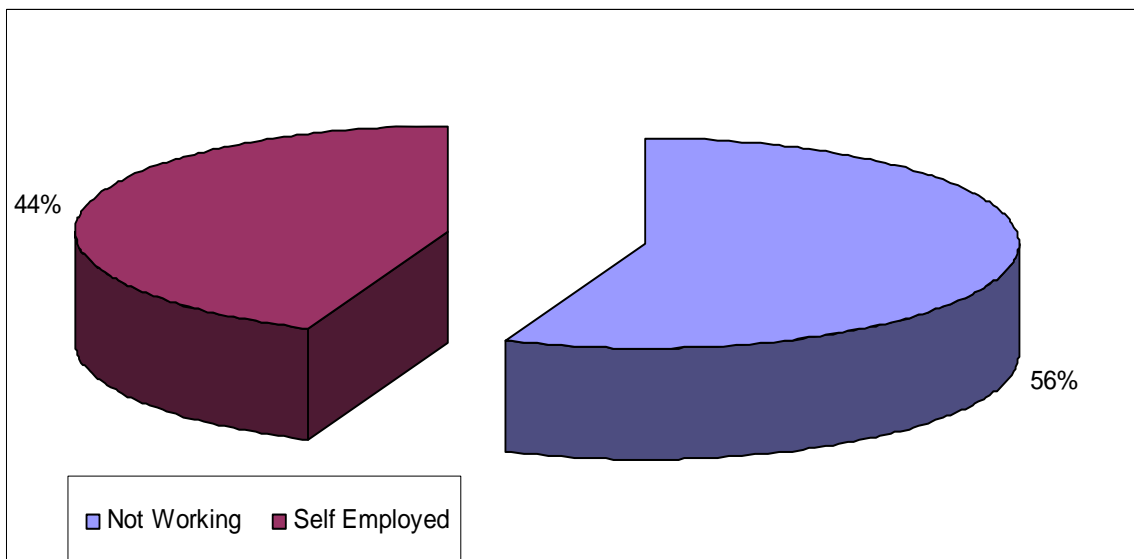


Source: MM Study

#### 12.6.1.4 Employment Status of Beneficiaries and his/her Guardian

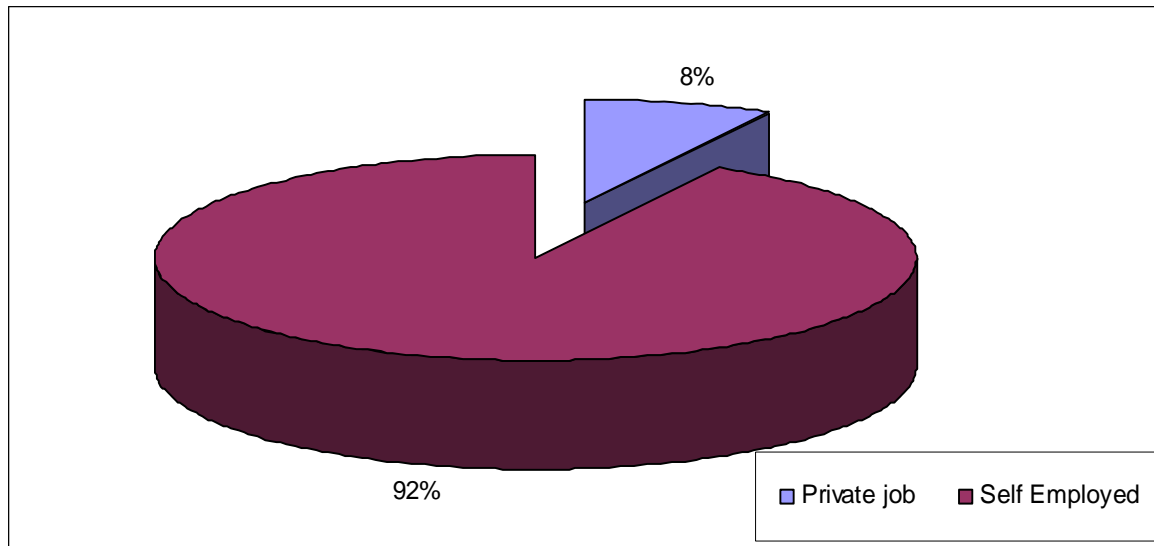
A total of 56% of the beneficiaries contacted were not gainfully employed, while only 44% of them were employed. Among the employed beneficiaries 92% were self employed - mostly managing petty shops - and the rest 8% were employed with private employers, mostly shop keepers.

Figure 12.7:Employment status of the Beneficiaries



Source: MM Study

Figure 12.8: Employment status of the Care takers of Beneficiary



Source: MM Study

#### 12.6.1.5 Nature of Disabilities of the Beneficiaries

During the survey it was found that the major cause of hearing and locomotor disability of the beneficiaries was congenital. However, the other major cause of the visual disability was Illness followed by accidents and congenital reasons.

Table 12.9: Nature of disabilities of the beneficiaries(in %)

Type of Disability	Hearing	Locomotor	Visual
Congenital	100	100	25
Illness	0	0	50
Accidental	0	0	25
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 12.6.1.6 Effect of Disability on Normal Routine of Life

Table presented below is depicting the effects of the disabilities on the normal life routine of the beneficiaries. The highest degree of problem faced by visual disabled is mobility. Beneficiaries of hearing disabilities believe that they are dependent on others for outside help to communicate.

Problem faced by the hearing disabled people is mobility (29%), Dependency on others (82%), Disruption/stopping of study or work (61%), etc.

Table 12.10: Effect of Disability on normal Routine of life

Effect of disability	Visual	Hearing	Locomotor
Restricted Mobility	100	28.6	97.9
Disruption/Stopping study or work	0	60.7	81.3
Dependency of others	16	82.1	91.7
Couldn't marry	25	0	43.8
Couldn't find job/livelihood	25	3.6	37.5
Multiple Response			

Source: MM Study

### 12.6.1.7 Reaction of Society

From the table presented below it can be understood that social acceptability and empowerment of disabled people is still lacking. Locomotor disabled people seem to be more vulnerable. Discrimination, disregard and rude behaviour are the major issues with the disabled people.

Table 12.11: Reaction of society (in%)

Whether society have behaved adversely due to disability	Visual	Hearing	Locomotor
Yes	25	23.1	97.9
No	75	76.9	2.1
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 12.6.1.8 Awareness of ADIP Scheme

Awareness regarding the ADIP scheme among beneficiaries is not up to the mark. It can be concluded from the below table that most of the respondents were unaware of the ADIP scheme. However, Beneficiaries of Hearing and locomotor disabilities were little informed about the ADIP Scheme.

Table 12.12: Prior Informaton regarding ADIP Scheme (in %)

Awareness of ADIP Scheme	Visual	Hearing	Locomotor
Yes	0	11.1	18.8
No	100	88.9	81.3
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 12.6.1.9 Awareness Regarding the Type of Appliances being used

During the survey it was observed that all beneficiaries were aware of the aids/appliances which they are using. Most of the beneficiaries obtained information regarding their appliances from various sources but the major sources being doctors, DDRCs and relatives etc.

Table 12.13: Awareness regarding the type of Appliances obtained (in %)

Whether the beneficiaries are aware of the appliances provided?	Visual	Hearing	Locomotor
Yes	100	100	100
No	0	0	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 12.6.1.10 Year of Obtaining Device First Time

Table presented below is depicting the year when Differently Abled Persons have obtained aids and appliances for the first time.

Table 12.14: Year of obtaining device first time

Year of obtaining Device first time	Visual	Hearing	Locomotor
2006	0	0	6.4
2007	75	0	68.1
2008	25	4.2	21.3
2009	0	0	0
2010	0	95.8	4.2
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 12.6.1.11 Financial Assistance for Aids/Appliances

It can be concluded from the table below that majority of the financial assistance provided to the beneficiaries were DDRCs, NGOs (Implementing Agencies) and State handicapped corporation.

Table 12.15: Financial aid for appliances (in %)

Source of financial assistance	Visual	Hearing	Locomotor
District Disability Rehabilitation Centre (DDRC)	100	10.7	18.8
State Handicapped Corporation	0	82.1	0
NGO	0	3.6	79.1
Other State level Bodies	0	3.6	2.1
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 12.6.1.12 Number of Times the Aids / Appliances Obtained

It has been seen that most of the beneficiaries were given aids/ appliances once or twice during the reference period i.e., 2007-2010.

Table 12.16: Number of times the Aid have been provided (in %)

No. Of Times aids provided	Visual	Hearing	Locomotor
1 to 2 times	100	100	100
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 12.6.1.13 Whether Differently Abled is the Head of the Household

Most of the contacted Differently Abled beneficiaries are not heading their household.

Table 12.17: Whether Differently Abled is the head of the household (in %)

Whether DA is the Head of the household?	Hearing	Locomotor	Visual
Yes	30	0	0
No	70	100	100
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 12.6.1.14 Literacy Level of the Head of Household

During the survey it was observed that education level among the head of the household of the beneficiaries of locomotor disabilities is very less. However, caretakers of Visual and Hearing disabilities are more educated. Category wise further classification is given in the table below.

Table 12.18: Literacy level of the Head of Household (in %)

Literacy level of the head of household	Hearing	Locomotor	Visual
Illiterate	18.5	60	50
Literate only	11.1	0	25
Middle school	59.3	10	0
Secondary school	11.1	10	0
Higher secondary	0	0	25
Graduate	0	20	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 12.6.1.15 Monthly Income of the Head of the Household

It was observed from the table below that most of the beneficiary households fall under monthly income group of INR 2001-3000, followed by INR 3001 – 5000 and INR 5001 – 10000.

Table 12.19: Monthly Income of the Head of the Household (in %)

Income group	All beneficiaries Combined
INR 2001 – 3000	48
INR 3001 – 5000	28
INR 5001 – 10000	24
Total	100

Source: MM Study

#### 12.6.1.16 Dependency of Family Members on the Disabled Person

During the survey it was found that approximately 22% beneficiaries of hearing and 30% beneficiaries of locomotor disabilities had members dependent on them, while dependency on the beneficiaries of visual disability was 50%.

Table 12.20: Dependency of family members on the disabled person (in %)

Dependent members on the disabled person	Visual	Hearing	Locomotor
Yes	50	22.2	29.2
No	50	77.8	70.8
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 12.6.1.17 Number of Dependent Person

Table below is depicting the number of people dependent on the beneficiaries. It can be concluded that the number of dependency on the beneficiaries is ranging from 1 to 4 people.

Table 12.21: Number of Dependent Person (in %)

Total number of dependents on disable	Visual	Hearing	Locomotor
1	50	100	14.3
2	50	0	35.7
3	0	0	28.6
4	0	0	21.4
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 12.6.1.18 Place of Application for the Assistance under ADIP Scheme

Majority of the application for obtaining the appliances from ADIP scheme was made to DDRC followed by NGO and the State Handicapped Corporation. Other agencies like Artificial Limbs Manufacturing Corporation (ALIMCO) /SLIMCO, CRC etc. received very few applications for obtaining the appliances under ADIP Scheme.

Table 12.22: Place of Application for the Appliance under ADIP Scheme(in %)

Place of application for assistance under the ADIP Scheme	Visual	Hearing	Locomotor
District Disability Rehabilitation Centre	100	10.7	18.8
Composite Regional Centres	0	0	2.1
State Handicapped Corporation	0	85.7	0
Other State Level Bodies	0	3.6	52.1
NGO	25	0	89.6
<i>Multi Response Question</i>			

Source: MM Study

### 12.6.1.19 Time Taken for Obtaining the Appliances after Application

From the table it can be concluded that most of the beneficiaries of locomotor disability had to wait for the aids and appliance till the fitment of the appliance. However, beneficiaries of hearing and visual disabilities had received the aids and appliances immediately after they applied for the aids.

Table 12.23: Time Taken for Obtaining the Appliances after Application(in %)

Time taken for aids/appliances	Visual	Hearing	Locomotor
Till Surgery	0	0	0
Till the Fitment of Appliances	0	0	100
Immediately	100	100	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study



### 12.6.1.20 Time since Aids/Appliance has been Obtained by Beneficiary under ADIP Scheme

During the survey most of the contacted beneficiaries were using their aids/appliances since last 6 to 54 months.

Table 12.24: Time Since the availability and usage of appliance obtained under ADIP Scheme(in %)

Time frame (months)	Visual	Hearing	Locomotor
06	0	5	0
12	0	90	2.1
30	0	0	2.1
36	0	5	14.6
42	25	0	4.2
48	75	0	68.8
54	0	0	8.2
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 12.6.1.21 Time Taken to Adapt to the Appliance

During the survey it was found that majority of the beneficiaries took maximum of one or two months to get adapt to the appliances they were given. However some respondents even took three to six months to adjust with the appliances.

Table 12.25: Time taken to adapt the appliance(in %)

Time taken (in months)	Visual	Hearing	Locomotor
0	0	10.5	0
1	100	26.3	39.6
2	0	42.1	56.3
3	0	21.1	2.1
6	0	0	2.1
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 12.6.1.22 Annual Maintenance Cost (in INR) of the Aid

Below table is depicting the annual expenses incurred on the maintenance of the aids and appliances. An average amount of INR 100-350 is being spent on the maintenance.

Table 12.26: Annual Maintenance Cost of the Aid(in %)

Maintenance Cost (INR)	Locomotor
100	27.1
150	2.1
200	22.9
250	18.8
300	22.9
350	6.3
<b>Total</b>	<b>100</b>

Source: MM Study

## 12.7 Impact of Scheme on Beneficiaries

The scheme has got varied performance in different sampled districts. The reason is non-availability of funds in successive years.

The NGO working in Jashpur (Banvasi Kalyan Ashram) has been found to be a dedicated organization committed to welfare of Differently Abled persons. It got funds to the tune of 1.53 Lakh under ADIP Scheme in the year 2007-08, and it spent more than the allotted funds matching the balance from other sources of donations. In the subsequent years to 2007-08, the organization reported that, despite its good track record, the organization couldn't get its proposals approved by the Ministry of Social Justice & Empowerment. Since last four years, there is no fund allocation in Jashpur for Differently Abled persons.

In Janjgir-Champa, there is only one NGO that had been granted grants-in-aid to the tune of INR 3 lakh in the year 2008-09 under ADIP Scheme. It was Raipur based organization which was expanding. In the subsequent years, it didn't receive any funding from ADIP Scheme, so it wound up its business not just from the district of Janjgir-Champa, but also from the State. It had provided a list of 227 beneficiaries in Janjgir-Champa in year 2008-09, but many of the beneficiaries were not found during the field verification. Moreover, the costs of aids were highly inflated in comparison to the costs shown by other organizations in other districts in the same year. Since last two years, no fund has been released to any NGO in Janjgir-Champa.

The scheme has had positive Impact on the mobility of the beneficiaries and their care takers alike. Without the assistance from the scheme most of them could not have afforded to buy any such appliance. Many of the Differently Abled beneficiaries have opined that though the attitude of society was rude or discriminating against them, there has been significant change in societal reaction towards them being more pragmatic, acceptance and less discriminating after getting the aids and appliances. Majority of the Differently Abled beneficiaries and care takers have responded positively that their mobility has increased after getting the aid and their dependency on other members of family has drastically gone down.

Only a very few of the beneficiaries feel that their standard of life has been positively impacted by the appliances or aids provided to them through the scheme.

### 12.7.1 Qualitative changes experienced after fitment of equipments under ADIP Scheme

Table presented below is depicting the qualitative changes brought by the assistance provided under ADIP scheme. Under this scheme those who were provided aids for visual and Locomotor problem have increased their mobility and their dependency on the other get reduced.

Hearing beneficiaries believe that they have achieved total independence in performing daily chores, their dependency on others has also been reduced.

Table 12.27: Qualitative changes experienced after fitment of equipments under ADIP Scheme

Changes after fitment of the appliances	Visual	Hearing	Locomotor
Increase mobility	50	32.1	100
Continuation/resumption of work	0	50	41.7
Decrease dependency on others	100	85.7	95.8
Total independence in performing daily chores	0	67.9	8.3
Got married	0	0	25
Found job/livelihood	0	0	31.3
No change	25	3.6	2.0
<i>Multi Response Question</i>			

Source: MM Study

### 12.7.2 Whether Beneficiaries feel that their standard of living has improved

During the survey it has been seen that there is not much improvement in the standard of the lives of the beneficiaries of ADIP scheme. Only beneficiaries of the Locomotor disabilities seem to have been more content in comparison with other beneficiaries, as 40% beneficiaries believe that their standard of life have been improved after the help provided under the scheme.

Table 12.28: Whether beneficiaries feel that their standard of living has improved (in %)

Improved living standard	Visual	Hearing	Locomotor
Yes	0	3.7	39.6
No	100	96.3	60.4
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 12.7.3 Whether receive any significant change in the reaction of society after getting equipped with the aids/appliances

Table below is depicting the change in reaction of the society after getting the appliances. It can be easily understood that there is no significant change in the reaction of the society towards disabled people.

Table 12.29: Change in the reaction of the society after getting help under the scheme (in %)

Significant Change	Visual	Hearing	Locomotor
Yes	0	3.8	22.9
No	100	96.2	77.1
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 12.7.4 How far Disabled People are Rehabilitated

During the survey it has been observed that after getting assistance under the ADIP scheme most of the beneficiaries are satisfied with the changes brought about by the scheme in their lives. Same is depicted in the table below.

Table 12.30: How far Disabled People are Rehabilitated (in %)

How far disable people have been rehabilitated	Visual	Hearing	Locomotor
Completely/Fully	0	0	2.1
Satisfactorily/Adequately/Sufficiently/passably/suitably/tolerably/effectively	0	70.4	60.4
Average	100	29.6	37.5
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 12.7.5 Effect of Disability on Caretaker

Table presented below is depicting the effects on the care takers of the disabled persons. It can be concluded that restriction of the mobility has affected severely as 100% care takers feel that they have to accompany their disabled family member.

Table 12.31: Effect of Disability on Care taker (in %)

Effect of disability	Visual	Hearing	Locomotor
Restricted Mobility	100	100	100
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 12.7.6 Relation of Caretaker with Disable Person

Younger sister and brothers are the main caretakers of the Differentially Abled Persons same is reflecting by the table presented below.

Table 12.32: Relation of Caretaker with Disable Person

Relation	Visual	Hearing	Locomotor
Mother	0	0	6.7
Father	50	14.3	13.3
Spouse	0	28.6	0
Elder brother	0	0	6.7
Elder sister	0	0	6.7
Others (Younger brother/sister or any other)	50	57.1	66.7
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 12.7.7 Changes brought in the life of Care taker after getting assistance under ADIP Scheme

Scheme has brought about changes in the lives of care takers of the Differently Abled persons as well. Scheme has contributed in many ways. Some of them are being reflected by the table below. After getting assistance under ADIP scheme a large number of care takers experienced increased mobility as they were not required to accompany their disabled family members every time.

Table 12.33: Changes brought in the life of Care taker after getting assistance under ADIP Scheme

Changes	Visual	Hearing	Locomotor
Increase mobility	100	57.1	46.7
Decrease in dependency on others for daily chores	0	28.6	53.3
Total independence in performing daily chores	0	14.3	0
<b>Multiple Response Question</b>			

Source: MM Study

#### 12.7.8 How far one think that their Disabled Family Member is Rehabilitated

During the survey it has been observed that after getting assistance under the ADIP Scheme most of the beneficiaries feel satisfied. Same is depicted in the table below.

Table 12.34: How far one think that their disabled family member is rehabilitated (in %)

Level of satisfaction of beneficiaries	Visual	Hearing	Locomotor
Satisfactory	0	0	46.7
Average	100	100	53.3
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 12.7.9 Quality of Aids provided and their Performance

Though it is mandated by the guidelines of the scheme itself that the aids/appliance provided to Differently Abled under ADIP Scheme should be ISI marked, but there is huge gap between demand and supply of various aids. There are only a handful of players in manufacturing of artificial limbs/aids. Most of them cater to clients who order for custom made aids. Even the largest manufacturer of artificial limbs in India (ALIMCO, a GoI undertaking), who is producing more than 150 types of appliances; don't have more 16 articles which are ISI marked. The inferior quality of aids/appliances is not a cause of concern for the poor recipients/beneficiaries who can't even afford a non ISI marked appliance for themselves at market price.

#### **List of Beneficiaries Contacted under the scheme is attached as Appendix A**

### 12.8 Capabilities of Implementing Agencies

The NGOs run on principle of flexibility. They expand their functions when they have adequate funds and shrink it in case of financial crunch. Most of the NGOs working for the welfare of Differently Abled are driven by either religious or charitable motives. They have their clinics for the Differently Abled at various locations where they provide them treatment for minor problems and some physiotherapy. Banvasi Kalyan Ashram (Jashpur District) and Narayan Sewa Sansthan (Udaipur) are such organizations. In order to expand their roles in bettering the lives of Differently Abled by way of providing them sustainable equipments for reducing the effect of physical disability, they apply for grants in aid under ADIP Scheme. Apart from ADIP Scheme, they receive donations from various other sources and keep doing their work without being much affected if the funds are provided to them under ADIP window or not.

#### 12.8.1 Types of services provided as care after fitting of Aids

Only the NGOs which have their permanent office in the district where they held camps do provide this type of services. Banvasi Kalyan Ashram (Jashpur) and Narayan Sewa Sansthan (Raipur) do take care of the beneficiaries if they have any problem in either adjusting to the aid/appliance or any other physical problem related to the aid in their clinics. They have workshops in their clinics for grinding/cutting or making physical alterations in the aid along with the physiotherapy treatments.

On the other hand, the National Institute (NIRTAR, Cuttack), which had utilized ADIP funds in Raipur district in the year 2007-08 didn't have any such mechanism to take care of the Differently Abled after delivering them the aid/appliance.

In case of Janjgir-Champa district, the only NGO working there is Jeevan Kiran Rehabilitation Society, which was originally based somewhere else and didn't have any permanent clinic in Janjgir-Champa. That's why the beneficiaries once given the aids/appliances are left to fend for themselves in case they have any problem with the aid/appliance.

## 12.9 Case Studies

### 12.9.1 Case Study 1: District Disability Rehabilitation Centre (DDRC) in Jashpur

Out of the sampled districts of Chhattisgarh, Jashpur alone had a DDRC which was handed over to local NGO named 'Banwasi Kalyan Ashram' in May 2007. The NGO got one time amount of `INR 2 Lakh towards its responsibilities for running the DDRC. Same year, the same NGO got `INR 1.53 Lakh under ADIP Scheme. With the combined kitty of INR 3.53 Lakh the NGO organized several camps and distributed devices to the Differently Abled. Since 2007, though the NGO is submitting its proposals every year to the Ministry of Social Justice & Empowerment, it is not getting any fund from the Ministry since then. Its financial resources have already been dried and it is facing acute difficulties in paying the honorarium to its staff. In the absence of regular payment and in the wake of bleak future, the qualified staffs that were hired by National Institutes, have already left the District Disability Rehabilitation Centre (DDRC). The NGO has hired some non-qualified retired person to look after the District Disability Rehabilitation Centre (DDRC) building and the equipments provided. The services of one physiotherapist have been hired on part-time basis. The honorarium to the staff member is merely INR 3000 and for the physiotherapist, it is INR 4000/ month. Both of them are not interested to render their services at the present honorarium and want to discontinue, but they are obliged to come to District Disability Rehabilitation Centre (DDRC) for social services only.

A situational analysis of this case study explains that the District Disability Rehabilitation Centre (DDRC) is not a viable business or profit driven experiment. There should be provision in ADIP Scheme to meet the expenses incurred in District Disability Rehabilitation Centre (DDRC) by the NGO; otherwise in the absence of adequate funds, the infrastructure of District Disability Rehabilitation Centre (DDRC) would be wasted.

### 12.9.2 Case Study 2: NGO in Janjgir-Champa (Jeevan Kiran Rehabilitation Society)

Ideally, it is the DPSW office, which identifies the NGO in the district and recommends its proposal to the higher authorities at Directorate level. In case of Janjgir-Champa district, the district level officials were totally clueless about the 'Jeevan Kiran Rehabilitation Society', the NGO which got INR 3 lakh in year 2008-09 in Janjgir-Champa under ADIP Scheme. In the records of DPSW office, there was no mention of this NGO since the inception of the State in 2000. When contacted the Directorate, it was gathered that this NGO is having its head-quarter in Raipur and though, its proposal didn't come with the recommendation of district collector of Janjgir-Champa, it was granted the grants-in-aid for carrying out works for the welfare of Differently Abled on the behest of Union Ministry of Social Justice & Empowerment, directly from Delhi. On further investigation, it was gathered that there was no office of the said NGO in Raipur at the given address. The office had been permanently shut down since last two year. There was only a phone number of the proprietor of the NGO garnered from the Officer in charge in Directorate. When contacted, the person who picked up the phone declined to reveal his identity and address despite repeatedly being requested by the field investigator. The next day, the proprietor of the NGO called from the same number and from him it was gathered that they are no longer working for the welfare of Differently Abled in Chhattisgarh. They have shifted their base in Delhi and are no longer in possession of list of beneficiaries who got benefited by their efforts in 2008-09.

The list of beneficiaries was gathered from the Directorate for the verification of beneficiaries by the field investigator. It had provided a list of 227 beneficiaries in Janjgir-Champa in year 2008-09, but many of the beneficiaries were not found in the field verification. Moreover, the costs of aids were highly inflated.

## 12.10 Issues & Constraints

The assistance to Differently Abled Persons is an emotive issue. The dimensions of disability are manifold and require different type of approach for taking care of them. The governmental approach towards any problem is generally uniform and constrained in many rules and regulations. Taking cognizance of its own limitations, the government chose to make civil society as stakeholder in ensuring benefits to Differently Abled persons. Though, started with good intentions, the scheme is mired in many glitches.

The most common grievance vented out by the NGOs is that they get funds by the Ministry of Social Justice & Empowerment in some years and don't get funds at all in some years despite sending every requisite document as per the guidelines of the scheme. They are not been given reasons why their proposal failed to get approval by the Ministry of Social Justice & Empowerment.

The district and State level official opined that they have relegated to the lack of NGOs for forwarding their proposals to the Ministry of Social Justice & Empowerment without being held as serious stakeholders in the implementation of the scheme.

The present State of the DDRCs in the State is very deplorable as the NGOs who have been allotted with it are not able to manage them for lack of funds. Corrective action in the form of provision of ample funds is needed to ensure service of qualified professionals under the supervision of government.

## 12.11 Recommendations

- Few of the NGOs working for the welfare of Differently Abled persons are doing their work religiously. The NGOs submitting the proposals must be told about the lacuna in the proposals and grounds on which their proposals were not approved by the Ministry of Social Justice & Empowerment by posting the reasons on its website for better transparency and information.
- The present system of releasing the money directly into the accounts of NGOs alienates the State level officials, The NGOs, being run by private individuals are not accountable to government officials or in some cases are not transparent. Because they deal directly with Ministry of Social Justice & Empowerment once their proposals are accepted, they tend to either sideline the State officials or abuse the direct approach till Ministry to glean undue favours from State officials. This breeds the sense of being relegated to position of low level lackey to NGO among State level officials.
- There is an urgent need in filling the gap between the central schemes and State schemes. The State should be made partisan in the implementation of the scheme by improving the design of the scheme.
- There are very few manufactures of artificial limbs/aids in India. They get substantial subsidies from the government for their production. Most of the articles produced by them are not very costly, but lack of knowledge among the masses about their availability creates artificial shortfall. The Ministry of Social Justice & Empowerment should open a dedicated portal for Differently Abled persons where the details of all the manufacturers, aids produced by them, cost of every aid with and without subsidy should be maintained along with the videos of how to use them effectively. This step may not directly benefit the poor and illiterate Differently Abled ones, but would certainly help them in longer run by way of educating the Differently Abled ones who are from well to do backgrounds and the educators in the discipline.
- The most common grievance vented out by the NGOs is that they get funds by the Ministry of Social Justice & Empowerment in some years and don't get funds at all in some years despite sending every requisite document as per the guidelines of the scheme. They are not given reasons why their proposal failed to get approval by the Ministry of Social Justice & Empowerment.
- The district and State level officials opined that they have relegated to the lackey of NGOs for forwarding their proposals to the Ministry of Social Justice & Empowerment without being held as serious stakeholders in the implementation of the scheme.



## 13. State Report of Jharkhand

### 13.1 Scheme at State Level in Jharkhand

In Jharkhand, all the schemes and programmes related to welfare of Differently Abled population are under the preview of the Directorate of Social Welfare, Women & Child Development. The Directorate is responsible for ensuring the welfare of the Differently Abled persons of the State through implementation of various State level initiatives along with streamlining the funds received through Central Schemes for the same purpose. Apart from the Directorate, the Commissioner, Disabilities is a nominated chair of Minister of State rank of the State cabinet, which supervises the implementation of the schemes underway for the welfare of Differently Abled population in the State.

The Directorate of Social Welfare, Jharkhand is implementing the following schemes for the welfare of Differently Abled population of the State.

- Swami Vivekananda Nishakt Swawlamban Protsahan Yojana (translated 'Swami Vivekanand Self-reliance Encouragement Scheme for Differently Abled')
- The Special Schools for the Spastic and Other Differently Abled Children
- The Special Schools for Deaf & Dumb Children
- The Special Schools for the Visually Impaired Children
- Aids and Appliances for the Differently Abled Persons
- Scholarship for the Differently Abled Students
- Economic & Social Survey of Differently Abled Population
- Workshops for Differently Abled

#### 13.1.1 Swami Vivekananda Nishakt Swawlamban Protsahan Yojana

This scheme came into being since financial year 2006 in State of Jharkhand. The scheme envisages providing an encouragement amount of INR 200/ month to all eligible persons living with disabilities in the State of Jharkhand. Under the scheme, for the selection of eligible beneficiaries, a committee under the chairpersonship of Anumandal Adhikari (SDO-Sub-Divisional Officer) has been set up. The other members of such committee are Variya Karyapalak Dandadhikari (Senior Executive Magistrate) as Convenor; Women & Child Development Officer of Sub-Divisional Head-office as Member and In-charge of sub-divisional hospital as Member. The eligibility criterion for availing the benefits under the scheme is as following:

- The person with disability should be citizen of Jharkhand.
- Their age should be more than 5 years
- They should not be availing pension under any scheme of State/Union Government
- According to the definition of persons with disabilities delineated by 'Disabled Persons (equal opportunities, protection of rights and complete participation) Act 1995, Article 2' the prospective beneficiary should be declared Differently Abled.
- The income of beneficiary or their guardians/parents should not exceed the maximum limit of exemption from the income tax.
- They should have been issued certificate of disability by Jila Chikitsa Parishad (District Health Council).
- They should not be employee of State/Union Government/ Public Service Undertakings/ Organizations receiving grants-in-aid from the State/Union Government.
- The beneficiaries of this scheme should not be barred from availing the benefits of the scheme on grounds that they have received benefits under any other scheme run by the State Government.

Under the scheme, utmost care is taken that the beneficiaries are not subjected to any hassle for availing the benefits. Wherever possible, the encouragement amount is paid through bank/post office. the places where



the banks/post office don't have access, the encouragement amount is paid to the beneficiaries directly twice a year by organizing camps at block level under the supervision of some senior official at district level. The guardians of juvenile and mentally retarded are paid in lieu of their dependants.

By the November 2011, the State has spent INR 1590.04 lakh on this scheme out of total outlay of INR 4000 Lakh. In the current year, i.e, 2011-12, the State of Jharkhand has set a target of covering 1,30,000 beneficiaries under the scheme.

### 13.1.2 Special Schools for the Spastic Children

There are 8 schools for the Spastic children in Jharkhand being run by the grants provided by the State government to the Non-Governmental Organizations (NGOs). The details of the schools are provided in the following table 13.1.

The Directorate of Social Welfare, Jharkhand has allocated INR 95 Lakh for the special schools for Spastic children in the financial year 2010-11.

Table 13.1: Special Schools for the Spastic children in State of Jharkhand

SI No	Name of Non-Governmental Organization	Allocation by State Government (INR)			Utilization of Amount Allocated (INR)			Institutional Capacity (intake of children)
		2007-08	2008-09	2009-10	2007-08	2008-09	2009-10	
1	Budha Shaishnik Vikas Parishad, Jamtara	14,36,000	14,36,000	14,36,000	14,36,000	14,36,000	13,46,280	100
2	Manav Seva Ashram, Bokaro	12,20,000	12,22,280	12,22,280	12,20,000	6,11,140	9,60,100	84
3	Srijan Mahila Vikas Manch, Chakradharpur, Chibasa	7,18,000	5,45,980	7,18,400	7,18,000	2,72,990	6,73,140	50
4	Samajik Samasya Nivaran and Kalyan Sansthan, Hazaribag	14,36,000	14,36,000	14,36,000	14,36,000	7,18,400	11,28,600	100
5	Gyan Jyoti, Dhanbad	10,77,000	NA	10,76,800	10,77,000	NA	8,46,400	75
6	Chshayar Home, Bariyatu, Ranchi	7,18,000	7,18,000	7,18,000	7,18,000	3,59,200	6,73,140	50
7	Rajrappa Viklang Sewa Samiti, Ramgarh	7,18,000	7,18,000	7,18,000	7,18,000	3,59,200	5,64,300	50
8	Deepshikha, Ranchi	NA	8,61,000	8,61,000	NA	8,61,000	8,06,750	60

Source: Directorate of Social Welfare, Jharkhand

### 13.1.3 The Special Schools for Deaf & Dumb Children

There are 11 schools for the Deaf and Dumb children being run in Jharkhand either by the State government directly or by non-governmental organization through the grants-in-aid provided by Directorate of Social Welfare. The details of such schools are given in the Table 13.2.

Table 13.2: Special Schools for Deaf & Dumb Children

SI No	Location of Special School	Run by State Government/ NGO	Year of Starting of School	Institutional Capacity at time of inception	Current Institutional Capacity
1	Harmu, Ranchi	State Government	1993	30	30
2	Dumka	State Government	1982	25	25
3	Hazaribag	NGO (St. Michael School for Hearing Impaired)	2008	100	125
4	Dhanbad	NGO	2008	100	NA
5	Gumla	NGO	2008	100	NA
6	Chaibasa	NGO	2008	100	NA
7	Bokaro	NGO	2008	100	NA
8	Giridih	NGO	2008	100	NA
9	Deoghar	NGO	2008	100	NA
10	Palamu	NGO	2008	100	NA
11	Sahebgunj	NGO	2008	100	NA

Source: Directorate of Social Welfare, Jharkhand

The Directorate of Social Welfare, Jharkhand has allocated INR 70 Lakh for the Special Schools for Deaf & Dumb Children in the financial year 2010-11.

### 13.1.3.1 The Special Schools for the Visually Impaired Children

There are 9 schools for the visually impaired children being run in Jharkhand either by the State government directly or by non-governmental organization through the grants-in-aid provided by Directorate of Social Welfare. The details of such schools are given in the table below:

Table 13.3: Special Schools for the Visually Impaired Children

SI No	Location of Special School	Run by State Government/ NGO	Year of Starting of School	Institutional Capacity at time of inception	Current Institutional Capacity
1	Harmu, Ranchi	State Government	1977	25	23
2	Giridih	NGO	2007	100	50
3	Srarikela-Kharaswan	NGO (St. Michael School for Hearing Impaired)	2007	100	NA
4	Chakradharpur, Chaibasa	NGO	2007	100	NA
5	Hijla Tand, Dumka	NGO	2007	100	NA
6	Tirra, Gumla	NGO	2007	100	NA
7	Palamu	NGO	2007	100	NA
8	Deoghar	NGO	2007	100	NA
9	Simdega	NGO	2007	100	NA

Source: Directorate of Social Welfare, Jharkhand

The Directorate of Social Welfare, Jharkhand has allocated INR 45 Lakh for the special schools for visually impaired children in the financial year 2010-11.

### 13.1.3.2 Aids and Appliances for the Differently Abled Persons

Apart from the Centrally Sponsored Scheme of ADIP, the State Government also provides Aids/Appliances to the Differently Abled persons of the State from its own resources. The State receives huge grants under Tribal Sub Plan (TSP) from the Union Government for the welfare of tribal population of the State. The State of Jharkhand has allocated INR 19 Lakh from its budget of TSP for providing Aids/Appliances to the persons with disabilities belonging to the tribal population. Overall, the State had allocated INR 40 Lakh for providing Aids/Appliances to the persons with disabilities in the financial year 2010-11.

### 13.1.3.3 Scholarship for the Differently Abled Students

Jharkhand Government provides scholarships to the Differently Abled students of the State pursuing studies in schools/colleges at the following rates

Table 13.4: Scholarship for the Differently Abled Students

Sl No	Standards of Education	Amount of Scholarship (in INR/ month)
1	1-8 Classes in Government Schools	50
2	Class 9 to Graduation in Government School/ College	250
3	Post Graduation in Government Colleges	260
4	Students in Residential Governmental Schools from Class 1-8	100

Source: Directorate of Social Welfare, Jharkhand

The Directorate of Social Welfare, Jharkhand has allocated INR 73 lakh for scholarships to the Differently Abled children in the financial year 2010-11, out of which only INR 12.78 lakh have been spent on the designated purpose.

### 13.1.3.4 Economic & Social Survey of Differently Abled Population

Jharkhand is one of the few States of India, which have taken initiatives for updating the total population of Differently Abled persons in the State on yearly basis through the robust system of Anganwadi Centres and Auxiliary Nurse and Midwife (ANMs) posted in Public Health Centres (PHCs) of rural areas. The Directorate of Social Welfare, Jharkhand has allocated INR 15 Lakh for economic and social survey of Differently Abled population in order to have updated numbers of such population and allocation of sufficient financial resources for the welfare of them.

### 13.1.3.5 Workshops for Differently Abled

The vocational training has been imparted to the Differently Abled Persons in Jharkhand for making them self-reliant and reducing the dependency on guardians. Wicker chair weaving, candle making and handicraft training is routinely imparted to them through organizing camps and short-term courses in State run special schools. The State has allocated INR 25 Lakh in the year 2010-11 for this purpose, wherein the expenditure incurred was merely INR 2.38 Lakh.

### 13.2 Implementation of ADIP Scheme in State of Jharkhand

Team MM met and had detailed discussions with the stakeholders (Government functionaries) at Directorate level and Director Level during the field survey. The qualitative findings during these discussions are as follows:

Until the year 2009-10, any NGO was eligible for carrying out the implementation of ADIP Scheme at any district of its own choice. The NGOs would carry out an assessment camp at certain place/village in district wherein they would assess the demand of appliances/aids. In such camps, the local people, who would have been informed about the camp well in advance through various media, come with the Differently Abled person of their family. The NGO would take help of District Welfare Officer and Chief Medical Officer in organizing these assessment camps. The government orthopaedic doctors nominated by CMO attend these camps and issue certificate of disabilities to the Differently Abled persons along with assessing the specific need of appliance for each such individual. The records of these assessment camps, the cumulative need of appliances required with approximate prices were sent to either the directorate of social welfare of Jharkhand government or directly to the union Ministry of Social Justice & Empowerment as proposals. If found according to guideline after scrutiny, such proposals were sent to Ministry of Social Justice & Empowerment by the directorate. The Ministry of Social Justice & Empowerment would scrutinize the proposal, past records of the preceding three years and allocate the funds to the NGO directly. If their proposals were sanctioned, NGOs would place bulk order to either ALIMCO or any other vendor notified by the government, publicise the organization of distribution camp on a designated day wherein they would invite the media, politicians, and senior bureaucrats along with the district welfare officer. In one day, the distribution of aids/appliances would be over. After the year 2009-10 the guidelines of ADIP have been revised to curb fly-by-night NGOs and enhancing the role of district welfare office in implementation of ADIP Scheme. Henceforth, it was made mandatory that only the NGOs, which are registered in the district, would be eligible for sending their proposals through district welfare office, which would send them to the directorate with his/her recommendations. The directorate would send them ultimately to the Ministry of Social Justice & Empowerment for final decision.

The new system of keeping the local district level officer in loop has been fruitful in identifying the real beneficiary, curbing the corrupt practices of NGOs and stream-lining of ADIP Scheme along with the other initiatives of State government targeted to benefit Differently Abled population of the State. The district officials felt that the role of the district welfare office was negligible in the implementation of the ADIP scheme until last year (2009-10). The only role of the district office was to send their representatives when the implementing agencies organize camps to distribute appliances. These representatives would check the number of appliances distributed during these camps. The participation and active involvement of the district office which know more about the ground realities in the district and the situation of the Differently Abled people was hence limited.

The district official maintained that earlier system of accepting the proposals directly from the NGO by the Ministry of Social Justice & Empowerment has led to mushrooming of unscrupulous NGOs, which didn't have any base in the district for which they submitted proposals. If their proposals were sanctioned, they would place bulk order to either Artificial Limbs Manufacturing Corporation (ALIMCO) or any other vendor notified by the government, publicise the organization of distribution camp on a designated day wherein they would invite the media, politicians, and senior bureaucrats along with the district welfare officer. In one day, the distribution of aids/appliance would be over. In majority of such cases, the needy would not get the benefits. The criterion of having minimum of 40% disability certified by the Chief Medical Officer is not followed while granting of appliances. Instead of referring the special and marginal cases to specialized medical

practitioner, most of locomotor disabled are granted wheel-chairs/tri-cycles or crutches. The appliances procured from Artificial Limbs Manufacturing Corporation (ALIMCOs) are often reported at inflated prices.

While introduction of new guidelines of ADIP Scheme has ensured the enhanced role of district welfare officers as the main facilitator for the proposal of NGOs on one hand, on the other hand, it has severely hampered the social entrepreneurship and of motivated NGOs who were committed for welfare of Differently Aabled persons. In most of the districts of Jharkhand, there is no local level NGO specializing welfare of Differently Aabled Persons. Therefore, the national allocation of ADIP Scheme (which is based on the population of Differently Aabled persons as reported in Census) has not been used for most of the districts of Jharkhand. The only NGO which has submitted its proposals in the year 2010-11 is Manav Sewa Ashram (Bokaro).

### 13.3 Allocation and Release

Being a predominant tribal State, Jharkhand receives funds from Tribal Sub-Plan (TSP), Special Component Sub-Plan (SCSP-special funds for Schedule Castes) and Other than Sub-Plan (OSP- which are regular allocation of funds, like other States) .The funds received under the centrally sponsored scheme of ADIP are minuscule as compared to the funds allocated by the State government for the welfare of Differently Aabled population in Jharkhand.

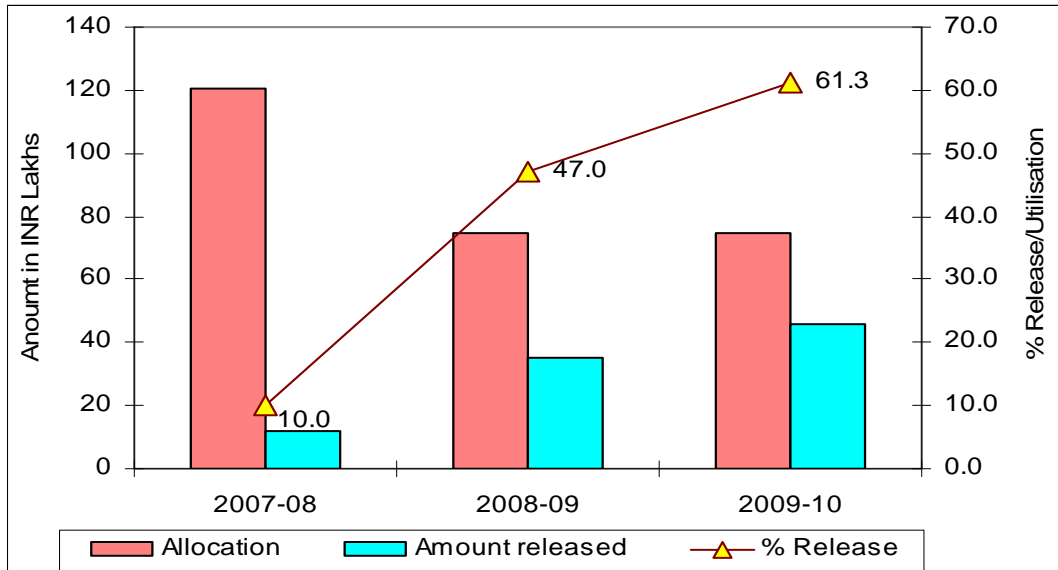
Table 13.5: Allocation and Release under ADIP

Percent of Fund Utilization	District	NGO	2007-08 (INR in lakh)		2008-09 (INR in lakh)		2009-10 (INR in lakh)	
			Allocation	Release	Allocation	Release	Allocation	Release
High	Dhanbad	Bhagwan Mahaveer Viklang Sahayta Samiti, Jaipur	11.58	3.75	7	0	7	6
		Manglam, Lucknow		3.50				
Medium	Giridih	Society for Polio Sugary and Care for Disabled, Delhi	7.09	3.56	4	0	4	4
Low	Bokaro	Bhagwan Mahaveer Viklang Sahayta Samiti, Jaipur	6.72	1.25	4	0	4	4

Source: Ministry of Social Justice and Empowerment

The figure 13.1 reflects that the overall ADIP funds for Jharkhand have dwindled over the reference period of the study whereas the utilization of the amount allocated has increased during the same period.

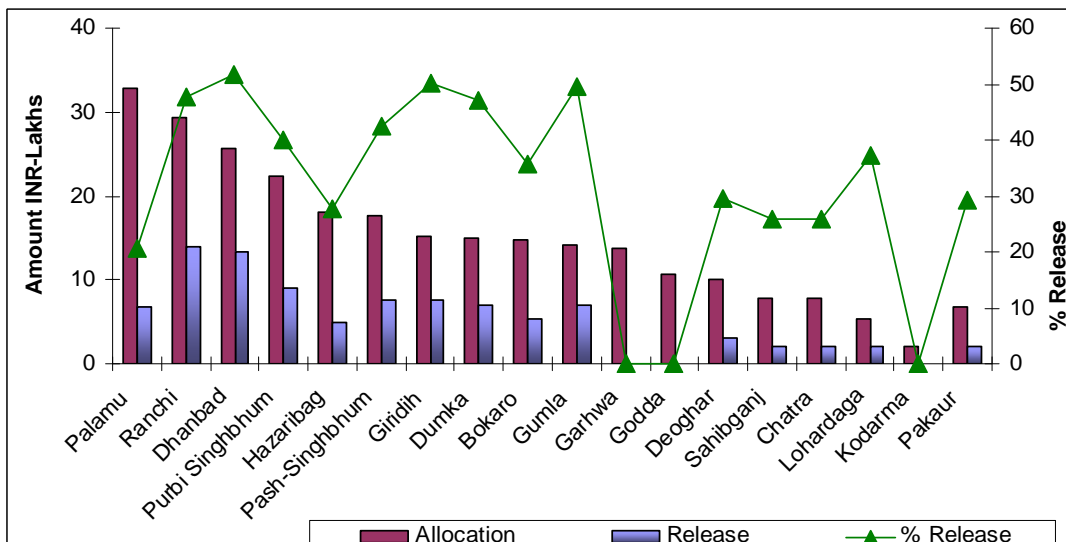
Figure 13.1: Allocation and Release of ADIP funds in Jharkhand



Source: Ministry of Social Justice and Empowerment

The district wise profile of allocation of release of ADIP funds for districts of Jharkhand reveal that the maximum funds have been allocated to Palamu district during the reference period of the study. The main reason for higher allocation for Palamu district is the high number of disabled population in the district.

Figure 13.2: District wise allocation, release and % release of ADIP funds in districts of Jharkhand



Source: Ministry of Social Justice and Empowerment

### 13.4 Physical Performance of the Scheme

It is evident from the above mentioned graph that about INR 55.39 Lakh has been allocated to the three selected districts named Bokaro, Dhanbad and Giridih and INR 26.06 Lakh has been released which 47% of

the fund is allocated. As per data provided by the implementing agencies, during the reference period 1032 Differently Abled have been provided benefit. Out of these 1032, MM study team has contacted 120 beneficiaries as address of remaining could not be located.

Looking into physical performance it is evident that about INR 2,020 has been spent for one differently person which is too low than the fund provided by Government; as per ADIP beneficiary guideline, per beneficiary benefit should not go beyond INR 6,500 and 20% of the total fund can only be used as operational cost. During physical verification and meeting with beneficiary it was observed that the aids and appliances provided was of poor quality.

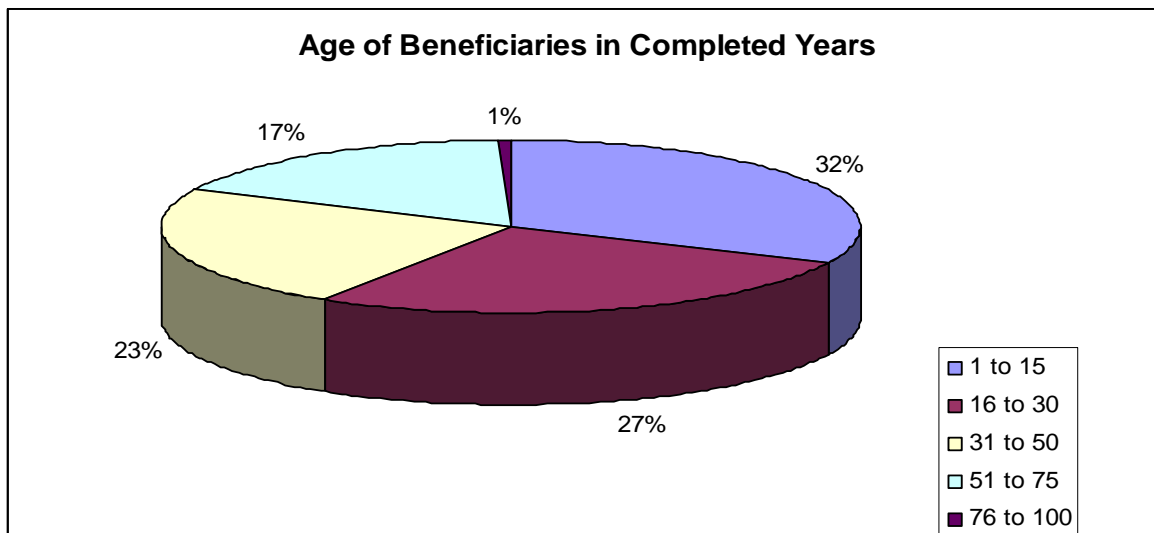
### 13.5 Physical Verification of the Scheme

#### 13.5.1 Profile of Beneficiary Contacted

##### 13.5.1.1 Age Group of Beneficiaries

It was observed from the field that the scheme benefits are reaching to all age groups. A vast majority of the contacted beneficiaries fall in the age group of 1 to 15 years, which is 32%, followed by 27% from the age group of 16-30 years. About 23% were from the age group of 31-50 years. About 17% were from 51-75 years; the same is depicted graphically below.

Figure 13.3: Age Group of Beneficiaries



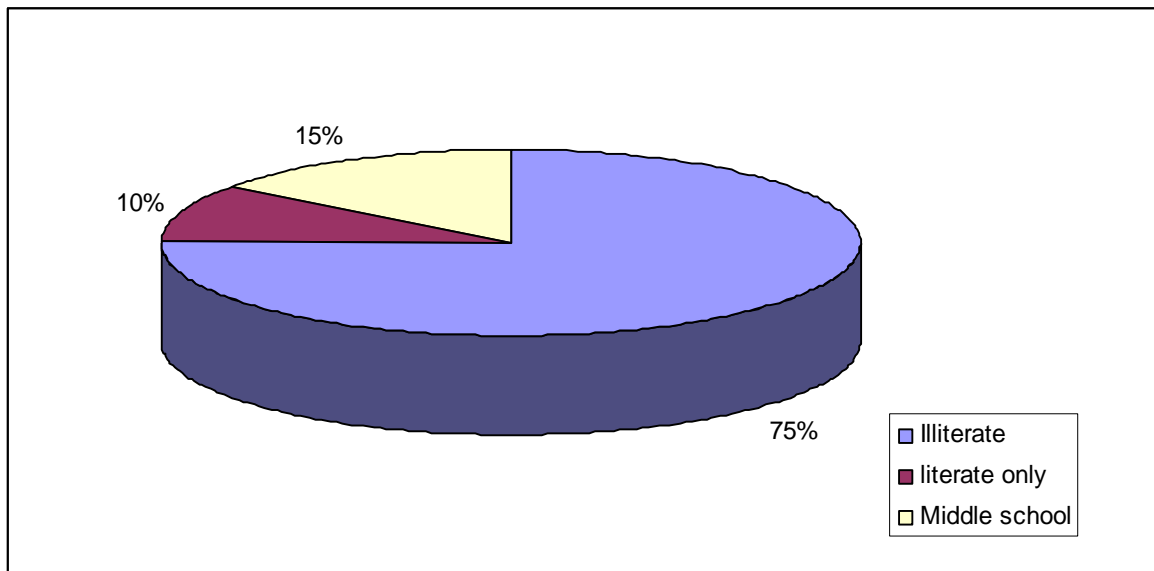
Source: MM Study

##### 13.5.1.2 Literacy Level

The literacy level of the beneficiaries is generally low. Beneficiaries belonging to the older generation are by and large illiterate and never attended school. Respondents from the newer generation have by and large received basic education.

Of all the beneficiaries contacted a total of approximately 75% are illiterate. In all, about 15% of the beneficiaries have completed their middle school education. Moreover, 10% are literate but had never attended school. Same is presented graphically below.

Figure 13.4: Literacy Level of Beneficiaries

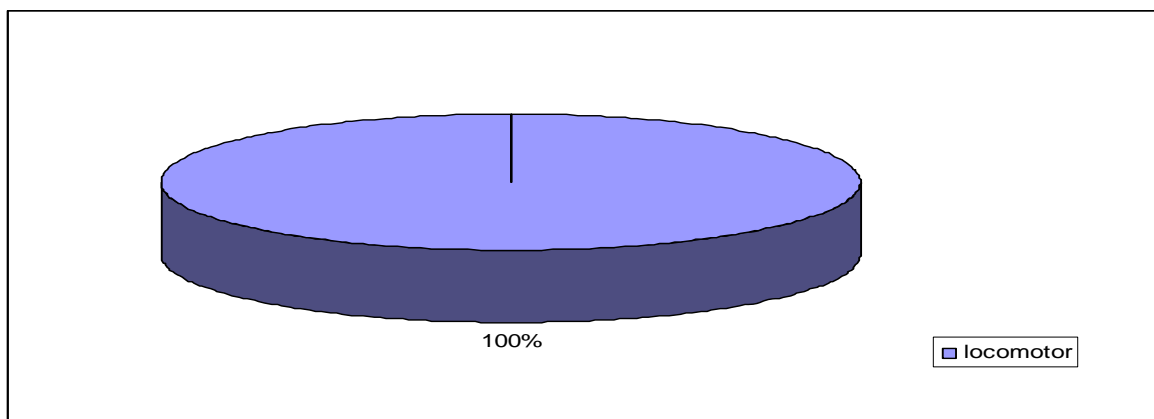


Source: MM Study

### 13.5.1.3 Type of Disability

It can be seen through the survey that prevalence of Locomotor Disability is quite high in comparison with other physical disabilities. All the respondents were given assistance for orthopaedic disabilities (100%).

Figure 13.5: Type of Disability



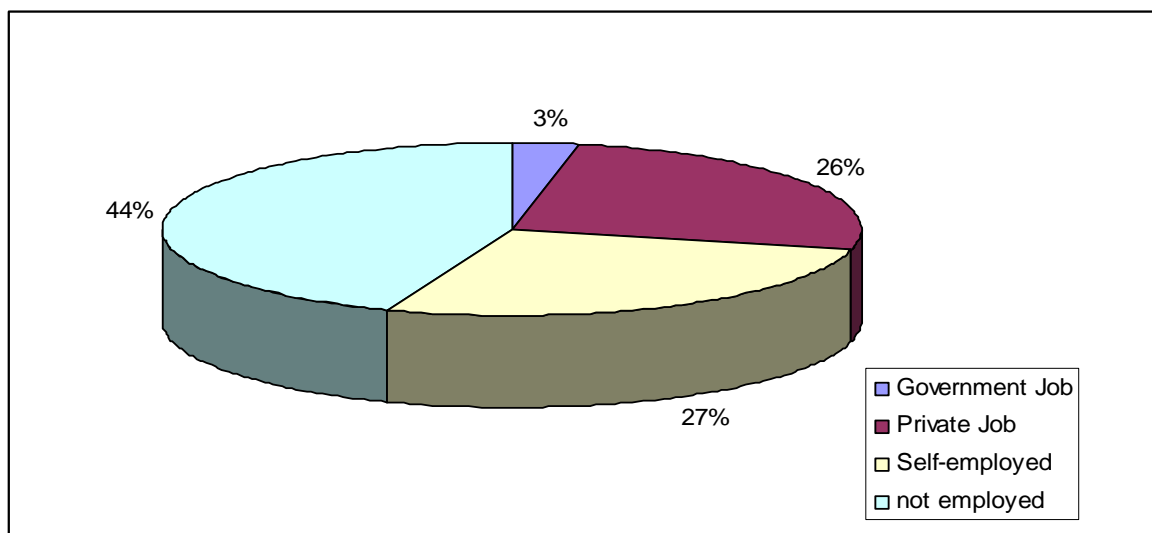
Source: MM Study

### 13.5.1.4 Employment Status of the Differently Abled

It has been observed that one-fourth of the respondents (Differently Abled beneficiaries) contacted were found having gainfully employment. Majority of the respondents were not employed because of having low education background as they are not able to find employment that need technical qualification, and in general they are physically not fit for employment. Approximately 27% of the contacted beneficiaries are self employed, mostly managing petty shops.



Figure 13.6: Employment status of the Disabled



Source: MM Study

### 13.5.1.5 Income Group of Beneficiaries and his/her Guardian

The beneficiaries are from very poor socio-economic backgrounds. They are mostly self employed and have limited or meagre earnings.

### 13.5.1.6 Nature of Disabilities of the Beneficiaries

During the survey it was found that the major cause of disability of the beneficiaries was congenital.

Table 13.6: Nature of Disabilities of the Beneficiaries (in %)

Type of Disability	Locomotor
Congenital	66.7
Accidental	33.3
<b>Total</b>	<b>100</b>

Source: MM Study

### 13.5.1.7 Effect of disability on Normal Routine Life

So far the effect of disability is concerned, it has been reported that the problem has mostly affected the mobility of Differently Able and because of this respondents are totally dependent on their care takers. This in turn is affecting livelihood of the caretakers up to great extent.

Table 13.2: Effect of disability on normal Routine life

Effect of disability	Locomotor
Restricted Mobility	66.7
Disruption/Stopping study or work	33.3
Dependency of others	11.1
Couldn't marry	44.4
Couldn't find job/livelihood	44.4
<i>Multiple Response Question</i>	

Source: MM Study

### 13.5.1.8 Reaction of Society

From the table presented below it can be understood that social acceptability and empowerment with Differently Abled Persons is still lacking. Locomotor Differently Abled Persons seem to be more prone to the adverse reaction of society towards their disability. Discrimination, disregard and rude behaviour are the major issues with the Differently Abled Persons.

Table 13.7: Reaction of Society (in %)

Whether society have behaved adversely due to disability	Locomotor
Yes	100
No	0
<b>Total</b>	<b>100</b>

Source: MM Study

### 13.5.1.9 Awareness of ADIP Scheme

It can be concluded from the below table that most of the respondents were unaware of the ADIP scheme. Overall nearly 88% of the beneficiaries were aware of this scheme.

Table 13.8: Prior Informaton regarding ADIP Scheme (in %)

Awareness of ADIP Scheme	Locomotor
Yes	88.2
No	11.8
<b>Total</b>	<b>100</b>

Source: MM Study

### 13.5.1.10 Awareness Regarding the Type of Appliances being used

During the survey it was observed that almost all beneficiaries were aware of the aids/appliances which they are using. Most of the beneficiaries obtained information regarding their appliances from various sources but the major sources being doctors, DDRCs and relatives etc.

Table 13.9: Awareness regarding the type of Appliances obtained (in %)

Whether the beneficiaries are aware of the appliances provided?	Locomotor
Yes	100
No	0
<b>Total</b>	<b>100</b>

Source: MM Study

### 13.5.1.11 Year of Obtaining Device First Time

Table presented below is depicting the year when Differentially Abled Persons have obtained aids and appliances for the first time.

Table 13.10: Year of Obtaining Assistance (in %)

Year of obtaining Device first time	Locomotor
2009	88.2
2010	11.8
<b>Total</b>	<b>100</b>

Source: MM Study

#### 13.5.1.12 Number of Times the Aids / Appliances Obtained

It has been seen that most of the beneficiaries were given aids/ appliances once or twice during the reference period ie. 2007-2010.

Table 13.11: Number of times the aid have been provided (in %)

No. Of Times aids provided	Locomotor
1 to 2 times	100
<b>Total</b>	<b>100</b>

Source: MM Study

#### 13.5.1.13 Whether Differently Abled is the Head of the Household

Disability is restricting people in many ways; same can be seen in table below. Only 10.5% of them are head of the household.

Table 13.12: Whether Differently Abled is the head of the household (in %)

Whether DA is the Head of The household?	Locomotor
Yes	10.5
No	85.5
<b>Total</b>	<b>96</b>

Source: MM Study

#### 13.5.1.14 Literacy Level of the Head of Household

During the survey it was observed that education level among the head of the household of the beneficiaries is also very less. Overall about 80% of the head of the household are illiterate. Approximately 20% of the beneficiaries are educated. Category wise further classification is given in the table below.

Table 13.13: Literacy level of the head of household (in %)

Literacy level of the head of household	Locomotor
Illiterate	80.0
Literate only	11.0
Middle school	9.0
<b>Total</b>	<b>100</b>

Source: MM Study

### 13.5.1.15 Monthly Income of the Head of the Household

In Jharkhand it was found that majority of the head of the household of all the beneficiaries had a income range of INR 2001 to 3000/ month which is approximately 63%, followed by 37% from the income of INR 1001 to 2000/ month.

Table 13.14: Monthly Income of the Head of the household (in %)

Income group	Locomotor
INR 1001- 2000	37.1
INR 2001 – 3000	62.9
<b>Total</b>	<b>100</b>

Source: MM Study

### 13.5.1.16 Dependency of family members on the Differently Abled Person

During the survey it was found that approximately 10.5% beneficiaries have family members dependent on them.

Table 13.15: Dependency of family members on the Disabled Person (in %)

Dependent members on the Differently Abled person	Locomotor
Yes	14.5
No	85.5
<b>Total</b>	<b>100</b>

Source: MM Study

### 13.5.1.17 Number of Dependent Person

Table below is depicting the number of people dependent on the beneficiaries. It can be concluded that the number of proportion of dependency on the beneficiaries are low.

Table 13.16: Number of Dependent Person (in %)

Total number of dependents on Differently Abled	Locomotor
1	1.3
2	6.8
3	91.9
<b>Total</b>	<b>100</b>

Source: MM Study

### 13.5.1.18 Place of Application for the Assistance under ADIP Scheme

Majority of the application for obtaining the appliances from ADIP scheme was made to NGOs followed by DDRC and the other State level bodies. Other agencies like Artificial Limbs Manufacturing Corporation (ALIMCO) obtained little application for obtaining the appliances under ADIP Scheme as they are not accessible in the area and awareness regarding the scheme is very less.

Table 13.14: Place of Application for the appliance under ADIP Scheme(in %)

Place of application for assistance under the ADIP Scheme	Locomotor
District Disability Rehabilitation Centre (DDRC)	57.1
Composite Regional Centre (CRC)	1.8
Artificial Limbs Manufacturing Corporation (ALIMCO) /SALIMCO	1.8
State Handicapped Corporation	28.6
Other State Level Bodies	42.9
NGO	76.8
<i>Multiple Response Question</i>	

Source: MM Study

#### 13.5.1.19 Time taken for obtaining the Appliances after Application

From the table it can be concluded that most of the beneficiaries had to wait for the aids and appliance till the fitment of the appliance. However a considerable number of beneficiaries had received the aids and appliances immediately after they applied for the same.

Table 13.17: Time Taken for obtaining the appliances after application (in %)

Time taken for aids/appliances	Locomotor
Till Surgery	3.2
Till the Fitment of Appliances	57.5
Immediately	39.3
Total	100

Source: MM Study

#### 13.5.1.20 Time since Aids/ Appliance has been obtained by Beneficiary under ADIP Scheme

During the survey most of the contacted beneficiaries were using their aids/appliances since last 16 to 26 months.

Table 13.18: Time since the availability and usage of appliance obtained under ADIP Scheme (in %)

Time frame in months	Locomotor
16	60.7
18	7.1
20	9.8
22	10.7
24	3.1
26	8.6
<b>Total</b>	<b>100</b>

Source: MM Study

#### 13.5.1.21 Time taken (in months) to adapt the Appliance

During the survey it was found that majority of the beneficiaries took maximum of one or two months to get adapted to the appliances they were given. However some respondents even took three to four months to adjust with the appliances.

Table 13.19: Time taken to adapt the appliance (in %)

Time taken in months	Locomotor
1	3.6
2	5.8
3	74.3
4	16.3
<b>Total</b>	<b>100</b>

Source: MM Study

### 13.5.1.22 Annual Maintenance Cost of the Aid

Below table is depicting the annual expenses incurred on the maintenance of the aids and appliances given to the beneficiaries. An average amount of INR 300-500 is being spent on the maintenance.

Table 13.20: Annual maintenance cost of the Aid (in %)

Maintenance Cost (INR)	Locomotor
150	35.7
250	21.4
300	5.4
350	12.5
400	1.8
450	21.4
500	1.8
<b>Total</b>	<b>100</b>

Source: MM Study

## 13.6 Impact of Scheme on Differently Abled

ADIP scheme has been implemented effectively in various areas during the reference period. Under the scheme various aids/appliances have been provided to the beneficiaries that help to reduce the effects of disabilities. Artificial Limbs, Wheel Chairs, callipers, Crutches and Walkers have significantly improved the mobility of the physically Differently Abled beneficiaries. However, maintenance of the aids and appliances has not been up to the mark and is a considerate issue.

The overall impact of the scheme has been partially successful as there is no mechanism for sustainability of the aids/ appliances. On the other hand, scheme left no effect on the social and financial status of the beneficiaries.

### 13.6.1 Qualitative changes experienced after fitment of equipments under ADIP Scheme

Table presented below is depicting the qualitative changes brought by the assistance provided under ADIP scheme. Under this scheme those who were provided aids to locomotor problem and now they have increased their mobility and their dependency on the other gets reduced.

Table 13.21: Qualitative changes experienced after fitment of equipments under ADIP scheme

Changes after fitment of the appliances	Locomotor
Increase mobility	76.4
Continuation/resumption of work	35.5
Decreases dependency on others	88.5
<i>Multiple Response Question</i>	

Source: MM Study

### 13.6.2 Whether beneficiaries feel that their standard of living has improved

During the survey it has been seen that almost 100 beneficiaries believe that their standard of life has been improving after getting aids/appliances under the scheme.

Table 13.22: Impact of Scheme on Beneficiaries Life-improved standard of living (in %)

Improved living standard	Locomotor
Yes	100.0
No	0.0
<b>Total</b>	<b>100</b>

Source: MM Study

### 13.6.3 Whether receive any significant change in the reaction of society after getting equipped with the aids/appliances

Table below is depicting the change in reaction of the society after getting the appliances. It can be easily understood that there is a significant change in the reaction of the society towards Differently Abled Persons.

Table 13.23: Change in reaction of society after receiving benefit (in %)

Significant Change	Locomotor
Yes	100
No	0
<b>Total</b>	<b>100</b>

Source: MM Study

### 13.6.4 How far Differently Abled Persons are Rehabilitated

During the survey it has been observed that after getting assistance under the ADIP scheme most of the beneficiaries are not feeling satisfied. Same is depicted in table below.

Table 13.24: Proportion of Differently abled Rehabilitated (in %)

How far Differently Abled Persons have been rehabilitated	Locomotor
Completely/Fully	0
Satisfactorily/Adequately/Sufficiently/passably/suitably/tolerably/effectively	13.2
Average	86.8
<b>Total</b>	<b>100</b>

Source: MM Study

### 13.6.5 Effect of Disability on Caretaker

Table presented below is depicting the effects on the caretakers of the Differently Abled persons. It can be concluded that restriction of the mobility has affected severely as 100% care takers feel that they have to accompany their Differently Abled family member.

Table 13.25: Effect of Disability on Caretaker (in %)

Changes after fitment of the appliances	Locomotor
Restricted Mobility	100
<b>Total</b>	<b>100</b>
<i>Multiple Response Question</i>	

Source: MM Study

### 13.6.6 Relation of Caretaker with Differently Abled Person

Spouse was the major caretakers of the Differently Abled Persons; same is reflected in the table presented below.

Table 13.26: Relation of Caretaker with Disabled Person (in %)

Relation	Locomotor
Mother	19.2
Father	13.3
Spouse	67.5
<b>Total</b>	<b>100</b>

Source: MM Study

### 13.6.7 Changes brought in the life of care taker after getting assistance under ADIP Scheme

Scheme has brought changes in the life of care takers of the Differently Abled persons as well. Scheme has contributed in many ways. Some of them are being reflected by the table below. After getting assistance under ADIP scheme a large number of care takers experienced increased mobility as they were not required to accompany their Differently Abled family members every time.

Table 13.27: Changes brought in the life of Caretaker (in %)

Changes	Locomotor
Increase mobility	54.3
Continuation/resumption of study or work	13.3
Decrease in dependency on others for daily chores	32.4
<b>Total</b>	<b>100</b>

Source: MM Study

### 13.6.8 How far one think that their Differently Abled family member is rehabilitated

During the survey it has been observed that after getting assistance under the ADIP Scheme most of the beneficiaries feel satisfied. Same is depicted in table below.



Table 13.28: Proportion of Differently abled Rehabilitated (in %)

How far Differently Abled Persons have been rehabilitated	Locomotor
Completely/Fully	0
Satisfactorily/Adequately/Sufficiently/passably/suitably/tolerably/effectively	13.2
Average	86.8
<b>Total</b>	<b>100</b>

Source: MM Study

### 13.6.9 Quality of Aids provided and their performance

As per the feedbacks received from the beneficiaries regarding the performance of the aids and appliances, most of the beneficiaries had faced problem in using the aids/appliances; there were few cases of selling off the tricycles for money has been reported. It has also been observed that in the uneven terrain, tricycles and wheelchairs are not usable. The quality of the products has been not found satisfactory. There are plenty of beneficiaries who claim that the quality of the product is very poor.

Some of the common complaints observed in the field are listed below:

- Using manual wheelchair or tricycle is quite tough in uneven terrain.
- Old fashioned aids for the hearing impaired beneficiaries.

**List of Beneficiaries Contacted under the scheme is attached as Appendix A**

## 13.7 Capabilities of Implementing Agencies

The lists of the Implementing Agencies in the allotted districts who have worked under the ADIP scheme are as below:

Table 13.29: List of Implementing Agencies

District	Implementing Agencies
Bokaro	<ul style="list-style-type: none"> <li>■ Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur, Rajasthan</li> <li>■ National Institute For Orthopaedically Handicapped, B.T. Road, Bon-Hooghly, Kolkata-700090</li> </ul>
Giridih	<ul style="list-style-type: none"> <li>■ Society For Polio Surgery &amp; Care For Differently Abled, Delhi</li> <li>■ National Institute For Orthopaedically Handicapped, B.T. Road, Bon-Hooghly, Kolkata-700090</li> </ul>
Dhanbad	<ul style="list-style-type: none"> <li>■ Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur, Rajasthan</li> <li>■ Mangalam, Lucknow, Uttar Pradesh</li> <li>■ National Institute For Orthopaedically Handicapped, B.T. Road, Bon-Hooghly, Kolkata-700090</li> </ul>

Source: MM Study

## 13.8 Types of Services provided as Care after fitting of Aids

ADIP scheme endeavours to support the Differently Abled Persons in order to rehabilitate them and make their life easier. But during the field visits it has been observed that due to unavailability of the services to maintain aids and appliances some of the beneficiaries had stopped using the appliances.

Few beneficiaries reported that they had to dump (in case of hearing aid) or sell (in case of tri cycle) the received aid just because it was not working properly or they were unable to fix it.

### 13.9 Issues & Constraints

While introduction of new guidelines of ADIP Scheme has ensured the enhanced role of district welfare officers as the main facilitator for the proposal of NGOs on one hand, on the other hand, it has severely hampered the social entrepreneurship and of motivated NGOs who were committed for welfare of Differently Abled persons. In most of the districts of Jharkhand, there is no local level NGO specializing in welfare of Differently Abled persons. Therefore, the notional allocation of ADIP Scheme (which is based on the population of Differently Abled persons as reported in Census) have not been used for most of the districts of Jharkhand. The only NGO which has submitted its proposals in the year 2010-11 is Manav Sewa Ashram (Bokaro).

The district welfare officers have not been informed after the recommendation for the implementing agencies have been sent to the centre by the directorate.

The MM team discovered that 5-10% of sample check is generally not done by the monitoring authorities. The DSWOs who are designated to carry out the monitoring of the scheme on behalf of the ministry of social justice do not give it much importance as this is not a major scheme. The criterion of having minimum of 40% disability certified by the Chief Medical Officer is not followed while granting of appliances. Instead of referring the special and marginal cases to specialized medical practitioner, most of Locomotor disabled are granted Wheel-chairs/Tri-cycles or Crutches. The appliances procured from ALIMCOs are costlier than the appliances made by the local manufacturers.

### 13.10 Recommendations

- Ministry should inform State and District Authority while releasing fund and should also provide details of release so that State Authorities can be utilised for Monitoring of scheme implementation for better scheme delivery
- At least 5-10% sample check need to be made mandatory for the aids and appliances provided through the scheme.
- The registration of beneficiary needs to be made rigorous. The address list of the beneficiaries should be verified and back checking should be done on select sample basis.
- The scheme covers the need for physical appliances. The beneficiaries of the schemes should be linked to other State and Central Government Schemes that will ensure them a dignified livelihood.
- Camps should be organized for the identification of beneficiaries. The delivery of the appliances should be made within a stipulated time period after the assessment camp.

## 14. State Report of Odisha

### 14.1 Overview of Scheme since its Inception

Scheme at State Level in the State of Odisha

The matters related to disabilities are subject of the Department of Women and Child in the State of Odisha. The State has been very thoughtful and proactive in the issues concerning the Differently Abled Persons. The State has established a Directorate cum Commissionerate for coordinating efforts to provide support to the Differently Abled.

A scheme named '**BHIMA BHOI BHINNAKSHYAMA SAMARTHYA ABHIYAN**' (BBSA) has been launched by the State Government for this purpose. This is a single window system where in camps named Samarthya Sibir are organised. The main objectives of the *Sibirs* are the following:

- Provision of certificates and assistive devices to all persons with disability
- Supply of uniforms to Students of Special Schools
- Scholarship for the children of Persons with Disabilities pursuing higher education.

### 14.2 Process of Implementation of the Scheme

The ADIP scheme is implemented through NGOs by the Ministry of Social Justice and Empowerment. In the State, the Department of Women and Child Development is the line department that is responsible for the implementation of the scheme.

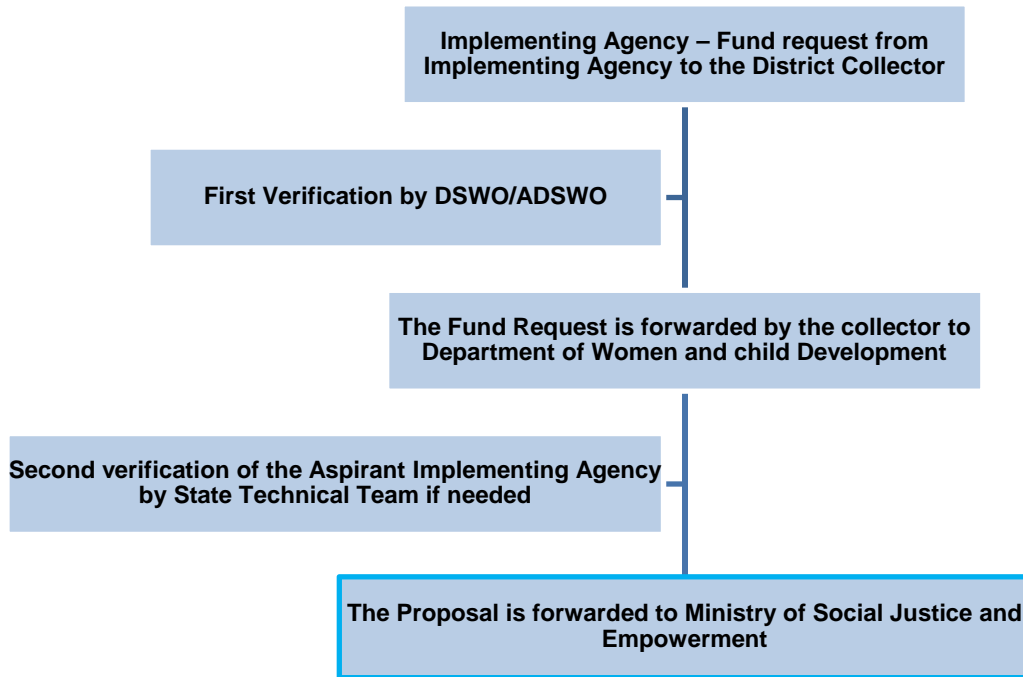
In the beginning the Implementing Agencies give fund requests to the District Collector, who in turn will instruct District Social Welfare Officers/Additional District Social Welfare Officers to verify the authenticity and capabilities of the Implementing agencies including sufficiency of qualified staff for implementing the scheme. After the first verification the proposals are forwarded to Department of Women and Child Development (WCD) with recommendation from the office of District Magistrate.

The WCD reviews the report in the second place and goes for a further verification if need be. This verification will be more of a technical nature that cannot be done at the district level. After the proposal is found satisfactory it is sent to Ministry of Social Justice and Empowerment (MSJ&E), Government of India with recommendation from the State line department i.e. WCD.

If the proposals are found to be satisfactory by the Ministry of Social Justice & Empowerment, it transfers funds to the Implementing Agencies. A copy of the release of funds to districts is also sent to the line department in the State. But they are not available at the District level.

Monitoring of the scheme is in the hands of District Social Welfare Officers. While the camps are organised they are required to keep the DSWOs and ADSWOs in the loop.

Figure 14.1: Implementation structure of the ADIP Scheme

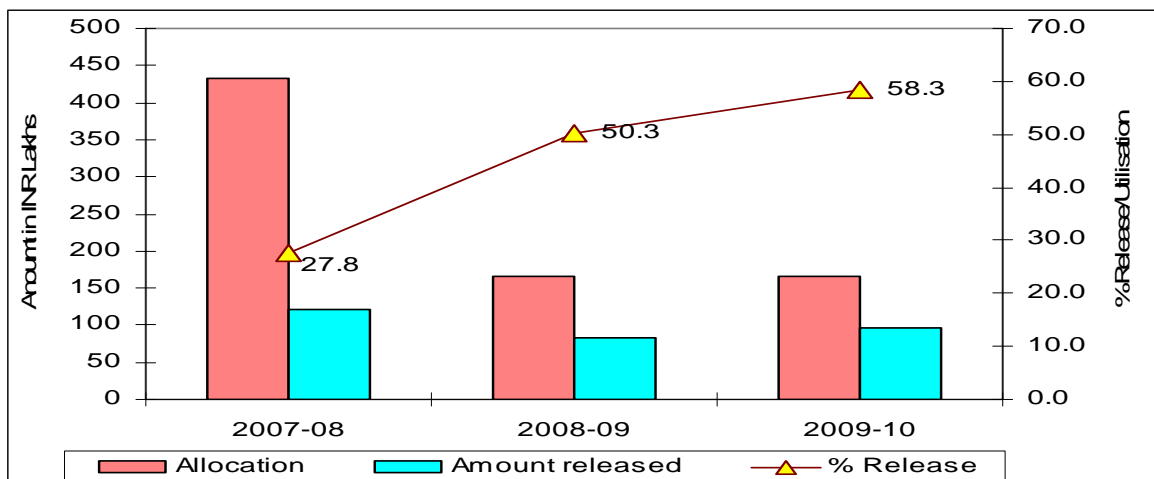


Source: Office of the Director of Disabilities, Government of Odisha

### 14.3 Financial Performance

During the study period highest amount was allotted to the State of Odisha under the ADIP scheme in the year 2007-08, total allocation during the year was INR 432.27 Lakh. It decreased by 61.60% in the next year and allotment for the year 2008-09 was INR 166 Lakh. There was no change in the total allotment to the State in the next year. Analysis of the utilisation against allotment is showing a positive trend in the years under reference. This is shown in the below figure.

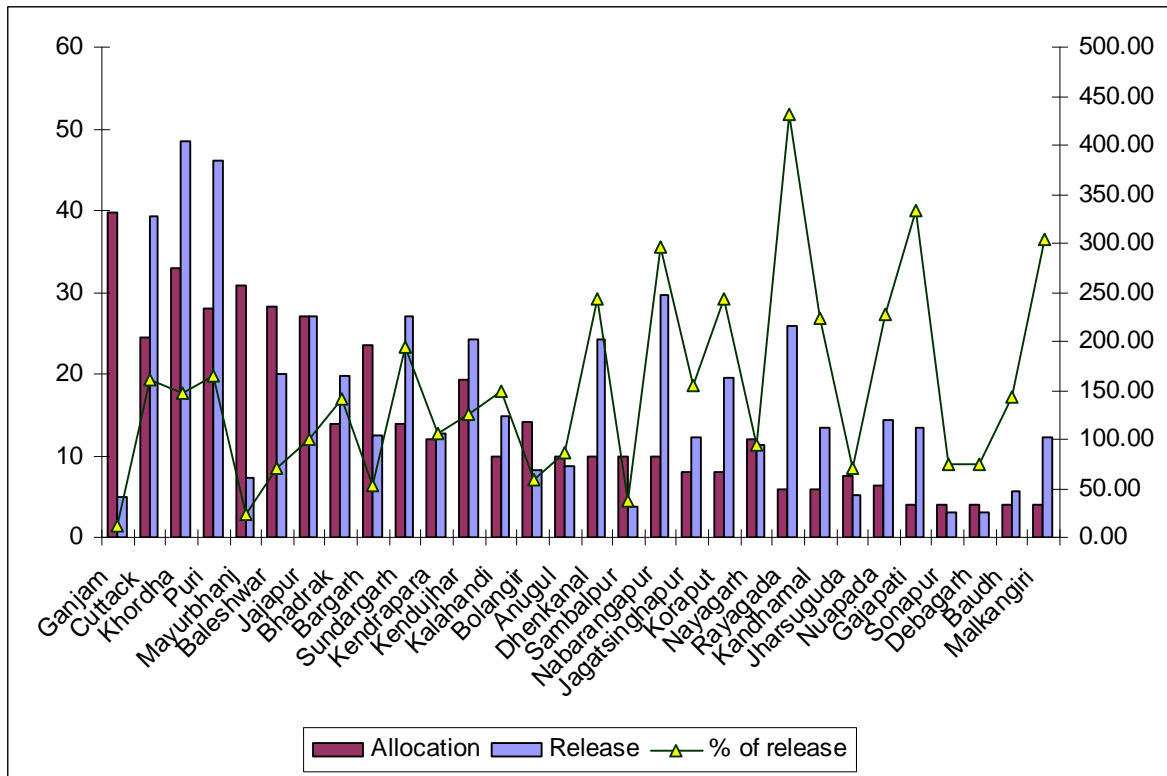
Table 14.1: Allocation and Release of funds in Orissa



Source: MM Study

A district wise analysis of release of funds to against allotment during the study period is graphically presented below. It is observed that some districts were released more amount than actually allotted.

Table 14.2: Allocation of Funds in different Districts



Source: MM Study

#### 14.4 Physical Performance of the Scheme

It is evident from the above mentioned graph that about INR 77.13 Lakh has been allocated to the three selected districts named Jharsuguda, Kendujhar and Cuttack and INR 60.26 lakh has been released which 78% of the fund is allocated. As per data provided by the implementing agencies, during the reference period 1109 Differently Abled have been provided benefit. Out of these 1109, our team has contacted 155 beneficiaries as per the sample decided for this evaluation.

Looking into physical performance it is evident that about INR 4,347 has been spent for one Differently Abled person which is slightly on the lower side as per beneficiary benefit guideline, which should not go beyond INR 6,500 and 20% of the total fund can only be used as operational cost.

#### 14.5 Physical Verification of the Scheme

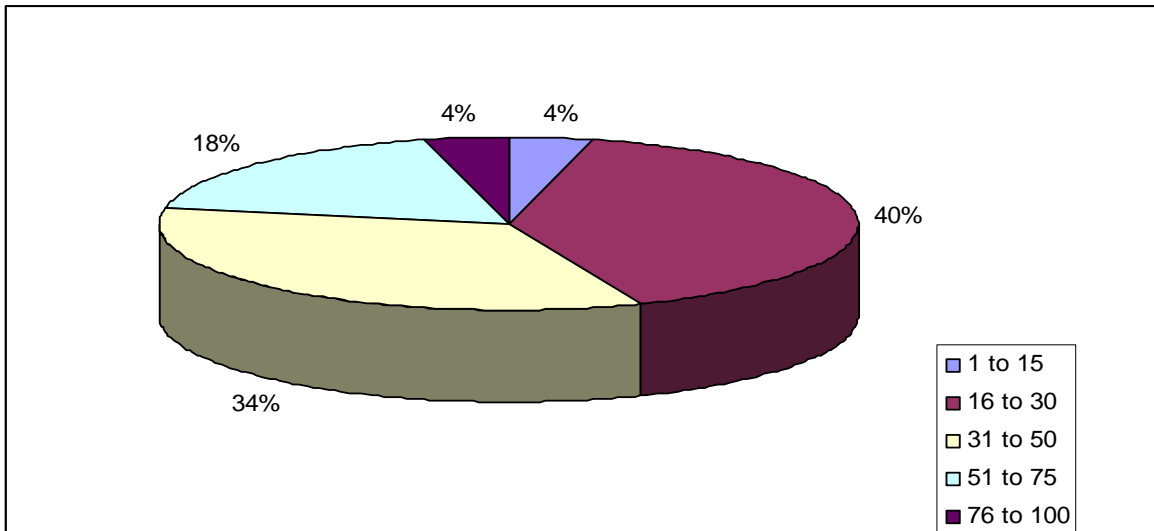
##### 14.5.1 Profile of the Beneficiaries contacted

##### 14.5.1.1 Age Group of Beneficiaries

It was observed from the field that the scheme benefits are reaching to all age groups. A vast majority of the contacted beneficiaries fall in the age group of 16-30 years, which is 40%, followed by 34% from the age

group of 31-50 years. About 18% were from the age group of 51-75 years and rest from the age groups of 1-15 years and 76-100 years form 4% each.

Table 14.3: Age Group of Beneficiaries

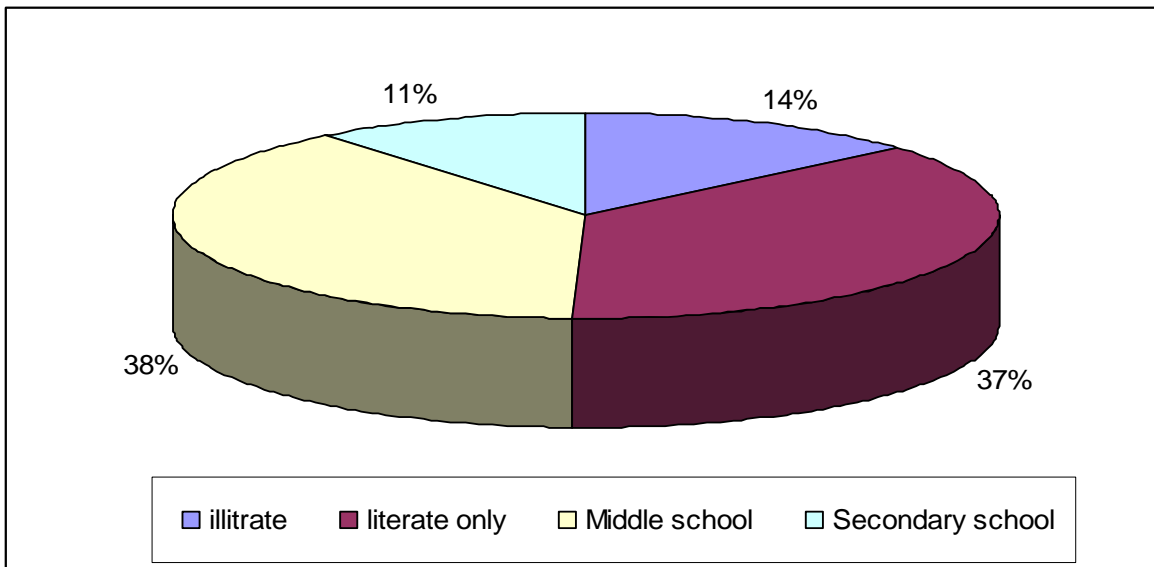


Source: MM Study

#### 14.5.1.2 Literacy Level

Literacy level of the beneficiaries is varying. It was observed from the field, that 38% of the beneficiaries were educated up to middle school. A total of 37% of the beneficiaries were literate only, but had no formal schooling. While it was observed that 14% of the beneficiaries were totally illiterate and 11% of them had done secondary education.

Table 14.4: Liteacy Level of Beneficiaries

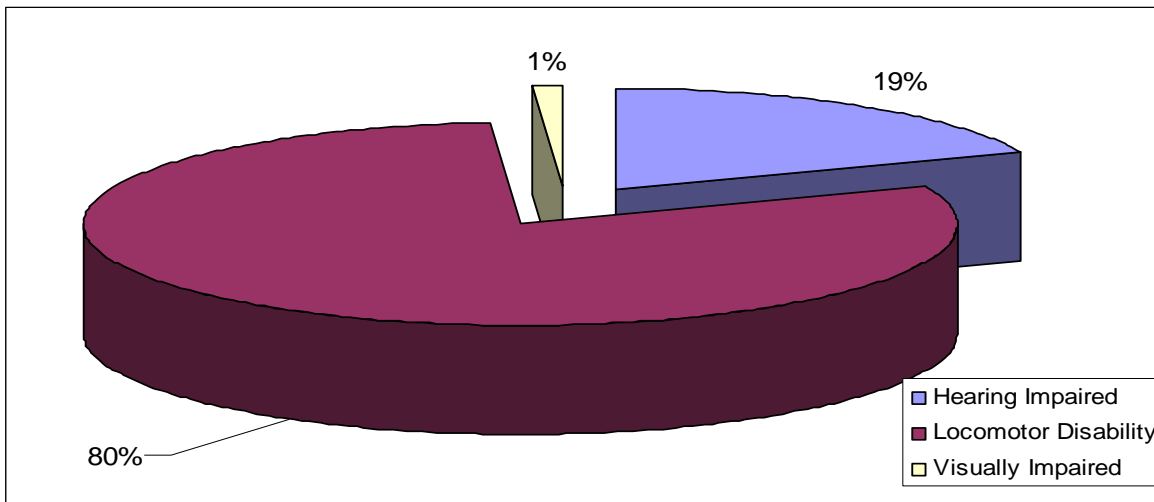


Source: MM Study

### 14.5.1.3 Type of Disability

Majority of the beneficiaries contacted during the survey (80%) were people with Locomotor Disabilities. It was followed by Beneficiaries with Hearing Impairment (19%). Rest one percent of the beneficiaries were visually handicapped.

Table 14.5: Type of Disability

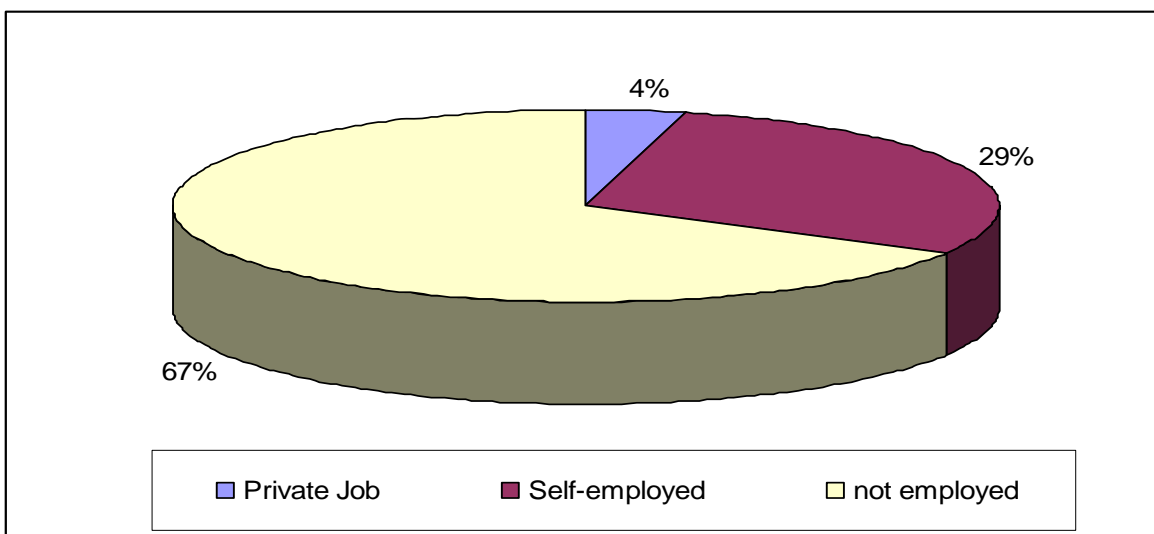


Source: MM Study

### 14.5.1.4 Employment Status of the Disabled

It has been observed that a total of 67% of the respondents were not gainfully employed. Low levels of education and disability are the main reasons forcing them not to work. Of all the beneficiaries contacted, 29% of them were self employed. About 4% are employed with the private employers on daily wage basis.

Table 14.6: Employment status of Beneficiaries

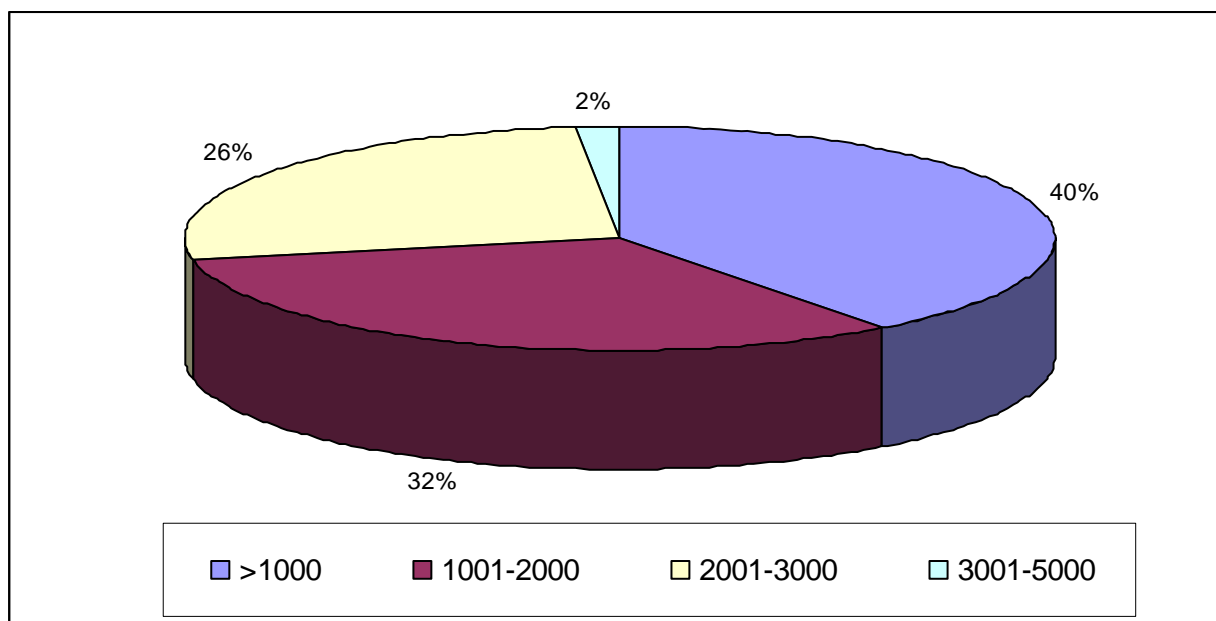


Source: MM Survey

#### 14.5.1.5 Income Group of Beneficiaries and his/her Guardian

The Beneficiaries are from very poor socio-economic backgrounds. They are mostly self employed and have limited or meagre earnings. While 40% of the beneficiaries had very meagre income i.e. less than INR 1000, 32% of the beneficiaries had income ranging INR 1001-2000, and 26% of the beneficiaries had income ranging from INR 2001-3000. Only about 2% of the respondent beneficiaries come under the income group of INR 3001-5000.

Figure 14.2: Income Group of the Beneficiaries



Source: MM Study

#### 14.5.1.6 Nature of Disabilities of the Beneficiaries

During the survey it was found that the major cause of Locomotor Disability of the Beneficiaries was illness. However, the major cause of the Hearing Disability was congenital.

Table 14.7: Nature of disabilities of the Beneficiaries (in %)

Type of Disability	Hearing	Locomotor	Visual
Congenital	100	31.58	100
Illness	0	57.89	0
Accidental	0	10.53	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 14.5.1.7 Effect of Disability on Normal Routine of Life

It can be concluded from the table presented below that people with Locomotor Disabilities are facing problem with restricted mobility. Even if they are able to perform their daily chores when they need to move around they need to be dependent on others to a great extent.



Table 14.8: Respondents' Perception of Effects of Disability

Effect of disability	Visual	Hearing	Locomotor
Restricted Mobility	0	33.33	71.91
Disruption/Stopping study or work	0	0	3.37
Dependency on others	100	66.67	8.99
Couldn't find job/livelihood	0	0	15.73
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 14.5.1.8 Reaction of Society

It was observed from the field that the Differently Abled in many cases have faced discrimination from the society. The table below shows the perception of Differently Abled about the discriminative behaviour of the society towards them.

Table 14.9: Reaction of Society

Whether society have behaved adversely due to disability	Visual	Hearing	Locomotor
Yes	100	57.14	59.55
No	0	42.86	40.45
<b>Total</b>	<b>0</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 14.5.1.9 Awareness of ADIP Scheme

Information gathered from the field suggests that the beneficiaries are not aware of the ADIP scheme. None of the beneficiaries said that they have heard about the scheme.

Table 14.10: Prior Informaton regarding ADIP Scheme(in %)

Awareness of ADIP Scheme	Visual	Hearing	Locomotor
Yes	0	0	0
No	100	100	100
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 14.5.1.10 Awareness regarding the type of Appliances being used

Of all the beneficiaries contacted very few reported that they have some knowledge about the appliance they are using. The response is listed in the table below.

Table 14.11: Awareness regarding the type of Appliances obtained(in %)

Whether the beneficiaries are aware of the appliances provided?	Visual	Hearing	Locomotor
Yes	0	0	15.73
No	100	100	84.27
<b>Total</b>	<b>0</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 14.5.1.11 Year of obtaining Device first time

Most of the beneficiaries were not able to say the exact year in which they were provided the appliances. But on probing they mentioned the number of years, as they have perceived, has passed since their obtaining of the appliance. The table below is based on the response of the beneficiaries regarding obtaining of the appliance.

Table 14.12: Year of obtaining Device first time

Year of obtaining Device first time	Visual	Hearing	Locomotor
2007	0	23.81	13.48
2008	100	33.33	55.06
2009	0	42.86	23.60
2010	0	0.00	7.87
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 14.5.1.12 Financial assistance for Aids / Appliances

The beneficiaries interviewed said that they have not spent any money on the appliance they are using. They were provided by the Implementing Agencies i.e. SVNIRTAR and NGOs.

Table 14.13: Financial aid for appliances(in %)

Source of financial assistance	Visual	Hearing	Locomotor
NGO	100	100.00	58.43
SVNIRTAR	0	0	41.57
Total	0	100	100

Source: MM Study

#### 14.5.1.13 Number of times the Aids/ Appliances Obtained

It has been seen that all of the beneficiaries were given aids/ appliances only once during the reference period i.e. 2007-2010.

Table 14.14: Number of times the Aid have been provided(in %)

No. Of Times aids provided	Visual	Hearing	Locomotor
1 to 2 times	100	100	100
3 to 5 times	0	0	0
More than 5 times	0	0	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Survey

#### 14.5.1.14 Whether Differently Abled is the Head of the Household

It was observed from the field that most of the cases, beneficiaries by themselves were not heads of the households. However in 19.05% of the Visual Impaired and 26.97% of the Hearing Impaired were heading their families. This increases their social responsibility of having to provide for the basic needs of the family.

Table 14.15: Whether Differently Abled is the Head of the Household (in %)

Whether Differently Abled is the Head of The household?	Visual	Hearing	Locomotor
Yes	19.05	26.97	0
No	80.95	73.03	100
<b>Total</b>	<b>100</b>	<b>100</b>	<b>0</b>

Source: MM Study

#### 14.5.1.15 Literacy Level of the Head of Household

During the survey it was observed that education level among the head of the household of the beneficiaries is also very low. A total of approximately 57% of the heads of the households of the visual impaired beneficiaries were illiterate; 28.57percent of them were literate only with no formal schooling; while 4.76% of them had completed their middle school and 9.52% of them had completed their secondary school education. A total of 41.57% of the heads of the household of the beneficiaries with hearing disabilities were illiterate, while 25.84% of them were literate only. Another 26.97% of the beneficiaries had completed their middle school and 5.62% had completed their secondary school.

Head of the household of the only locomotor handicapped beneficiary was illiterate.

Table 14.16: Literacy level of the Head of Household(in %)

Literacy level of the head Of household	Visual	Hearing	Locomotor
Illiterate	57.14	41.57	100
Literate only	28.57	25.84	0
Middle school	4.76	26.97	0
Secondary school	9.52	5.62	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 14.5.1.16 Monthly Income of the Head of the Household

In Orissa it was found that majority of the Head of the Household of all the beneficiaries had an income range of INR 1001-2000, followed by INR 2001-3000 per month. A detailed list of the income group of the beneficiaries is provided in the table below.

Table 14.17: Monthly Income of the Head of the Household (in %)

Income group	Hearing	Locomotor	Visual	Total
INR 1001- 2000	57.14	35.96	0	39.6
INR 2001 – 3000	38.10	30.34	100	32.5
INR 3001 – 5000	4.76	31.46	0	26.1
INR 5001 – 10000	0	2.25	0	1.8
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 14.5.1.17 Dependency of family members on the Disabled Person

During the survey it was found that 19.05% beneficiaries of hearing and 26.97% Beneficiaries of Locomotor Disability had members dependent on them.

Table 14.18: Dependency of family members on the Disabled Person(in %)

Dependent members on the disabled person?	Visual	Hearing	Locomotor
Yes	0	19.05	26.97
No	100	80.95	73.03
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 14.5.1.18 Number of Dependent Person

As discussed earlier, majority of the respondents are not heads of their households which means that they do not have people who are financially dependent on them. A detailed breakdown of the number of dependents on each type of beneficiary interviewed is given in the table below.

Table 14.19: Number of Dependent Person(in %)

Total number of dependents on disable	Visual	Hearing	Locomotor
3	0	9.5	15.7
4	0	4.7	10.1
5	0	4.7	1.1
6	0	0	0.0
None	0	80.9	73.0
<b>Total</b>	<b>0</b>	<b>100.00</b>	<b>100</b>

Source: MM Study

#### 14.5.1.19 Place of Application for the assistance under ADIP Scheme

All the beneficiaries contacted for AIDP were provided the appliances through camps organised by the Implementing agencies.

Table 14.20: Place of Application for the appliance under ADIP scheme(in %)

Place of application for assistance under the ADIP Scheme	Visual	Hearing	Locomotor
SVNIRTAR	0	0	27.27
NGO	0	100	72.73
<b>Total</b>	<b>0</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 14.5.1.20 Time taken for obtaining the appliances after application

The beneficiaries reported that there has been no big time delay in getting the appliance they have been provided with. They were provided with the appliances fast and fitment of the appliance has also been done soon.

Table 14.21: Time Taken for obtaining the appliances after application(in %)

Time taken for aids/appliances	Visual	Hearing	Locomotor
Till Surgery	0	0	0
Till the Fitment of Appliances	0	0	26.97
Immediately	100	100	73.03
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 14.5.1.21 Time since aids/appliance has been obtained by beneficiary under ADIP Scheme

The beneficiaries were of the opinion that they are not aware of the exact time in which they were provided with the appliances. However they managed to respond to the question with approximation.

Table 14.22: Time Since the availability and usage of appliance obtained under ADIP scheme(in %)

Time frame (in months)	Visual	Hearing	Locomotor
20	0	0	7.87
30	0	42.86	23.6
40	100	33.33	55.06
50	0	23.81	13.48
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 14.5.1.22 Time taken to adapt to the appliance

During the survey it was found that majority of the beneficiaries took maximum of one or two months to get adapted to the appliances they were given. However some respondents even took over three to four months to adjust with the appliances.

Table 14.23: Time taken to get adapted to the appliance in months (in %)

Time taken (in months)	Visual	Hearing	Locomotor
1	0	38.1	25.8
2	0	33.3	43.8
3	100	28.5	30.3
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100.00</b>

Source: MM Study

#### 14.5.1.23 Annual Maintenance Cost of the Aid

Below table is depicting the annual expenses incurred on the maintenance of the aids and appliances given to the beneficiaries. An average amount of INR 100-500 is being spent on the maintenance which is generally borne by the beneficiaries themselves. The only one beneficiary interviewed reported that his appliance broke down soon and was not repaired. Feedback from the respondents show that they rarely use the appliance. Even if they develop some technical lag they do not repair it. Hence the cost is not available.

Table 14.24: Annual maintenance cost of the Aid(in %)

Maintenance Cost (INR)	Visual	Hearing	Locomotor
0-100	100	100	33.71
500	0	0	13.48
1000	0	0	52.81
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

## 14.6 Impact of Scheme on Differently Abled

The scheme is providing for the physical rehabilitation of the Differently Abled Persons through provision of aids and appliances and for other curative services.

After the survey of the area and deep interactions with the stakeholders the team reached the following conclusions about the Impact of the Scheme.

- The scheme has contributed positively to the morale of the beneficiaries and their caretakers.
- The scheme has contributed to increased mobility of the beneficiaries and their care takers.
- The scheme has contributed to the improved independence of the beneficiaries by decreasing dependency on the care takers.
- It was observed that there has not been much impact on the outlook of the society towards the Differently Abled as a result of the Implementation of the scheme (as perceived by the beneficiaries).

### 14.6.1 Qualitative Changes experienced after fitment of equipments under ADIP Scheme

It was observed from the field that two main changes have been triggered by the scheme in the lives of the respondents; the main is increased mobility of the beneficiary, and the second is decreased dependency on the others.

Table 14.25: Qualitative changes experienced after fitment of equipments under ADIP Scheme (in %)

Changes after fitment of the appliances as perceived by the Respondent beneficiaries	Visual	Hearing	Locomotor
Increase mobility	0	38.10	46.07
Continuation/resumption of work	0	0.00	2.25
Decrease dependency on others	0	28.57	43.82
No change	100	33.33	7.87
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 14.6.2 Whether Beneficiaries feel that their standard of living has improved

During the survey it has been seen that vast majority of the beneficiaries believe that their standard of life has not been affected by the provision of aids/appliances under the scheme. However 19.10% of the locomotor beneficiaries reported that there has been some improvement after getting the appliance.

Table 14.26: Whether Beneficiaries feel that their standard of living has improved

Improved living standard	Visual	Hearing	Locomotor
Yes	0	0	19.1
No	100	100	80.9
Total	100	0	100

Source: MM Study

#### 14.6.3 Whether receive any significant change in the reaction of society after getting equipped with the aids/appliances

The study suggests that there has been no significant change in the attitude of society towards the Differently Abled even after getting the appliance. But 23.81% of the persons with Hearing Impairment and 3.37% of persons with locomotor problems were of the opinion that the provision of appliance has resulted in some positive change in the reaction of the society towards them.

Table 14.27: Whether receive any significant change in the reaction of society after getting equipped with the aids/appliances (in %)

Significant Change	Visual	Hearing	Locomotor
Yes	0	23.81	3.37
No	100	76.19	96.63
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 14.6.4 How far Disabled People are Rehabilitated

During the survey it has been observed that after getting assistance under the ADIP scheme some beneficiaries of Locomotor Disabilities seem to be content with the support given under the scheme.

Table 14.28: How far Disabled people are Rehabilitated (in %)

How far disable people have been rehabilitated	Visual	Hearing	Locomotor
Satisfactorily/Adequately/Sufficiently/passably/suitably/tolerably/effectively	0	0	19.1
Average	0	0	0
Poorly	100	100	80.9
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 14.6.5 Effect of Disability on Care taker

All the care takers interviewed were of the opinion that their mobility got restricted because of the disability of their kin. There has been no other major problem mentioned.

Table 14.29: Effect of disability on care taker (in %)

Effect of disability	Visual	Hearing	Locomotor
Restricted Mobility	100	100	100
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 14.6.6 Relation of Caretaker with Disable Person

The study points out that almost all of the caretakers are primary kinds of the respondents, mostly spouses, brothers/sisters and father. Relation to the interviewed respondents to the beneficiaries is given in the table below.

Table 14.30: Relation of caretaker with Disable Person (in %)

Relation	Visual	Hearing	Locomotor
Mother	0	0	41
Father	0	0	45
Spouse	0	100	12
Elder sister	0	0	2
Others (Younger brother/sister or any other)	100	0	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 14.6.7 Changes brought in the life of Care taker after getting assistance under ADIP Scheme

The major impact of the scheme on the caretaker have been their increased mobility. Responses of the beneficiaries is recorded in the table below.

Table 14.31: Changes brought in the life of Care taker after getting assistance under ADIP Scheme (in %)

Changes	Visual	Hearing	Locomotor
Increase mobility	0	90	87
Decrease in dependency on others for daily chores	0	0	50
No change	100	10	13
Others (multiple response)	0	0	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 14.6.8 How far one think that their Disabled family member is Rehabilitated

While majority of the care takers felt that their Differently Abled family member were not adequately rehabilitated through the scheme, some of them were of the opinion there have been rehabilitation in varying degrees. A detailed table of responses is given below.

Table 14.32: Care takers Perception of the rehabilitation of their Differently Abled (in %)

How far disable people have been rehabilitated	Visual	Hearing	Locomotor
Completely/Fully	0	0	0
Satisfactorily/Adequately/Sufficiently/passably/suitably/tolerably/effectively	0	23	20
Average	0	0	10
Poorly	100	77	70
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 14.6.9 Quality of Aids provided and their performance

All the Implementing Agencies claimed that they are strictly adhering to the Policies under the ADIP scheme in providing appliances to the Differently Abled persons. It was observed from the field that all the wheel chairs and tricycles provided by were manufactured by ALIMCO.

Some of the Implementing Agencies were of the opinion that tricycles produced by ALIMCO are not of good quality. They opined that tyres and wheels of ALIMCO tricycles are of poor quality. Some of the beneficiaries



also complained that the main expenditure incurred by them on the maintenance of tricycles is replacement of rims of the tricycle. Some of the beneficiaries said that they had to change the rims in the first year itself.

Another important observation from the field is that beneficiaries with Hearing Impairment seldom use the appliances they are provided with. Many of them keep it as a very precious item and do not use often. The only visually Differently Abled beneficiary interviewed reported that the blind stick he was provided with broke off very soon.

***List of Beneficiaries Contacted under the scheme is attached as appendix A***

#### 14.7 Capabilities of Implementing Agencies

It has been observed that all the Implementing Agencies in the sample districts are based in the State of Orissa itself. The Mott MacDonald team members visited all the Implementing Agencies and saw that all of them had own workshops for repairing the Appliances. Only NIRTAR has facility for admitting the Differently Abled and providing treatment. They also have qualified technicians who would do the same. NIRTAR has a vocational training centre for the Differently Abled persons wherein they are trained in decorative stitching and computer operations.

The Implementing Agencies in the districts are as follows:

- Swami Vivekanand National Institute for Rehabilitation Training And Research (SVNIRTAR) – Cuttack and Keonjhar (CRSR) – for Cuttack and Keonjhar
- Regional Rehabilitation Centre (RRC)

The scheme is mainly implemented by the Implementing Agencies by organising camps in the allotted districts.

#### 14.8 Types of services provided as care after fitting of Aids

All the Implementing Agencies reported that they help the beneficiaries to repair appliances provided by them if it means minor repairing that does not involve replacement of spare parts. The in-house workshops of the Implementing Agencies are equipped for such works. If some spare parts are to be replaced, the Implementing agencies asks the beneficiaries to pay the cost of the part or buy it. The repairing work is done free of cost.

#### 14.9 Issues and Constraints

##### 14.9.1 Functional problems with the appliances provided

Many of the appliances provided under the scheme have been found to be developing functional problems very soon. After discussing with a variety of stake holders a few reasons were identified by the team for the same. They are listed below:

- Structural problems of the provided appliances (Mechanical): Many of the stake holders were of the opinion that spare parts of the appliances were of poor standard. This results in breaking down of the appliance soon.
- The terrains in which they are used: Many of the appliances provided are used in un-friendly terrain. This reduces the life of appliances considerably.

- Lack of facility for maintenance of the appliances at local levels: Many of the beneficiaries live in areas where no facility for repairing the appliances is available. This leads to reducing appliances to useless assets.
- Lack of technical knowledge of the beneficiaries on doing minor repairing of the appliances: Many of the respondents lack technical know-how of the appliances they are provided with. This reduces the life of appliances.

#### 14.9.2 Limited area of Operations of the NGOs

Some of the Implementing Agencies are based in Industrial town wherein there are a lot of population from the neighbouring States; some of them being Differently Abled, approach the Implementing Agencies for assistance. But as these Differently Abled persons do not have local addresses they are not able to support them.

#### 14.9.3 Limited support to the Implementing Agencies

Some of the Implementing Agencies raised the concern that the administrative support provided under the scheme is very low and they are finding it very difficult to retain qualified staff with this amount.

#### 14.10 Recommendations

After considering various aspects arising from the field the team would give following recommendations:

- Provision for maintenance of the appliance before completion of their life be made part of the scheme.
- Quality of the appliances provided under the scheme should be improved.
- Limited relaxation under strict monitoring be made for providing appliances to Differently Abled from neighbouring States. This will be helpful for the Differently Abled who have migrated.
- Provision for replacing appliance that have broken down irreparably are made part of the scheme under strict monitoring.

# 15. State Report of Bihar

## 15.1 Overview of the Scheme since its Inception

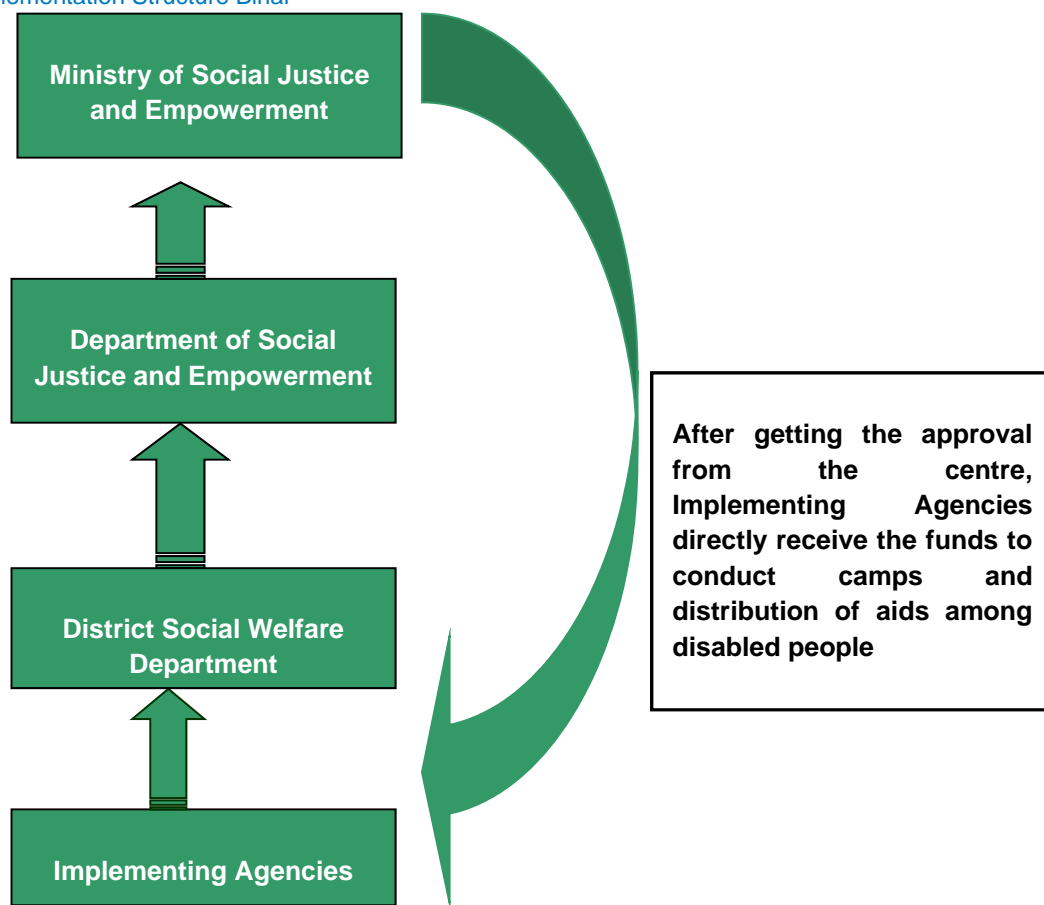
It has been constant effort of the Bihar Government to provide the disabled persons with aids/appliance at minimum costs. The requirement for providing the disabled persons, has come into sharp focus, particularly after the enactment of the persons with disabilities (equal opportunity protection of rights and full participation) Act, 1995, which came into force in 1996. Various surveys conducted from time to time have made it clear that State of Bihar has a very large number of disabled persons. Many of them come from low-income groups. Disability restricts their opportunities for leading functionally productive lives. From the application of modern technology, there have emerged a number of aids, which can reduce the effects of disabilities and enhance the economic potential of the disabled. To illustrate a wheel chair, an artificial limb, crutch, a brace, a splint can greatly improve the mobility of physically disabled individual. Similarly, with the help of a powerful hearing aid, person with some residual hearing can be helped to carry on many activities of daily living. Low vision to read, print and undertake other activities resulting in their rehabilitation. However, a large number of disabled persons are deprived of the benefits of these appliances because of their inability to find funds to purchase them.

In the light of the Government's growing stress on helping disabled persons and in bringing the aid and appliances within their reach, it has been decided to continue the ADIP Scheme and modify it in such a way that it becomes more user friendly and the needy are not deprived of aids/ appliances, which are essential for their social, economic and vocational rehabilitation. If they can, thereby become earning members they would be much closer to achieve economic self-dependence and also be able to live and pursue their activities with dignity.

## 15.2 Process of Implementation of the Scheme

The Implementing Agencies are provided with financial assistance for purchase, fabrication and distribution of such standard aids and appliances that are in conformity with objective of the scheme. Ministry of Social Justice and Empowerment, Department of Social justice and Empowerment and District Social Welfare Department work together and scheme is implemented through the Implementing Agencies.

Figure 15.1: Implementation Structure Bihar



### 15.3 Financial Performance

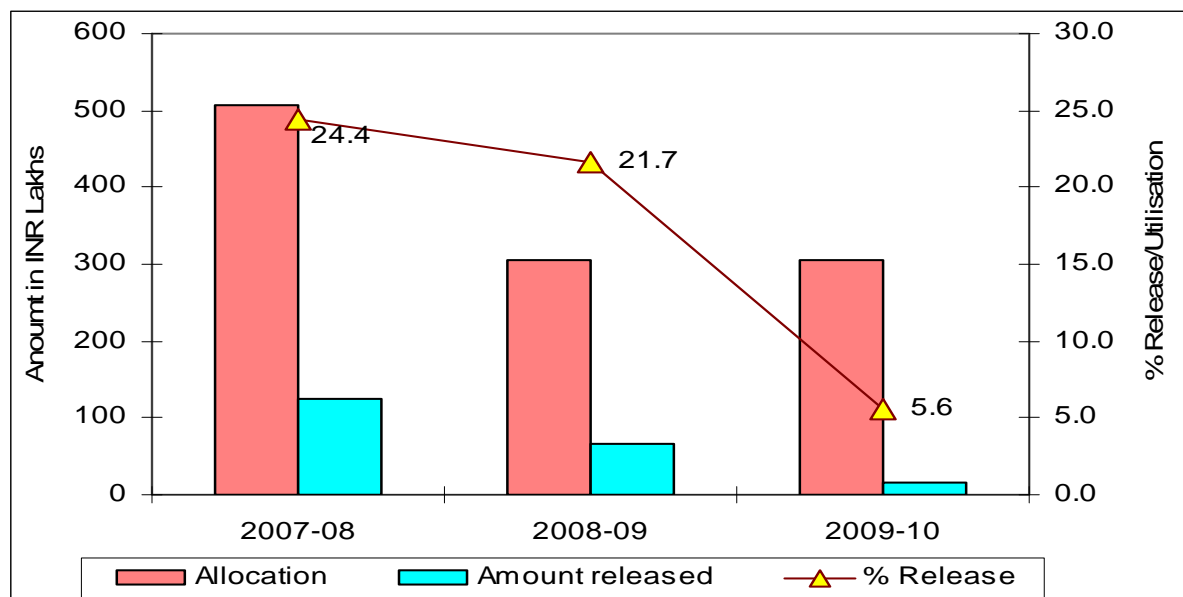
The Implementing Agency receives grant-in-aid in a particular financial year after receiving recommendation from State Government. The subsequent financial assistance would be sanctioned after receipt of audited accounts and list of beneficiaries with their permanent addresses in the prescribed performance for the previous year's grant, which shall be furnished before the end of second quarter of each financial year, positively.

The recommending creates the field agencies who shall strive to conduct sample checking of Beneficiaries regarding utilization of grant-in-aid by NGOs and distribution of aids and appliances by the Implementing agencies. The sample checking would cover at least 5 to 10% of the beneficiaries, which are covered under the Scheme in the previous year. The grant-in-aid would normally be released in two instalments after processing of audited accounts and list of Beneficiaries furnished by the Organisation / Implementing Agency to the satisfaction of the Ministry.

In the figure 15.1, Allocation of funds at national level to the amount released is declining. It is evident from the diagram that during the study period 2007-08 to 2009-10, approximately four percent decline has been observed, following a sharp decline of 16% in 2009-10. A State official during probe expressed concern and

attributed reason as proposal from Bihar is categorized as poor formatted and it is the reason for declining amount released against allocation at national level. On the other hand, NGOs from Bihar attributed the reason as slow process and progress of evaluation of proposal at State level hinders the allocation of budget for next year.

Figure 15.2: Allocation and release of funds in Bihar



Source: MM Study

It is also evident in the next figure that only Bhagalpur has received 64% and Vaishali of 50% of total amount released against the allocation. The other districts did not even reach 50% mark in Bihar during the span of three years study period. The other relative districts are Madhepura, Nalanda with 41 and 38% respectively. The other districts that could not succeed and resemble the poor show are Purbi Champaran with allocation of 74 lakh, but received only 11 lakh. There are many other districts that received low grant-in-aid despite the allocation of huge amount of money.

Table 15.1: Fund Allocation and Release (INR Lakh)

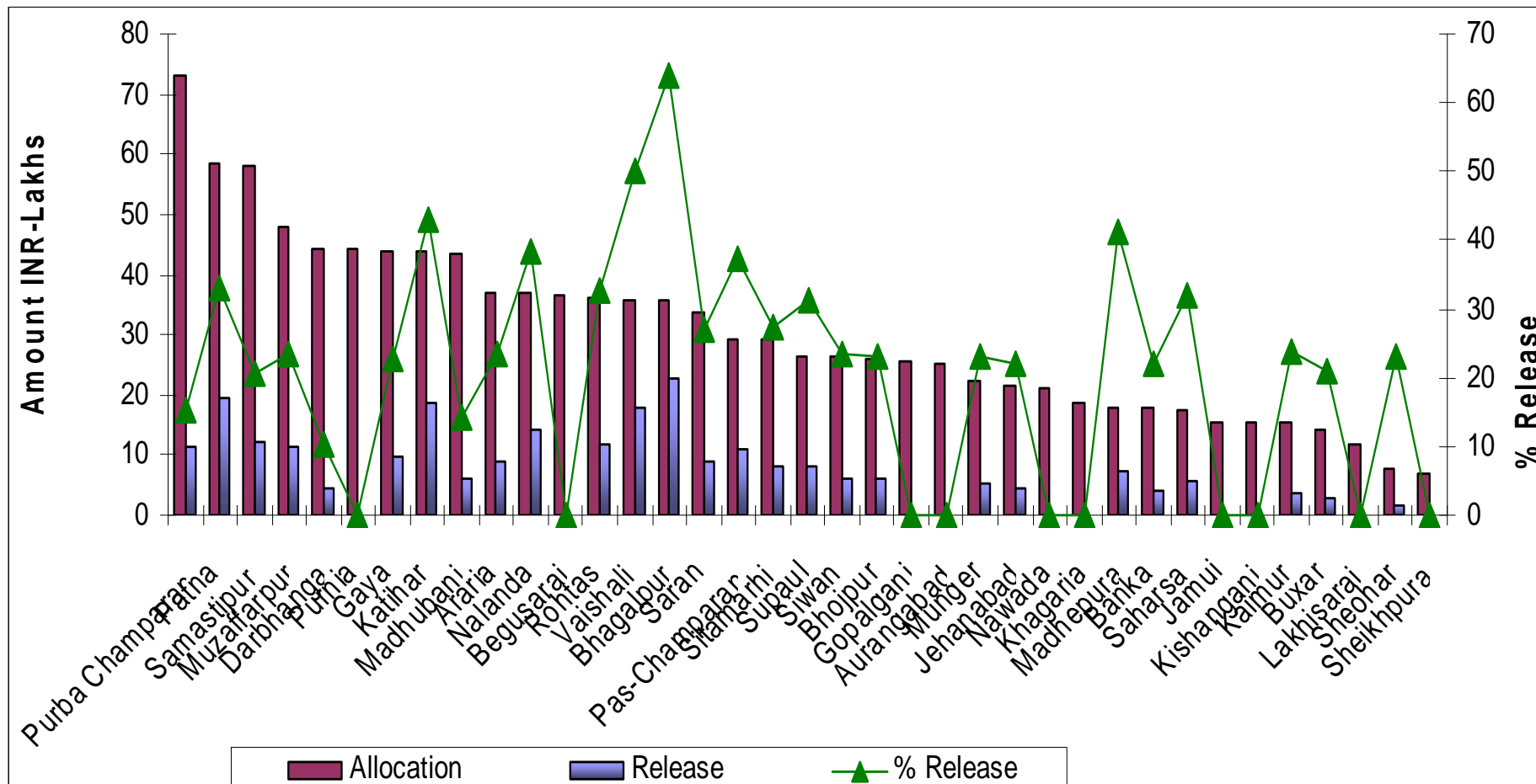
Districts	Allocation	Release	Release (percent)
Bhagalpur	35.83	22.91	63.9
Vaishali	35.93	17.97	50.0
Nalanda	36.97	14.25	38.5
Madhepura	17.92	7.37	41.1
Purbi Champaran	73.09	11.22	15.4

Source: Ministry of Social Justice and Empowerment, GOI

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Figure 15.3: Allocation of Funds District Wise in Bihar



Source: MM Study

## 15.4 Physical Performance of the Scheme

It is evident from the above mentioned graph that about INR 139.31 Lakh has been allocated to the three selected Districts named Patna, Purvi Champaran and Sheohar and only INR 32.29 lakh has been released which 23% of the fund is allocated. As per data provided by the implementing agencies, during the reference period 664 Differently Abled have been provided benefit. Out of these 664, our team has contacted 193 Beneficiaries.

Looking into physical performance it is evident that only INR 3,890 has been spent for one Differently Abled Person which is very low as compared to the guideline, because as per guideline one should not go beyond INR 6,500 and 20% of the total fund can only be used as operational cost.

## 15.5 Physical Verification of the Scheme

### 15.5.1 Profile of the Beneficiaries contacted

#### 15.5.1.1 Age Group of Beneficiaries

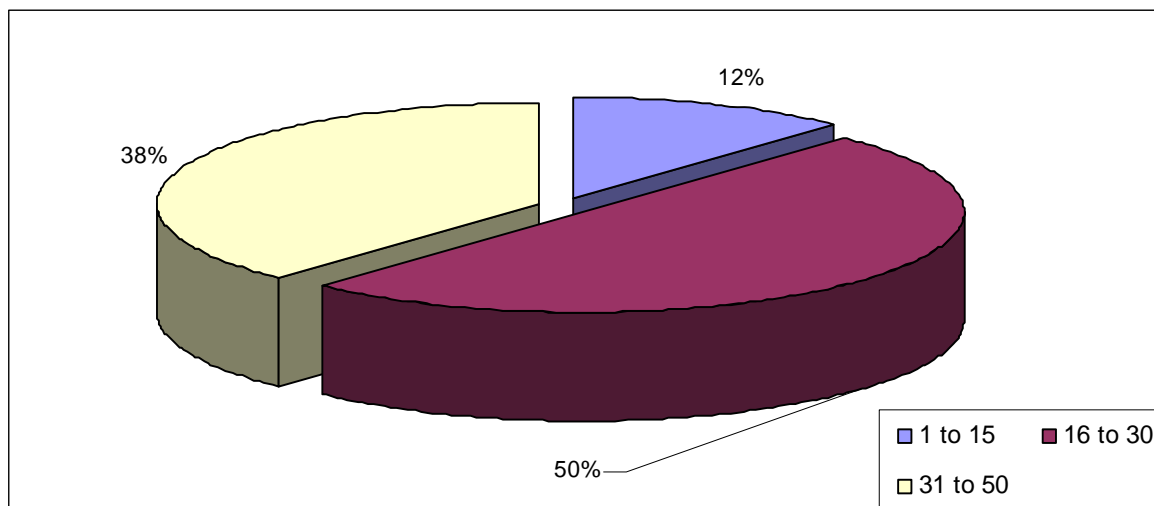
It was observed from the field that the most of the handicapped people in the study area belongs to the age group between 1 to 15 years and 16 to 30 years of age. The other group between 31 to 50 years of age are found very less in number. The reason attributed to such a large number of young people being handicapped is Polio. Once upon a time Bihar contributed one of the highest percentage of people affected of Polio. Disabled people in the age group 1 to 15 years are less in number, because of polio programmes run well into the remote areas since long. In the study area there was no person found handicapped in the age group between 51-75 and 76-100 years of age. According to a care taker of the handicapped, old age disabled people do not survive for too long, being a handicap. Exceptions are those who are able to work being a handicap and still working for sustenance. But in most of the cases such people prove to be a liability, especially in poor family. In Rural areas especially at Bihar there are so many difficulties for livelihood even for normal person, pertaining to such a grim situation surviving being a handicap is really a challenge.

Figure 15.4: ADIP Beneficiary at Seohar District in Bihar



Source: MM Study

Figure 15.5: Age Group of the Beneficiary Surveyed



Source: MM Study

### 15.5.1.2 Literacy Level

Most of the beneficiaries have never attended the school, particularly women and girls. Despite being given the handicapped pension, it is difficult for families to send their child far away for higher education. There are many cases where parents are concerned about education. There are no graduate beneficiary found during the study. Very few beneficiaries attended middle and higher secondary school.

ADIP beneficiary at Seohar District, Bihar

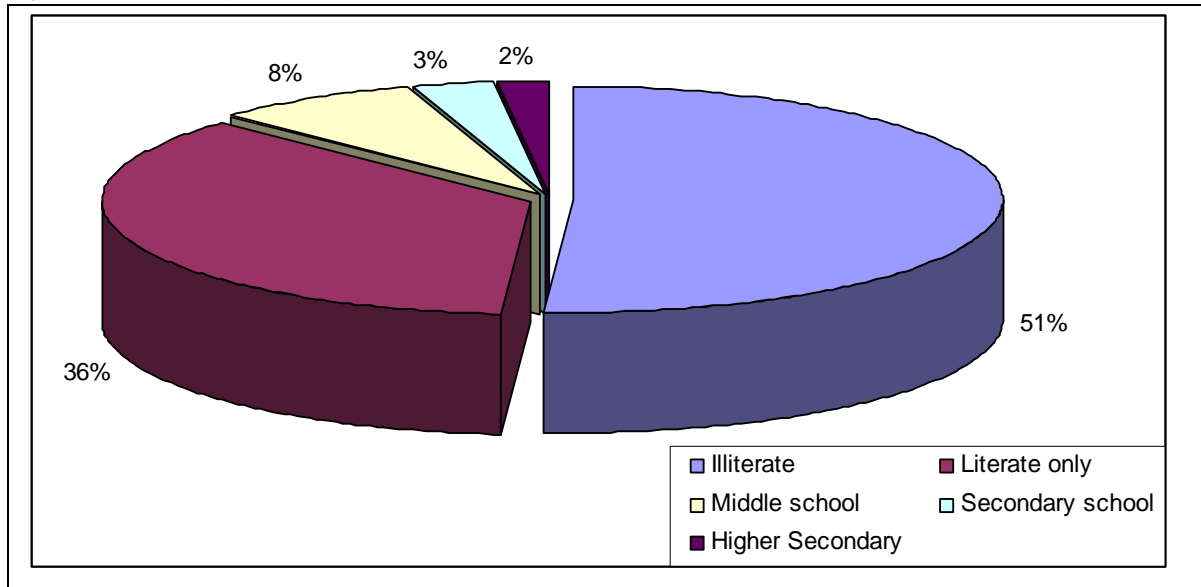


### 15.5.1.3 Type of Disability

It can be seen through the survey that prevalence of Locomotor Disability is quite high in comparison with other physical disabilities. It has been noticed in the field that the main focus of the Implementing Agencies is the Orthopedically handicapped. All three NGOs were distributed Tricycle, Wheel Chair, Crutches, LT H.K.A.F.O. At most of the cases only tricycles were distributed amongst the beneficiaries. The NGOs contacted were specialised in Orthopaedically handicapped mechanics and distribution. The study period for the study is not recent and tricycles have life not more than three years.



Figure 15.6: Literacy Level of Beneficiaries Contacted



Source: MM Study

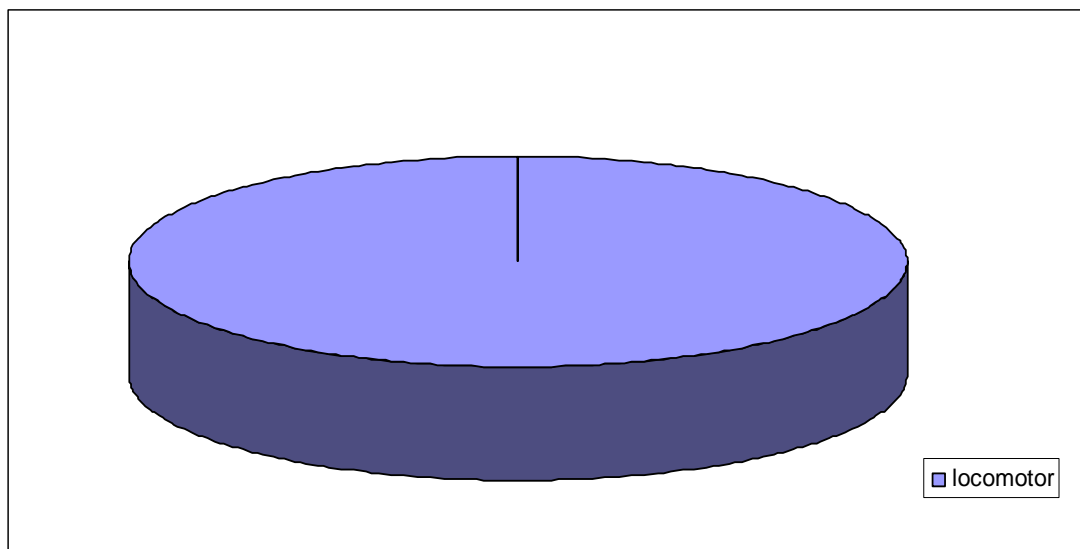
In most of the cases either tricycles have been destroyed or could be seen in bad shape. Probing the reason NGOs have replied with reason of tricycles have only three years of life. It is also stunning fact that despite of guidelines in the ADIP scheme none of these three NGO's provide services to the handicapped post distribution of Locomotor Devices. There is another fact that funding has not being made once again into the districts where once any of the devices distributed. It is also the reason that replacements of the tricycles and wheel chairs have not being made at the appropriate time required. One of the poor family responded that they hardly find it a good idea to buy a tricycle for the handicapped reason being roads are not user friendly in the village to ride on Tricycles.

ADIP Beneficiary at District Patna



Source: MM Study

Figure 15.7: Type of Disability



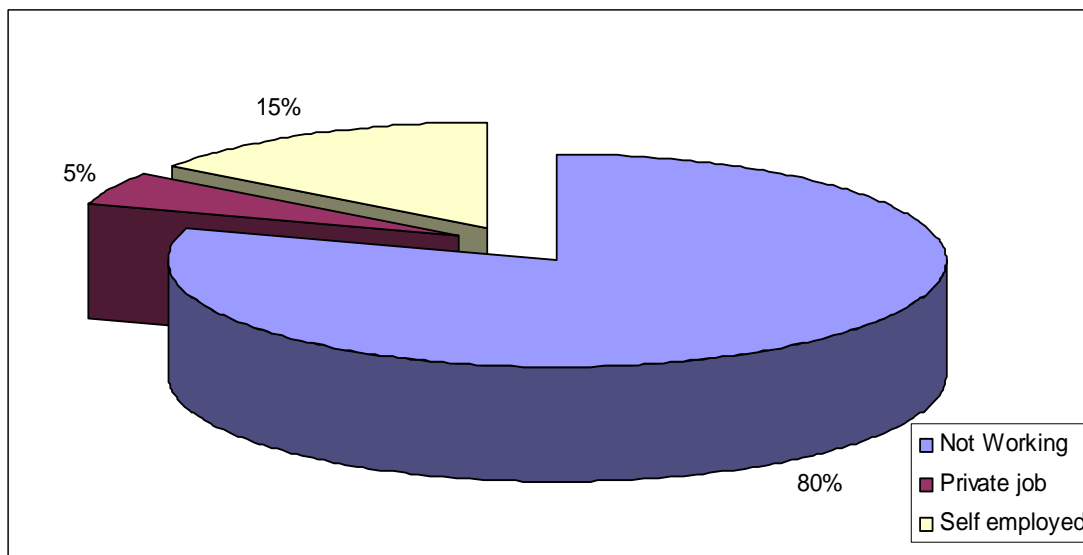
Source: MM Study

#### 15.5.1.4 Employment status of the Disabled

A huge percentage of the beneficiaries interviewed are not working and dependent on the families. It is already stated above that most of them are illiterate. They are also not competent physically to put an extra effort for finding livelihood. There are no special livelihood programmes benefiting any of the beneficiaries interviewed in the study area. About 80% of the beneficiaries interviewed have no work or are unemployed. About 15% of them are self employed, opened small shops in the village or making pots, and 5% are working in private jobs. The skills sets learned from the family business prove to be only means of sustenance for the handicapped.

A very less number of interviewed persons are literate or educated. Many of them are teaching private tuition. They teach to the junior level students in the village. It is another fact that most of them belong to the families with sound family background. During the study it is found that most of the people (80%) belong to the poor families either of labourers or small farmers. They have zeal to work but could not make it happen either because of discouragement from their own families or society. They also expressed the feeling that being handicapped is a curse. None of the vocational training centre is exists in rural areas of visited districts of East Champaran, Sehor and Patna. There are vocational training centres in Urban and semi-urban areas but it hardly serves to the poor handicapped people living in far flung remote areas. They are not able to reach to the urban areas either because of monetary constraint or lack of support from family. The situation becomes worst when it comes to the girl and women. The two districts of East Champaran, Seohar are amongst one of the poorest district of Bihar with high migration and poor infrastructure.

Figure 15.8: Employment Status of Beneficiary



Source: MM Study

### 15.5.1.5 Nature of Disabilities of the Beneficiaries

Most of the Beneficiaries were disabled due to congenital reasons or illness. Polio is one of the major reasons for disability. High brain fever also resulted into paralysis of legs and hands of the disabled. Due to improper medication during the illness has brought disability into lives of few of the beneficiaries. They blame it on the poor medical facilities existing in the rural and semi urban areas.

Table 15.2: Nature of Disabilities of the Beneficiaries(in %)

Type of Disability	Locomotor
Congenital	60
Illness	40
<b>Total</b>	<b>100</b>

Source: MM Study

### 15.5.1.6 Reaction of Society

From the table below it can be inferred that approximately, 80% of disabled have concerns regarding social stigma attached with being disabled.

Table 15.3: Reaction of Society

Whether society have behaved adversely due to disability	Locomotor
Yes	80.3
No	19.7
<b>Total</b>	<b>100</b>

Source: MM Study

#### 15.5.1.7 Awareness of ADIP Scheme

It is visible in the next table that very few of disabled are aware of ADIP scheme. Most of them have answered that either local politician or influential people have distributed tricycles to them. It is also evident that Member of Parliament or Members of legislative assembly distribute these in coordination with implementing agencies.

Table 15.4: Prior Informaton regarding ADIP Scheme(in %)

Awareness of ADIP Scheme	Locomotor
Yes	4.0
No	96.0
<b>Total</b>	<b>100</b>

Source: MM Study

#### 15.5.1.8 Awareness regarding the type of Appliances being used

There is positive sign about awareness regarding the type of appliances given to them. A camp had been organised pre and post distribution of appliances. There are various sources of information including the implementing agencies, doctors etc. But they are not sure to whom to approach if appliances require replacement. Local influential person proves to be helpful to help them to contact the implementing agency. However during field study at sample district, no cases were found where any replacement was made by implementing agency.

Table 15.5: Awareness regarding the type of Appliances obtained(in %)

Whether the beneficiaries are aware of the appliances provided?	Locomotor
Yes	89.4
No	10.6
<b>Total</b>	<b>100</b>

Source: MM Study

#### 15.5.1.9 Dependency of family members on the Disabled Person

There are about 2% of the families who are dependent on the disabled person. The other 97.7% of families are not dependent on the disabled.

Table 15.6: Dependency of family members on the Disabled Person(in %)

Dependent members on the disabled person?	Locomotor
Yes	2.3
No	97.7
<b>Total</b>	<b>100</b>

Source: MM Study

#### 15.5.1.10 Whether Differently Abled is the Head of the Household

Ninety nine percent of disabled person in the study districts are heads of households. Most of them belong to the age group between 15-30 years. According to the care takers in the family a social stigma is attached

with the disability. Most of them are not married because of being disabled. Only one percent of total sample are the head of the households. All of them are above thirty years of age.

Table 15.7: Whether Differently Abled is the Head of the Household (in %)

Whether DA is the Head of The household?	Locomotor
Yes	1
No	99
<b>Total</b>	<b>100</b>

Source: MM Study

#### 15.5.1.11 Monthly Income of the Head of the Household

In the study districts of Bihar, 93% of the sample disabled beneficiaries belong to the income group between INR 1001-2000. About 5.1% has income between INR 2001 to 3000. A very less, only 1.9%, comes under income group between INR 3001 to 5000.

Table 15.8: Monthly Income of the Head of the Household (in %)

Income group	Locomotor
INR 1001- 2000	93
INR 2001 – 3000	5.1
INR 3001 – 5000	1.9
INR 5001 – 10000	00
More than INR 10001	00
<b>Total</b>	<b>100</b>

## 15.6 Impact of the Scheme

The scheme in the study districts seems not to be benefited with distribution of appliances four years before. The impact is not visible at least at ground level because only once the study districts have benefited with ADIP Scheme. Impact could have been visible if other State Government programmes would be integrated with ADIP. Most of the appliances ie; Tricycles and wheel chairs have life span for maximum 2 years. Most of the beneficiaries were not able to recall even by whom they received the tricycle. The study team had to probe into the fact and check on the back of tricycles to ensure the distributive agency. The impact of scheme is visible in rural areas where a primary or middle school child is able to ride on tricycle to reach school.

Otherwise, they had to rely upon a care taker to help them in travelling. However, roads in the rural areas of study districts are not user friendly for Tricycles. The other positive impact of the scheme seems in terms of building confidence level for the disabled person in society. They are happy that at least, government is extending help, may be it took three to five years of time.

Figure 15.9: ISI Mark Tricycle at Motihari District of Bihar



Source: MM Study

Figure 15.10: Tricycle Distributed in 2007-08, Patna District



Source: MM Study

#### 15.6.1 Quality of Aids provided and their Performance

Implementing Agencies have to distribute Artificial Limbs Manufacturing Corporation and ISI mark products. These are the reputed trademark with clear cut details of life cycle of the appliances. Since, it has been more than four years of distribution of tricycles in the study area; conditions of appliances have become poor. There has been no funding under the ADIP scheme for the study districts of Seohar and East Champaran after 2007-08. It is found during the study that neither implementing agencies followed up any of the beneficiaries once distributed the appliances, nor beneficiaries have asked for replacement. There are no cases found in which requirement of replacements arose by the beneficiaries for appliances.

***List of Beneficiaries Contacted under the scheme is attached as Appendix A***

#### 15.7 Capabilities of Implementing Agencies

The implementing agencies, Bihar Rehabilitation and Welfare Institute, Magadh Rehabilitation and Welfare Society and Physical Medicine and Rehabilitation situated at Patna are committed to promote social, cultural, economic and better living conditions and facilities for large target groups for their interest development, empowerment, survival and betterment. According to their memorandum document the three NGOs are widely working in the field for betterment of disabled people.

## 15.8 Case Study

**Shiya Kumari** resides in Kushar Village of Seohar District in Bihar. Her father Biju Pandit is day labourer with monthly income of INR 1500. The household consists of 8 people with wife and 6 children. Shiya Kumari was an unfortunate child, out of her five Brothers and Sisters. She was affected with Polio after one year of birth. Her both legs were badly affected. She's not able to move without support of family members. At the time when she was thinking of quitting studies, ADIP Scheme through Tricycle helped her to be mobile and her Father enrolled her into the School. She successfully completed studies with good percentage of marks and decided to study further in Middle School. She said, family members were very much supportive and all of them encourage her for schooling. Shiya, becomes one of the regular students in the school and left behind other students by attending 100% of classes from Class 6<sup>th</sup> -8<sup>th</sup>. Her father and mother were very enthusiastic about her disable child's education. Unfortunately, "Kushar" village has provision for education till Middle school, High school is far flung and Shiya discontinued after attending successfully till Class 8<sup>th</sup>. Her parents are still optimistic about the child. But circumstances are not allowing them to board her in the disabled hostel in nearby town. They are also not very much aware about disabled school and opportunities and pensions given by State and Central Government.

ADIP Beneficiary at Seohar District, Bihar



## 15.9 Issues and Constraints

- It is noticed that in most of the districts in Bihar, NGOs who have no local base implement the scheme. This leads to a little or no follow up at all.
- There is late provision for the recommendation to be sent by State Government to Government of India. It hampers the project and beneficiaries. As per the NGOs, there is also no direct honorarium for the professional staffs under ADIP Scheme assisting the Implementing Agencies.
- There is also lack of training to the Implementing Agencies for conducting camps to motivate disabled in the project district. There is no provision by the Implementing Agency in Bihar to run training programmes along with ADIP. There is no provision for placements as well in the study Districts and other Districts of Bihar.
- There is no primary workshop centre for fitment; check up and maintenance at district or block level. Referral and specialised services to the disabled are also missing at district level.
- Most of the NGOs implementing the scheme in Bihar have expertise in dealing with the locomotor disability, but not for the other types of disabilities. This leads to an unproportionate concentration on the work for the physically Differently Aabled.
- Most of the Beneficiaries are not aware about the Scheme. Generally the understanding is that the politician or the local influential people are doing charity for the welfare of the Differently Aabled.

#### 15.10 Recommendations

- Government must ensure that every person with special needs, irrespective of the kind, category and degree of disability, is provided meaningful and quality life. There is need for the adoption of zero rejection policy. This means that no person having special needs should be deprived of the right to gain basic appliances/aids, Education and livelihood opportunities. These include special schools, EGS, AIE or even Home-Based Education. Disabled people require an educational programme and intensive specialised support completely beyond the purview and scope of a formal programmes running in the current situation.
- Implementing Agencies' vision must be very clear that needy disabled should not be deprived of Aids/appliances, which are essential for their social, economic and vocational rehabilitation. If they can, thereby, become earning members they would be much closer to achieve economic self-dependent and also be live and pursue their activity with dignity.
- Implementing Agencies should assist the needy disabled persons by providing durable, sophisticated and scientifically manufactured, modern, standard aids/appliances that can promote their physical, social and psychological rehabilitation, by reducing the effects of moral decay and enhance their economic profiles.
- Submission of reports by NGOs should be done both to the State level committee and various national organisations such as Artificial Limbs Manufacturing Corporation, NIRTAR and NIOH within the assigned time limit.



# 16. State Report of Kerala

## 16.1 Overview of Scheme since its Inception

Social Welfare Department is the line Department in Kerala for implementing various schemes of Central Government administered by the Ministries of Women and Child Development and, Social Justice and Empowerment. Hence the Ministry administers the ADIP Scheme.

This Department has developed a good NGO network. Objectives of the department are overall care, protection, treatment, training, development and rehabilitation of women and children, disabled persons, aged and infirm who are in distress, children in need of care and protection, children in conflict with law, destitute and orphan children and children in difficult circumstances.

In Kerala the total Differently Abled Persons are 8.61 lakh which comes to 3.92% of the total Disabled Persons in India. Out of the total Disabled Persons in Kerala, 4.58 lakh (53.2%) are males and 4.03 (46.7%) are females. The State has less number of disabled persons in urban areas than in the rural areas. Their distribution in urban and rural areas was 2.13 lakh (24.7%) and 6.48 lakh (75.2%) respectively<sup>1</sup>. The State also implements the following schemes for the Differently Abled.

- **Scholarship for the Differently Abled Students:** The Differently Abled students studying in schools, colleges and those who attend professional courses and technical training are being given scholarship.
- **Financial assistance to blind and orthopedically handicapped advocates:** Financial assistance is given to blind/orthopaedically challenged, whose annual family income does not exceed INR 18,000.
- **Conveyance Allowance for Physically Handicapped candidates attending interview and written exams**
- **Grant in aid to voluntary organisation running homes for Physically Handicapped persons**
- **PWD registration to institutions running homes for physically handicapped persons**
- **Aswasa Kiranam:** This Scheme is giving financial assistance to care givers of bedridden, physically handicapped and mentally retarded patients.
- **Karunya Deposit Scheme:** The Scheme is intended for the Differently Abled children belonging to BPL families. Beneficiaries are school going children residents of orphanages or students of a special school recognized by Government of India and Kerala.
- **Disability Identity Cards:** Photo affixed, laminated identity cards are distributed to all physically challenged persons in the State. This ID card has all details of the concerned person.
- **Distress Relief Fund for Disabled:** The interest accrued from an amount of INR 1 crore corpus fund is given as financial assistance for medical treatment including surgeries for persons who became disabled due to accidents.
- **Marriage Assistance to Physically Handicapped Girls and Assistance to Daughters of Physically Handicapped Parents.**
- **Vocational Training Centres for Disabled:** There are two Vocational Training Centers in Thiruvananthapuram and Kozhikode. They provide trainings like book binding, tailoring, embroidery, computer courses and fashion designing courses to Differently Abled youth.
- **State Award for Physically Handicapped:** In order to recognize the handicapped employees, employers of handicapped and welfare institutions for the handicapped, State government is giving awards on disable day every year.
- **Other public facilities for Differently Abled in Kerala are the following:**
  - Welfare Institutions for the welfare of Handicapped
  - Care Home for Disabled children

<sup>1</sup> Source: [http://www.swd.kerala.gov.in/index.php?option=com\\_content&view=article&id=170&Itemid=279](http://www.swd.kerala.gov.in/index.php?option=com_content&view=article&id=170&Itemid=279)

- Home for Physically Handicapped
- Home for Mentally Deficient children
- Pratheeksha Bhavan
- Prathyasa Bhavan
- Asha Bhavan

Field investigation for the evaluation of the implementation of the ADIP scheme in Kerala was done in the districts of Wayanad, Kannur, and Kozhikode.

## 16.2 Process of Implementation of the Scheme in Kerala

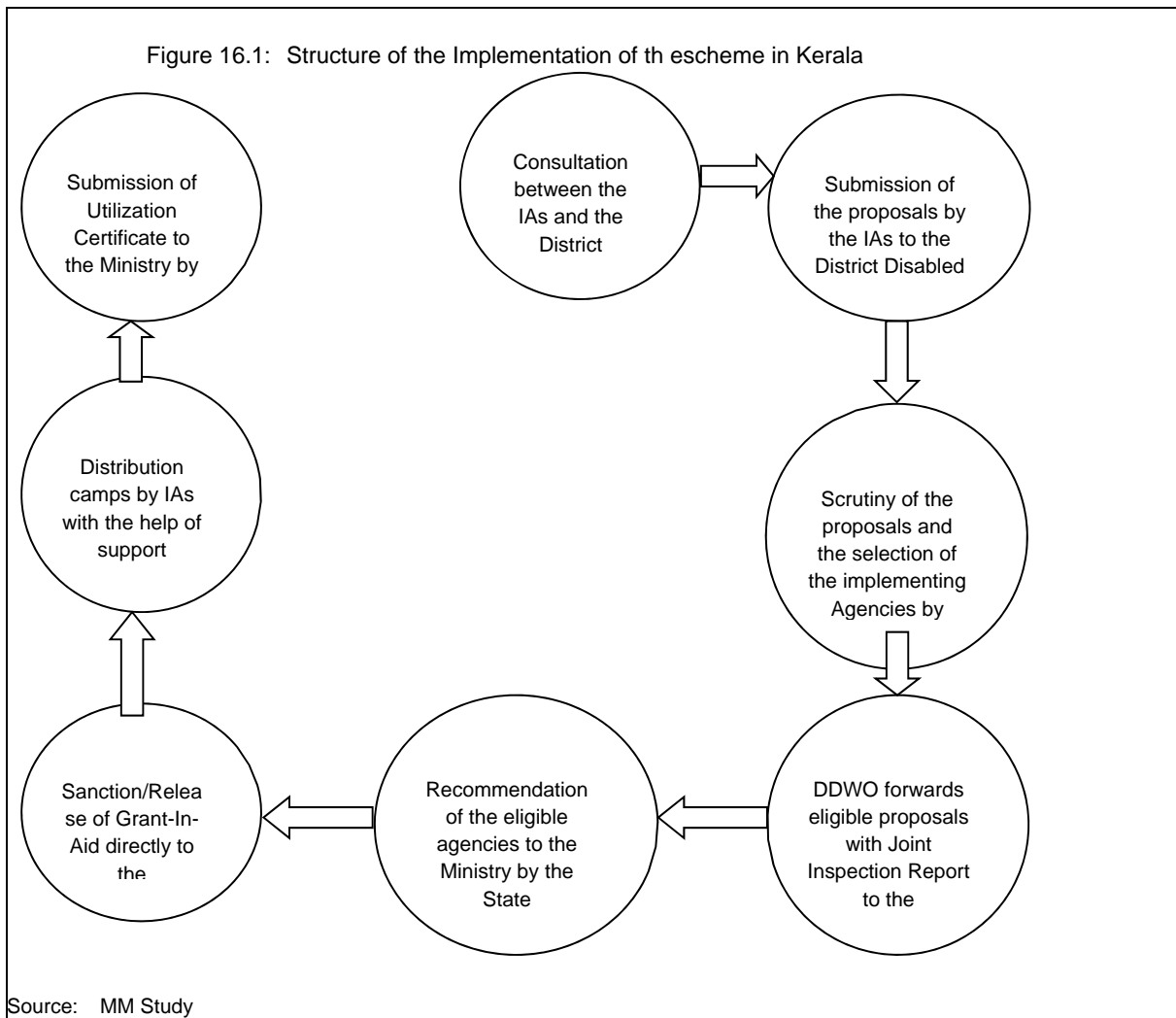
The ADIP Scheme with its cardinal objective to organise composite rehabilitation camps for persons with disabilities for distribution of Aids and Appliances, conducts assessment first, followed by distribution of the Aids and Appliances to persons identified during the assessment camps. The implementing agencies are selected in line with the policies and guidelines of the Ministry of Social Justice and EmpowermentZ.

Implementing Agencies have professionally qualified staff and technical expertise for identification of the beneficiaries, prescription of the required artificial aids/appliances and, fitment and post-fitment care of the beneficiaries as well as the aids and appliance. Implementing agencies have good infrastructure in the form of machinery/equipment for the fabrication, fitment and maintenance of artificial aids/appliances to be given to a disabled persons. They also have tie-ups with medical colleges, district and rural hospitals, Primary Health Centers, fitment centers of ALIMCO, District Rehabilitation Centers and other credible agencies to acquire/avail the requisite infrastructure for fitment and maintenance of aids/appliances distributed under ADIP Scheme.

Implementing Agencies are submitting application to District Authorities and District Authorities in turn forward applications to the State after complete verification of Implementing Agencies' infrastructural capabilities and other resources. The application is then further forwarded by the State authority to Ministry of Social Justice and Empowerment in the centre. Funds are transferred directly to implementing agencies. After implementing agencies receive funds, they advertise locally to inform Differently Abled population about camps. Camps are organized for distribution of aids and appliances. During camp, checkups of Differently Abled are done by the experts (Psychologist/Special Educators /Audiologist/Ophthalmologist/Orthopaedic Surgeon/Physiotherapist/P&O Engineer/Technician/ Psychiatrist) and then selected Differently Abled are provided aids and appliance as per their requirement.

Camps are usually conducted in a primary school/primary health centre, Mandal/Panchayat office, temple premises and such other public places convenient to assemble the persons with disabilities. Our team visited the Implementing Agencies' offices and have found following data maintained with respect to ADIP activities:

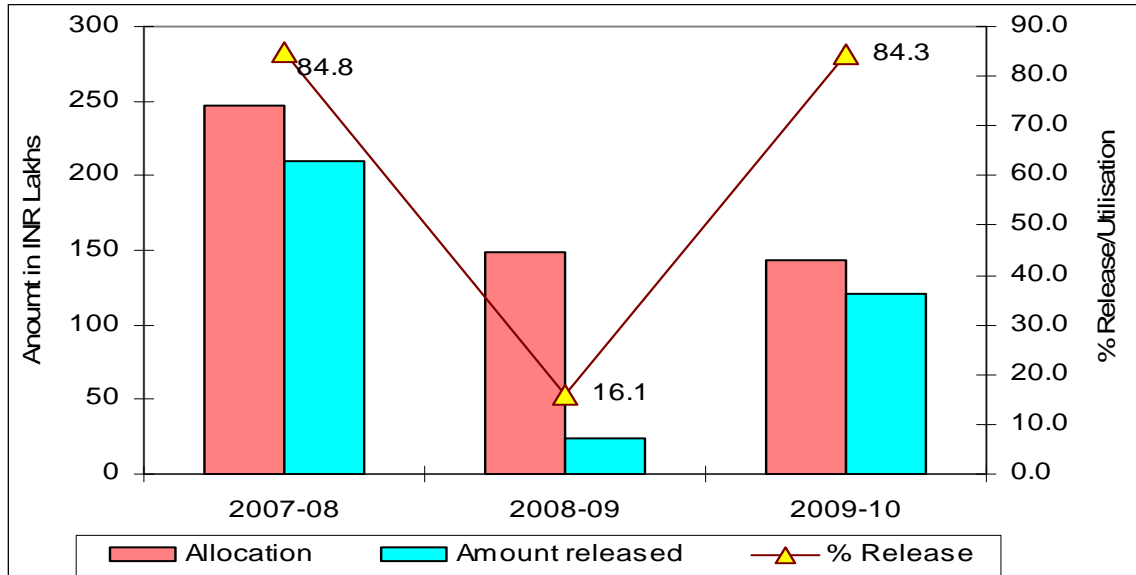
- Case registration form of each client seen in the camp
- Assessment forms
- Preparing the details of aids and appliances, category wise
- Details on the distribution of aids and appliances
- Computerised documentation of the 18 column register



### 16.3 Financial Performance

It was observed that a total of INR 538.83 Lakh was allocated to Kerala during the reference period (2007-10) out of which only INR 353.88 Lakh was released which is about 65.8% of the fund allocated. It is evident from Figure 16.2 that the amount released for Kerala State significantly gone down during year 2008-09 and then sharply maintained during year 2009-10. On asking for reason of such a high degree of variability, State level officials reported that they forward almost all the applications which they receive from the district level authorities however, they are nowhere in the loop while release of grants to the implementing agencies; thus, they are not in a position to comment on release of funds.

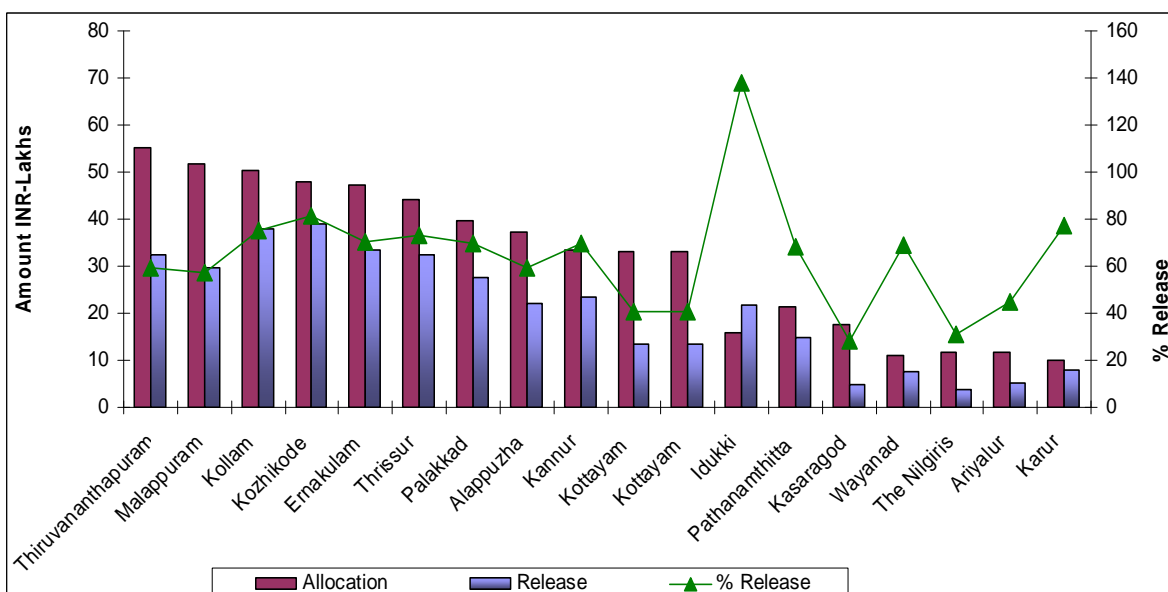
Figure 16.2: Comparison of Allocation and Release of ADIP Fund during reference period (2007-10)



Source: Ministry of Social Justice & Empowerment

Looking into district level comparison we could see that fund has been released in 14 districts of Kerala and fund release was more or less similar to different districts in terms of amount. However, Thiruvananthapuram, Malappuram, Kollam and Kozhikode are among those districts who have received highest proportion of fund i.e. between 9-10% of total release to the State during the reference period (Figure 16.3)

Figure 16.3: District wise Comparison of Allocation and Release of ADIP Fund during reference period (2007-10)



Source: Ministry of Social Justice & Empowerment

It was observed that the fund that has been released to the implementing agencies have been totally utilised by them and implementing agencies have also submitted Utilisation Certificate for the funds utilised directly to the Ministry. However, no such reports have been submitted to district or State level. Thus, local Government authorities (district & State) are not in a position to monitor the scheme during its implementation. The only possibility of monitoring comes into picture when the same implementation agency submits application/proposal for funding to next financial year at the district level office and with their proposal they are also submitting last year's details including Utilisation Certificate.

#### 16.4 Physical Performance of the Scheme

It is evident from the above graph that about INR 92.6 Lakh has been allocated to the three selected districts named Wayanad, Kannur and Kozhikode and INR 65.04 Lakh has been released which 70.2% of the fund is allocated. As per data provided by the implementing agencies, during the reference period 1449 Differently Abled have been provided benefit. Out of these 1449, our team has contacted 131 beneficiaries as others were found shifted from the address provided to our team from the implementing agencies.

Looking into physical performance it is evident that about INR 3,591 has been spent for one Differently Abled person which is slightly on the lower side as per beneficiary benefit guideline, which should not go beyond INR 6,500 and 20% of the total fund can only be used as operational cost.

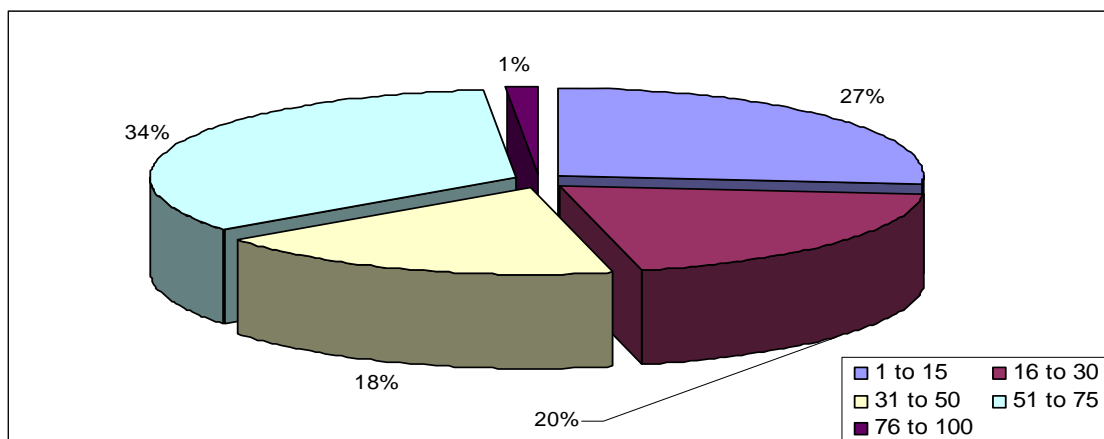
#### 16.5 Physical Verification of the Scheme

##### 16.5.1 Profile of the Beneficiaries contacted

###### 16.5.1.1 Age Group of Beneficiaries

As per our field survey, almost 34% of the beneficiaries covered were between the age group of 51 to 75 years. In all 27% of the beneficiaries were between 1 to 15 years, 20% of them were between 16 to 30 years, 18% of the beneficiaries were between 31 to 50 years and 1% of the beneficiaries were between the age group of 76 to 100 years (Figure 16.4).

Figure 16.4: Age Group of the Beneficiaries (in %)

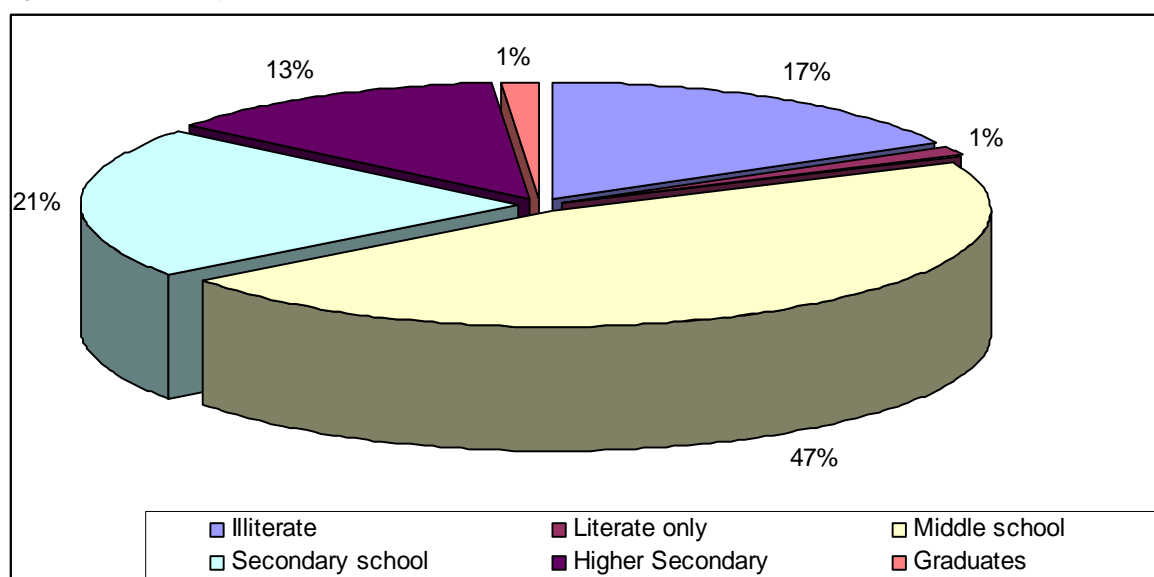


Source: MM Study

### 16.5.1.2 Literacy Level

A total of 47% of the beneficiaries contacted had completed their middle school. About 21% of them have completed secondary school and 13% of them completed their higher secondary education and 1% had completed their graduation. About 17% of the beneficiaries covered under the study were illiterate and 1% of the beneficiaries were literate only.

Figure 16.5: Literacy Level of the Beneficiaries



Source: MM Study

### 16.5.1.3 Monthly Income of the Head of the Household

In Kerala It was found that majority of the head of the household of all the beneficiaries had a income range of INR 1001 to 2000 which is 58%, followed by 42% from the income of group of INR 2001 to 3000 per month.

Table 16.1: Monthly Income of the Head of the Household (in %)

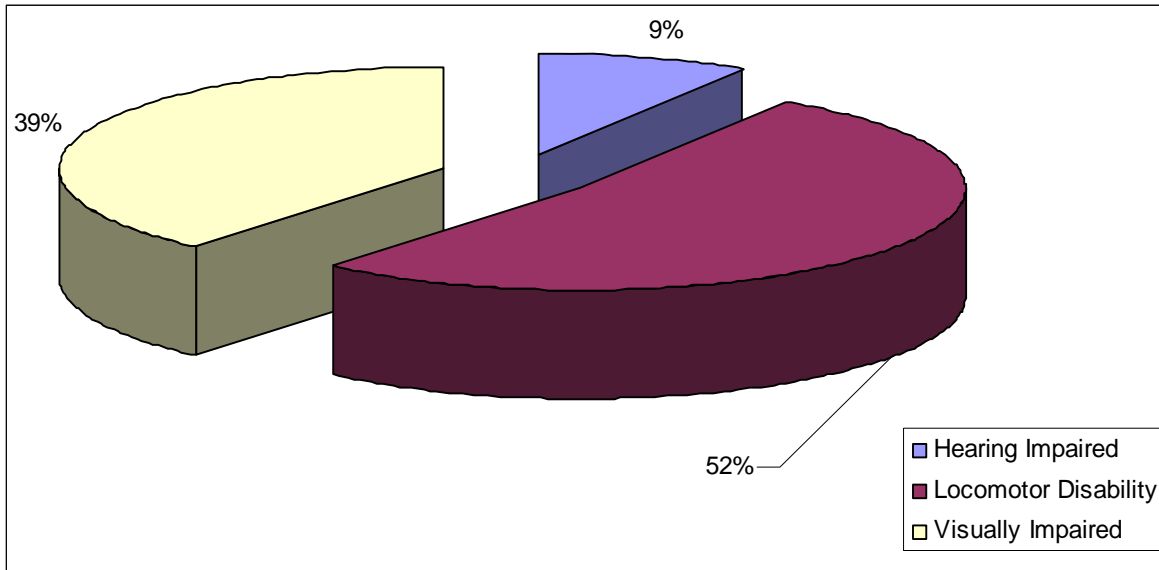
Income group	All beneficiaries Combined
INR 1001- 2000	58.0
INR 2001 – 3000	42.0
INR 3001 – 5000	0.0
INR 5001 – 10000	0.0
More than INR 10001	0.0
Not working	0.0
Total	100

Source: MM Study

### 16.5.1.4 Type of Disability

Locomotors disability being the most prevalent in the State, of all the beneficiaries contacted, 52% had locomotors disability, followed by 39% having hearing disability and 9% having visual disability.

Figure 16.6: Types of disabilities Assisted

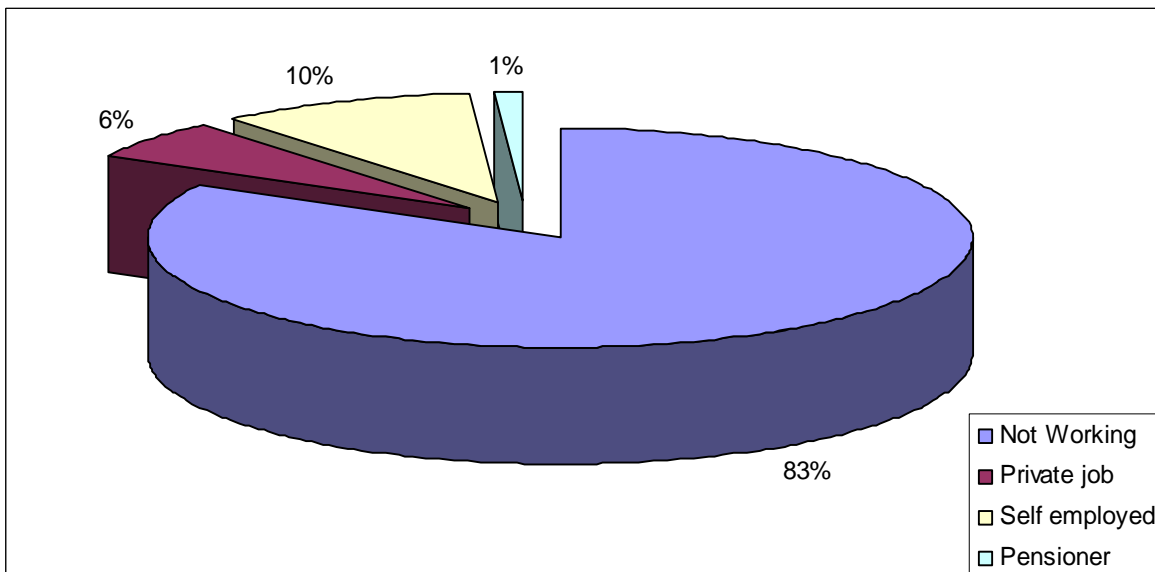


Source: MM Study

### 16.5.1.5 Employment Status of Beneficiaries

Only 17% of the contacted Beneficiaries are employed, out of which 10% of the beneficiaries are self employed followed by 6% in a private job and the remaining are the pensioners (figure below).

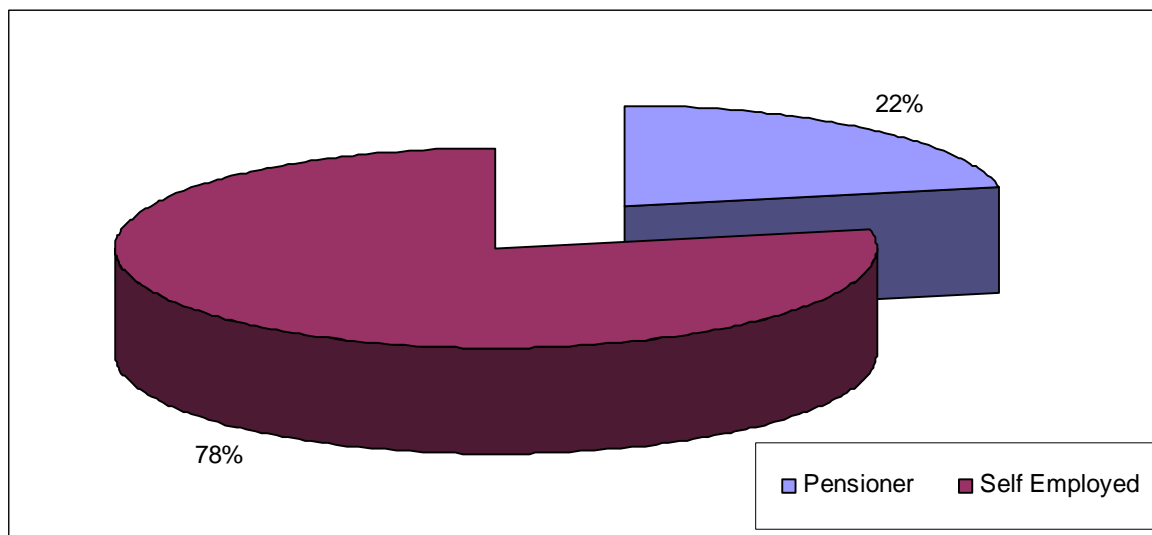
Figure 16.7: Employment Status of Contacted Beneficiaries



Source: MM Study

A total of 78% of the care takers contacted are self employed and remaining 22% are the pensioners.

Figure 16.8: Employment Status of Care Takers of Beneficiaries



Source: MM Study

#### 16.5.1.6 Nature of Disabilities of the Beneficiaries

During the survey it was found that the major cause of disability of the beneficiaries was congenital. However, the other major cause of the disability was Illness followed by accidents.

Table 16.2: Nature of Disabilities of the Beneficiaries(in %)

Type of Disability	Hearing	Locomotor	Visual
Congenital	75	95.8	100
Illness	21.4	0	0
Accidental	3.6	4.2	0
Other	0	0	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 16.5.1.7 Effect of disability on normal Routine of life

Table presented below is depicting the effects of the disabilities on the normal life routine of the beneficiaries. The highest degree of problem faced by visual disabled is mobility. Beneficiaries of hearing disabilities believe that they are dependent on others for outside help to communicate.

Problem faced by the locomotor disabled people is mobility, Dependency on others, Disruption/stopping of study or work etc.

Table 16.3: Effect of disability on normal Routine of life

Effect of disability	Visual	Hearing	Locomotor
Restricted Mobility	100	28.6	97.9
Disruption/Stopping study or work	16.7	60.7	81.3



Effect of disability	Visual	Hearing	Locomotor
Dependency of others	33.3	82.1	91.7
Couldn't marry	0	0	43.8
Couldn't find job/livelihood	0	3.6	37.5
<i>Multiple Response</i>			

Source: MM Study

#### 16.5.1.8 Reaction of Society

From the table presented below it can be understood that social acceptability and empowerment of disabled people is still lacking. Locomotor disabled people seem to be more vulnerable. Discrimination, disregard and rude behaviour are the major issues with the disabled people.

Table 16.4: Reaction of society (in %)

Whether society have behaved adversely due to disability	Visual	Hearing	Locomotor
Yes	66.7	23.1	97.9
No	33.3	76.9	2.1
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 16.5.1.9 Awareness of ADIP Scheme

Awareness regarding the ADIP Scheme among beneficiaries is not up to the mark. It can be concluded from the below table that most of the respondents were unaware of the ADIP scheme. Beneficiaries of visual disabilities (83.3%) were more informed as compared to the locomotor (18.8%) and hearing disabled (11.1%).

Table 16.5: Prior Informaton regarding ADIP Scheme(in %)

Awareness of ADIP Scheme	Visual	Hearing	Locomotor
Yes	83.3	11.1	18.8
No	16.7	88.9	81.3
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 16.5.1.10 Awareness regarding the type of Appliances being used

During the survey it was observed that all beneficiaries were aware of the aids/appliances which they are using. Most of the beneficiaries obtained information regarding their appliances from various sources but the major sources being doctors, District Disability Rehabilitation Centre's and relatives etc.

Table 16.6: Awareness regarding the type of Appliances obtained(in %)

Whether the beneficiaries are aware of the appliances provided?	Visual	Hearing	Locomotor
Yes	100	100	100
No	0	0	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 16.5.1.11 Year of obtaining device first time

Table presented below is depicting the year when Differentially Abled people have obtained aids and appliances for the first time.

Table 16.7: Year of obtaining device first time (in %)

Year of obtaining Device first time	Visual	Hearing	Locomotor
2006	0	0	6.4
2007	0	0	68.1
2008	100	4.2	21.3
2010	0	95.8	4.2
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 16.5.1.12 Financial assistance for aids/appliances

It can be concluded from the table below that majority of the financial assistance provided to the beneficiaries were DDRCs, NGOs (Implementing Agencies) and State handicapped corporation.

Table 16.8: Financial aid for appliances(in %)

Source of financial assistance	Visual	Hearing	Locomotor
DDRC	100	10.7	18.8
State handicapped corporation	0	82.1	0
NGO	0	3.6	79.1
Other State level Bodies	0	3.6	2.1
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 16.5.1.13 Number of times the Aids / Appliances Obtained

It has been seen that most of the Beneficiaries were given aids/ appliances once or twice during the reference period ie, 2007-2010.

Table 16.9: Number of times the aid have been provided(in %)

No. of Times aids provided	Visual	Hearing	Locomotor
1 to 2 times	100	100	100
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 16.5.1.14 Literacy Level of the Head of Household

During the survey it was observed that education level among the head of the household of the Beneficiaries of Locomotor Disabilities is very less. However, caretakers of Visual and Hearing disabilities are more educated. Category wise further classification is given in the table below

Table 16.10: Literacy Level of the Head of Household(in %)

Literacy level of the head of household	Hearing	Locomotor	Visual
Illiterate	17.9	54.2	0
Literate only	10.7	10.4	16.7
Middle school	57.1	10.4	16.7
Secondary school	10.7	12.5	0
Higher secondary	0	4.2	66.7
Graduate	0	6.3	0
Post Graduate	0	2.1	0
Other	3.6	0	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 16.5.1.15 Dependency of Family Members on the Disabled Person

During the survey it was found that approximately 22% beneficiaries of hearing and 30% beneficiaries of locomotor disabilities had members dependent on them while dependency on the beneficiaries of visual disability was nil.

Table 16.11: Dependency of family members on the disabled person(in %)

Dependent members on the disabled person?	Visual	Hearing	Locomotor
Yes	0	22.2	29.2
No	100	77.8	70.8
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 16.5.1.16 Number of Dependent Person

Table below is depicting the number of people dependent on the beneficiaries. It can be concluded that the number of dependency on the beneficiaries is ranging from 1 to 4 people. Dependency on the beneficiaries of visual disability is nil, while locomotor disabled beneficiaries have maximum 2 family members dependent on them.

Table 16.12: Number of dependent person(in %)

Total number of dependents on disable	Visual	Hearing	Locomotor
1	0	0	14.3
2	0	50	35.7
3	0	50	28.6
4	0	0	21.4
None	100	0	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Survey

#### 16.5.1.17 Place of Application for the assistance under ADIP Scheme

Majority of the application for obtaining the appliances from ADIP scheme was made to NGOs followed by District Disability Rehabilitation Centre (DDRC) and the State Handicapped Corporation. Other agencies like Artificial Limbs Manufacturing Corporation (ALIMCO) /SALIMCO, Composite Regional Centre (CRC) etc. received very little application for obtaining the appliances under ADIP Scheme.

Table 16.13: Place of Application for the appliance under ADIP scheme(in %)

Place of application for assistance under the ADIP Scheme	Visual	Hearing	Locomotor
District Disability Rehabilitation Centre (DDRC)	83.3	10.7	18.8
Composite Regional Centre (CRC)	0	0	2.1
State Handicapped Corporation	0	85.7	0
Other State level Bodies	0	3.6	52.1
NGO	0	0	89.6
<i>Multi Response Question</i>			

Source: MM Study

#### 16.5.1.18 Time taken for obtaining the appliances after application

From the table it can be concluded that most of the beneficiaries of locomotor disability had to wait for the aids and appliance till the fitment of the appliance. However, beneficiaries of hearing and visual disabilities had received the aids and appliances immediately after they applied for the aids.

Table 16.14: Time Taken for obtaining the appliances after application(in %)

Time taken for aids/appliances	Visual	Hearing	Locomotor
Till Surgery	0	0	0
Till the Fitment of Appliances	0	0	100
Immediately	100	100	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 16.5.1.19 Time Since aids/appliance has been obtained by beneficiary under ADIP scheme

During the survey most of the contacted beneficiaries were using their aids/appliances since last 6 to 54 months.

Table 16.15: Time Since the availability and usage of appliance obtained under ADIP scheme (in %)

Time frame (months)	Visual	Hearing	Locomotor
06	0	5	0
12	66.7	90	2.1
30	33.3	0	2.1
36	0	5	14.6
42	0	0	4.2
48	0	0	68.8
54	0	0	8.2
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 16.5.1.20 Time taken to adapt to the Appliance

During the survey it was found that majority of the beneficiaries took maximum of one or two months to get adapted to the appliances they were given. However some respondents even took three to six months to adjust with the appliances.

Table 16.16: Time taken to adapt the appliance (in %)

Time taken (months)	Visual	Hearing	Locomotor
0	0	10.5	0
1	16.7	26.3	39.6
2	83.3	42.1	56.3
3	0	21.1	2.1
6	0	0	2.1
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 16.5.1.21 Annual Maintenance Cost (in INR) of the aid

Below table is depicting the annual expenses incurred on the maintenance of the aids and appliances. An average amount of INR 100-350 is being spent on the maintenance.

Table 16.17: Annual maintenance cost of the aid (in %)

Maintenance Cost (INR)	Locomotor
100	27.1
150	2.1
200	22.9
250	18.8
300	22.8
350	6.3
<b>Total</b>	<b>100</b>

Source: MM Study

### 16.6 Impact of Scheme on Differently Abled

As per the objective of the scheme the Implementing Agencies have assisted the needy Differently Abled Persons by providing durable, sophisticated and scientifically manufactured, modern, standard aids and appliances that can promote their physical, social and psychological rehabilitation. The scheme has reduced the effects of disabilities and enhanced their economic potential.

The scheme has covered large number of Differently Abled and has utilized the fund by providing quality appliances to the targeted poor as per the Ministry's guidelines. This has been ensured by a sample check mechanism which helps to monitor the beneficiaries who received appliances. The sample check mechanism is very effective which ensures the quality control of appliances and plugging leakages in funds.

Under the scheme various aids/appliances have been provided to the beneficiaries who help to reduce the effects of disabilities. To exemplify, Artificial Limbs, Wheel Chairs, Crutches and Walkers have greatly improved the mobility of the physically disabled beneficiaries. Similarly hearing aids and low vision devices

have helped the hearing & speech disabled and visually disabled beneficiaries respectively to undertake the daily activities for their rehabilitation.

However majority of the beneficiaries reported that provision of aids/appliances has not enhanced their economic growth in big way.

#### 16.6.1 Qualitative changes experienced after fitment of equipments under ADIP Scheme

Table presented below is depicting the qualitative changes brought by the assistance provided under ADIP Scheme. Under this scheme those who were provided aids for Visual and Locomotor problem have increased their mobility and their dependency on others get reduced.

Hearing disabled beneficiaries believe that they have achieved total independence in performing daily chores, their dependency on others has also been reduced.

Table 16.18: Qualitative changes experienced after fitment of equipments under ADIP scheme

Changes after fitment of the appliances	Visual	Hearing	Locomotor
Increase mobility	100	32.1	100
Continuation/resumption of work	0	50	41.7
Decrease dependency on others	0	85.7	95.8
Total independence in performing daily chores	0	67.9	8.3
Got married	0	0	25
Found job/livelihood	0	0	31.3
No change	0	3.6	0
Others	0	0	2.1
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>
<i>Multi Response Question</i>			

Source: MM Study

#### 16.6.2 Whether Beneficiaries feel that their standard of living has improved or not?

During the survey it has been seen that there is not much improvement in the standard of the lives of the beneficiaries of ADIP scheme. Only beneficiaries of the locomotor disabilities seems to have more constant in comparison with other beneficiaries, as 40% beneficiaries believe that their standard of life have been improved after the help provided under the scheme.

Table 16.19: Improvement in Standard of living (in %)

Improved living standard	Visual	Hearing	Locomotor
Yes	16.7	3.7	39.6
No	83.3	96.3	60.4
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 16.6.3 Whether receive any significant change in the reaction of society after getting equipped with the aids/appliances

Table below is depicting the change in reaction of the society after getting the appliances. It can be easily understood that there is no significant change in the reaction of the society towards disabled people.

Table 16.20: Change in the reaction of the society after getting help under the scheme (in %)

Significant Change	Visual	Hearing	Locomotor
Yes	0	3.8	22.9
No	100	96.2	77.1
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 16.6.4 How far Disabled Persons are Rehabilitated

During the survey it has been observed that after getting assistance under the ADIP scheme most of the beneficiaries are satisfied with the changes brought by the scheme in their lives. Same is depicted in table below.

Table 16.21: How far disabled people are rehabilitated (in %)

How far disable people have been rehabilitated	Visual	Hearing	Locomotor
Completely/Fully	0	0	2.1
Satisfactory	0	70.4	60.4
Average	100	29.6	37.5
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 16.6.5 Effect of Disability on Caretaker

Table presented below is depicting the effects on the care takers of the disabled persons. It can be concluded that restriction of the mobility has affected severely as 100% care takers feel that they have to accompany their disabled family member.

Table 16.22: Effect of Disability on Care taker (in Percent)

Effect of disability	Visual	Hearing	Locomotor
Restricted Mobility	100	100	100
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM survey

### 16.6.6 Relation of Caretaker with Disable Person

Younger sister and brothers are the main caretakers of the Differently Abled persons same is reflecting in the table presented below.

Table 16.23: Relation of Caretaker with Disable Person (in %)

Relation	Visual	Hearing	Locomotor
Mother	0	0	6.7
Father	50	14.3	13.3
Spouse	0	28.6	0
Elder brother	0	0	6.7
Elder sister	0	0	6.7
Others (Younger brother/sister or any other)	50	57.1	66.7
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 16.6.7 Changes brought in the life of Care taker after getting assistance under ADIP Scheme

Scheme has brought changes in the life of care takers of the Differently Abled persons as well. Scheme has contributed in many ways. Some of them are being reflected by the table below. After getting assistance under ADIP scheme a large number of care takers experienced increased mobility as they were not required to accompany their disabled family members every time.

Table 16.24: Changes brought in the life of care taker after getting assistance under ADIP Scheme (in %)

Changes	Visual	Hearing	Locomotor
Increase mobility	100	57.1	46.7
Decrease in dependency on others for daily chores	0	28.6	53.3
Total independence in performing daily chores	0	14.3	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 16.6.8 How far one think that their disabled family member is rehabilitated

During the survey it has been observed that after getting assistance under the ADIP scheme most of the beneficiaries feel satisfied. Same is depicted in the table below.

Table 16.25: How far one think that their Disabled family member is Rehabilitated (in %)

How far disable people have been rehabilitated	Visual	Hearing	Locomotor
Satisfactory	0	0	46.7
Average	100	100	53.3
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 16.6.9 Quality of Aids provided and their Performance

As per our field study, aids and appliances supplied under the scheme conforms to BIS specifications. The implementing agencies procure appliances through quotations as per the Central Government norms. The quality of the aids provided is good since the aids and appliances were procured from the reputed government accredited agencies like ALIMCO and from the credible sources. There was no complaint



regarding the quality of appliances like Wheel chair and Tricycles but there were some complaints on the quality of hearing aids.

### 16.7 Capacity of Implementing Agencies

Following are the agencies responsible for implementing the ADIP scheme in the area.

### 16.8 The Tropical Health Foundation of India

The Tropical Health Foundation of India has been implementing the scheme in all the three sampled districts i.e. Wayanad, Kannur and Kozhikode. It provides different kinds of services like Artificial Limb Centre, Neuro Development Centre, Special School, SPARSH the vocational training centre for the persons & families persons with disability, Prerana - a community based rehabilitation programme for the people with disabilities.



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### 16.9 Kerala State Handicapped Persons Welfare Corporation Ltd.

The Kerala State Handicapped Persons' Welfare Corporation is a public sector undertaking under the State Government established in 1979 with its Head Office at Poojappura, Thiruvananthapuram. The company was established to formulate, promote and implement schemes aimed at the rehabilitation or improvement of the living conditions of the Differently Abled persons, groups of such persons and organizations engaged in activities on rehabilitation and welfare of handicapped persons.

It has a regional centre at Kochi and regional information centre at Kozhikode which is one of the sampled districts. It produces low cost high quality and light weight artificial limbs, other appliances and runs a printing press.

The company has been implementing the scheme in all the three sampled districts during the reference period.

### 16.10 District Disability Rehabilitation Centre (DDRC), Kozhikode

In Kerala District Disability Rehabilitation Centre is a joint venture of Central and State Governments wherein Central Government will establish, initiate, implement the centre for three years involving funding for manpower contingencies as well as required equipments and coordination. State Government will provide provision for rent free, well connected building, basic infrastructure, furniture, monitoring and coordination of activities through District Management Team (DMT) Chaired by the District Collector and also identification of implementing agency. District Disability Rehabilitation Centre for Kozhikode district has been implementing the scheme in the district during the reference period.



### 16.11 Types of services provided as care after fitting of Aids

Information gathered from the field suggests that the implementing agencies which provide aids and appliances do replace devices that have completed their lives or got damaged. The implementing agencies have a mechanism in place to track beneficiary to replace the aids and appliances which does not come with life time warranty or which has definite self life. Some of the implementing agencies informed the team that they track beneficiaries in the remote areas by sending postcards and following up through telephone calls. The devices which have problems will be repaired either in the local repairing and servicing centres or in the forthcoming camps.

#### Case Study

**Mr Pankajakshan** (48) a resident of Ariyanari, Kozhikode had developed an illness (which he did not reveal) and his right leg was amputated below knee. Previously he was running a lottery shop. After the surgery he was made dependent on his family to a great extent.

As he was the sole bread winner of the family it was very important for him to resume his job to support his family (consisting of wife and two children).

He applied for an artificial limb in Kozhikode DDRC so that he will be able to move without depending on any one and could earn a living. He received the appliance from the DDRC in 2007-08. This enhanced his mobility and he could move around and go to his shop.

At present, as lottery has been banned by the State government, he is running a petty shop and earns from INR 1150 – 2000. The beneficiary reported that there is no complaint about the quality of the appliance provided and he is satisfied with it. Though there has been no improvement on the standard of living, provision of the appliance has helped him to continue his work and keep earning.

### 16.12 Issues and Constraints

- Delay in getting funds from the Ministry. The fund should be released few months before the end of the financial year.
- Difficulty in getting spare parts of the appliances at appropriate time and scarcity of materials.
- Non-availability of qualified technicians.
- Absence of separate funds to form a team of experts to provide training on livelihood to the beneficiaries.
- Allotment of fund is insufficient for providing assistance to all the beneficiaries. The fund has to be enhanced to cover all the beneficiaries in the State.
- The Grant in Aid should be released in time. Proper allotment of fund at proper time.
- The present income sealing of the beneficiary needs to be revised.
- The maximum cost of appliances per person is very limited to buy most modern and sophisticated appliances especially for hearing aid.
- The administration charges needs to be increased for the smooth implementation of the scheme.

### 16.13 Recommendations

- The income limit for eligibility for aids/appliances should be enhanced.
- A repairing centre for aids and appliances in each district is a must. Also need a mobile repairing centre to reach the beneficiaries residence and repair their appliances. This would ensure people with disabilities get proper services that are accessible and affordable.
- Allocation of funds to the State should be increased. Adequate grant in aid to be released in time.
- The sample check mechanism should strictly be 10% to ensure the quality control of appliances and plugging the leakages/ pilferages of funds.

# 17. State Report of Tamil Nadu

## 17.1 Overview of Scheme since its Inception

Tamil Nadu has been very pro-active in implementing various welfare schemes for all sections of disadvantaged. Recently a separate Administrative Department called Department for Welfare of the Differently Abled Persons has been created under the direct supervision of Honourable Chief Minister. A State Commissioner for the Differently Abled has been appointed in Tamil Nadu to monitor the implementation of the Act, besides acting as Head of the Department for the welfare for the Differently Abled. There are many other Welfare Schemes for Differently Abled in Tamil Nadu as follows:-

- **Education Scholarship** - Disabled Children like Visually Handicapped, Hearing Impaired, Mentally Challenged and Locomotor Disabled in the age group of 5 years and above (in case of Hearing Impaired children: 2 years and above) are provided with free special education, free boarding and lodging. Two sets of uniforms and text books are also given free of cost every year.

Speech and Hearing Impaired children in the age group of 3 to 5 years are provided free pre-school education, Uniform, speech therapy and boarding and lodging.

Scholarship towards purchase of text books and note books of INR 500 per annum from standard I to V and from standard VI to VIII. INR 1500 per annum to the disabled students whose household income limit is INR 12,000 per annum.

Scholarship for disabled students studying in recognised Schools / Colleges / Training Centres from Standard IX to XII, for INR 2000 per annum; for Degree Courses for INR 3000 per annum, for P.G., Medical, Engineering, Vocational Courses and other Professional Courses for INR 3500 per annum whose household income is less than INR 24,000 per annum. The beneficiaries should not have obtained less than 40% marks in the qualifying examination.

- **Readership allowance to Visually Handicapped persons** - The Visually Handicapped students are given readers allowance along with scholarship. Readers allowance is being paid from standard IX to XII as INR 2500 (Per annum), Degree courses as INR 2500 (per annum), Post Graduate and Professional courses as INR 3000 (per annum).
- **Scribe Assistance:** A sum of INR 50 per paper is paid to each scribe. Scribes are engaged to write the answers which visually handicapped student dictates in Government Examinations.
- **Distribution of Pre-recorded Cassettes and Tape Recorders to Visually Handicapped** - Visually Handicapped students studying in 10th and 12th Standards are provided with Pre-recorded Cassettes and Tape Recorders.
- **Starting of Degree courses for the Hearing Impaired Students** - As a pioneer measure in India, B.Com and B.C.A., Degree Courses for the benefit of the hearing impaired students at Presidency College, Chennai commenced from the academic year 2007-2008.
- **Assistance to Law Graduates** - Financial Assistance of INR 3000 is given to the orthopaedically / visually handicapped Law Graduates to start Legal Practice.
- **Assistance to Grade Teachers Training Institute for the visually and orthopaedically handicapped persons (Diploma in Teacher Education)** - Secondary Grade Teachers Training Institute for the visually and orthopaedically handicapped persons is functioning at the campus of Government Higher Secondary School for the Blind, Poonamallee. A total of 25 visually and 25 orthopaedically Differently Abled persons each are being trained every year. This Diploma in Teacher Education was approved by the National Council for Teachers' Training, Bangalore. This training will ensure more employment opportunities to the visually and orthopaedically Differently Abled persons.
- **Diploma in Medical Laboratory Technology** - The orthopaedically and hearing Differently Abled persons can undergo this training at Government Medical Colleges at Chennai, Salem, Madurai, Tirunelveli, Thanjavur and Trichy.

- **Free Computer Training Course** - the Orthopaedically Handicapped, Hearing Impaired and Visually Handicapped Persons can undergo the training at Computer Institutes so as to get placements in Small Scale Sector and Private Sector. This six month training programme is given in all districts and also in the Regional Centre of National Institute for Visually Handicapped, Poonamallee at Chennai. A stipend of INR 300 per month is given to the Trainees.
- **Training to the Visually Handicapped (Male)**-Free training in the Trades of Fitter cum Basic Machine Operator (One year), Book Binder (One year), Cutting and Tailoring (One year) (women only, With free Boarding, Lodging and free supply of two sets of Uniforms).
- **Training to the Adult Blind Women**-Training is imparted to the destitute visually handicapped women at the Government Rehabilitation Home at Poonamallee, with Sheltered Workshop, in the following trades: Handloom Weaving, Chalk Making. Free Boarding and Lodging facilities are provided also provided. Training period is 6 months.
- **Training to the Speech and Hearing Impaired (Male)**-Training is given to speech and Hearing Impaired persons in Government I.T.I., Guindy in the trade of Fitter. The duration of training is two years. Stipend at the rate of INR 300 per month will be given.
- **Unemployment Allowance to the Visually Handicapped**-Unemployment allowance is given at the following rates to the unemployed visually handicapped persons: Below Matric INR 300 per month, Higher Secondary Course INR 375 per month and Degree and above INR 450 per month.
- **Self Employment subsidy to the disabled persons**-Loan is recommended to the unemployed Disabled persons who are willing to start their self employment ventures. The Government subsidy is released to the disabled persons to whom provisional loan was sanctioned at the maximum of INR 3,000 or 1/3 of the sanctioned loan amount, whichever is less. Subsidy for setting up of a Bunk Stall is 1/3rd of the loan amount subject to a maximum of INR 5,000.
- **Award for the Visually Handicapped Students**-Visually Handicapped students who secure first three ranks in 10<sup>th</sup> standard and 12<sup>th</sup> Standard at the District Level and at the State Level with Tamil as medium of instruction are given special awards. Besides the incentive, expenses on higher education within Tamil Nadu will be borne by the State Government.
- **Assistance for corrective surgery for persons affected by Polio and Spinal cord injured persons**-The Orthopaedically handicapped persons (Exclusively polio affected and spinal cord injured) can undergo corrective surgery to enable them to carryout their activities of daily living as well as to walk and carryout their work freely. This scheme helps rehabilitate the poor persons affected by these diseases in rural areas. The medicines are procured and supplied by district social welfare department.
- **Government Institute for the mentally challenged**-The mentally challenged children are given free special education, training, food, uniform, boarding and lodging facilities. The children are also imparted training daily living skills.
- **Free supply of Braille Books**-Braille books are distributed free of cost to all Visually Handicapped students studying in Government and Recognised Private Schools.
- **Reservation of Teaching Posts in Educational Institutions for Visually Handicapped**- Two percent of the teaching posts are to be filled up with Visually Handicapped persons.
- **Reservation of Jobs in Government Departments / Government Undertakings**- Three percent of jobs in Government Departments / Government Undertakings has been exclusively reserved for disabled persons (1% each for visually handicapped, Speech and hearing impaired, and locomotors disabled).
- **Three percent Reservation of seats in Educational Institutions**- Three percent of the total seats in Government and Government aided educational institutions has been allotted to the disabled (1 percent each to visually handicapped, speech and hearing impaired, and locomotors disabled respectively).
- **Reservation of non-teaching posts in educational institutions for Speech and Hearing Impaired Persons** - Two percent of the non-teaching posts in Government/ Educational Institutions are earmarked for Speech and Hearing Impaired persons

- **Assistive devices for disabled persons (Separate Scheme of State Government similar to ADIP) -**  
Under this scheme State government is providing following aids:
  - Tricycles are given free of cost to the deserving orthopaedically handicapped persons for their easy mobility.
  - Wheel Chairs are given free of cost to the needy identified and deserving orthopaedically handicapped and Paraplegic persons for their easy mobility.
  - The Hearing Impaired persons are given hearing aids with Solar Rechargeable Batteries free of cost to enable them to interact with the other people in the society.
  - Goggles and Folding sticks are being distributed free of cost to needy Visually Handicapped persons to enable them to walk freely and independently as well as to protect from sunlight and moisture.
  - Braille watches are distributed free of cost to the working visually impaired persons to enable them to reach work place in time.
  - Physiotherapy exercise is provided to the needy orthopaedically Differently Abled persons either prior to surgery or after surgical correction. Physiotherapy exercise will also be given to other type of orthopaedically handicapped persons who do not require any surgery.
  - Callipers and Crutches are given free of cost to the needy and deserving orthopaedically handicapped persons for their easy mobility.
  - Artificial limbs are provided to the amputees free of cost.
  - Motorised Tricycles (Invalid Carriage) are provided free of cost to severely orthopaedically Differently Abled Students. Subsidy of 30% of the cost of motorised cycle or INR 10,000 whichever is less, are provided for severely Orthopaedically Handicapped working disabled persons.
  - Modular Functional Artificial Limbs (Modular Trans tibial Prosthesis) are provided free of cost for orthopaedically handicapped students.
- **Marriage Assistance to normal persons marrying Visually Handicapped Persons-** Marriage assistance is given to normal person who marries a Visually Handicapped person. Total assistance is INR 20,000-10,000 is given in the form of National Savings Certificate and INR 10,000 in cash towards marriage expenses along with a certificate of appreciation.
- **Marriage Assistance to normal persons marrying Orthopaedically Handicapped Person-** Marriage assistance is given to normal person who marries an orthopaedically handicapped person. Total Assistance is INR 20,000, of which INR 10,000 in the form of National Savings certificate and INR 10,000 in cash towards marriage expenses.
- **Marriage Assistance to normal person marrying Speech and Hearing Impaired Person-** Marriage assistance is given to normal person who marries a Speech and Hearing Impaired person. Total Assistance is INR 20,000, of which INR 10,000 in the form of National Savings Certificate and INR 10,000 cash towards marriage expenses.
- **Maintenance Allowance to Severely Disabled Persons-** Maintenance allowance is given at the rate of INR 500 per month to the severely disabled persons who cannot be rehabilitated by any other assistance. The Allowance is sent as Money Order to their native place itself.
- **Free Travel Concession to the disabled persons in State owned transport corporation buses**
  - All Visually Handicapped persons are given travel concession to travel up to 100 Kms (to and fro) without any condition.
  - Travel concession is allowed to Mentally Retarded persons to travel with one escort. There is no income ceiling for Mentally Retarded persons to avail this facility.
  - The Speech and Hearing impaired and Locomotors disabled persons are given free travel concession up to 100 Kms to go to schools / colleges / hospitals / training centres / work spot from their residence and return. The income limit is INR 12,000 per annum.
  - The Visually Handicapped/ Orthopaedically Handicapped persons are permitted to travel in State Express Buses once in a year to go to their native places and return.



- In addition to the above concession, the Visually Handicapped and Orthopaedically Handicapped Persons are permitted to travel throughout the State by paying 25% of the cost of the ticket and thereby availing 75% of the cost of the ticket as concession. The maximum number of trip allowed is 4 in a year.
- **National Identity Card for the Disabled Persons**-National Disability Identity Cards is issued by District Disabled Rehabilitation Officers based on the Disability Certificate.
- **Early intervention centre for Infant Young Children with Hearing Impairment** -Infants and young children with Hearing Impairment are given training to develop Speech and Language skills so as to get integrated into Normal School by the time they attain the age of 5 years.
- **Registration of complaints under Persons with Disabilities Act, 1995**- State Commissioner for the Disabled will register complaints made by disabled persons against any individuals / institutions who act against disabled persons. In order to ensure implementation of the provisions of the Persons with disabilities Act 1995, in favour of the disabled persons, the enquiry will be conducted.
- **Appointment of Guardians to special categories of disabled persons under the National Trust Act, 1999**- Persons above the age of eighteen who are affected with Autism, Cerebral Palsy, mental retardation and multiple disabilities and who are not in a position to take any decision can under the National Trust Act 1999 appoint a Guardian to look after their welfare, after the demise of their natural parents.
- **Early intervention centre for the Mentally Retarded Children** - Early Intervention Centres for Mentally Retarded Children have been established in all the districts of Tamil Nadu to benefit 50 Children in each district. These Centres have been established through NGOs. The main objective of these centres is to identify Children with Mental Retardation and children with allied Disabilities at birth and to provide Early Intervention services including early detection and identification (0-6years), with support and training to parents and families to facilitate rehabilitation of the mentally Differently Abled persons.
- **Homes for the Mentally Retarded Above the Age of 14 Years**- Homes for the mentally Differently Abled have been established through the Non Governmental Organisations in the seven Districts of Tiruvallur, Kancheepuram, Dindugal, Madurai, Coimbatore, Tirunelveli and Tiruchirapalli to benefit 50 Mentally Retarded Persons. The main Objective of the Scheme is to provide shelter and support through Vocational Training Programmes to mentally retarded persons above the age of 14 years.

**Assistance to Disabled Persons for Purchase/Fitting of Aids and Appliances (ADIP)** scheme in Tamil Nadu is to assist the needy Differently Abled persons in procuring durable sophisticated and scientifically manufactured, modern, standard aids and appliances that can promote their physical, social and psychological rehabilitation by reducing the effects of the disabilities and enhance their economic potential. The scheme is implemented through NGOs, registered charitable trusts and National Institutes etc. District Disabled Rehabilitation Officers recommends the proposals along with inspection reports to the Special Commissioner for the Disabled. Special Commissioner for the Disabled in turn recommends and forwards the proposals to the Ministry for the purpose of Grant-in-aid.

Field investigation for the evaluation of the implementation of the ADIP scheme in Tamil Nadu was conducted in the districts of Theni, Erode and Madurai. The implementing agencies in these districts during the reference period were:

- National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD), Chennai
- S.M. Rehabilitation Trust, Madurai
- Indian Association for the Blind, Madurai
- Narayana Sewa Sansthan, Rajasthan
- R.B.Charitable Trust, Salem

Interviews of official of Department for the Welfare of the Differently Abled Persons at State level, District Disabled Rehabilitation Officer at district levels, Directors of NGOs and beneficiaries, non-beneficiaries and care takers of the Differently Abled persons in the respective districts were done as part of the evaluation.

## 17.2 Overview of Scheme since its Inception

Various surveys conducted from time to time have made it clear that India has a very large number of disabled persons. Many of them come from low-income groups. Disability restricts their opportunities for leading functionally productive lives. From the application of modern technology, there have emerged a number of aids, which can reduce the effects of disabilities and enhance the economic potential of the disabled. However, large numbers of disabled persons are deprived of the benefits of these appliances because of their inability to find funds to purchase them.

In the light of the Government's growing concern on helping Differently Abled persons and in bringing the aids and appliances within their reach, it has been decided to continue the ADIP Scheme and modify it in such a way that it becomes more user-friendly and the needy are not deprived of aids/appliances, which are essential for their social, economic and vocational rehabilitation. If they can, thereby, become earning members they would be much closer to achieve economic self-dependence and also be able to live and pursue their activities with dignity.

## 17.3 Process of Implementation of the Scheme

Implementing agencies are selected on the basis of the guidelines given by the Ministry of Social Justice and Empowerment. The Implementing Agencies submits their proposal to the District Disabled Welfare Officer (DDWO's). The DDWOs forward them after they have conducted inspection by committee members. Committee consists of District Revenue Officer in the respective district and District Revenue Officer from an another district who evaluates whether the organisations have professionally qualified staff, technical expertise, infrastructure facilities and linkages with the fitment centres of ALIMCO and District Rehabilitation Centres to the State commissioner for disabled. Finally State Commissioner for disabled forwards the proposal to the Ministry of Social Justice and Empowerment.



Sample check of 5 to 10% has been ensured for monitoring the implementation of the scheme. District Disabled Welfare Officer does the monitoring in their respective districts to ensure the quality of appliances and plugging the leakage of the funds.

ADIP camps are organized in two phases, first identification and assessment camp and the second distribution camp. In the identification camp the above said team makes a complete assessment of persons with disabilities for recommending suitable aids & appliances. During the identification Implementing Agencies usually sets up five departments for making discipline wise assessment viz., Speech and Hearing, Locomotor, Mental Retardation, Visual Impairment and Counselling. Once the person enters into the camp site he/she gets registered by general registration section and then guided to the departments with his registration slip for assessment. During the assessment, the professionals assess the functional level of the persons with disabilities and accordingly recommends for suitable aids & appliances.

The persons who are eligible to receive the materials are given green card mentioning his/her registration number and type of aids & appliances recommended to the persons besides the date of distribution of the materials. The persons with disabilities are advised to bring this card on the date of distribution for receiving the materials.

In the distribution camp as per the ADIP norms, Implementing Agencies makes registration in the 19 columns register with the photograph of individual of the person who is receiving the aids and appliances. Besides this, the concerned faculty also explains to the beneficiaries about the method of using the materials and maintenance of the materials. For the Teaching & Learning Materials, distributed to children with Mental Retardation and Multiple Disabilities, the materials are supplied with user manuals and explanation by the faculty on how to use the materials effectively to make the child learn and play with the materials. The following materials are supplied by the Implementing Agencies:

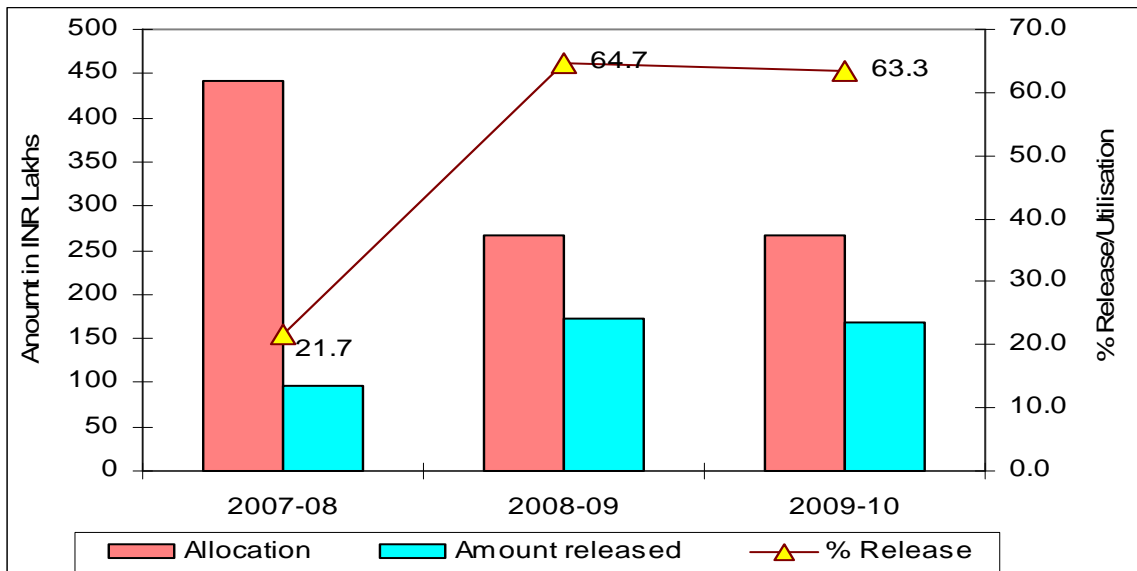
- For Locomotor disability:
  - Tricycle
  - Wheel Chair
  - Auxiliary Crutches
  - Elbow Crutches
  - Walking stick
  - Walkers, Tripod walkers
  - Knee brace
  - Cervical collar
  - All types of fabricated Prosthetic and Orthotic materials including modifies shoes.
- For Persons with Hearing Impairment:
  - All types of pocket model hearing Aids (Extra strong, strong, moderate, mild)
  - Two Solar batteries with solar charger
  - One ordinary battery for immediate use
- For Persons with Visual Impairment:
  - C.D cum Cassette player (for students who are studying in 10<sup>th</sup> standard and above)
  - Braille kit
  - Braille slate
  - Abacus
  - Folding cane
  - Braille watch
  - Signature guide
  - Magnifier with light
- For Children with Mental Retardation:
  - Teaching Learning Materials as per the following age group: 0-3 years, 4-6 years, 7-10 years, 11-14 years, 14 years and above.
- For Children with Multiple Disabilities:
  - Corner Chairs
  - C.P. Chairs
  - Standing Frame
  - Teaching & Learning materials as per the age group
  - In addition any materials, as per the requirement of the child as mentioned above.



### 17.4 Financial Performance

It was observed that a total of INR 976.36 Lakh was allocated for Tamilnadu during the reference period (2007-10) out of which only INR 437.69 Lakh was released which is about 45% of the fund allocated. It is evident from that the amount released for Tamilnadu State significantly gone up during year 2008-09 and then slightly decreased during year 2009-10. On asking for reason of such a sharp decrease, State level officials reported that they forward almost all the applications which they receive from the district level authorities however; they said that they are not in a position to comment on release of funds as release of fund is the function of the central government.

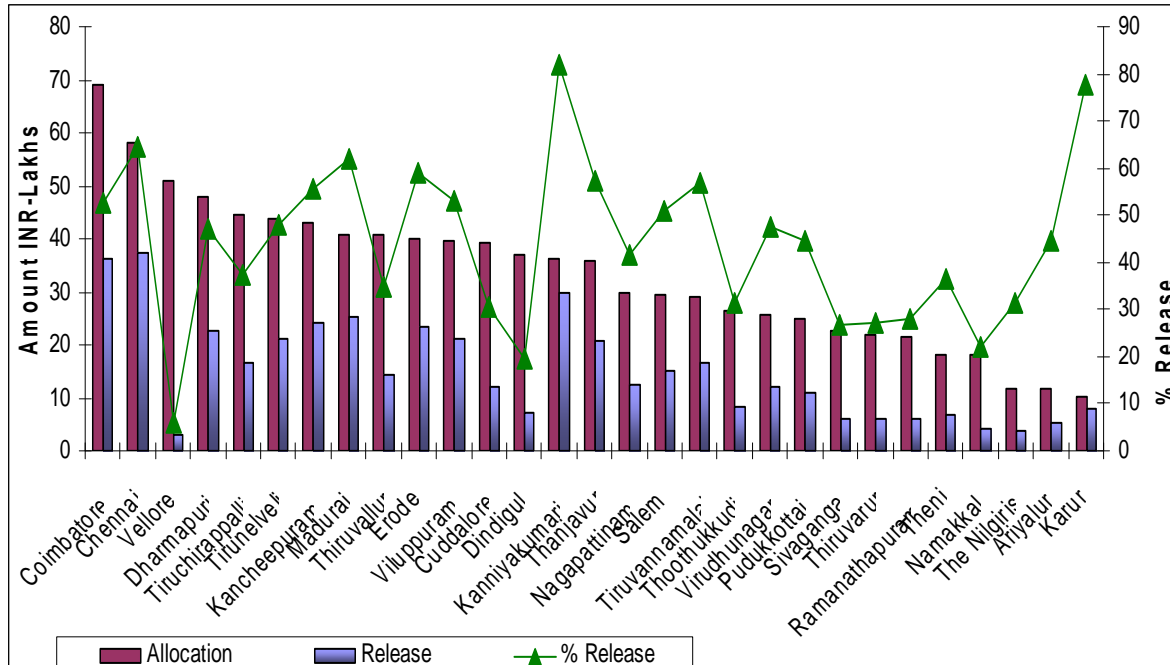
Figure 17.1: Comparison of Allocation and Release of ADIP Fund during reference period (2007-10)



Source: Ministry of Social Justice & Empowerment

Looking into district level comparison we could see that fund has been released to all the 30 districts of Tamil nadu and fund release was more or less similar to different districts in terms of amount. However, Coimbatore and Chennai are among those districts who have received highest proportion of fund i.e. between 7- 8% of total fund release to the State during the reference period (Figure 17.2).

Figure 17.2: District wise Comparison of Allocation and Release of ADIP Fund during reference period (2007-10)



Source: Ministry of Social Justice & Empowerment

It was observed that the fund that has been released to the implementing agency has been totally utilised by them and implementing agencies have also submitted Utilisation Certificate for the funds utilised directly to the Ministry. However, no such reports have been submitted to district or State level. Thus, local Government authorities (district & State) are not in a position to monitor the scheme during its implementation. The only possibility of monitoring comes into picture when the same implementation agency submits application/proposal for funding to next financial year at the district level office and with their proposal they are also submitting last years details including Utilisation Certificate.

### 17.5 Physical Performance of the Scheme

It is evident from the above mentioned graph that about INR 99.16 Lakh has been allocated to the three selected districts named Theni, Erode and Madurai and INR 55.38 Lakh has been released which only 55.8% of the fund is allocated. As per data provided by the implementing agencies, during the reference period 799 Differently Aabled have been provided benefit. Out of these 799, our team has contacted 133 beneficiaries as per the sample decided for this evaluation.

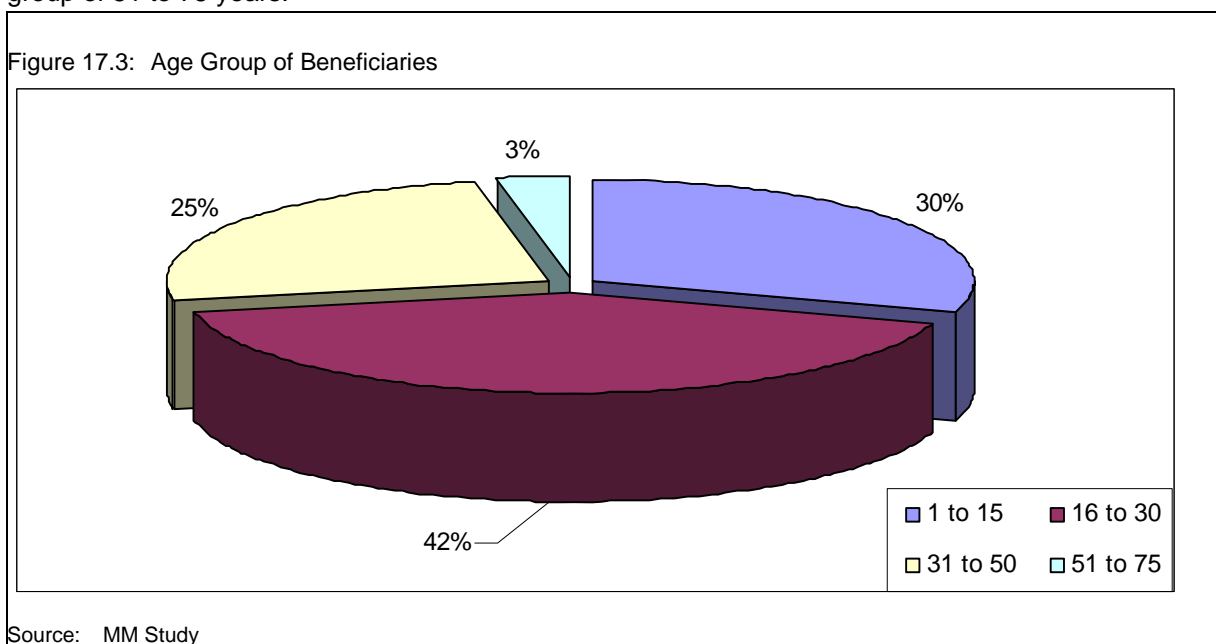
Looking into physical performance it is evident that about INR 5,545 has been spent for one differently person which is slightly on the lower side as per beneficiary benefit as per guideline should not go beyond INR 6,500 and 20% of the total fund can only be used as operational cost.

## 17.6 Physical Verification of the Scheme

### 17.6.1 Profile of the Beneficiaries contacted

#### 17.6.1.1 Age Group of Beneficiaries

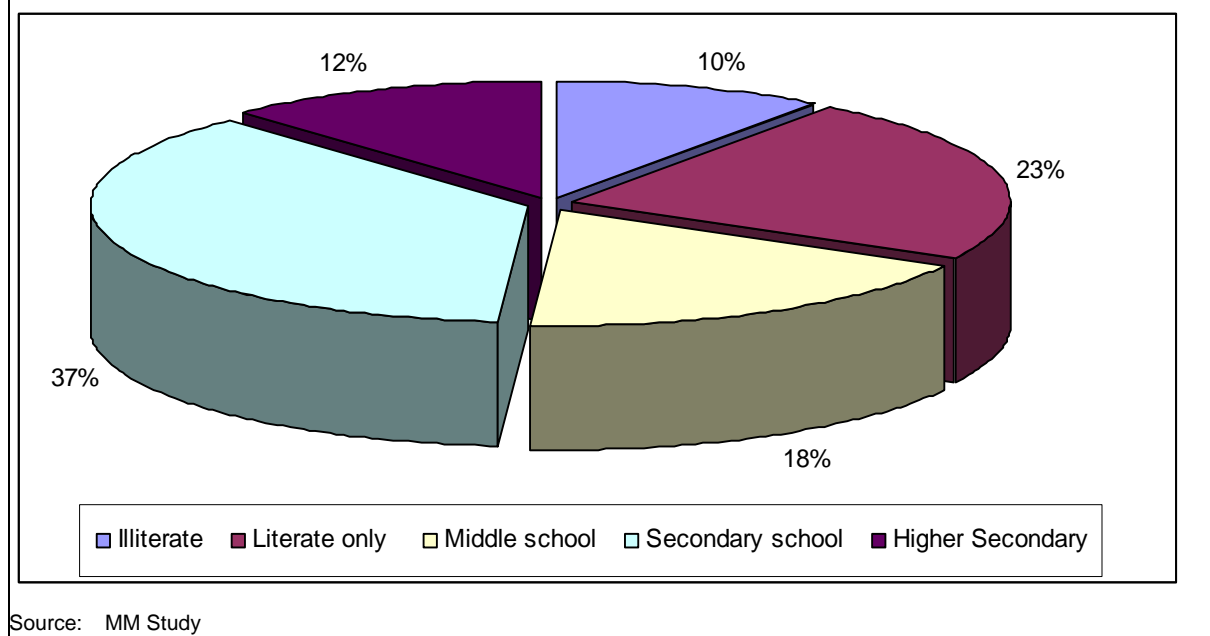
From the above chart, our field study reveals that nearly 30% of the beneficiaries come under the age group of 1 to 15 years, 42% of the beneficiaries come under age group of 16 to 30 years, 25% of the beneficiaries come under the age group of 31 to 50 years and remaining 3% of the beneficiaries come under the age group of 51 to 75 years.



#### 17.6.1.2 Literacy Level

In all, 10% of the beneficiaries contacted are illiterate, 23% of the beneficiaries are literate only with no formal education, 18% of the beneficiaries have completed their middle school education, 37% of the beneficiaries are at the level of Secondary school literacy and remaining 12% of the beneficiaries have done Higher Secondary education.

Figure 17.4: Literacy Level of the Beneficiaries



### 17.6.1.3 Monthly Income of the Head of the Household

In Tamilnadu It was found that majority of the head of the household of all the beneficiaries had a income range of INR 1001 to 2000 which is 50.4%, followed by 49.6% from the income of group of INR 2001 to 3000 per month.

Table 17.1: Monthly Income of the Head of the Household (in %)

Income group	All beneficiaries Combined
INR 1001- 2000	50.4
INR 2001 – 3000	49.6
INR 3001 – 5000	0.0
INR 5001 – 10000	0.0
More than INR 10001	0.0
Not working	0.0
Total	100

Source: MM Study

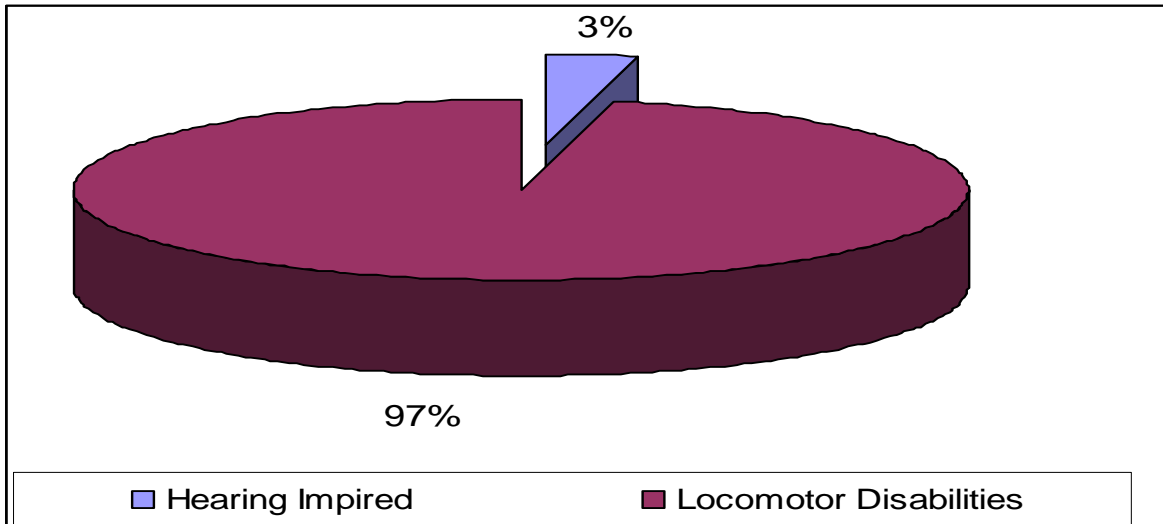
### 17.6.1.4 Type of Disability

In all, 97% of the beneficiaries interviewed were from the orthopaedically disabled category. And remaining 3% beneficiaries covered under the study fall under the category of Hearing Impaired.

Amongst those with locomotors disability, 59% of the beneficiaries are affected by illness, 34% of the beneficiaries are affected by accident and remaining 7% of the beneficiaries are affected by congenital problems.

Artificial limbs were provided to 64% of the beneficiaries, 29% of the beneficiaries were provided tricycles, 2% of the beneficiaries have been provided Tricycle and Wheelchair, 2% of the beneficiaries have been provided callipers and 3% of the beneficiaries have been provided walking frames.

Figure 17.5: Types of disability

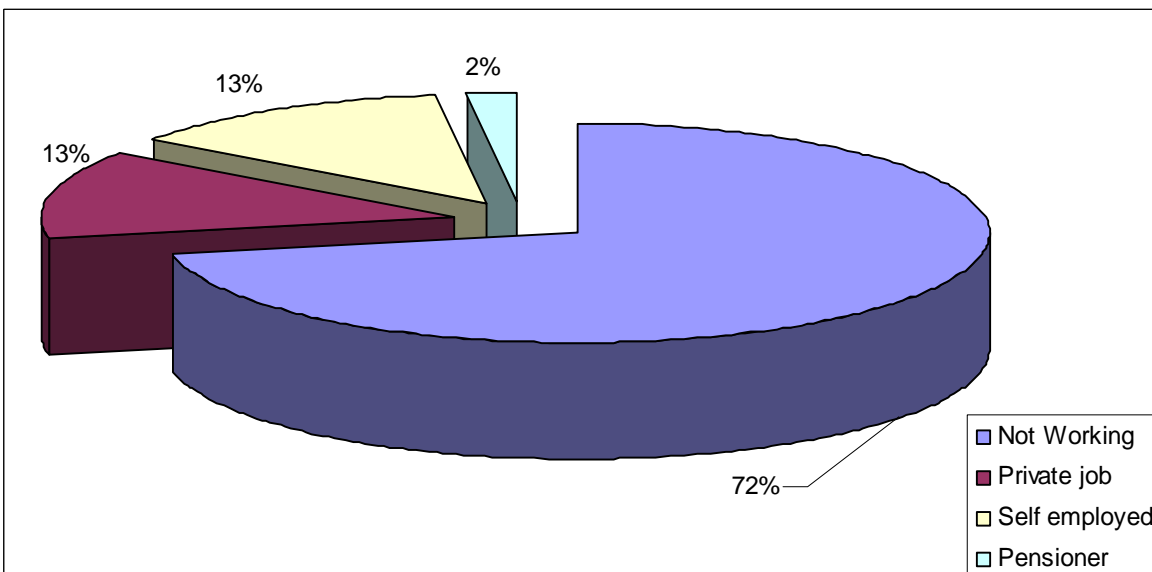


Source: MM Study

#### 17.6.1.5 Employment Status of beneficiaries and his/her Guardian

Nearly 72% of contacted beneficiaries are unemployed, 13% of the beneficiaries are self-employment, while another 13% of the beneficiaries are working as private employees and remaining 2% of beneficiaries are pensioners.

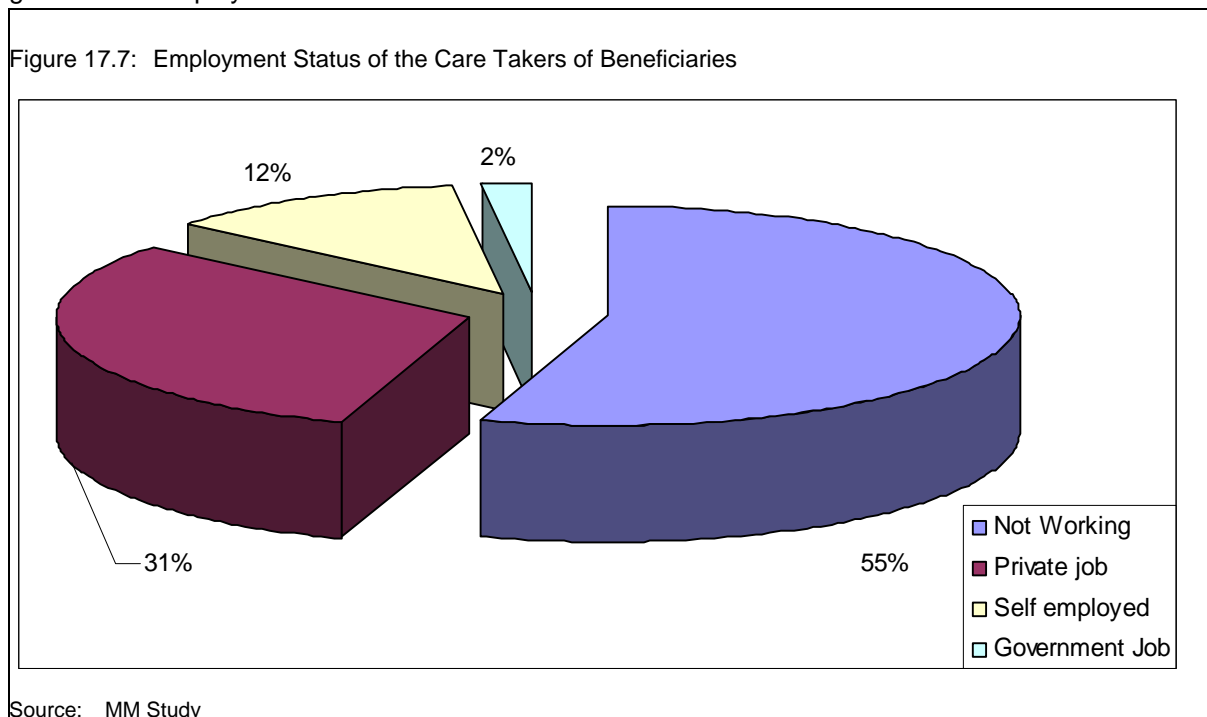
Figure 17.6: Employment Status of the Beneficiaries



Source: MM Study

### 17.6.1.6 Income Distribution of care takers of Beneficiaries

It was observed that nearly 55% of the guardians of the beneficiaries contacted are not working. About 12% of them are self employed, 31% are working as private employees and remaining 2% of guardians are government employees.



### 17.6.1.7 Nature of disabilities of the Beneficiaries

During the survey it was found that the main cause of disability of the beneficiaries was congenital it points towards a strong indication of hereditary diseases. However the other major cause of the disability was illness and accidents causing various physical impairments.

Table 17.2: Nature of disabilities of the beneficiaries(Percentage wise)

Type of Disability	Hearing	Locomotor
Congenital	50.0	35.1
Illness	50.0	7.0
Accidental	0.0	57.9
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 17.6.1.8 Reaction of Society

From the table it can be concluded that societies approach towards the hearing disability has more acceptance than locomotors disabilities. However majority of the people have been very cooperative and treated physically challenged person with same equality as that of a normal human being.

Table 17.3: Reaction of society(in %)

Whether society have behaved adversely due to disability	Hearing	Locomotor
Yes	0	54.4
No	100.0	45.6
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 17.6.1.9 Reaction of Society towards the Beneficiaries

From the table it can be inferred that the acceptance of physically challenged persons is still a problem, although the acceptance is very high for people with hearing disability but only half of population has shown compassion toward locomotors challenged person, a very small percentage of people have shown a rude behaviour towards locomotors impaired persons.

Table 17.4: Reaction of Society towards Differently Abled (in %)

Type	Locomotor
Empathetic	52.5
Rude	11.9
Disregard	35.6
<b>Total</b>	<b>100</b>

Source: MM Study

#### 17.6.1.10 Awareness regarding ADIP Scheme

From the table it can be inferred that around half of the Locomotor Beneficiaries (51.7%) had prior information about the ADIP scheme but all the beneficiaries of hearing had prior information regarding the ADIP scheme.

Table 17.5: Prior Information regarding ADIP Scheme(in %)

Prior Information regarding ADIP Scheme	Hearing	Locomotor
Yes	100	51.7
No	0	48.3
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 17.6.1.11 Source of Information

From the table it can be concluded that most of the respondents were aware of this scheme, majority of people came to know about this scheme through NGO, Newspapers, relative and friends.

Table 17.6: Source of Information regarding the ADIP scheme(in %)

Types	Locomotor
TV	10
Radio	0
Newspaper	50.8
NGO	50.8
Relative/Family /Friend	49.2
Others	30.5
Multiple response	

Source: MM Study

#### 17.6.1.12 Awareness regarding the type of Appliances obtained

It is very much conclusive from the table that all the beneficiaries were aware of the appliances being provided as a part of the ADIP Scheme.

Table 17.7: Awareness regarding the type of Appliances obtained(in %)

Whether the beneficiaries are aware of the appliances provided?	Hearing	Locomotor
Yes	100	100
No	0	0
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 17.6.1.13 Source of information regarding the appliances

Form the table it can be deduced that maximum beneficiaries got information regarding their appliances from different sources but the major source was DDRRC.

Table 17.8: Source of information regarding the appliances(in %)

Source of Information	Hearing	Locomotor
District Disability Rehabilitation Centre	100	90
Composite Regional Centre	0	0
Doctor	0	2
Relatives	0	0
others	0	8
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 17.6.1.14 Financial aid for Appliances

Major financial aid was provided by NGOs. Other agencies DDRRC, ALIMCO contributed in very low percentage. It was also found that there were small percentage of beneficiaries who did not receive any financial aid and they had to spend from themselves for obtaining the appliances.

Table 17.9: Financial aid for appliances(in %)

Source of financial aid	Hearing	Locomotor
District Disability Rehabilitation Centre	0	15.2
Composite Regional Centre	0	0
Artificial Limbs Manufacturing Corporation	0	1.
State Handicapped Corporation	0	0
Other State level Bodies	0	0
NGO	100	81.4
Self	0	1.7
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study



#### 17.6.1.15 Number of times the aid have been obtained

It can be easily deduced from the table that all the beneficiaries obtained the aid or the appliances mainly once or twice and very little percentage of beneficiaries have obtained these aids/appliances more than twice.

Table 17.10: Number of times the aid have been provided (in %)

No Of Times	Hearing	Locomotor
1 to 2 times	100.0	91.5
3 to 5 times	0	5.1
More than 5 times	0	3.4
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 17.6.1.16 Literacy Level of the Head of the Household

During the survey it was found that majority of the Heads of the Household were literate having education from middle school to higher secondary level. However a small percentage of the head of the family (particularly for locomotor disability) was found to be illiterate.

Table 17.11: Literacy level of the head of the family (in %)

Types	Hearing	Locomotor
Illiterate	0	10.2
Literate only	0	23.7
Middle School	50.0	16.9
Secondary School	0	39.0
Higher secondary	50.0	10.2
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 17.6.1.17 Dependency of family members on the Disabled Person

A substantial percentage of the family members of the locomotor were dependent on these beneficiaries. However, in case of Hearing beneficiaries no family member was dependent on these beneficiaries.

Table 17.12: Dependency of family members on the disabled person (in %)

Anyone dependent on the disabled person?	Hearing	Locomotor
Yes	0	83.1
No	100	16.9
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 17.6.1.18 Number of Dependent Persons

From the table it can be inferred that there were many members in the family who were dependent on the beneficiaries. Mainly there were two to three members who were dependent on these beneficiaries.

Table 17.13: Number of dependent person (in %)

Total number of dependents	Locomotor
2	16.3
3	61.2
4	20.4
6	2.0
<b>Total</b>	<b>100.0</b>

Source: MM Study

#### 17.6.1.19 Place of Application for the appliance under ADIP Scheme

Majority of the application for obtaining the appliances from ADIP scheme was made to DDRC followed by NGOs.

Table 17.14: Place of Application for the appliance under ADIP Scheme (in %)

Table Heading Left	Hearing	Locomotor
District Disability Rehabilitation Centre (DDRC)	50	60
NGO	50	40
<b>Total(Multiple answer)</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 17.6.1.20 Time taken for obtaining the appliances after Application

From the table it can be concluded that most of the appliances for Locomotor Beneficiaries obtained under ADIP scheme reached the beneficiaries till the fitment of the appliance. Only a very high percentage of hearing respondents said that they obtained their appliances immediately.

Table 17.15: Time Taken for obtaining the appliances after application (in %)

Time Frame	Hearing	Locomotor
Till Surgery	0	1.8
Till the Fitment of Appliances	0	61.8
Immediately	100.0	36.4
<b>Total</b>	<b>100</b>	<b>100.0</b>

Source: MM Study

#### 17.6.1.21 Type of Device Obtained

From the table it can be inferred that many of the beneficiaries obtained hearing aids and other assistive as appliances to enhance the condition of their day to day life. A percentage of Locomotor Disabled Beneficiaries underwent corrective surgeries as well.

Table 17.16: Type of device obtained (in %)

Type of Device	Hearing	Locomotor
Hearing aid	100	0
Corrective surgeries done	0	28.8
Clutches and Wheelchairs	0	81.2
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 17.6.1.22 Time Since the availability and usage of appliance obtained under ADIP Scheme

It can be clearly deduced from the table that majority of the appliances were made available to the beneficiaries within 12 months of time.

Table 17.17: Time Since the availability and usage of appliance obtained under ADIP scheme (in %)

Time frame (in month)	Locomotor
3	3.3
5	10
6	30
7	10
8	16.7
9	6.7
10	20
12	3.3
<b>Total</b>	<b>100</b>

Source: MM Study

#### 17.6.1.23 Time taken to adapt the Appliance

During the survey finding it was found that majority of the beneficiaries took maximum of 2-3 months to get equipped with the appliance however some respondents even took 2 to 12 months to get equipped with the appliances.

Table 17.18: Time taken to adapt the appliance(in %)

Time taken	Hearing	Locomotor
1	50	0
2	10	0
3	10	3.3
4	10	0
5	10	10
6	0	30
7	10	10.0
8	0	16.7
9	0	6.7
10	0	20.0
12	0	3.3
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 17.6.1.24 Annual Maintenance cost of the Aid

During the survey it was observed that the beneficiaries did not have to spend any money for repairing the appliances they obtained ranging from INR 150 to 2000.

Table 17.19: Annual maintenance cost of the Aid (in %)

Maintenance cost (in INR)	Locomotor
150	6.2
200	1.7
300	11.5
400	9.6
500	19.2
600	13.5
700	1.9
800	1.9
900	1.9
1000	5.8
1100	1.9
1200	11.5
1300	1.9
1400	1.9
1500	1.9
1700	5.8
2000	1.9
<b>Total</b>	<b>100</b>

Source: MM Study

## 17.7 Impact of Scheme on Beneficiaries

It has been observed from the field that the implementation of the scheme is limited to camps and distribution of aids and appliances to a great extent. A little or no follow up is done. There is no emphasis given to the livelihood skill development of the beneficiaries, as a result effective social reintegration and financial empowerment is not made possible. The aids and appliances have greatly impacted the mobility aspect of the beneficiaries. The aim of physiological rehabilitation has been fulfilled to a great extent. It has indirectly been beneficial to some of them as they could do some work for a living. The increased mobility in some cases decreased their dependency on the care takers and the other family members, providing them more mobility and freedom for work. Provision of TLMS to children who have been affected by the mental disabilities has resulted in the improvement of their learning skills.

It is also learned from the field that provision of aids and appliances has not resulted in much significant change in the attitude of the society towards them.

### 17.7.1 Qualitative changes experienced after fitment of equipments under ADIP Scheme

Changes have been brought to the life of the beneficiaries under the ADIP Scheme. The benefits obtained during the ADIP scheme helped them to increase their mobility and also helped them to perform their daily work independently.

Table 17.20: Changes brought to the life of the beneficiaries under ADIP Scheme (in %)

Benefits	Hearing	Locomotor
Increase Mobility	0	44.1
Continuation/resumption of study of work	100.0	76.3
Decrease in dependency on others for daily chores	50.0	81.4

<b>Benefits</b>	<b>Hearing</b>	<b>Locomotor</b>
Total independency in performing daily chores	50.0	64.4
Got married /engaged	0	33.9
Found Job/Livelihood	50.0	79.7
Total (Multiple answer)		

Source: MM Study

#### 17.7.2 Whether Beneficiaries feel that their standard of living has improved or not

From the table it can be concluded that there is an improvement of the life standard after obtaining the appliance or aid. A small percentage of people did not find any change in their life.

Table 17.21: Impact of Scheme on Beneficiaries Life-improved standard of living (in %)

<b>Suggestions</b>	<b>Hearing</b>	<b>Locomotor</b>
Yes	100.0	96.5
No	0	3.5
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 17.7.3 Whether received any significant change in the reaction of society after getting equipped with the aids/appliances

During the survey it was observed that the respondents did not have to face the same disgraceful situation after improving their life condition and they did not see change in behaviour of the people.

Table 17.22: Change in the reaction of the society after obtaining the appliances (in %)

<b>Changes observed</b>	<b>Hearing</b>	<b>Locomotor</b>
Yes	100	88.9
No	0	11.1
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 17.7.4 How far Disabled People are Rehabilitated

As far as the success of the Project is concerned in rehabilitating the physiological condition of the physically impaired beneficiaries majority of the beneficiaries were adequately satisfied.

Table 17.23: Proportion of Differently abled Rehabilitated (in %)

<b>Types of rehabilitation</b>	<b>Hearing</b>	<b>Locomotor</b>
Completely/Fully	0	15.3
Satisfactorily/adequately	100	50.8
Average	0	32.2
Poorly	0	1.7
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 17.7.5 Quality of Aids provided and their Performance

Information collected from the field suggests that, most of the implementing agencies are procuring appliances through quotations from the organisation for procuring some aids like Tricycles, Crutches etc. All the appliances are in good condition with ISI standard, some IAs are procuring Wheel chairs and Callipers from the ALIMCO (Artificial Limb Manufacturing Corporation of India). The National Institute produces some of the appliances it distributes to the beneficiaries. The RB trust produces tricycles in their own plant.

### 17.8 Capabilities of Implementing Agencies

#### 17.8.1 National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD)

Established in 2005, it is the first of its kind in the entire Asian Continent. This institute was inaugurated on 07<sup>th</sup> July, 2005. This institute provides Physiotherapy, Occupational Therapy, Prosthetic & Orthotic Material Development Unit and Sensory Integration services, and started separate unit for Rehabilitation Psychology, Special Education, Speech Hearing & Communication, Adult Independent Living, Community Rehabilitation & Programme Management, Early Childhood Special Education, Cerebral Palsy and Additional Disabilities, Deaf blind, Autism with Additional Disabilities, Family Cottage Services, Co-Curricular Activities and Special Education Centre for persons with Multiple Disabilities. This Institute completed a research study, entitled "Enabling Early Detection and Prevention of Disabilities - Report of an Impact Study Conducted in Tamil Nadu". The study was conducted in the districts of Coimbatore, Salem, Dharmapuri, Krishnagiri, Erode, Namakkal and Nilgiris in Tamil Nadu comprising of 200 samples.

#### 17.8.2 Narayan Sewa Sansthan (Trust)

Established in 1985 in Udaipur of Rajasthan by Dr. Kailash Manav, Narayan Sewa Sansthan is a non-profit service oriented voluntary registered organisation committed to the all round development and rehabilitation of the disabled particularly the polio affected and those born with disabilities. This trust organizes aids and appliances distribution camps at various places where tricycles, wheel chairs, hearing aid instruments, crutches and other appliances are distributed. The organization has a local office in Chennai for the purpose of fund raising and does not have any other operations in the State.



#### 17.8.3 S.M. Rehabilitation Trust

Based in Madurai, SM Rehabilitation Trust is a non-profit, non-government organization, registered in 1993, under the Indian Trusts' Act of 1882 with the mission of serving for the welfare of the Disabled people. Through community based rehabilitation programmes, this trust provides material and technical support for the persons with Disability. This trust has been implementing AIDS Prevention Awareness Program, Road Safety Awareness Program, Consumer Awareness Program, Coordinated Action on Adult Education in Sarva Siksha Abhyan [SSA], Vocational Training Program on IGP Trade, Free Notebooks & Books for poor Students, Assistance for marketing of non-farm produce produced by rural women Evening Tuition Centre Program, Self-Help Groups (SHGs) Evils of Drugs and Alcoholism and De-Addiction Counselling and Treatment, Community Health Center, Self-Help Groups (SHGs) and also organize aids and appliances distribution camps at various places where tricycles, wheel chairs, crutches and other appliances are distributed.

#### 17.8.4 Indian Association for the Blind (IAB)

This organization based in Madurai since its inception in 1985 has rehabilitated more than 6,000 visually challenged girls, boys, men, women and families making them self reliant and in addition enabling them to support their families. Currently there are 324 students pursuing their educational and vocational aspirations in their school. This trust also provides Telephone Operator Cum Call Centre Training, Stenography Cum computer Training, Chair Canning & Tailoring. This trust also has a Computerised Braille Press and Recording Studio and also distributes CD player, Braille books free of cost to the visually impaired students.



#### 17.8.5 R.B Charitable Trust

This trust is based in Selam, Tamil Nadu. It conducts Awareness camps, Assessment camps and distribution camps with DDRC and Rotary Club of the respective districts for ADIP Scheme.

Our field study reveals that all the visited implementing agencies have submitted Beneficiaries List, Utilisation Certificate, Audit Reports and 5% or 10% Test Check etc. to the Ministry after the completion of projects in their respective districts.

#### 17.9 Types of services provided as Care after fitting of Aids

Our field study reveals that most of the beneficiaries were maintaining the appliances/aids at their own cost. Some of the Implementing Agencies are getting the default appliances/aids from beneficiaries and sending it to the concerned centres of production.



#### Case Study

The team met five mentally Differently Abled students K. Amsaveni, B.Murugesan, S.Nandhini, N.Vinod Kumar and S.Sivadeepan and their care takers Mr. Krishnamoorthy, Mr. Balasubramanian, Mr.S.Sivalingam, Mr. Nallasamy, and Mr.Singaravelan at the Kongu Arivalayam Educational Trust, Thindal in Erode district of Tamil Nadu. The age group of the mentally disabled students ranges between 10 to 16 years. National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD) had provided Teaching Learning Material kits to the mentally Differently Abled students under the ADIP Scheme. Kongu Arivalayam is providing training on Eating, Dressing, Grooming, Toileting, Receptive Language, Expressive Language, Reading, Writing, Numbers, watching time, Money identification and counting, Domestic Behaviour, Community Orientation through the learning and training material kits to their mentally disabled students and they are preparing Behavioural Profile through the Madras Developmental Programming System from the 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> term basis assessment of the students. And also they are preparing evaluation chart for An in Blue and B in Red colour marked for easily identify the student's activities development process. So, all the caretakers told us their children have shown considerable development with the help of Teaching Learning Materials given by the NIEPMD.

#### 17.10 Issues & Constraints

- Delay in getting funds from the Ministry. Separate funding required forming a team of experts to provide some training, related to livelihood, to the beneficiaries.
- Information to be reached to the needy people
- Some NGOs Headquarters are located in other districts of Tamil Nadu or outside Tamil Nadu where they are implementing the ADIP scheme in fund allotted districts of Tamil Nadu. Funds should be allotted only to NGOs having offices in the district of implementation.
- The implementing agencies have not given much attention for the appliances once provided, most of the beneficiaries have no idea of the fact that the cost of maintenance can be reimbursed from the Implementing Agency.
- Amount eligible per patient are not sufficient to meet the increased cost of the appliances.
- Hearing aids provided were of poor quality, often get spoiled or damaged.
- Political pressure for the distribution of appliances to the beneficiaries.

#### 17.11 Recommendations

- As per our field study the following suggestions are put forwarded by the IAs
- The Application process should be online; it will save time for the process of application and will be more convenient for users.
- Competition arises for the implementation of the ADIP scheme since there are more than one implementing agency in some cases.
- Recurring Grants-in-aid should be given to NGOs every year from ADIP Scheme.
- Local NGOs must be promoted for easy access to local disabled community.
- Release of grant to local NGOs for more transparency and accountability.



# 18. State Report of Andhra Pradesh

## 18.1 Overview of Scheme since its Inception

Established in 1981, Andhra Pradesh Handicapped Persons Finance Corporation is first of its kind in the country, with specific programmes for the benefit of the Physically Handicapped persons. It provides share capital by the government from the funds allocated for Physically Handicapped in the Plan budget of 1980-81. In the year 1981, the corporation was renamed as Andhra Pradesh Vikalangula Co-operative Corporation.

The objectives of the corporation are supply of prosthetic and mobility aids, supply of educational aids to individuals and institutions, impart training in various technical, non-technical and rural vocational trades, organizing employment generation, production units with assured market for products, Grant loans to disabled persons interested in self employment schemes and providing services for early detection, and simultaneously treatments.

The following schemes and activities are being implemented for the welfare of the disabled persons:

- **Scholarships to Disabled students studying in parametric classes-** Students having 40 percent and above disability who are studying in class I to X and whose annual parental income does not exceed INR 100,000 are being sanctioned scholarships.
- **Scholarships to disabled students studying in post-matric classes-** Under this scheme, scholarships are sanctioned at the following rates per month; i.e the disabled persons having deformity of 40 percent and above, are only eligible for the sanction of scholarships, whose parental annual income does not exceed INR 100,000. This scholarship can be applied online i.e. through Social Benefit Management System.
- **Reader charges for Visually Handicapped students-** Reader charges are sanctioned to the totally blind whose parental annual income does not exceed INR 100,000 for engaging a reader at INR 30 per month for SSC exam (for 5 months) and at INR 60 per month for all other academic courses (for 5 months), competitive and entrance exams (for 7 months).
- **Economic Rehabilitation-** Financial assistance to the extent of 30 percent of the unit cost with a maximum limit of INR 3,000 is sanctioned as subsidy to the Differently Abled persons, whose disability is 40 percent and above, and to whom the bank loan is sanctioned and whose parent's/guardian's income does not exceed INR 100,000 per annum, towards starting of self employment schemes for their livelihood.
- **Marriage Incentive Awards-** To encourage marriages between disabled and normal persons, an incentive award of INR 10,000 will be sanctioned to either of the spouse if normal person marries a disabled person.
- **Hostels & Residential School for disabled-** Hostels for Differently Abled students and residential school for visually handicapped students.
- **Special Recruitment Drive-** The Government of Andhra Pradesh has launched special recruitment drive for Differently Abled persons duly following triplication of rule of reservation, i.e. 1:1:1 to visually impaired, hearing impaired and orthopaedically handicapped in all government establishments.
- **Kasturba Gandhi Balika Vidyalaya-** Kasturba Gandhi Balika Vidyalaya has been sanctioned for the hearing handicapped girl children.
- **Construction of Hostels-** Hostels for orthopaedically handicapped were functioning for school going parametric boys and girls.
- **Surgical Corrections-** The surgical correction is being undertaken with the coordination of Balaji Institute of Research and Rehabilitation to the disabled.

- **Software for Assessment of Disability for Access Rehabilitation and Empowerment (SADAREM)-**  
The Govt of Andhra Pradesh has introduced and has taken up a prestigious programme, i.e. Software for Assessment of Disability for Access Rehabilitation and Empowerment (SADAREM) for screening and assessing the degree of disability which requires an assessment software objective, scientific, verifiable and based on certain parameters in assessment process the same is under progress.

## 18.2 Process of Implementation of the Scheme

The primary objective of the ADIP Scheme is to organise composite rehabilitation camps for persons with disabilities for distribution of aids and appliances to help them to successfully establish themselves in the mainstream of the society.

Agencies who implemented ADIP Scheme during the reference period in the sampled district are the following:

1. Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur
2. National Institute for the Mentally Handicapped, Secundrabad
3. Ravi Cherla Integrated Development and Education Society

They have been selected according to the guidelines of the Ministry. The procedures involve conducting the assessment first, followed by distribution of the aids and appliances to the Differently Abled persons identified during the assessment camp. The main objectives of distribution camps are:

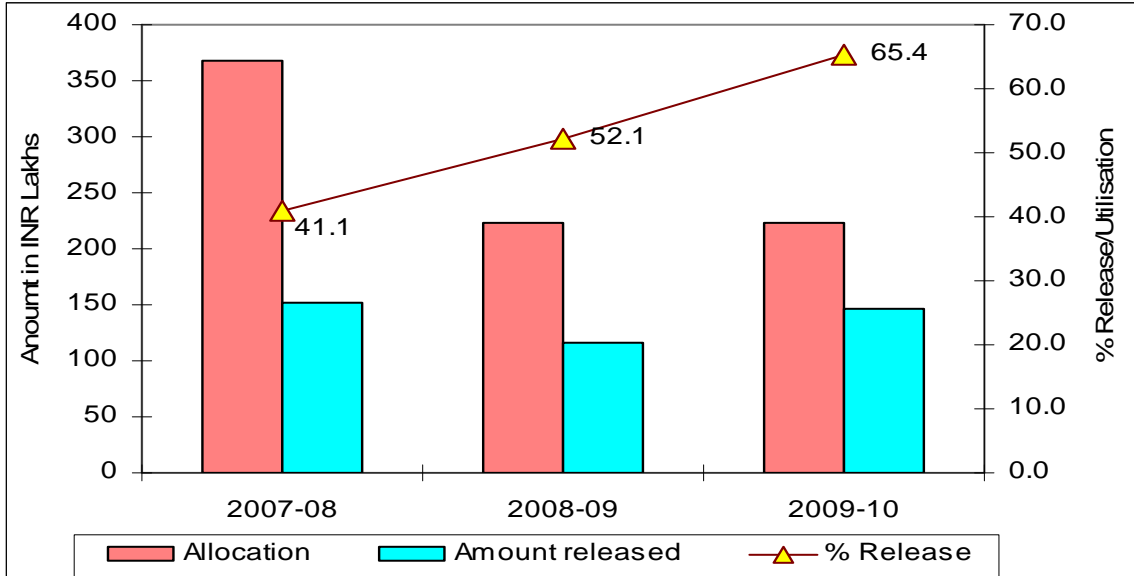
1. To fit the appropriate aids and appliances
2. Training in the use of aids and appliances
3. Maintenance and upkeep of aids and appliances
4. Guidance and counselling to parents/families on education and vocational aspects.

Both assessment and distribution camps are organised in such a way that the above objectives are fulfilled. For conducting the camp, appropriate technical staffs are outsourced from District Hospital, NGOs and other organisations by paying suitable honorarium. The camps are organized in such a way that the village in which it is done lie in a centre point to avoid long distance travels for the beneficiaries.

## 18.3 Financial Performance

It was observed that a total of INR 815.64 Lakh was allocated for Andhra Pradesh during the reference period (2007-10), out of which only INR 414.23 Lakh was released which is about 50% of the fund allocated. It is evident from Figure 18.1 that the amount released for Andhra Pradesh State has significantly gone up in last three years from 41% during 2007-08 to 65 percent during 2009-10; this is a very healthy sign of fund disbursement.

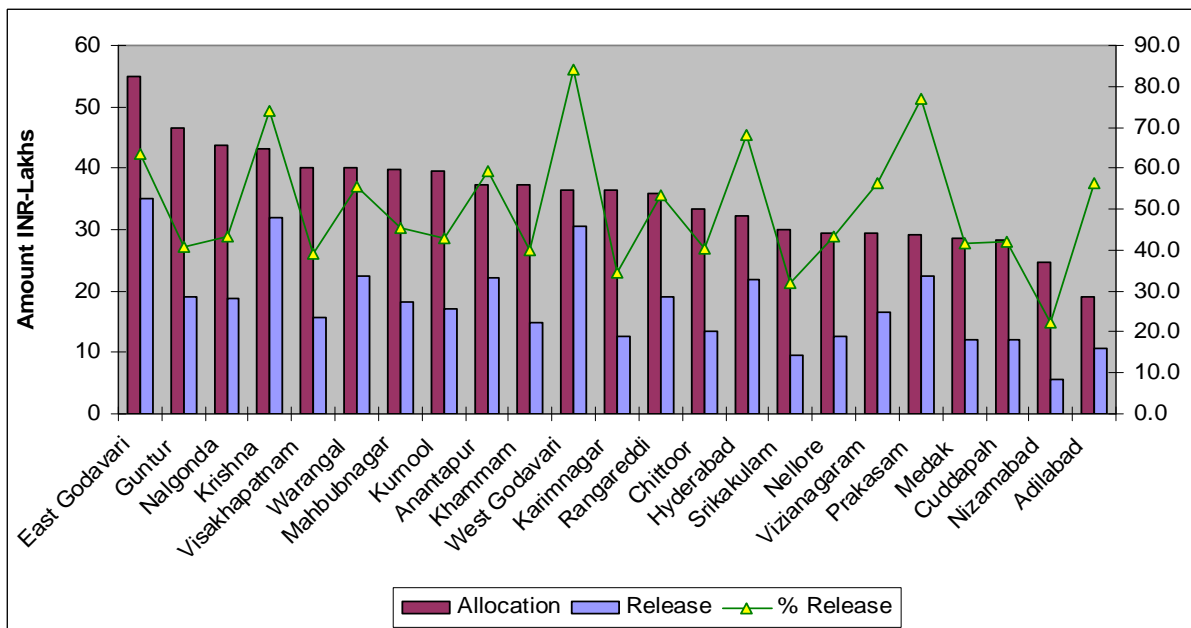
Figure 18.1: Comparison of Allocation and Release of ADIP Fund during reference period (2007-10)



Source: Ministry of Social Justice & Empowerment

Looking at district level comparison, we could see that fund has been released to all the 23 districts of Andhra Pradesh and fund release was more or less similar in different districts in terms of amount. However, East Godavari, Krishna and West Godavari are among those districts who have received highest proportion of fund i.e. between 7-8% of total fund release to the State during the reference period (Figure 18.2)

Figure 18.2: District wise Comparison of Allocation and Release of ADIP Fund during reference period (2007-10)



Source: Ministry of Social Justice & Empowerment

It was observed that the fund that has been released to the Implementing Agency has been totally utilised by them and Implementing Agencies have also submitted Utilisation Certificate for the funds Utilised directly to the Ministry. However, no such reports have been submitted to district or State level. Thus, local Government authorities (district & State) are not in a position to monitor the scheme during its implementation. The only possibility of monitoring comes into picture when the same implementation agency submits application/proposal for funding to next financial year at the district level office and with their proposal they are also submitting last years details including Utilisation Certificate.

#### 18.4 Physical Performance of the Scheme

It is evident from the above graph that about INR 105.13 Lakh has been allocated to the three selected districts named Nizamabad, Anantapur and Krishna and INR 59.61 Lakh has been released which 56.7% of the fund is allocated. As per data provided by the implementing agencies, during the reference period 1346 Differently Abled have been provided benefit. Out of these 1346, our team has contacted 127 beneficiaries as other addresses were found either wrong or beneficiaries were found shifted. Looking into physical performance it is evident that about INR 3,543 has been spent for one differently person which is on the lower side as per beneficiary benefit guideline, which should not go beyond INR 6,500 and 20% of the total fund can only be used as operational cost.

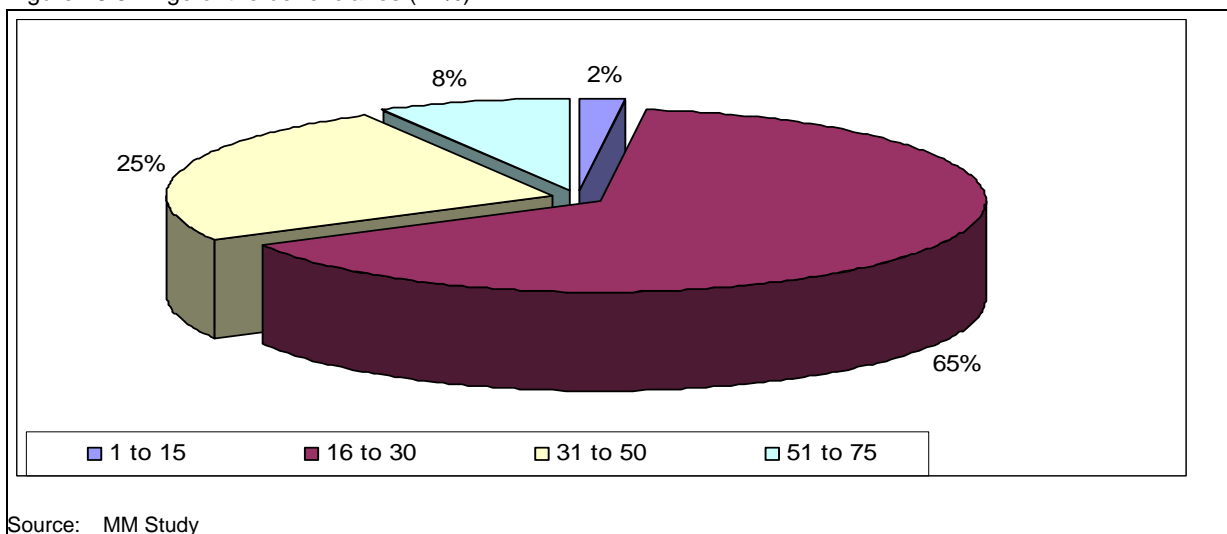
#### 18.5 Physical Verification of the Scheme

##### 18.5.1 Profile of the Beneficiaries contacted

##### 18.5.1.1 Age Group of Beneficiaries

As per our field survey 65% of the beneficiaries covered under the study were between the age group of 16 to 30 years, followed by 25% of the beneficiaries between 31 to 50 years, followed by 8% of them in the age group of 51 to 75 years and 2% of the beneficiaries between the age group of 1 to 15 years.

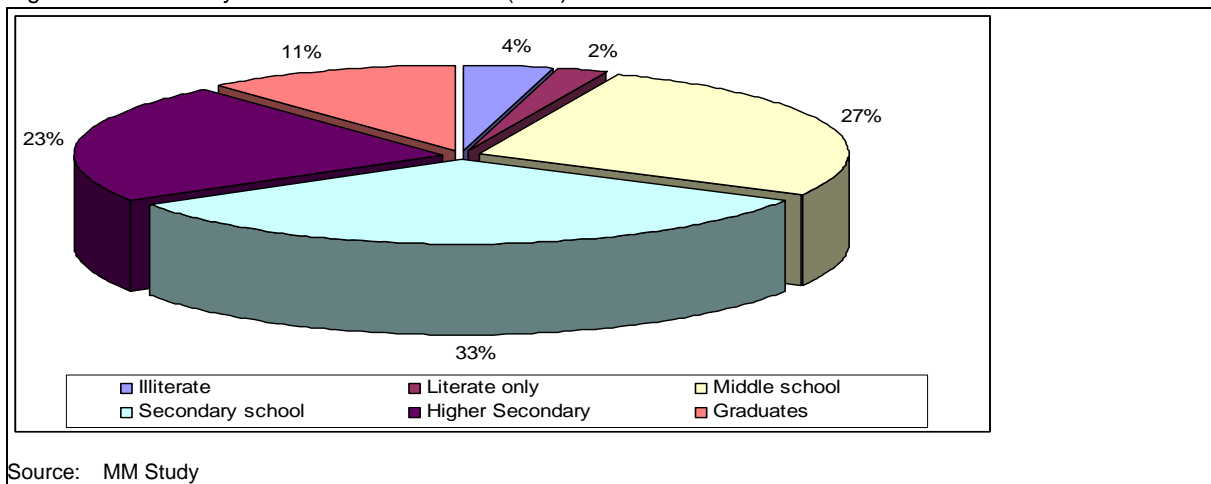
Figure 18.3: Age of the beneficiaries (in %)



### 18.5.1.2 Literacy Level

A considerable section of the beneficiaries (33%) have completed their secondary school, followed by 27% of them completing their middle school. Another 23% of the beneficiaries have completed higher secondary and 11% of them completed graduation. A total of 4% of the beneficiaries covered under the study were illiterate and 2% of the beneficiaries were literate only and never attended formal schooling.

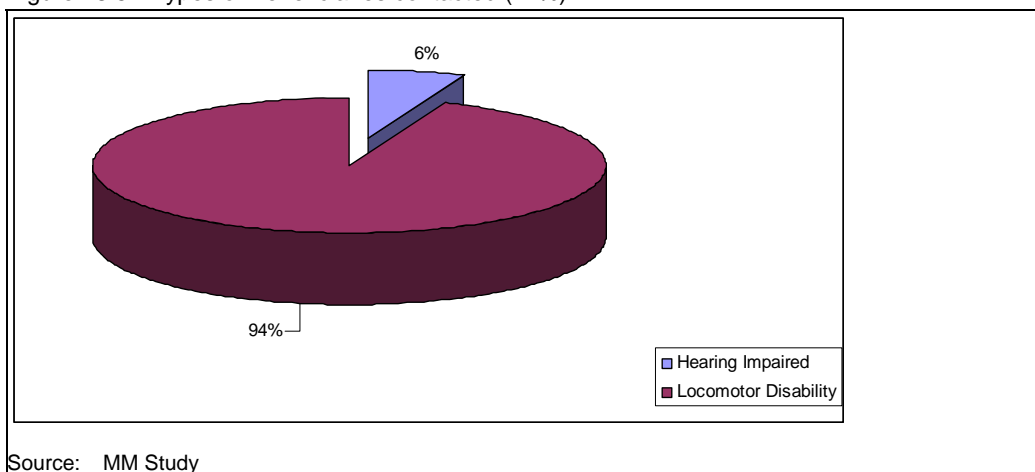
Figure 18.4: Literacy level of the beneficiaries (in %)



### 18.5.1.3 Type of Disability

Locomotors disability being the most prevalent in the State, the survey had representation of 94% of beneficiaries with Locomotors Disabilities followed by 6% of beneficiaries having hearing impairment.

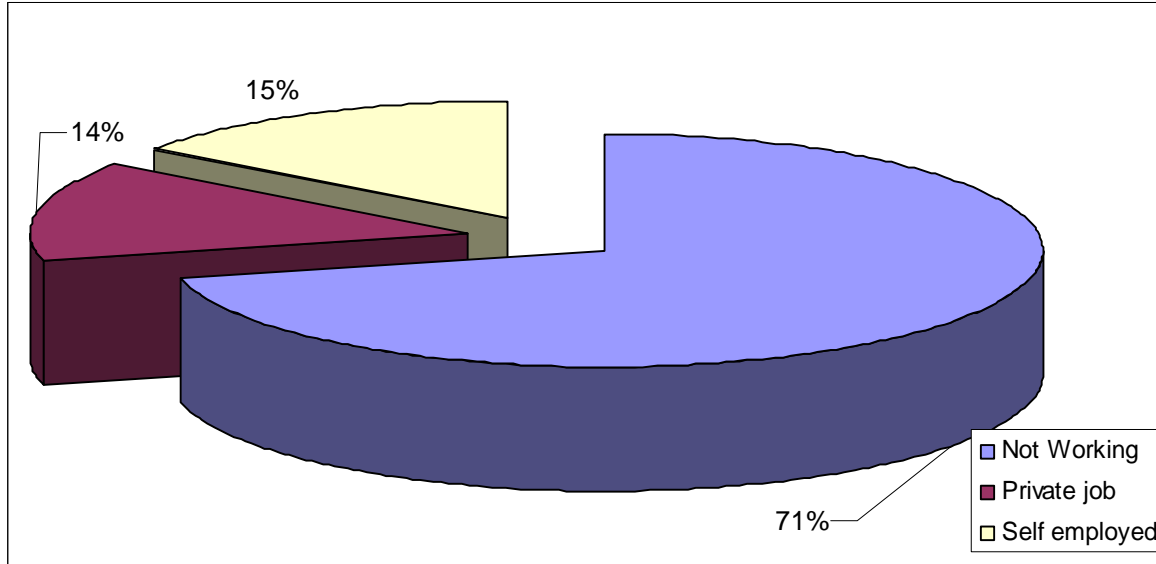
Figure 18.5: Types of Beneficiaries contacted (in %)



### 18.5.1.4 Employment Status of Beneficiaries and his/her Guardian

Only 29% of the contacted beneficiaries are employed, out of which 15% of the beneficiaries are self employed followed by almost 14% working with private employers; the remaining 71% are not working.

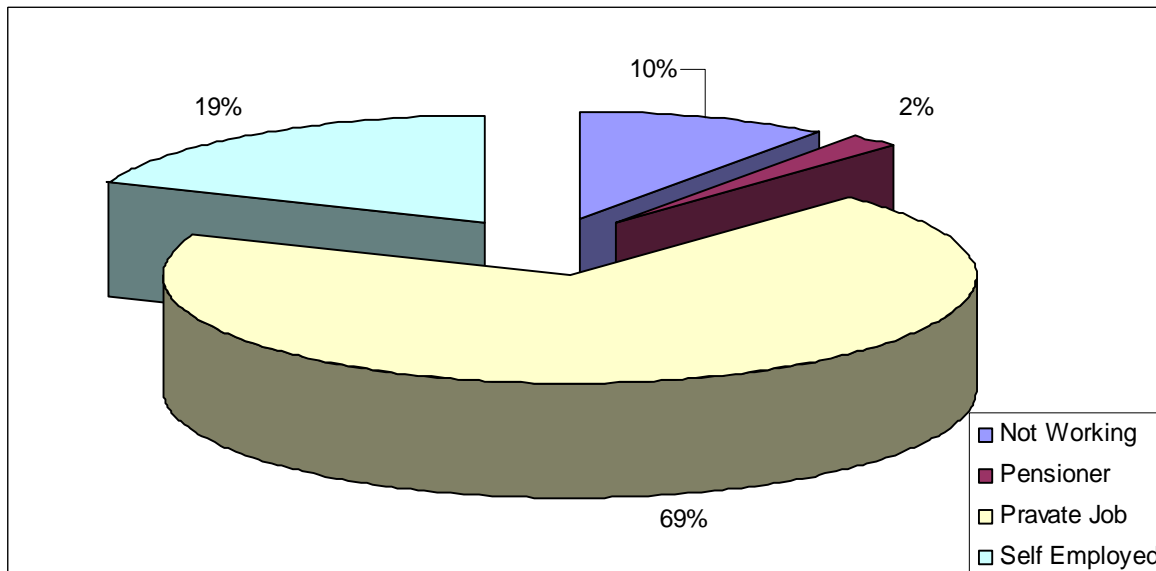
Figure 18.6: Employment Status of Beneficiaries (in %)



Source: MM Study

A total of 90% of the guardians of the Differently Abled Persons are employed; out of which almost 69% of them are in a private job followed by 19% self employed and the remaining 2% are the pensioners.

Figure 18.7: Employment Status of the Gurdians of te family (in %)



Source: MM Study

#### 18.5.1.5 Nature of disabilities of the Beneficiaries

During the survey it was found that the main cause of disability of the beneficiaries was Congenital this symbolises an inherited link of disease among the respondents. The other major causes of disability are being illness, followed by accidents.

Table 18.1: Nature of disabilities of the beneficiaries (in %)

Type of Disability	Locomotor	Hearing
Congenital	77.6	86.1
Accidental	4.1	0.0
Illness	18.4	13.9
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 18.5.1.6 Reaction of Society

From the table it can be concluded that society has been very compassionate toward this physically handicapped person rather than being rude and showing disgrace to this physically challenged persons.

Table 18.2: Reaction of society (in %)

Whether society have behaved adversely due to disability	Locomotor	Hearing
Yes	86.1	46.1
No	13.9	53.9
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 18.5.1.7 Type of Reaction of Society towards you

From the table it can be inferred that majority of the respondents had to face various disgraceful situation in the society due to their physical impairments. Most of the society looked upon these respondents with disregard as well as behaved rudely with them. However it was also observed that 20% of the society was very kind and compassionate towards this physically challenged person.

Table 18.3: Reaction of Society towards DA (in %)

Type	Locomotor	Hearing
Empathetic	20	40
Rude	20	20
Disregard	40	40
Discriminating	12	0
others	8	0
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 18.5.1.8 Awareness regarding ADIP Scheme amongst Differentially Aabled

From the table it can be inferred that in State Andhra Pradesh only 30% of the respondents were aware of the ADIP scheme in advance, whereas remaining 70% of the respondent were unaware of this scheme.

Table 18.4: Awareness regarding ADIP Scheme amongst Differentially Aabled (in %)

Prior Information regarding ADIP Scheme	Locomotor	Hearing
Yes	32.7	33.7
No	67.3	66.3
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 18.5.1.9 Awareness regarding the type of Appliances obtained

It is very much conclusive from the table that majority of the beneficiaries were aware of the appliances being provided as a part of the ADIP Scheme.

Table 18.5: Awareness regarding the type of Appliances obtained (in %)

Whether the beneficiaries are aware of the appliances provided?	Locomotor	Hearing
Yes	80	33.7
No	20	66.3
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 18.5.1.10 Source of information regarding the Appliances

From the table it can be deduced that most of the beneficiaries obtained information regarding their appliances from various NGOs. However it was also observed that information regarding the appliances was also obtained from District Disability Rehabilitation Centre and Artificial Limbs Manufacturing Corporation.

Table 18.6: Source of information regarding the appliances (in %)

Source of Information	Locomotor	Hearing
District Disability Rehabilitation Centre	30	20
Artificial Limbs Manufacturing Corporation	20	0
NGO	50	80
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 18.5.1.11 Year of obtaining Appliances

From the table below it can be concluded that the Beneficiaries obtained their appliances from 1997 to 2010. The percent distribution of appliances for various years is given in the table below. However majority of the appliances for locomotor disability were made available to the beneficiaries in the year of 2010.

Table 18.7: Year of Obtaining Appliances (in %)

Year	Locomotor	Hearing
1997	6.1	0
2000	2.0	0
2004	18.4	0
2005	10.2	0
2006	2.0	0
2007	22.4	60
2008	16.3	40
2010	28.6	0
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study



#### 18.5.1.12 Financial aid for Appliances

It can be derived from the table below that majority of the financial aid provided to the beneficiaries were from State handicapped corporation, whereas other agencies like District Disability Rehabilitation Centre (DDRC) and Composite Regional Centre (CRC) etc. did not make any contribution.

Table 18.8: Financial Aid for Appliances (in %)

Source of financial aid	Locomotor	Hearing
State handicapped corporation	98	0
Other State level Bodies	2	0
Self	0	0
<b>Total (Multiple Response)</b>	<b>100</b>	<b>0</b>

Source: MM Study

#### 18.5.1.13 Number of times the aid have been obtained

From the table it can be concluded that majority of the beneficiaries obtained their appliances only once or twice. However it has also been taken into account that some of the beneficiaries obtained their appliances even three or five times.

Table 18.9: Number of times the aid have been provided (in %)

No Of Times	Locomotor	Hearing
1 to 2 times	98	60
3 to 5 times	2	40
More than 5 times	0	0
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 18.5.1.14 Income Group of Beneficiaries and his/her Guardian

The beneficiaries are from very poor socio-economic backgrounds. They are mostly self employed and have limited or meagre earnings.

#### 18.5.1.15 Information regarding the Head of the Household

It has been observed that almost all the Beneficiaries who were physically challenged were not the head of the family. But 30% of the locomotor disabled beneficiaries who were physically challenged were found to be the head of the family.

Table 18.10: Whether Differently Abled is head of the family (in %)

Whether respondent is head of the family	Locomotor	Hearing
Yes	30	20
No	70	80
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 18.5.1.16 Literacy Level of the Head of the Household

During the survey it was observed that majority of the head of the family of the Locomotor Disabled beneficiaries were educated up to middle school which corresponds to 47%. It was also seen that about 31% of the head of the Household of the Locomotor Disabled Beneficiaries were illiterate. Very small Percentage of the head of the household of the beneficiary were educated up to graduate levels.

Table 18.11: Literacy level of the Head of the family (in %)

Types	Locomotor	Hearing
Illiterate	30.6	22.0
Literate only	14.3	10.0
Middle School	46.9	32.6
Secondary School	6.1	35.4
Higher secondary	0	0
Graduate	2.0	0
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 18.5.1.17 Monthly Income of the head of the Household

It was found that majority of the head of the household of all the Locomotor Disabled beneficiaries had a monthly income range of INR 2000 to 3000, which clearly indicates the low financial status of the families of the beneficiaries.

Table 18.12: Monthly Income of the head of the Household (in %)

Income Range	Locomotor	Hearing	Total
INR 1000 - 2000	10	5	9.4
INR 2001 – 3000	90	25	86.1
INR 3001 – 5000	0	35	2.3
INR 5001 – 10000	0	35	2.2
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 18.5.1.18 Dependency of family members on the Disabled Person

During the survey it was found that in about 61% of the Locomotor Disabled respondents conveyed that family members were dependent on them, whereas the remaining 39% did not have family members dependent on them.

Table 18.13: Dependency of family members on the Disabled Person (in %)

Anyone dependent on the disabled person?	Locomotor	Hearing
Yes	61.2	88.2
No	38.8	21.8
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 18.5.1.19 Number of Dependent Person

From the table it can be inferred that there were not many members in the family who were dependent on the beneficiaries. Mainly there was only one-two members who was dependent on these beneficiaries.

Table 18.14: Number of Dependent Person (in %)

Total number of dependents	Locomotor	Hearing
1	45.1	35.0
2	4.1	55.0
3	12.2	10.0
4	10.2	0
5	22.4	0
6	4.0	0
7	2.0	0
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 18.5.1.20 Place of Application for the appliance under ADIP Scheme

During the survey it was observed that majority of the beneficiaries made their application to District Disability Rehabilitation Centre (DDRC) for obtaining their appliances. The beneficiaries also made application to the NGOs and the State handicapped Corporation for obtaining their appliances.

Table 18.15: Place of Application for the appliance under ADIP Scheme (in %)

	Locomotor	Hearing
District Disability Rehabilitation Centre	49	45.0
Artificial Limbs Manufacturing Corporation	18.4	0
State Handicapped Corporation	30.6	35.0
Other State level Bodies	20.4	35.0
NGO	40.8	49.0
<b>Total (Multiple response)</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 18.5.1.21 Time taken for obtaining the appliances after Application

From the table it can be concluded that most of the appliances obtained under ADIP Scheme reached the Locomotor disabled beneficiaries immediately which signifies the efficiency of the NGOs and other agencies who were responsible for supplying the aid or the appliances to the beneficiary. The hearing disabled beneficiaries received the appliances till the fitment of appliances.

Table 18.16: Time Taken for obtaining the appliances after application (in %)

Time Frame	Locomotor	Hearing
Till Surgery	0	0
Till the Fitment of Appliances	10.2	100.0
Immediately	89.8	0
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 18.5.1.22 Type of Device Obtained

From the table it can be inferred that most of the beneficiaries obtained hearing aids and other assistive appliances to enhance the condition of their day to day life. However many also got corrective surgeries done.

Table 18.17: Type of device obtained (in %)

Type of Device	Locomotor	Hearing
Tricycles and crutches	80	0
Corrective surgeries done	20	0
Hearing Aid	0	100
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 18.5.1.23 Time Since the availability and usage of appliance obtained under ADIP Scheme

From the table it can be deduced that majority of the appliances were made available to the beneficiaries within three to five months.

Table 18.18: Time Since the availability and usage of appliance obtained under ADIP scheme (in %)

Time frame (months)	Locomotor	Hearing
1	12.0	0
2	10	18
3	40	22
4	11	40
5	25	20
11	2	0
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 18.5.1.24 Time taken to adapt to the Appliance

During the survey finding it was found that majority of the beneficiaries took maximum of two months to get equipped with the appliance. However few respondents even took seven months to get acquainted with the appliances.

Table 18.19: Time taken to adapt the appliance (in %)

Time taken (months)	Locomotor	Hearing
1	40	10
2	50	70
3	0	20
7	10	0
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 18.5.1.25 Annual Maintenance cost of the aid

During the survey it was observed that the annual maintenance cost of the appliances by the beneficiaries ranged from INR 200 to 1200. However majority of the beneficiaries had to spend INR 500 annually to repair the device they have obtained.

Table 18.20: Annual maintenance cost of the aid (in %)

Maintenance cost	Locomotor
200	2
300	24
400	22
500	34
600	4
700	8
800	4
1200	2
Total	100

Source: MM Study

## 18.6 Impact of Scheme on Beneficiaries

As per the objective of the scheme, the implementing agencies have assisted the needy Differently Abled persons by providing durable, sophisticated and scientifically manufactured, modern, standard aids and appliances that can promote their physical, social and psychological rehabilitation.

The scheme has reduced effects of disabilities and enhanced their economic potential. The scheme has covered large number of beneficiaries and has utilized the fund by providing quality appliances to the targeted poor on the basis of the Ministry guidelines. This has been ensured by a sample check mechanism which helps to monitor the quality of appliances provided to beneficiaries. The sample check mechanism is very effective and ensures quality control of appliances and plugging the leakages of funds.

Under the scheme various aids/appliances have been provided to the beneficiaries that help to reduce the effects of disabilities. Artificial Limbs, Wheel Chairs, Crutches and Walkers have greatly improved the mobility of the physically disabled beneficiaries. Similarly hearing aids and low vision devices have helped people with hearing & speech disability and visually disabled beneficiaries respectively to undertake the daily activities for their rehabilitation.

### 18.6.1 Quality Changes brought to the life of the Beneficiaries under ADIP Scheme

The below table suggests the changes that have been brought to the life of the beneficiaries under the ADIP scheme. The benefits obtained during the ADIP scheme helped them to increase their mobility and also helped them to perform their daily work independently and also helped them to get married.

Table 18.21: Changes brought to the life of the Beneficiaries under ADIP Scheme (in %)

Benefits	Locomotor	Hearing
Increase Mobility	65.3	30
Continuation/resumption of study of work	75	30
Decrease in dependency on others for daily chores	45	80
Total independency in performing daily chores	78	0
Got married /engaged	16.3	0
Found Job/Livelihood	51	0
<b>Total (Multiple response)</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 18.6.2 Whether Beneficiaries feel that their standard of living has improved or not

It can be concluded from the table that majority of the beneficiaries under this scheme were facilitated by the policies of the scheme and the scheme have improved their standard of living; however some of them found the scheme to be non beneficial for them.

Table 18.22: Impact of Scheme on Beneficiaries Life-improved standard of living (in %)

Suggestions	Locomotor	Hearing
Yes	83.0	80
No	17.0	20
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 18.6.3 Whether receive any significant change in the reaction of society after getting equipped with the aids/appliances

During the survey it was observed that the society have been very compassionate and kind toward these physically challenged persons. It was also observed during the survey that the neighbourhood people were very helpful and very much keen to help these physically challenged persons in their daily life.

Table 18.23: Change in the reaction of the society after obtaining the appliances (in %)

Changes observed	Locomotor	Hearing
Yes	60	80
No	40	20
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### Case Study

**Mr. Eraiah**, 65 years old residing in Dubah, Nizamabad district Andhra Pradesh is a physically disabled person following an accident 20 years ago. He has completed his middle school and was running a provision store little distance from his residence before he become disabled.

The disability affected his routine life by restricting his mobility. He couldn't walk or drive a tricycle from home to his shop. The disability also disrupted his work and he was dependent on his wife for daily chores. But he had to continue his work since he had to provide for basic needs to his family. Initially he was using a second hand crutch which he bought from his neighbour. Because of the disability he appointed a staff in his provisional store. Since it affected his profit he applied for an artificial limb below knee through District Disability Welfare Board, Nizamabad for his mobility from his residence to his shop. The beneficiary received the appliance through the District Disability Welfare Board, Nizamabad from the implementing agency Shri Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur in the period 2009-10 and now he is able to move around without any restrictions.

Now he is running the store on his own and earning around Rs.10,000/- per month. The beneficiary reported that he has no complaints about the quality of the appliance and informed his standard of living has improved after getting the appliance. He also said his mobility has increased; he could now continue his work and his dependency on others for his daily chores were decreased due to the fitment of the equipment under the ADIP Scheme. He is very satisfied with the appliance provided.

#### 18.6.4 How far Disabled People are Rehabilitated

As far as the success of the Project is concerned in rehabilitating the physiological condition of the physically impaired, majority of the beneficiaries were adequately satisfied.

Table 18.24: Proportion of Differently abled Rehabilitated (in %)

Types of rehabilitation	Beneficiary Locomotor	Hearing
Completely/Fully	28.6	0
Satisfactorily/adequately	69.4	100.0
Average	0	0
Poorly	0	0
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 18.6.5 Quality of Aids provided and their Performance

It was observed during the field study that the implementing agencies procure appliances through quotations as per the central government norms. The quality of the aids provided is good since the aids and appliances were procured from the reputed government accredited agencies like ALIMCO and from other credible organizations. There were no complaints regarding the quality of appliances like Wheel chair and Tricycles.

#### 18.6.6 Quality of Jaipur Foot, Jaipur HDPE Limbs and Jaipur Callipers

The Bhagwan Mahaveer Viklang Sahayata Samiti (BMVSS) uses Jaipur foot technology and does not use western technology. BMVSS is the parent organization for Jaipur Limbs including the Jaipur Foot Technology. In this technology, the sockets are custom fabricated according to the individual size of the patients, the Jaipur foot and knee joint are used in case the patient is an above knee amputee. For socket, there cannot be ISI specification and certification since it is custom fabricated. For Jaipur foot and knee joints there are no ISI specifications and certification.

***List of Beneficiaries Contacted under the scheme is attached as Appendix A***

### 18.7 Capacity of implementing Agencies

The lists of the Implementing Agencies in the allotted districts who have worked under the ADIP scheme are as below:

#### 18.7.1 The National Institute for the Mentally Handicapped

The National Institute for the Mentally Handicapped is a registered society established in the year 1984 as an autonomous body under the Ministry of Social Justice and Empowerment in Secunderabad. The institute is the apex body having tripartite functions of training, research and services in the field of mental retardation in the country.

The National Institute provides various services like Rehabilitation Management, Medical Services, Psychological Services, Education for special children, Vocational Training, Home based care with parents as partners, Consultancy and Technical Support to the Ministry and Documentation and Dissemination on information related to MH.

#### 18.7.2 Bhagwan Mahaveer Viklang Sahayata Samiti

■ Bhagwan Mahaveer Viklang Sahayata Samiti, Limb Centre, S.M.S. Hospital/Medical College, Jaipur is a non-governmental, voluntary, non-religious, non-sectarian, non-political society for helping the handicapped, particularly the resource less. It was set up in 1975 as one of the long-term human welfare projects. The main objective of the society is physical, economic and social rehabilitation of the physically handicapped, enabling them to regain their self-respect and human dignity as also to become normal and useful members of the community. The main emphasis of the society is on providing, artificial limbs and other rehabilitation aids, appliances, etc. to amputees, callipers, modified footwear and other rehabilitations aids/appliances to polio-affected and other disabled persons, hearing aids to persons who are hard of hearing, medicines and special shoes, etc to persons suffering from leprosy, various types of financial and other support for self-employment and economic and social rehabilitation of the handicapped, scientific and technical research in developing and improving aids and appliances for handicapped and also in other sectors related to disability. For artificial limbs, Jaipur Foot technology been adopted.



Besides providing artificial limbs, callipers and other help at Jaipur and other centres, the society also holds a large number of mobile camps every year in various parts of the country, where Artificial limbs, Callipers, etc. are manufactured and provided on the spot.

The agency has a local limb fitting office in King Koti hospital, Hyderabad.

#### 18.7.3 Ravicherla Integrated Development and Education Society (RIDES)

Ravicherla Integrated Development and Education Society (RIDES) was established in 1995, committed to Rural Health, Rehabilitation for people with disabilities, home for orphan children, environment protection and fight to prevent HIV/AIDS in rural villages. RIDES is a non-political, non-sectarian and non-profit making voluntary organization. RIDES is running clinic for HIV/ AIDS/ STD and other co-infection in rural areas conducting strong awareness campaign to prevent HIV/ AIDS/ STD, disability and running special school for Hearing Impaired.

During the last six years RIDES is running fitment centre for Persons with disabilities. It has provided callipers, artificial limbs, tricycles, wheel chairs & Hearing Aids to rural person with disabilities and conducted identification camps to assess percentage of disability, health problems and HIV Infection. Rehabilitation services to leprosy cured persons and vocational training programmes. It also manages a rehabilitation centre for L.C.P and Differently Abled persons.

#### 18.8 Types of services provided as Care after fitting of Aids

As per the field study, the Implementing Agencies which provide aids and appliances do replace devices that have completed their lives or got damaged. The Implementing Agencies have a mechanism in place to track the beneficiary to replace the aids and appliances which does not come with life time warranty or which has definite self life. The Implementing gencies have outreach staff in project area to take care of distributed aids



and appliances. Also follow up has been done through visiting register and also through a prestigious programme named SADAREM which was implemented by the Government of Andhra Pradesh. Devices that have problems will be replaced either in the local repairing and servicing centres or in the forthcoming camps. Field visits also been done once in a month and provides small repairs at doorsteps and if major repair is required beneficiaries are referred to the fitment centers. Trainings also have been given for the repairing for minor repairs.

### 18.9 Issues & Constraints

- Non availability of Grant in time. The fund should be released few months before the end of the financial year.
- Delay in supply of appliances.
- Non-availability of qualified technicians and lack of sufficient manpower.
- The present process of submission of proposal involves a lot of paperwork. If the process is computerized it will be easier.
- The allotment of fund is insufficient for providing assistance to all the beneficiaries. Fund allocation has to be enhanced to cover all the beneficiaries in the State.
- The Grants in Aid should be released in time. Proper allotment of fund at proper time.
- The maximum cost of appliances per person i.e. INR 6000 is very low, as more sophisticated instruments are more costly.

### 18.10 Recommendations

- The income limit for eligibility for aids/appliances has to be increased.
- There should be a single window delivery system. All the concerned district offices and local agencies should also be represented during the camps/assessments, so that the beneficiaries could get all the benefits at a time.
- A repairing centre in each district is to be made mandatory. Also need a mobile repairing centre to reach the beneficiaries residence and repair their appliances. This would ensure people with disabilities to get proper services that are accessible and affordable.
- The local NGOs must be promoted for easy access to local disabled community.

# 19. State Report of Gujarat

## 19.1 Overview of Scheme since its Inception

Directorate of Social Defence, Gujarat mainly works for the welfare of weaker section of society at large like orphan, destitute, neglected victimized or delinquent children, adult offenders, women who are victim of immoral traffic, disabled, destitute/divorcee/deserted widow women, aged and beggars. There are various schemes at State level. In all, 156 institutions are working for the welfare of disabled. The schemes at State level include **Scholarship to Disabled** students having annual family income up to INR 50,000, children studying in Std-1<sup>st</sup>-7<sup>th</sup> and percentage of disability is 40 percent and above and who have also obtain 40 percent or more marks in annual examination are given scholarship. Such students are given scholarship of INR 1000 annually. The Differently Abled students in 8<sup>th</sup> std. and above are given scholarship annually at the rate of INR 1500 to 5000. In the year 2008-09, scholarships of INR 388.50 Lakh were given to 30,687 Differently Abled students.

Under '**The Scheme for Prosthetic Aid and Appliances**', various aids/appliances are being provided to Differently Abled persons for their rehabilitation. The rate of financial assistance is INR 5,000. Differently Abled whose annual family income is less than INR 25,000 are provided assistance of INR 5,000 for purchasing tricycle, cycle, sewing machine, musical instruments, callipers, boots, crutches, hand-carts and computer repairing kit etc.

There is a scheme of '**Free Travelling in the State Transport Buses**'. Under this scheme, Differently Abled are provided free travel in State transport buses. For this purpose of 252101 persons were issued identity card. '**Polio Assistance**' is another scheme proving financial support of INR 3,500 to polio-affected children or person undergoing operation and for medicines appliances etc. This scheme is operated through non-governmental organizations.

'**Scheme of Assistance for Higher Vocational Education**' has a mandate to impart higher technical education to persons with disabilities. The Govt. of Gujarat has implemented this scheme for a person with disability and is provided INR 2,500 or 50 percent of the course fees which ever is lower. **Indira Gandhi National Disability Pension and Sant Surdas Schemes** provides financial assistance for the Differently Abled having severe disability, i.e, more than 80 percent and are living below poverty line. Under this scheme, the Differently Abled of the age group of 0-17 get INR 200 per month (from State fund) and age group 18-64 get INR 40 per month (out of which, INR 200 are from State fund) as economic support. In the financial year 2009-10, INR 1705 Lakh were spent for 43,092 Differently Abled persons.

Apart from the above mentioned programmes for the welfare of Differently Abled Persons, State Government is running **Community Based Rehabilitation Programme (Maharshi Ashtavakra Yojana)**, **12 District Disability Rehabilitation Centre (DDRCs)**, **Insurance Scheme for Differently Abled schemes**.

## 19.2 Process of Implementation of the Scheme

So far implementation of ADIP Scheme is concerned, NGOs are preparing the proposal in prescribed format with essential documents and submits the same to the Social Defence Officer (District Level Officer). After receiving the proposal, Social Defence Officer visits the project area and makes physical inspection of the project. In case they found the proposal satisfactory, they forward the same to the Director, Social Defence, Gujarat State with their recommendation for grant.

At State Level Office they compile all the proposals recommended by the district level office and then submits the same to to the Social Justice & Empowerment Deptt, New Delhi with necessary recommendations. The criterion relied upon for, recommend the name of NGOs (Implementing Agencies) is financial condition, experience of the work and reputation of NGO.

The Directorate of Social Defence scrutinizes/evaluates the proposals received from the districts and asks for clarification if required from the NGOs. After fulfilling all the requirements, Director, Social Defence prepares the list of eligible agencies according to new or running projects. Then the list along with the file put before the committee for review. After recommendation of committee for notional allotment proposal send to Ministry of Social Justice & Empowerment, New Delhi.

While appraising the application and allocating fund, Ministry of Social Justice & Empowerment do not inform the Directorate of Social Justice about the fund allocation. Thus, it becomes difficult for the monitoring of funds utilization, physical verification on sample basis (up to 10 percent) is carried out by the Social Defence Officer. This mechanism has been proven adequate in ensuring the quality control of appliances and plugging the leakages/pilferages of the funds, if any.

At the Implementing Agencies level, feedback to the district social defence officer is regularly and continually provided by way of submission of monthly, quarterly and yearly progress reports of the NGOs. The Implementing agencies as they receive funds organize 'melas' or camps in different parts of their implementation area. The beneficiaries are required to report in the camps to get assessed and be provided with aids and appliances if assessed as in need and found eligible according to the guidelines of the ADIP scheme.

There is generally no provision for maintenance of the appliances provided by the implementing agencies. Though the implementing agencies replace the appliances once provided after they complete their definite

Figure 19.1: Structure of scheme implementation in Gujarat



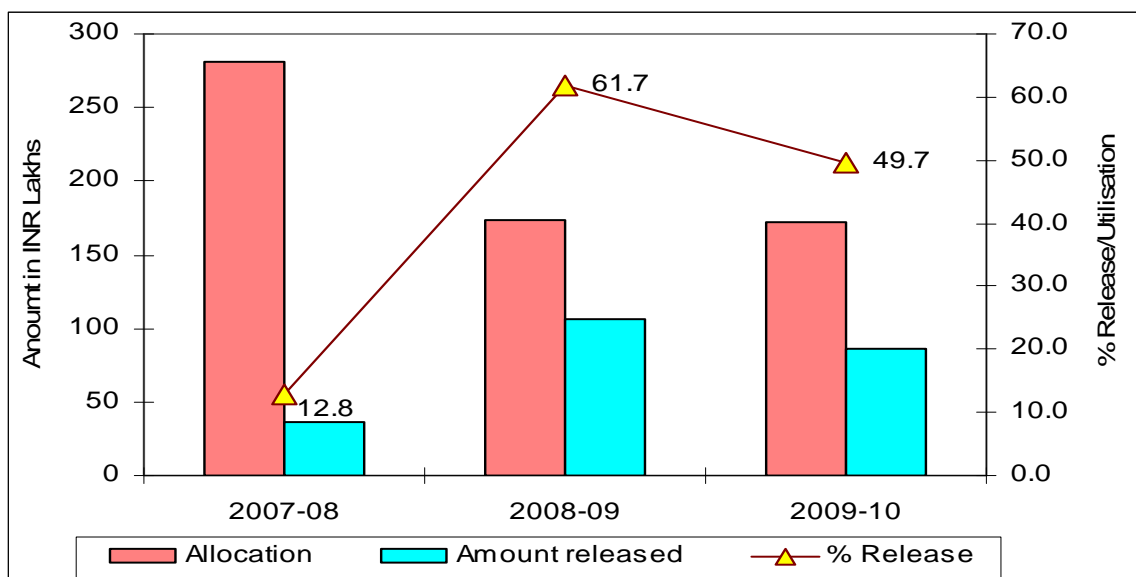
Source: MM data

life time regular maintenance is not a trend as the implementing agencies are based in district headquarters and the beneficiaries in far away villages implying long travels by the Differently Aabled for the purpose.

### 19.3 Financial Performance

It was observed that a total of INR 626.57 Lakh was allocated for Gujarat during the reference period (2007-10) out of which only INR 228.31 Lakh was released which is about 36 percent of the allocated fund. It is evident from figure 19.2 that the amount released for Gujarat State has significantly gone up during year 2008-09 and then sharply decreased during year 2009-10. On asking for reason of such a decrease in receipt of fund, State level officials reported that they forward almost all the applications which they receive from the district level authorities however, they are no where in loop while release of grants to the implementing agencies; thus, they are not in a position to comment on release of funds. However, the State government has reported that some of the implementing agencies who are based outside Gujarat and have not sent their fund request through the State having been allotted fund and conducting camps. The State is not able to monitor them as the State has no information about them.

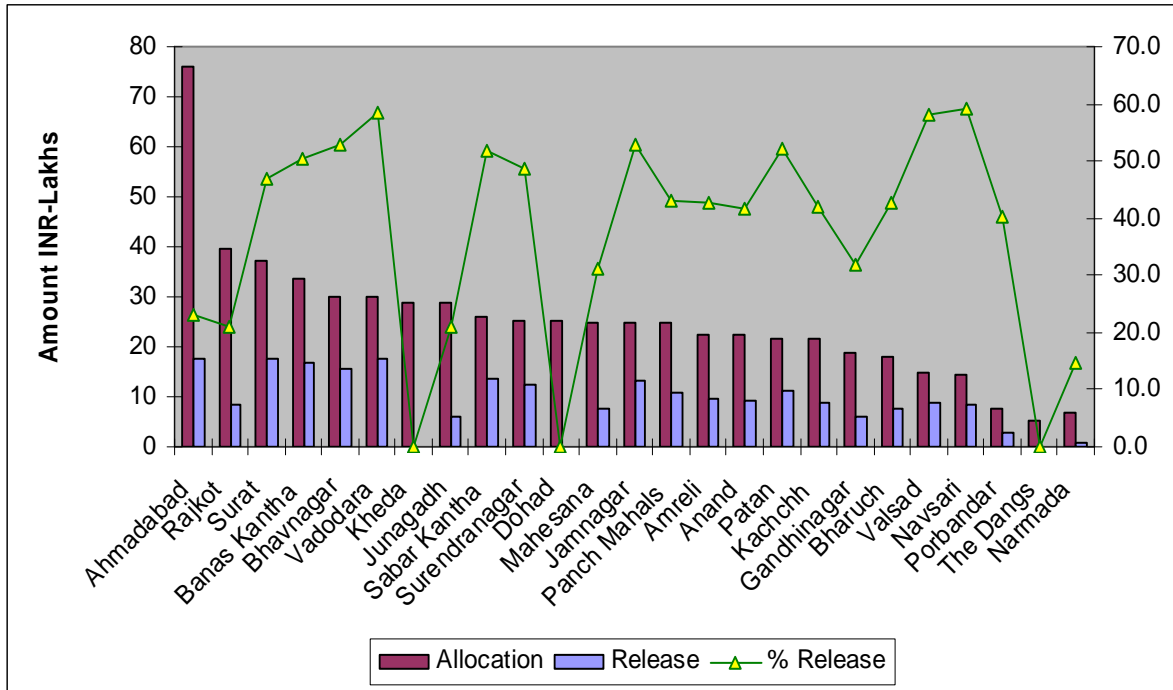
Figure 19.2: Comparison of Allocation and Release of ADIP Fund during reference period (2007-10)



Source: Ministry of Social Justice & Empowerment

Looking into district level comparison we could see that fund has been released in 22 districts of Gujarat out of 25 Districts, District Kheda, Dohad, and The Dangs have not received fund during the reference period. Fund release was more or less irregular to the districts and districts like Ahmadabad, Surat, Vadodara and Banaskantha each have received slightly more than 7 percent of the funds released during the reference period (Figure 19.3).

Figure 19.3: District wise Comparison of Allocation and Release of ADIP Fund during reference period (2007-10)



Source: Ministry of Social Justice & Empowerment

It was observed that the fund that has been released to the implementing agency been totally utilised by them and implementing agencies have also submitted Utilisation Certificate for the funds utilised directly to the Ministry. However, no such reports have been submitted to district or State level. Thus, local Government authorities (District & State) are not in a position to monitor the scheme during its implementation. The only possibility of monitoring comes into picture when the same implementation agency submits application/proposal for funding to next financial year at the district level office and with their proposal they are also submitting last years details including Utilisation Certificate.

#### 19.4 Physical Verification of the Scheme

It is evident from the above mentioned graph that about INR 74.52 Lakh has been allocated to the three selected districts named Vadodhra, Surat and Porbandar and INR 37.93 Lakh has been released which only about 51 percent of the fund is allocated. As per data provided by the implementing agencies, during the reference period 1907 Differently Able have been provided benefit. Out of these 1907, our team has contacted 125 as others were found to have shifted from their respective addresses provided by the Implementing agency.

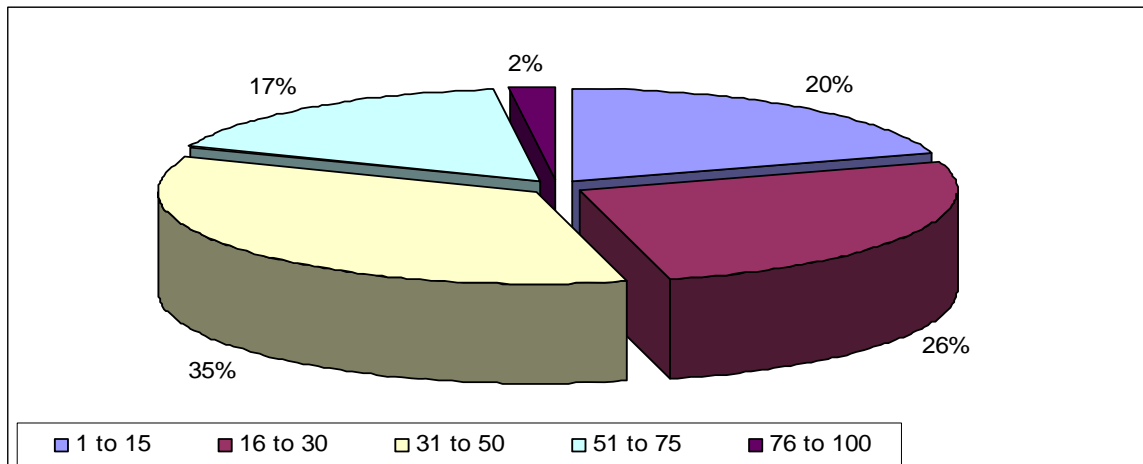
Looking into physical performance it was seen that about INR 1,988 has been spent for one differently abled person which is drastically on the lower side and good quality aids cannot be provided at this cost. It is to be noted that as per beneficiary benefit as per guideline should not go beyond INR 6,500 and 20 percent of the total fund can only be used as operational cost.

### 19.4.1 Profile of the Beneficiaries contacted

#### 19.4.1.1 Age Group of Beneficiaries

The ADIP scheme has been beneficial to Differently Abled across distribution of age groups. A percentage distribution of the beneficiaries across age groups is given below in graph.

Figure 19.4: Age of the Beneficiaries contacted in Gujarat (in %)



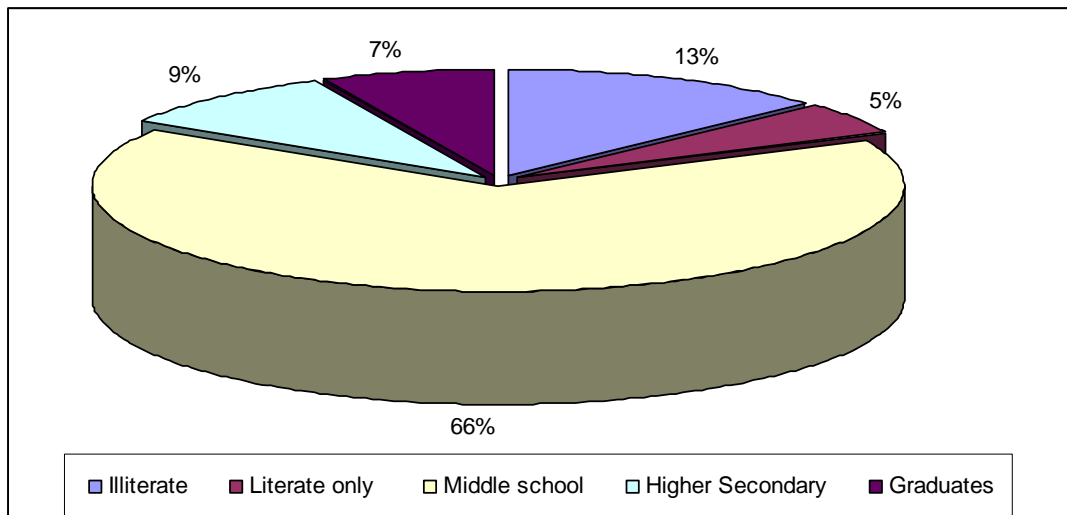
Source: MM Study

As mentioned in the graph; of all the contacted beneficiaries, 20% were aged between 1 to 15 year followed by 26% who were between the age group of 16 to 30 years, 35% were aged between 31 to 50, 17% were between 51 to 75 and 2% were above 75 years of age.

#### 19.4.1.2 Literacy Level

The field study reveals that vast majority of the beneficiaries were literate and have attended formal schools. The education status of the contacted beneficiaries is shown in the graph below.

Figure 19.5: Literacy Status of the Beneficiaries in percentage (in %)



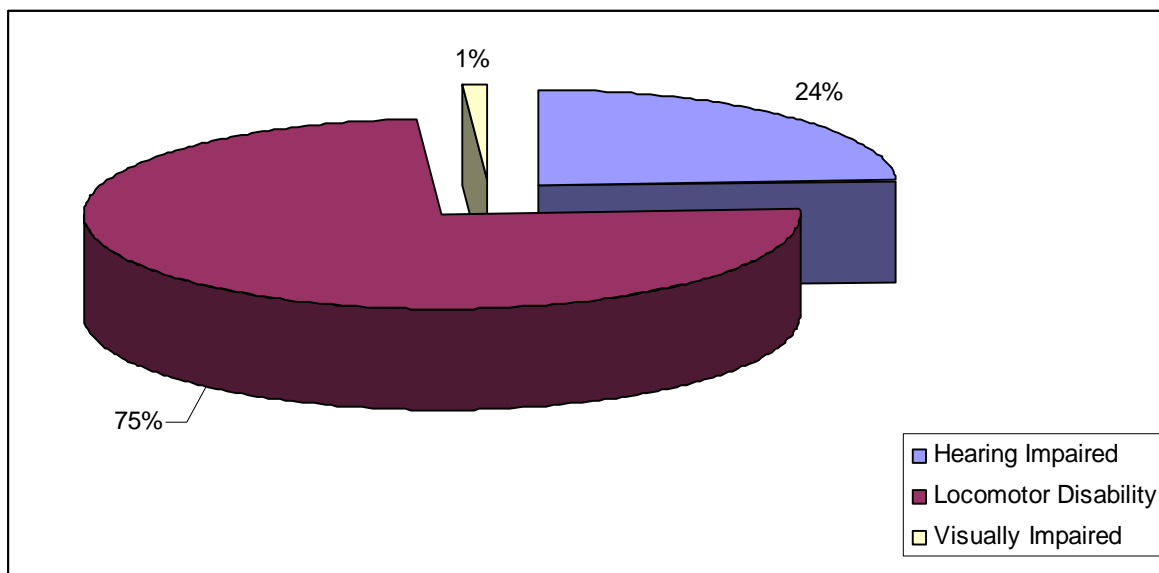
Source: MM Study

As given in the graph only 13% of the contacted beneficiaries are illiterate, while 5% of them were only literate with no formal schooling. All the rest had undergone formal schooling with a total of 66% of them completing their middle school, 9% higher secondary and 7% graduation.

### 19.4.1.3 Type of Disability

The scheme has been beneficial to people having different disabilities of varying degrees. A graph based on the field survey is given below.

Figure 19.6: Types of disability (in %)



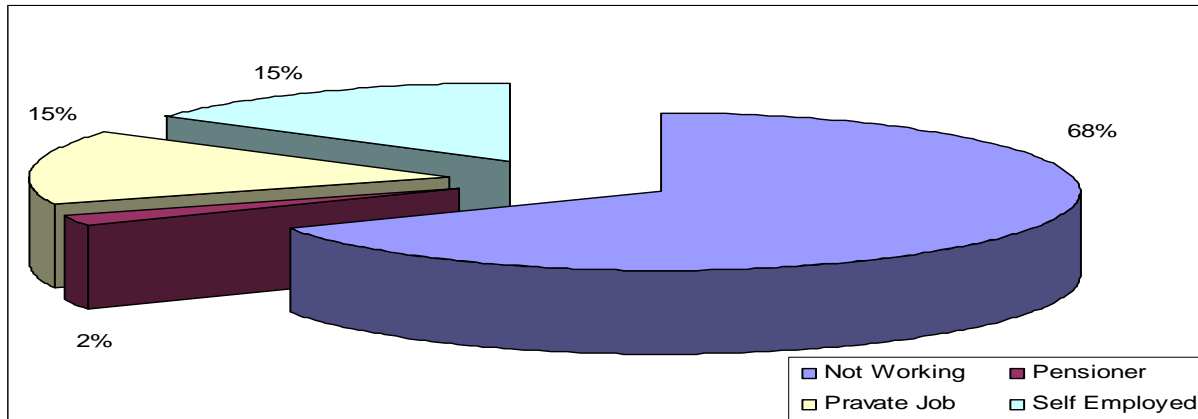
Source: MM Study

Majority beneficiaries (75%) were those who had locomotor issues followed by people having Hearing Impairment (24%). The number of beneficiaries with visual problems was considerably low (1%).

### 19.4.1.4 Employment Status of Beneficiaries

It was noticed from the field that the beneficiaries were not, by and large gainfully employed. An analysis of the field investigation regarding the employment status of the beneficiaries is presented in the graph below.

Figure 19.7: Employability Status of the Beneficiaries (in %)



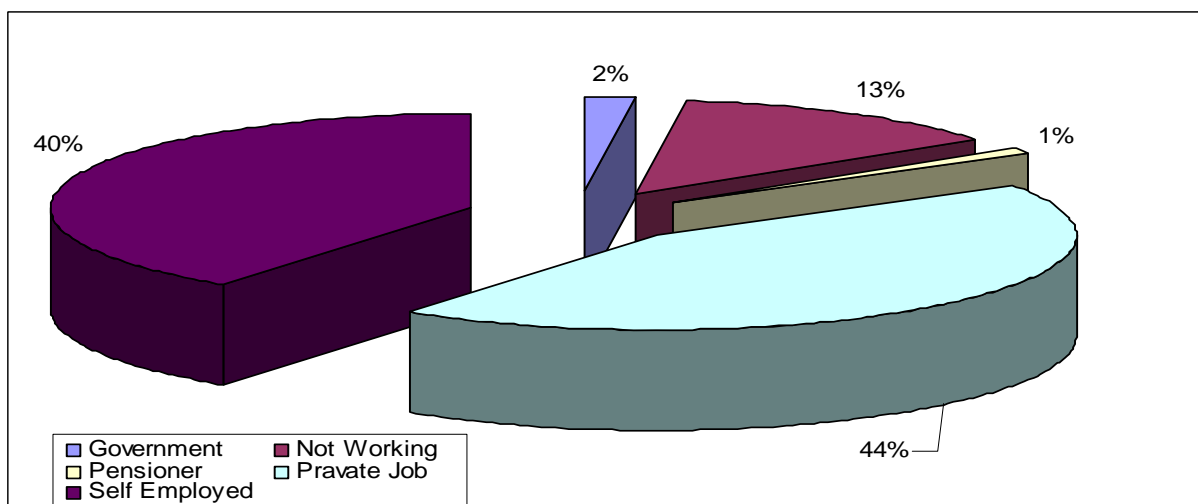
Source: MM Study

As can be seen from the graph, it was observed 2% of them were pensioners, followed by 15% involved in private jobs and 15% self employed while a major portion of the beneficiaries (66%) were found unemployed.

#### 19.4.1.5 Employment status of the Guardians of the Beneficiaries

The field investigation shows that majority of the guardians are employed. There is a concentration in private sector and self-employment sector (44% and 40% respectively), while 2% of them were government employees and 1% pensioners contributing to a cumulative 3%. A considerable percentage of the beneficiaries were unemployed (13%). A graph showing the same is given below.

Figure 19.8: Employment status of the Guardians of the Beneficiaries (in %)



Source: MM Study

#### 19.4.1.6 Nature of Disabilities of the Beneficiaries

During the survey it was found that the main cause of disability of the beneficiaries was congenital which symbolises a heredity pattern to the source of disease. However the next cause of the disability was illness and accidents causing various physical impairments.



Table 19.1: Nature of Disabilities of the Beneficiaries (in %)

Type of Disability	Visual	Hearing	Locomotor
Congenital	20.0	57.1	32.8
Illness	40.0	38.1	37.5
Accidental	40.0	4.8	29.7
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 19.4.1.7 Reaction of Society

From the table it can be concluded that society has showed a mixed approach towards the physically handicapped persons. However majority of the people have been very cooperative and treated the physically challenged persons with same equality as that of a normal human being.

Table 19.2: Reaction of Society (in %)

Whether society have behaved adversely due to disability	Visual	Hearing	Locomotor
Yes	20	0	10
No	80	100	90
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 19.4.1.8 Reaction of Society towards the Beneficiaries

From the table 19.3 it can be inferred that the society has been very kind and considerate toward the physically challenged persons. There were a very trivial percentage of people who have reported that they have been abused by the society.

Table 19.3: Reaction of Society towards Differently Abled (in %)

Type	Beneficiary Visual	Beneficiary Hearing	Beneficiary Locomotor
Empathetic	80	100	90
Rude	0	0	1.6
Disregard	0	0	3.7
Discriminating	20	0	4.7
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 19.4.1.9 Awareness regarding ADIP Scheme amongst Beneficiaries

From the table it can be inferred that almost all the beneficiaries have accepted that the beneficiary hearing and locomotors were aware of the ADIP scheme in prior.

Table 19.4: Prior Information regarding ADIP Scheme (in %)

Prior Information regarding ADIP Scheme	Visual	Hearing	Locomotor
Yes	0	100	100
No	100	0	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 19.4.1.10 Source of Information

From the table it can be concluded that most of the respondents who were aware of this scheme have come to know about the scheme from NGOs followed by Newspaper, and from relative and friends.

Table 19.5: Source of Information regarding the ADIP Scheme (in %)

Types	Visual	Hearing	Locomotor
TV	0	0	10
NEWS Paper	0	57.1	8.7
NGO	57.1	0	81.3
Relative/Family /Friend	42.9	42.9	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 19.4.1.11 Awareness regarding the type of Appliances Obtained

It is very much conclusive from the table that almost all the beneficiaries were aware of the appliances being provided as a part of the ADIP Scheme.

Table 19.6: Awareness regarding the type of Appliances obtained (in %)

Whether the beneficiaries are aware of the appliances provided?	Visual	Hearing	Locomotor
Yes	100	100	100
No	0	0	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 19.4.1.12 Source of information regarding the Appliances

Form the table it can be deduced that various types of beneficiaries obtained information regarding their appliances from different sources but the major sources being doctor, Composite Regional Centre (CRC) and from their relatives.

Table 19.7: Source of information regarding the appliances (in %)

Source of Information	Visual	Hearing	Locomotor
Composite Regional Centre (CRC)	80	33.3	18.8
Doctor	20	66.7	23.4
Relatives	0	0	28.9
others	0	0	28.9
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 19.4.1.13 Year of obtaining Appliances

From the table below it can be inferred that the beneficiaries obtained their appliances from 2003 to 2011. The percent distribution of appliances for various years is given in the table below. However majority of the contributions were in the year 2009.

Table 19.8: Year of Obtaining appliances (in %)

Year Of obtaining appliances	Visual	Hearing	Locomotor
2003	0	0	2.4
2007	0	4.8	1.6
2008	60	14.3	9.4
2009	20	9.5	50.0
2010	20	9.5	26.6
2011	0	61.9	10
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 19.4.1.14 Financial aid for Appliances

It can be derived from the table below that majority of the financial aid provided to the beneficiaries were from District Disability Rehabilitation Centre (DDRC) and State NGO. Other agency like Sate handicapped corporation's contribution was very low. It was also found that there were many beneficiaries who did not receive any financial aid and they had to spend from themselves for obtaining the appliances.

Table 19.9: Financial aid for appliances (in %)

Source of financial aid	Visual	Hearing	Locomotor
District Disability Rehabilitation Centre	100	33.3	18.8
State handicapped corporation	0	4.8	0
NGO	0	61.9	81.2
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 19.4.1.15 Number of Times the Aids have been Obtained

It can be easily deduced from the table that a considerable higher proportion of beneficiaries have obtained the aids or the appliances ones or twice. However a very less proportion of them have also received aids and appliances for three to five times.

Table 19.10: Number of times the aid have been provided (in %)

No Of Times	Visual	Hearing	Locomotor
1 to 2 times	100	85.7	92.2
3 to 5 times	0	14.3	7.8
More than 5 times	0	0	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 19.4.1.16 Information regarding the Head of the Household

It has been observed that almost all the beneficiaries who were impaired visually as well as by physical movements were not the head of the family. However 50 percent of the beneficiaries who were impaired audibly were the head of the family.

Table 19.11: Whether Differently Abled is head of the family (in %)

Whether respondent is head of the family?	Visual	Hearing	Locomotor
Yes	0	50	0
No	100	50	100
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 19.4.1.17 Literacy Level of the Head of the Household

During the survey it was found that majority of the head of the households literate only, they have obtained education from middle school to graduate level. However a substantial percentage of the head of the family was found to be illiterate.

Table 19.12: Literacy level of the head of the family (in %)

Types	Visual	Hearing	Locomotor
Illiterate	40	23.8	34.4
Literate only	20.0	52.4	3.1
Middle School	10	10	39.1
Secondary School	10	0	9.4
Higher secondary	20.0	9	9.4
Graduate	0	4.8	4.7
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 19.4.1.18 Monthly Income of the Head of the Household

It was found that majority of the head of the household of all the beneficiaries had an income range of INR 5000 to 10000 monthly which clearly indicated the average financial status of the families of the beneficiaries.

Table 19.13: Monthly Income of the Head of the Household (in %)

Income Range	Visual	Hearing	Locomotor	Total
INR 2001 – 3000	35.6	11.4	10	10.6
INR 3001 – 5000	4.4	28.6	30	29.4
INR 5001 – 10000	60.0	60.0	60.0	60.0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 19.4.1.19 Dependency of family members on the Disabled Person

During the survey it was found that a substantial percentage of the family members of the beneficiaries were not dependent on these beneficiaries. However a few percentages of the people were dependent on these beneficiaries.

Table 19.14: Dependency of family members on the Disabled Person (in %)

Anyone dependent on the disabled person?	Visual	Hearing	Locomotor
Yes	40	14.3	31.2
No	60	85.7	68.8
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 19.4.1.20 Number of Dependent Person

From the table it can be inferred that there were many members in the family who were dependent on the beneficiaries. Mainly there were one or two members who were dependent on these beneficiaries.

Table 19.15: Number of dependent person (in %)

Total number of dependents	Visual	Hearing	Locomotor
1	20	80	80
2	60	20	10
None	20	0	20
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 19.4.1.21 Place of Application for the appliance under ADIP Scheme

Majority of the beneficiaries have submitted application to District Disability Rehabilitation Centre (DDRC) for obtaining the appliances from ADIP scheme followed by the beneficiaries who had submitted application to NGOs. Other agencies like CRC also received a small proportion of application from beneficiaries under ADIP Scheme.

Table 19.16: Place of Application for the appliance under ADIP Scheme (in %)

Table Heading Left	Visual	Hearing	Locomotor
District Disability Rehabilitation Centre (DDRC)	80	33.3	18.8
Composite Regional Centre (CRC)	20	0	0
NGO	20	66.7	81.2
<b>Total (Multiple answer)</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 19.4.1.22 Time taken for obtaining the appliances after Application

From the table it can be concluded that most of the appliances obtained under ADIP scheme reached to the beneficiaries till the fitment of the appliance. Only a very low percentage of the respondents reported that they obtained their appliances immediately and many did not receive their appliance till surgery, that is, they obtained their appliances only during surgery.

Table 19.17: Time Taken for obtaining the appliances after application (in %)

Time Frame	Visual	Hearing	Locomotor
Till Surgery	0	0	0
Till the Fitment of Appliances	100	28.6	100
Immediately	0	71.4	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 19.4.1.23 Type of Device Obtained

From the table it can be inferred that many of the visually impaired beneficiaries had obtained Braille writing equipments followed by low vision and other assistive aids for their day to day requirements. Moreover, slightly more than half of the beneficiaries with locomotor disability have gone through corrective surgeries.

Table 19.18: Type of Device Obtained (in %)

Type of Device	Visual	Hearing	Locomotor
Braille writing Equipments and other assistive	80	0	0
Low vision aid and other assistive aid for the blind	20	0	49
Corrective surgeries done	0	0	51
Hearing aid	0	100	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 19.4.1.24 Time Since the availability and usage of appliance obtained under ADIP Scheme

It can be clearly deduced from the table that majority of the appliances were made available to the beneficiaries within 2 to 10 months of time.

Table 19.19: Time Since the availability and usage of appliance obtained under ADIP Scheme (in %)

Time frame (in month)	Visual	Hearing	Locomotor
1	10	0	2
2	6.2	25	20
3	31.2	41.7	28
4	6.2	16.7	14
5	18.8	16.7	2
6	6.2	0	2
7	6.2	0	2
8	15.2	0	15
9	0	0	15
10	0	0	10
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 19.4.1.25 Time taken (in months) to adapt the Appliance

During the survey finding it was found that majority of the beneficiaries took maximum of one month to get equipped with the appliance; however some respondents even took two to seven months to get equipped with the appliances.

Table 19.20: Time taken to adapt the appliance (in %)

Time taken	Visual	Hearing	Locomotor
1	100	100	20
2	0	0	40
3	0	0	20
7	0	0	20
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 19.4.1.26 Annual Maintenance cost (in INR) of the Aid

During the survey it was observed that in most of the cases the beneficiaries did not have to spend any money for repairing the appliances they obtained. But in few cases it was observed that the beneficiaries with locomotors disability had to spend ranging from INR 300 to 1000.

Table 19.21: Annual maintenance cost of the aid (in %)

Maintenance cost	Visual	Hearing	Locomotor
0	100	100	0
150	0	0	2
300	0	0	75
350	0	0	2
500	0	0	2
1000	0	0	21
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 19.5 Impact of Scheme on Beneficiaries

The poor from economically backward families are not able to spend money from their own to purchase appliances, the ADIP scheme is a boon to such beneficiaries. The mobility of the beneficiaries with locomotors problems has been greatly improved by the implementation of the scheme. Impact of the scheme on beneficiaries with hearing impairment is very low as the instruments provided as hearing aids are soon rendered unusable due to one or other reason.

The scheme has great impact on the mobility of the beneficiaries. They also develop a feeling that the government thinks about such a group. This makes them feel good. To some extent the beneficiaries were made independent by the provision of appliances. They need not to depend on somebody else in their family for assistance. However, beneficiaries were not found well aware of the scheme and type of aids and equipments provided under the scheme, the eligibility criteria and also technical know-how of the appliances etc. The implementation of the scheme is majorly through camps organized by the implementing agencies. There are gaps in the documentation process which need immediate fixing.

### 19.5.1 Qualitative changes experienced after fitment of equipments under ADIP Scheme

The below table suggests the changes that have been brought to the life of the beneficiaries under the ADIP scheme. The benefits obtained during the ADIP scheme helped them to increase their mobility and also helped them to perform their daily work independently. However some of the respondents believed that no change has been brought to their life even after obtaining the aids or the benefits from the ADIP Scheme.

Table 19.22: Changes brought to the life of the Beneficiaries under ADIP Scheme (in %)

Benefits	Visual	Hearing	Locomotor
Increase Mobility	60	4.8	65
Continuation/resumption of study of work	0	38.1	0
Decrease in dependency on others for daily chores	20	0	0
Total independency in performing daily chores	0	0	35
Got married /engaged	0	0	45
No change	0	47.8	0
others	20	28.6	0
<b>Total (Multiple answer)</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 19.5.2 Whether Beneficiaries feel that their standard of living has improved or not?

From the table it can be concluded that there was a mixed response regarding the improvement of the life standard after obtaining the appliance or aid. Some were benefited whereas some did not find any change in their life.

Table 19.23: Impact of Scheme on Beneficiaries Life-improved standard of living (data in %)

Suggestions	Visual	Hearing	Locomotor
Yes	100	14.3	35
No	0	85.7	65
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 19.5.3 Whether receive any significant change in the reaction of society after getting equipped with the aids/appliances

During the survey it was observed that the respondents had to face the same disgraceful situation even after improving their life condition and they did not receive any changes in behaviour from the neighbour or the surrounding people.

Table 19.24: Change in reaction of Society after receiving benefit (in %)

Changes observed	Visual	Hearing	Locomotor
Yes	0	0	0
No	100	100	100
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study



#### 19.5.4 How far Disabled People are Rehabilitated

As far as the success of the Project is concerned in rehabilitating the physiological condition of the physically impaired beneficiaries majority of the beneficiaries were somehow satisfied.

Table 19.25: Proportion of Differently abled Rehabilitated (in %)

Types of rehabilitation	Visual	Hearing	Locomotor
Satisfactorily/adequately	100	40	50
Average	0	60	50
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

**Name: Mr. Gulab Ismail Mirza**, Age: 40 Years, Address: At & Po. Atodara, Ta. Olpad, Surat Dist. Education: 5<sup>th</sup> Standard.



**Mr. Mirza**, father of two children was the sole earning member of his family. He was working in a factory for his families living. He met with an accident and because of which his left hand was amputated, as a result he had to stop working. As a result of the accident and loss of livelihood the beneficiary fell under severe depression. Subsequently his wife left him along with the children.

She is now trying for divorce and asking for compensation/maintenance. He was been provided with Lt. A.E. Prosthesis under ADIP scheme in 2009.

As reeling in severe depression the situation of the beneficiary is very pathetic and is not using the device given to him and is totally dependent upon his aged father support. He seldom talks to anyone and he is also most of the time gloomy and spends the time alone. As a result there is no qualitative change in the beneficiary's life This shows that enough psychological support should be given to the beneficiaries in the form of post traumatic counselling, especially if they are provided with the appliances immediately after a traumatic incident. This can help the beneficiary and their immediate relatives to cope with the changed circumstances and prevent personal and potential family issues apart from ensuring proper use of the provided appliances.

#### 19.5.5 Quality of Aids provided and their Performance

It has been noticed from the field that the locomotor aids provided are of working condition. But the hearing aids provided were of not very good quality. Many of the beneficiaries reported that the hearing aids becomes useless in a very short span of time and due to unavailability of repairing shops in the vicinity beneficiaries again go back to the signal language. There were also instances in which the beneficiaries are provided with hearing aids but without ear moulds, because of this beneficiaries are not been able to use the appliance provided to them.

### 19.6 Capabilities of Implementing Agencies

Most of the implementing agencies in the sample districts were from within the State with the exception of Ali Yavar Jung National Institute for the Hearing Handicapped. Most of the implementing agencies had problems with producing the list of beneficiary's and non-beneficiaries as they were not properly maintained. One of the implementing agencies (Ratna Nidhi Charitable Trust) provided no document regarding scheme

implementation as they have implemented the scheme in some other district. Though most of the implementing agencies are based in the State itself, they most often have no other operations in the remote areas of the districts where there is a concentration of beneficiaries. Mostly they conduct 'melas' or camps for the distribution of the appliances. Moreover, the beneficiaries willing to travel to the towns for the purpose of getting their appliances maintained. This leads to a gap between the implementing agencies and their beneficiaries.

### 19.7 Types of services provided as care after fitting of aids

It was observed from the field that despite the Implementing Agencies are mostly based in the State there is no emphasis given on after fitting care. The scheme in the State is all about provision of aids and appliances to the Differently Abled. There is no focus on maintenance of the appliances provided. Lack of provision of maintenance and knowledge of proper maintenance make the Hearing Aid many a times obsolete before their actual life. Some of the appliances that could be maintained by the beneficiaries themselves provided they have some knowledge about its technical knowhow.

### 19.8 Issues and Constraints

- The sanction orders of the projects from the Ministry of Social Justice & Empowerment are received by NGOs in the month of March, which is the end of financial year. The funds are released in the following financial year, but the distribution of aids work to prospective beneficiaries by the NGOs gets delayed because of it.
- There is no provision for maintaining the appliances once provided to the beneficiaries.
- The implementing agencies in some cases have no other operations in most parts of the district where they are implementing the scheme. This leads to a gap between the beneficiaries and the implementing agencies.
- The awareness of the beneficiaries and their care takers on the scheme and the type of appliances provided to them is very little or nil.
- There is little support provided to the beneficiaries in the form of psychological support. Some cases require psychological assistance by professionally trained counsellors especially in the case of accidents.
- In the case of provision of appliances immediately after any accident it should be ensured that the beneficiary and his close relatives should be given post traumatic counselling to prevent psychological imbalance and family problems. There are some similar schemes running in the State at the initiative of the State government. This can amount to duplication.

### 19.9 Recommendations

- Introduction of Social Audits would help prevent misuse of funds, duplication of help device given to the same beneficiaries. At the same time, the evaluation of positive cases would impact positively on the morale of functionaries (governmental and NGO, both) and Differently Abled persons.
- There is no provision of training of the work-force at the district level, State level and District Disability Rehabilitation Centre (DDRCs). There should be some provision of training of the staff about the requirements of Differently Abled persons, latest break-through in aids/appliances for them, availability of them, etc.
- There are schemes of similar nature being implemented by the State government as these can amount to duplication. The impact of the scheme will be manifold if the attempts are made through a single window system with proper documentation and tracking system. An analysis of the District Disability Rehabilitation Centre (DDRCs) being implemented through NGOs should be done. Viability and efficiency of performance should be analysed.

## 20. State Report of Maharashtra

### 20.1 Overview of Scheme since its Inception

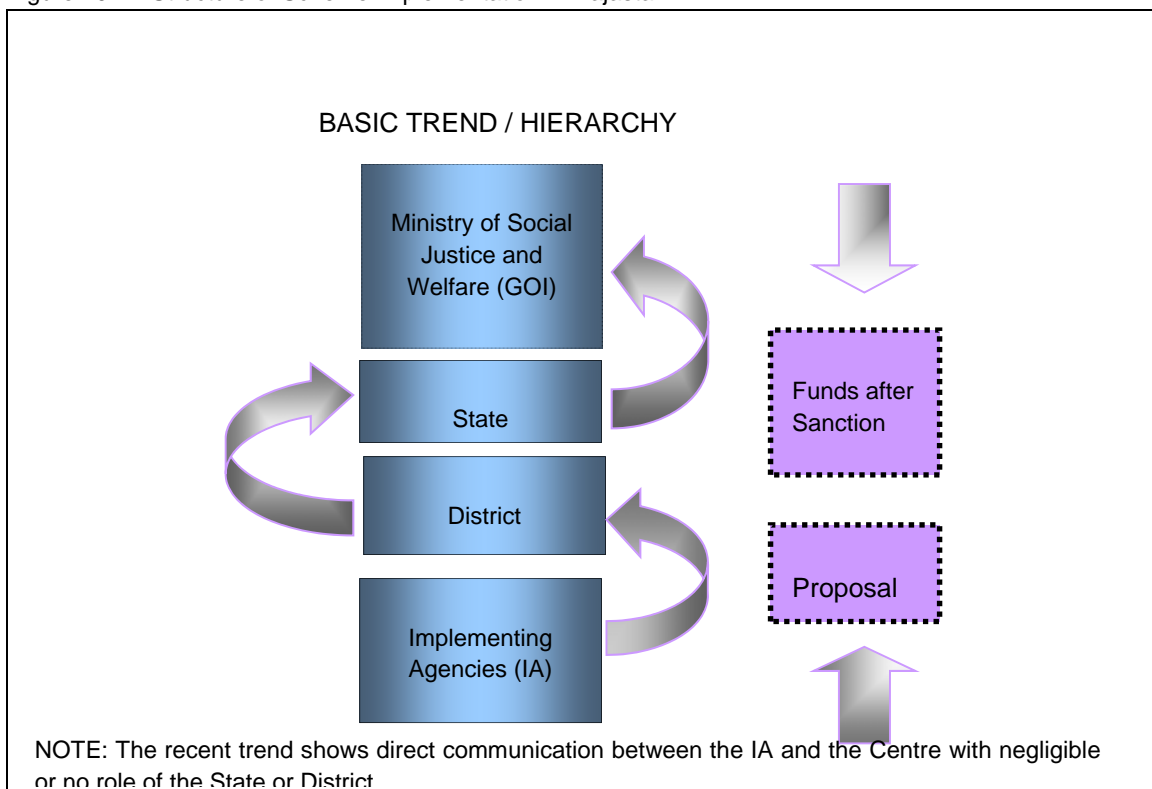
Interactions with the authorities at various levels show that as and when applications are invited Implementing Agencies are required to prepare their detailed proposals for the implementation of the scheme for the concerned year and submit them to the District Office. The District Offices should after scrutinising the proposals at its level forward the same to the State office, which scrutinises the report at its level and recommends to the Ministry of Social Justice & Empowerment in the centre accordingly.

It is learnt that in most districts, the district bodies have been almost negligibly functional/non functional. Implementing Agencies pass on their proposals to the State/Centre directly without intermediation of the districts, and receive funds accordingly. According to Asst. Commissioner - Disabilities, this trend is being followed for quite some time. They have no issues with it either, until and unless, proper follow up and maintenance of the beneficiaries as well as the received appliances is carried out. According to feedback provided by the State, hardly any implementing agency nowadays comes to them with proposals. The centre receives the proposals and approves it with the State office playing no role in the whole procedure.

### 20.2 Process of Implementation of the Scheme

On receiving fund approval, Implementing Agencies organize camps to distribute aids and appliances to eligible Differently Abled Persons in the areas that are allotted to them.

Figure 20.1: Structure of Scheme Implementation in Rajasthan

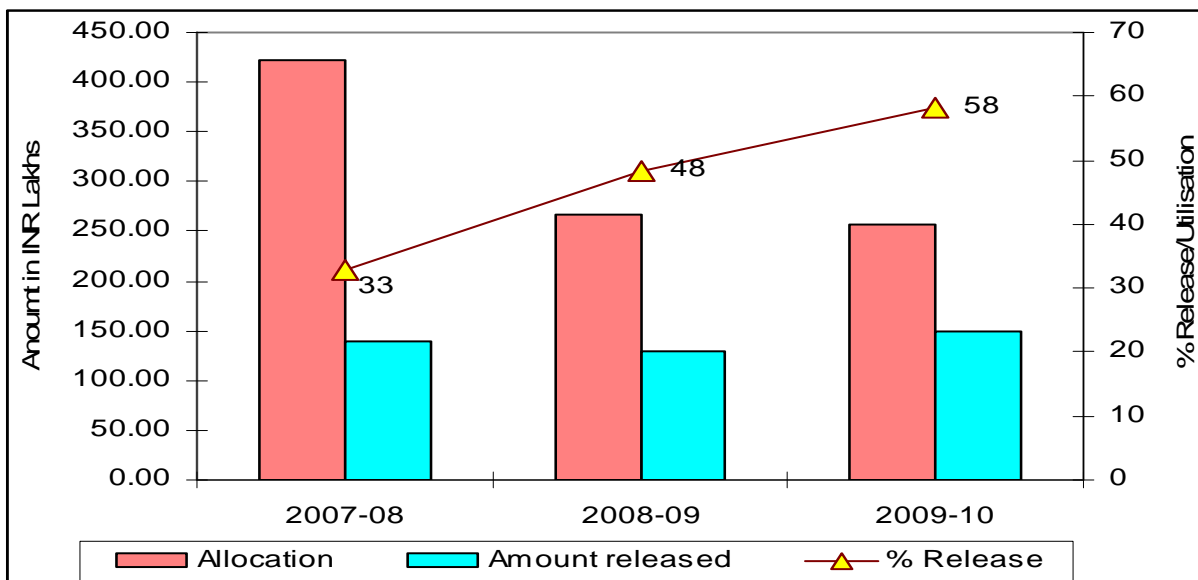


In cases where the implementing agencies are based outside the State the concerned resource persons within the State only know that camps are to be organized and appliances to be distributed. More often than not the district and State authorities play no role in the implementation of the scheme. The implementation structure of the scheme in the State is given above (Figure 20.1).

### 20.3 Financial Performance

It was observed that a total of INR 945.51 Lakh was allocated for Maharashtra during the reference period (2007-10), out of which only INR 417.03 Lakh was released which is about 44 percent of the fund allocated. It is evident from Figure 20.2 that the amount released for Maharashtra State significantly increasing in last three years 2007-10.

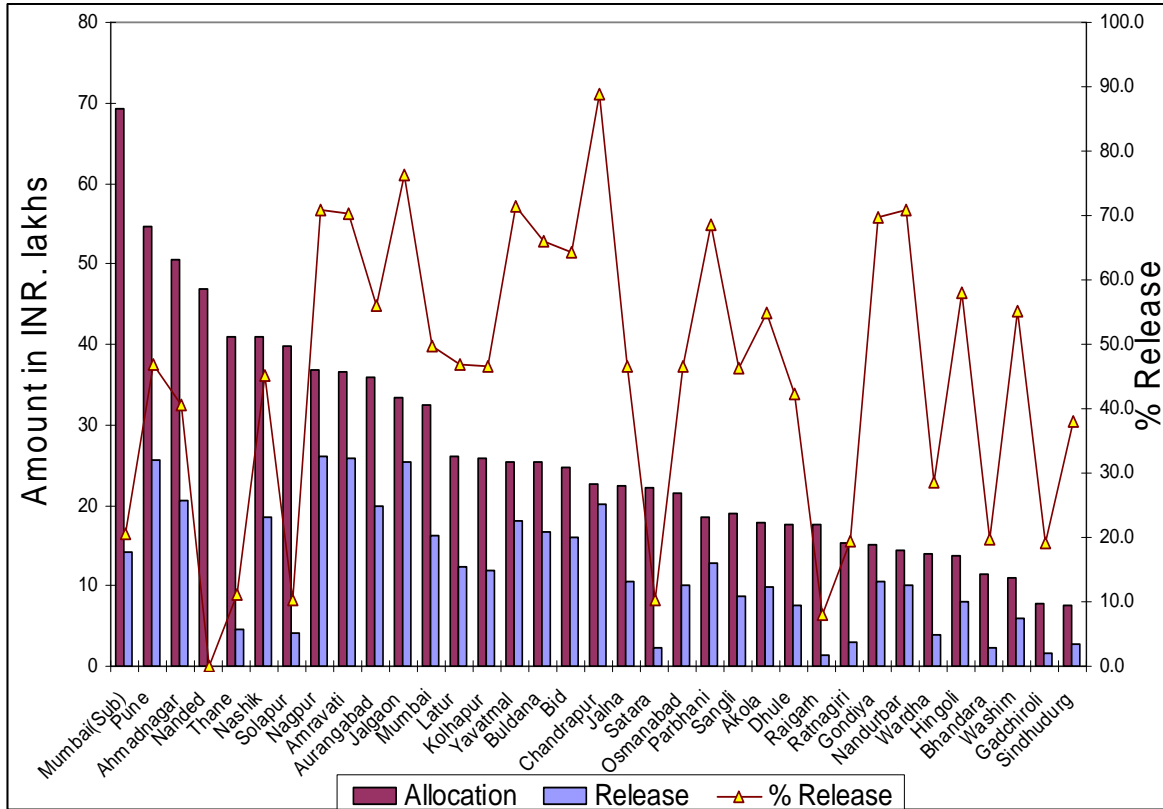
Figure 20.2: Comparison of Allocation and Release of ADIP Fund during reference period (2007-10)



Source: Ministry of Social Justice & Empowerment

Looking into district level comparison it can be seen that fund has been released in 35 districts of Maharashtra and fund release was more or less similar to different districts. However, Ahmadnagar, Nagpur, Amravati, Aurangabad and Jalgaon have received highest proportion of funds, that too between 5 to 7 percent of total release to the State during the reference period (Figure 20.3).

Figure 20.3: District wise Comparison of Allocation and Release of ADIP Fund during reference period (2007-10)



It was observed that the funds released to Implementing Agencies have been totally utilised by them and Implementing Agencies have also submitted Utilisation Certificate for the funds Utilised directly to the Ministry. However, no such reports have been submitted to district or State level. Thus, local Government Authorities (District & State) are not in a position to monitor the scheme during its implementation. The only possibility of monitoring comes into picture when the same Implementation Agency submits application/ proposal for funding to next financial year at the district level (only if they apply through State government) office and with their proposal they are also submitting last years details including Utilisation Certificate.

#### 20.4 Physical Performance of the Scheme

It is evident from the above graph that about INR 80.61 Lakh has been allocated to the three selected districts named Sindhudurg, Parbhani and Pune and INR 41.18 Lakh has been released, which is 51% of the fund allocated. As per the data provided by the Implementing Agencies, during the reference period, 258 Differently Aabled have been provided benefit. Out of these 258, our team has contacted 180 beneficiaries as per the sample decided for this evaluation.

Looking into physical performance it is evident that about INR 12768.99 has been spent for each differently person which is on the higher side as per beneficiary benefit guideline, which should not go beyond INR 6,500 and 20% of the total fund can only be used as operational cost.

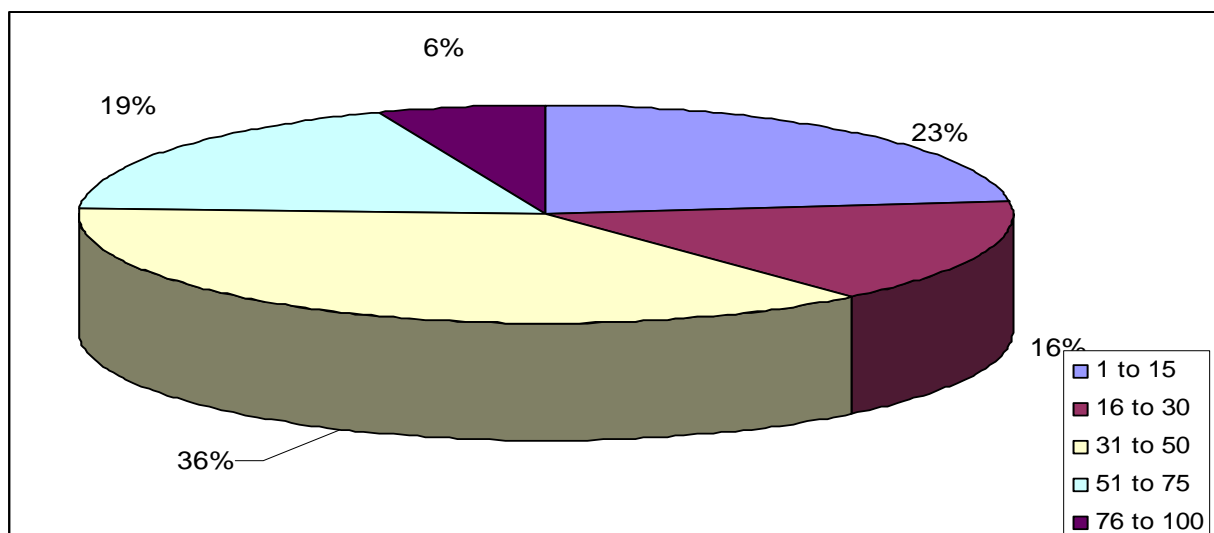
## 20.5 Physical Verification of the Scheme

### 20.5.1 Profile of the Beneficiaries contacted

#### 20.5.1.1 Age Group of Beneficiaries

The median age of the beneficiaries contacted is 36%. It was observed from the field that the scheme benefits to beneficiaries across age groups. A vast majority of the contacted beneficiaries fall within or above productive age group. Some of the Beneficiaries contacted are students as well.

Figure 20.4: Age Group of the Beneficiaries (in %)



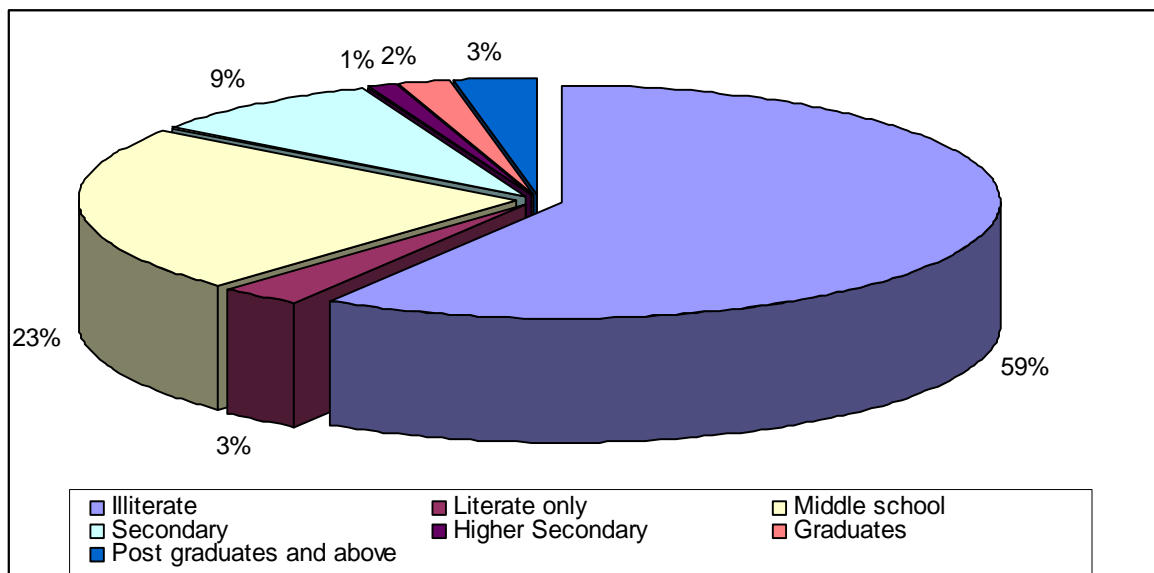
Source: MM Study

#### 20.5.1.2 Literacy Level

The literacy level of the beneficiaries is generally low. Beneficiaries belonging to the older generation are by and large illiterate and never attended school. Respondents from the newer generation have by and large received basic education.

Of all the beneficiaries contacted, a total of 59% are illiterate. About 23% of the beneficiaries have completed their middle school education. Further, 9% of them had completed their secondary school. About 3% each have completed post graduation and higher secondary education, 2% of the beneficiaries contacted, had completed their graduation.

Figure 20.5: Literacy level of the Beneficiaries (in %)



Source: MM Study

### 20.5.1.3 Monthly Income of the Head of the Household

In Maharashtra It was found that majority of the head of the household of all the beneficiaries had a income range of INR 2001 to 3000 which is 82.4%, followed by 17.6% from the income of group of INR 3001 to 5000 per month.

Table 20.1: Monthly Income of the Head of the Household (in %)

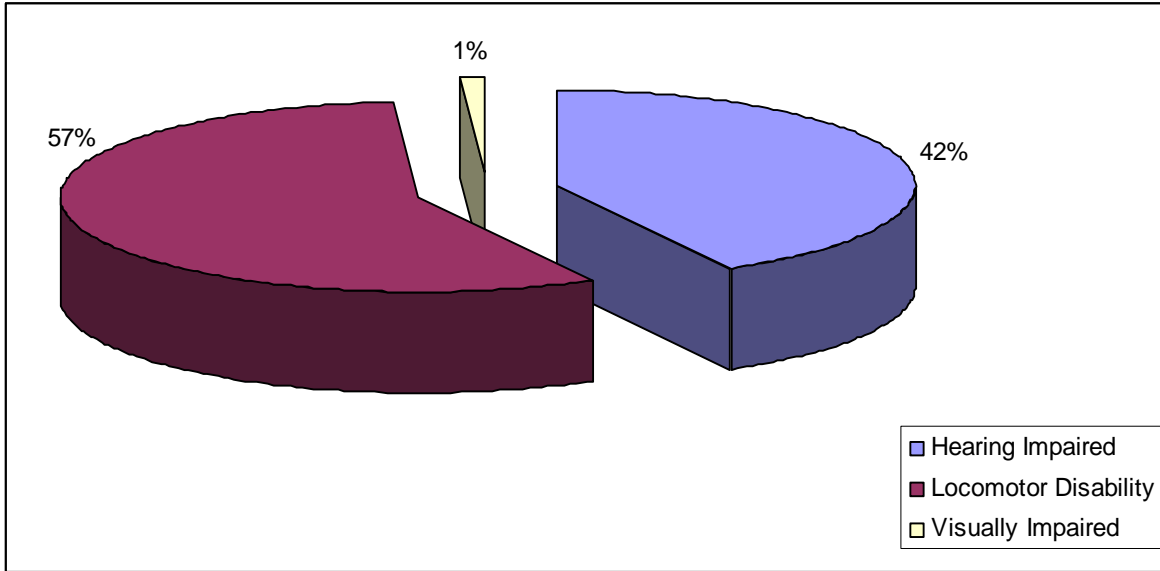
Income group	All beneficiaries Combined
INR 1001- 2000	0.0
INR 2001 – 3000	82.4
INR 3001 – 5000	17.6
INR 5001 – 10000	0.0
More than INR 10001	0.0
Not working	0.0
Total	100

Source: MM Study

### 20.5.1.4 Type of Disability

Majority of the respondents were having orthopaedic disabilities followed by Hearing impairment.

Figure 20.6: Type of disability (in %)

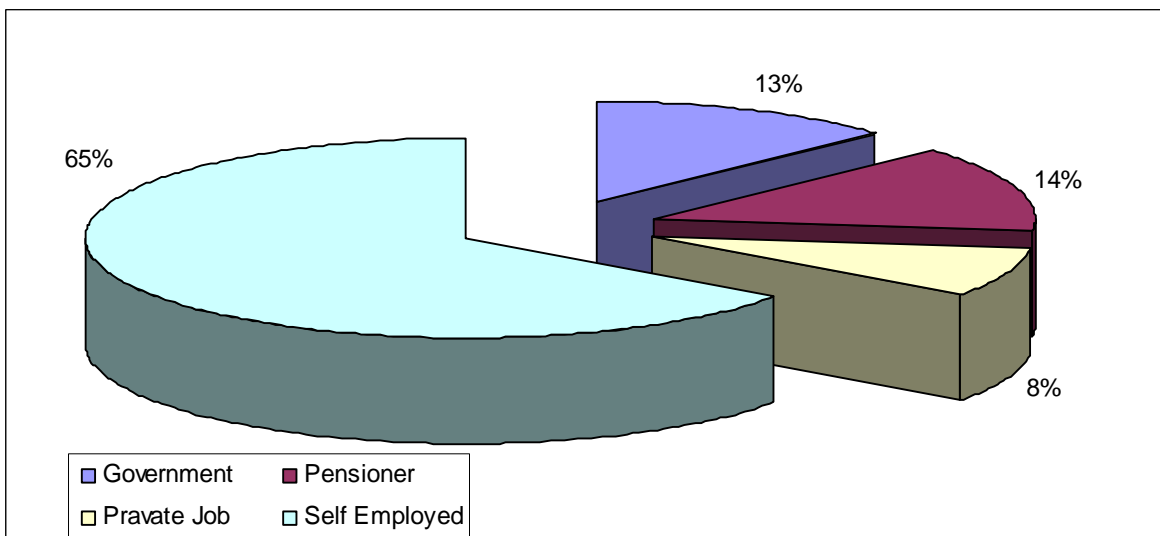


Source: MM Study

### 20.5.1.5 Employment Status of Beneficiaries

More than 65% of the respondents (Differently Abled beneficiaries) contacted were self employed, followed by 13% working in Govt. jobs and 14% pensioners. Very low percentages of people are working in private sector.

Figure 20.7: Employment status of the Beneficiaries (in %)



Source: MM Study



### 20.5.1.6 Income Group of Beneficiaries and his/her Guardian

The beneficiaries are from very poor socio-economic backgrounds. Their guardians are mostly self employed and have limited or meagre earnings.

### 20.5.1.7 Nature of Disabilities of the Beneficiaries

During the survey it was found that the main cause of disability of the beneficiaries was congenital which symbolises a hereditical pattern to the source of disease. However, the other major cause of the disability was illness, and accidents causing various physical impairments.

Table 20.2: Nature of Disabilities of the Beneficiaries (in %)

Type of Disability	Visual	Hearing	Locomotor
Congenital	78.0	66.8	24
Illness	22.0	17.2	37.5
Accidental	10.0	16	38.5
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 20.5.1.8 Reaction of Society

From the table it can be concluded that society shows a mixed approach towards these physically handicapped persons. However the beneficiaries who were visually handicapped had to face various adverse and disgraceful situations in the society.

Table 20.3: Reaction of society (in %)

Whether society have behaved adversely due to disability	Visual	Hearing	Locomotor
Yes	88.0	10.9	17.7
No	22.0	89.1	82.3
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 20.5.1.9 Reaction of Society towards you

From the table it can be inferred that majority of the beneficiaries had to face various disgraceful situation due to their disability, it was found that mostly the society behaved very rudely to the physically challenged persons and looked upon them with sheer disregard.

Table 20.4: Reaction of Society towards Differently Abled (in %)

Type	Visual	Hearing	Locomotor
Empathetic	22.0	38.0	7.9
Rude	88.0	55.0	100.0
Disregard	88.0	55.0	6.3
Discriminating	88.0	55.0	9.5
<b>Total (Multiple Response)</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 20.5.1.10 Awareness regarding ADIP Scheme

From the table it can be inferred that in Maharashtra almost all the respondents was aware of the scheme previously.

Table 20.5: Prior Informaton regarding ADIP Scheme (in %)

Prior Information regarding ADIP Scheme	Visual	Hearing	Locomotor
Yes	97.7	97.7	98.4
No	2.3	2.3	1.6
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 20.5.1.11 Source of Information

From the table it can be concluded that most of the respondents were aware of this scheme and they mainly came to know about this scheme through Radio, Newspaper, and through relatives and friends.

Table 20.6: Source of Information regarding the ADIP Scheme (in %)

Types	Visual	Hearing	Locomotor
Newspaper	0	20	1.6
NGO	40	40	1.6
Relative/Family /Friend	60	40	14.3
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 20.5.1.12 Awareness regarding the type of Appliances Obtained

It is very much conclusive from the table that most of the Locomotor beneficiaries were aware of the appliances being provided as a part of the ADIP Scheme. However, most of the other beneficiaries like visual (34%) and hearing (22%) were not much aware.

Table 20.7: Awareness regarding the type of Appliances obtained (in %)

Whether the beneficiaries are aware of the appliances provided?	Visual	Hearing	Locomotor
Yes	34.0	22.0	73.1
No	66.0	78.0	26.9
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 20.5.1.13 Source of information regarding the Appliances

Form the table it can be deduced that various types of beneficiaries obtained information regarding their appliances from different sources, but the major sources being doctors, CRCs and from their relatives.

Table 20.8: Source of information regarding the appliances (in %)

Source of Information	Visual	Hearing	Locomotor
CRC	2	2	5.5
Doctor	55	55	65.0
Relatives	43	43	29.5
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 20.5.1.14 Year of obtaining Appliances

From the table below it can be inferred that the beneficiaries obtained their appliances during 2007 to 2010. The percent distribution of appliances for various years is given in the table below. However majority of the contributions were in the year 2010.

Table 20.9: Year of Obtaining appliances (in %)

Year of obtaining appliances	Visual	Hearing	Locomotor
2007	18.5	15	20
2008	36.2	39	33
2009	34.4	23	33
2010	10.9	23	14
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 20.5.1.15 Number of times the aid have been Obtained

It can be easily deduced from the table that all the beneficiaries obtained the aid or the appliances only once or twice.

Table 20.10: Number of times the aid have been provided (in %)

No Of Times	Visual	Hearing	Locomotor
1 to 2 times	97.5	97.5	90
3 to 5 times	2.5	2.5	5
More than 5 times	0	0	5
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 20.5.1.16 Information regarding the Head of the Household

It has been observed that almost all the beneficiaries who were impaired visually as well as by physical movements were not the head of the family. However 55% of the beneficiaries who were impaired audibly were the head of the family.

Table 20.11: Whether Differently Abled is Head of the family (in %)

Whether respondent is head of the family?	Visual	Hearing	Locomotor
Yes	0	55.0	0
No	100	45.0	100
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 20.5.1.17 Literacy Level of the Head of the Household

During the survey it was found that all the heads of the households of visually impaired beneficiaries were illiterate. However, head of households of other beneficiaries were literate.

Table 20.12: Literacy level of the Head of the family (in %)

Types	Visual	Hearing	Locomotor
Illiterate	100	12.2	24.0
Literate only	0	12.2	1.8
Middle School	0	38.6	41.7
Secondary School	0	23.7	22.1
Higher secondary	0	5.3	1.8
Graduate	0	6.8	3.4
Postgraduate and Above	0	1.2	5.2
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 20.5.1.18 Monthly Income of the Head of the Household

It was found that majority of the head of the household of all the beneficiaries had a monthly income range of INR 2001-3000, which clearly indicates the average financial status of the families of the beneficiaries.

Table 20.13: Monthly Income of the Head of the Household (in %)

Income Range	Visual	Hearing	Locomotor	Total
INR 2001 – 3000	100	88.0	78.0	82.4
INR 3001 – 5000	0	12.0	22.0	17.6
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 20.5.1.19 Dependency of family members on the Disabled Person

During the survey it was found that in very less cases, family members were dependent on the beneficiaries.

Table 20.14: Dependency of family members on the Disabled Person (in %)

Anyone dependent on the disabled person?	Visual	Hearing	Locomotor
Yes	10.0	19.5	36.5
No	90.0	80.5	63.5
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 20.5.1.20 Number of Dependent Person

From the table it can be inferred that beneficiaries with locomotor disability have one to 6 members of family dependent on them. However, only 10% of visually impaired beneficiaries have one dependent and 80% of hearing impaired beneficiaries have one and 20% have two family members dependent on them.

Table 20.15: Number of Dependent Person (in %)

Total number of dependents	Visual	Hearing	Locomotor
0	90	0	26.7
1	10	80	6.7
2	0	20	16.7
3	0	0	23.3
4	0	0	13.3
5	0	0	3.3
6	0	0	3.3
7	0	0	6.7
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 20.5.1.21 Time taken for obtaining the appliances after Application

From the table it can be concluded that most of the appliances obtained under the ADIP Scheme reached the visual beneficiaries till the fitment of the appliance. However, most of the other beneficiaries have received the aid immediately.

Table 20.16: Time Taken for obtaining the appliances after application (in %)

Time Frame	Visual	Hearing	Locomotor
Till the Fitment of Appliances	100	0	3.3
Immediately	0	100	96.7
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 20.5.1.22 Type of Device Obtained

From the table it can be inferred that most (80%) of the visually impaired beneficiaries have received low vision aid followed by 10% who received Braille writing equipments and other assistive as appliances to enhance the condition of their day to day life. Moreover, about all the locomotor beneficiaries have received Wheel chair & crutches and hearing equipment has been received by the hearing impaired beneficiaries.

Table 20.17: Type of Device Obtained (in %)

Type of Device	Visual	Hearing	Locomotor
Hearing equipment	0	100	0
Braille writing Equipments and other assistive	10	0	0
Low vision aid and other assistive aid for the blind	80	0	0
Corrective surgeries done	10	0	0
Wheel chair & crutches	0	0	100
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 20.5.1.23 Time Since the availability and usage of appliance obtained under ADIP Scheme

It can be clearly deduced from the table that majority of the appliances were made available to the beneficiaries within 1 to 11 months of time.

Table 20.18: Time Since the availability and usage of appliance obtained under ADIP Scheme (in %)

Time frame (in months)	Visual	Hearing	Locomotor
1	0	0	1.6
2	0	0	1.6
3	21	30	46
4	0	20	7.9
5	0	40	14.3
6	0	10	3.2
7	33	0	6.3
8	20	0	3.2
9	0	0	4.8
10	0	0	11.1
11	26	0	0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 20.5.1.24 Time taken (in months) to adapt the Appliance

During the survey finding it was found that majority of the beneficiaries took maximum of one month to get acquainted with the appliances, however some respondents even took two months to get acquainted with the appliances.

Table 20.19: Time taken to adapt the appliance (in %)

Time taken (in months)	Visual	Hearing	Locomotor
0	0	0	5.2
1	89	91.5	62.1
2	0	4.3	24.2
3	11	4.2	3.7
6	0	0	1.6
15	0	0	1.6
36	0	0	1.6
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

#### 20.5.1.25 Annual Maintenance cost of the Aid

During the survey it was observed that the annual Maintenance cost of the appliances obtained by the beneficiaries ranged from INR 20 – INR 1500/- for locomotor. Majority of the beneficiaries who were audibly impaired had to spent one hundred rupees annually for the maintenance of the aid.

Table 20.20: Annual maintenance cost of the aid (in %)

Maintenance cost (INR)	Hearing	Locomotor
20	0	3.9
30	0	2.0
33	0	2.0
35	0	2.0
40	0	3.9
50	30.0	21.6
75	0	2.0
100	40.0	15.7
150	18.0	5.9
200	10.0	11.4
250	0	9.8
300	0	2.0
400	0	2.0
500	2.0	3.9
700	0	2.0
900	0	2.0
1000	0	3.9
1300	0	2.0
1500	0	2.0
<b>Total</b>	<b>100</b>	<b>100</b>

Source: MM Study

## 20.6 Impact of Scheme on Beneficiaries

The scheme has been implemented well in various areas during the reference period. However, maintenance of the aids and appliances has not been up to the mark. This leads to discrepancy issues. Also proper counselling and motivation to the beneficiaries needs to be ensured as it was observed that many of them stopped using aids owing to minor issues due to their lack of motivation. Minor adjustments make the appliances usable again. But for this, they need to be educated about the maintenance, and proper follow up sessions need to be organised.

The scheme has been able to reach out to the Differently Abled population, even in remote areas to a great extent. But still, there is a large population left unnerved. Frequency of camps is too less and beneficiaries contacted during the study were asking our team about when the camps will again be organised.

The stark poverty of the area has left many of the beneficiaries with no livelihood options. As livelihood is also an integral part of the social reintegration and dignified living, it is important to link them with the livelihood schemes befitting their level of disability. The impact of the scheme, as far as the physical mainstreaming of the beneficiaries is concerned has been successful to some extent. But the scheme has not helped the beneficiaries to improve their financial or social status. Hence the scheme should also help the beneficiaries to link them with the other livelihood schemes with options for income generation taking the level of their impairment also in to account. This would amount to making a coordinated attempt for the rehabilitation of the Differently Abled Persons.

The hearing aids, in some cases were found to be having problems with functioning. A large section of the beneficiaries were not using it due to a variety of reasons, ranging from technical faults to personal inability to adjust. It was also observed from the field survey, that the frequency of the locomotor injuries (especially amputation limbs due to railway accidents) in the region was found to be higher than what one would expect in normal circumstances. The tricycles given were hardly being used by a proportion of the beneficiaries. Some had even sold them off for money. All these point towards the flaws in the existing monitoring mechanism and requirement of a stronger monitoring mechanism.

### 20.6.1.1 Changes brought to the life of the Beneficiaries under ADIP Scheme

The table below suggests the changes that have been brought to the life of the beneficiaries under the ADIP scheme. The benefits obtained during the ADIP scheme helped them to increase their mobility and also helped them to perform their daily work independently.

Table 20.21: Changes brought to the life of the Beneficiaries under ADIP Scheme (in %)

Benefits	Visual	Hearing	Locomotor
Increase Mobility	0	0	93.7
Continuation/resumption of study of work	0	3.4	4.8
Decrease in dependency on others for daily chores	65.0	75.7	58.7
Total independency in performing daily chores	35.0	2.3	11.1
Got married /engaged	0	0	6.3
Found Job/Livelihood	0	0	6.3
No change	0	13.6	4.8
others	0	5	1.6
<b>Total (multiple response)</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 20.6.2 Qualitative changes experienced after fitment of equipments under ADIP Scheme

It can be concluded from the table that majority of the beneficiaries under this scheme have been facilitated by the policies of the scheme; however many of the beneficiaries did not find any change even after obtaining the facilities from the ADIP Scheme.

Table 20.22: Qualitative changes experienced after fitment of equipments under ADIP Scheme (in %)

Whether any qualitative change experienced?	Visual	Hearing	Locomotor
Yes	58.0	42.6	44.3
No	42.0	57.4	55.7
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 20.6.3 Whether receive any significant change in the reaction of society after getting equipped with the aids/appliances

During the survey it was observed that the respondents had to face the same disgraceful situation even after improving their life condition and they did not receive any changes in behaviour from the neighbour or the surrounding people.

Table 20.23: Change in the reaction of the society after obtaining the appliances (in %)

Changes observed	Visual	Hearing	Locomotor
Yes	0	0	5.7
No	100	100	94.3
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 20.6.4 Whether Beneficiaries feel that their standard of living has improved

As far as the success of the project is concerned in rehabilitating the physiological condition of the physically impaired beneficiaries, majority of the beneficiaries were averagely satisfied.

Table 20.24: Impact of Scheme on Beneficiaries Life-improved standard of living (in %)

Types of rehabilitation	Visual	Hearing	Locomotor
Completely/Fully	0	1.1	1.7
Satisfactorily/adequately	0	11.5	23.7
Average	78.0	60	52.5
Poorly	22.0	27.4	22.0
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: MM Study

### 20.6.5 Quality of Aids provided and their Performance

Feedbacks received from the beneficiaries regarding the performance of the aids have been diverse. Most of the beneficiaries, on finding any discrepancy or inability to adjust to the aid would stop using it. This may not be attributed to the poor quality appliance provided by the Implementing agencies as they had apparently tried their best to give good quality instruments.



For example: In Parbhani, the locomotor aids given were of high quality as per the feedback of regular users. But on meeting others, who had stopped using it, the consultants observed that the aids were lying in extremely non conducive conditions which are bound to affect their quality adversely. Minor adjustments (tightening of a bolt or the expansion of the plastic material used in artificial limbs) would have again made them usable. But due to extreme poverty, lack of awareness, initial discomfort and unfamiliarity in using the aid, the beneficiaries had stopped using them. Some of the common complaints observed in the field are listed below:

- Deflated tyre tubes (Wheel chairs and tricycles)
- Rusting of the tyre rim and other parts of the cycles
- Worn off rubber bushes at bottom crutches
- Breaker cord/wire of hearing aids

**List of Beneficiaries Contacted under the scheme is attached as Appendix A**

## 20.7 Capabilities of Implementing Agencies

The list of the Implementing Agencies in the allotted districts who have worked under the ADIP scheme is as below:

Table 20.25: Scheme Implementing Agencies in Maharashtra

District	Implementing Agencies
Pune	Narayan Seva Sansthan
	Ayodhya Charitable Trust
	Ali Yavar Jung National Institute for the Hearing Handicapped
Parbhani	Bhagwan Mahavir Viklang Sahayta Samiti
	Sahaj Foundation
Sindhudurg	Ali Yavar Jung National Institute for the Hearing Handicapped

Source: MM Study

### 20.7.1 Narayan Seva Sansthan

The field survey for Narayan Seva Sansthan in Maharashtra was carried out in a town named Daund which is roughly 100 kms from Pune city. Finding the beneficiaries was a difficult task due to the highly floating nature of the population. People had changed their residencies as many of them live in rented facilities. Adding to this is the issue of migration. Still, a sizeable number of beneficiaries were found to be present. A camp was conducted in the year 2008-2009 under the ADIP scheme, during which a variety of aids and appliances (wheelchairs, tricycles, crutches and hearing aids) were given to the beneficiaries.

Based on the detailed field survey it was found that the beneficiaries who had received locomotor aids, especially crutches, were using it well and were in good working condition.

### 20.7.2 Ali Yavar Jung National Institute for the hearing handicapped

The field study for Ali Yavar Jung National Institute for the hearing handicapped (AYJNIHH) was done in Shirur, a town in Pune District. The town was large with a varied population. Finding the beneficiaries was a painstaking task, especially due to the incomplete addresses which were provided by the Implementing Agency.

### 20.7.3 Ayodhya Charitable Trust

For the field survey, Mott MacDonald team visited, C. R. Ranganathan Residential School for the Deaf located in Vishrantwadi in Pune. The foundation had distributed around 30 hearing aids amongst the needy hearing impaired children during the year 2009. The school is taking care of the follow up and maintenance of the hearing aids as required, be it the changing of the cord or the replacements of the batteries. The children have shown improvements around 40-50 percent according to the feedback given by the caretakers and the principal of the school.

### 20.7.4 Bhagwan Mahaveer Viklang Sahayta Samiti

In Parbhani district, the foundation had conducted a camp in 2009, under which they had distributed callipers, crutches, artificial limbs, tricycles and hearing aids, totalling around 435 aids and appliances. The camp had been arranged in association with the civil hospital, Parbhani. The responses of the beneficiaries who had been given tricycles and artificial limbs were highly positive. They at once recognised the name of the foundation and its relation to Jaipur indicating high level of awareness.

Inter family marriages is common among some of the communities. As a result of which, the 2<sup>nd</sup> or the 3<sup>rd</sup> generation had started to manifest anomalies or deformities due to genetic alterations. Instances of polio were found higher in this area.

### 20.7.5 Types of services provided as care after fitting of Aids

The aids provided are of high quality and price. A tricycle provided by the implementing agencies costs around INR 6000. But, the beneficiary with no roof to give shelter to the cycle keeps it in the open. During rain, it develops rust and subsequently the beneficiary stops using it. Similarly, due to low awareness levels, the aids, after distribution need proper follow up and monitoring. But materialization of this idea requires investment of huge financial resources and manpower which the Implementing agencies are at present not able to mobilize.

#### Case Study

**Mr. Damodar Sarda** is running a medical store. During a camp organised in 2009, he was given a hearing aid inspite of the fact that his family income was above the stipulated norms. The beneficiary was suffering from hearing impairment and he had financial resources to buy one by himself. After using the same for less than a week, he handed it over to some relative who also had the same problem. This shows that the beneficiary was not in dire need of the assistance. Had the norms been strictly adhered to, the provision of appliances to people who are not eligible for support could have been prevented. Name of the beneficiary: Mr. Damodar Sarda, District: Parbhani, Occupation: Store keeper (medical store)

## 20.8 Issues & Constraints

The first and foremost constraint in the successful implementation of the ADIP scheme is the follow up camps and maintenance issues related to the appliances provided as aids.

In addition to this, absence of demographic records of the beneficiaries, in order to find them or track them down is also a huge challenge. It was observed from the field survey, that the ID proofs of the beneficiaries (Voter ID card or other such cards) were not carrying complete addresses. They just had the name of the city or town on them. Subsequently, during the camp, the representative of the implementing agencies, during registration jotted down the same address. This leads to time/manpower consumption in re-tracking the beneficiaries.

There should be an efficient follow up mechanism in place, both for the usage of funds by the IA as well as the maintenance of the appliances of the beneficiaries.

It was also found that in rare cases some beneficiaries have received multiple aids from different NGOs or agencies (not necessarily under ADIP). He/she uses one/none of them and in some cases selling them off to others to earn money as the level of poverty is extreme.

### **Areas of concerns which need immediate attention**

- There is a lag in the monitoring mechanism. This should be strengthened.
- The beneficiaries are not aware as to how the provided appliance should be properly used, nor are they aware about the possibilities of repairing them. Facilities for repairing the provided ADIP and Appliances are also very low.
- It is necessary to ensure that the person receiving an aid/appliance has not received any aid before. This would ensure that a needy beneficiary receives the aid and not someone who already has an aid.
- There are instances of persons who by themselves are capable of purchasing the appliances being given the same through camps.

## 20.9 Recommendations

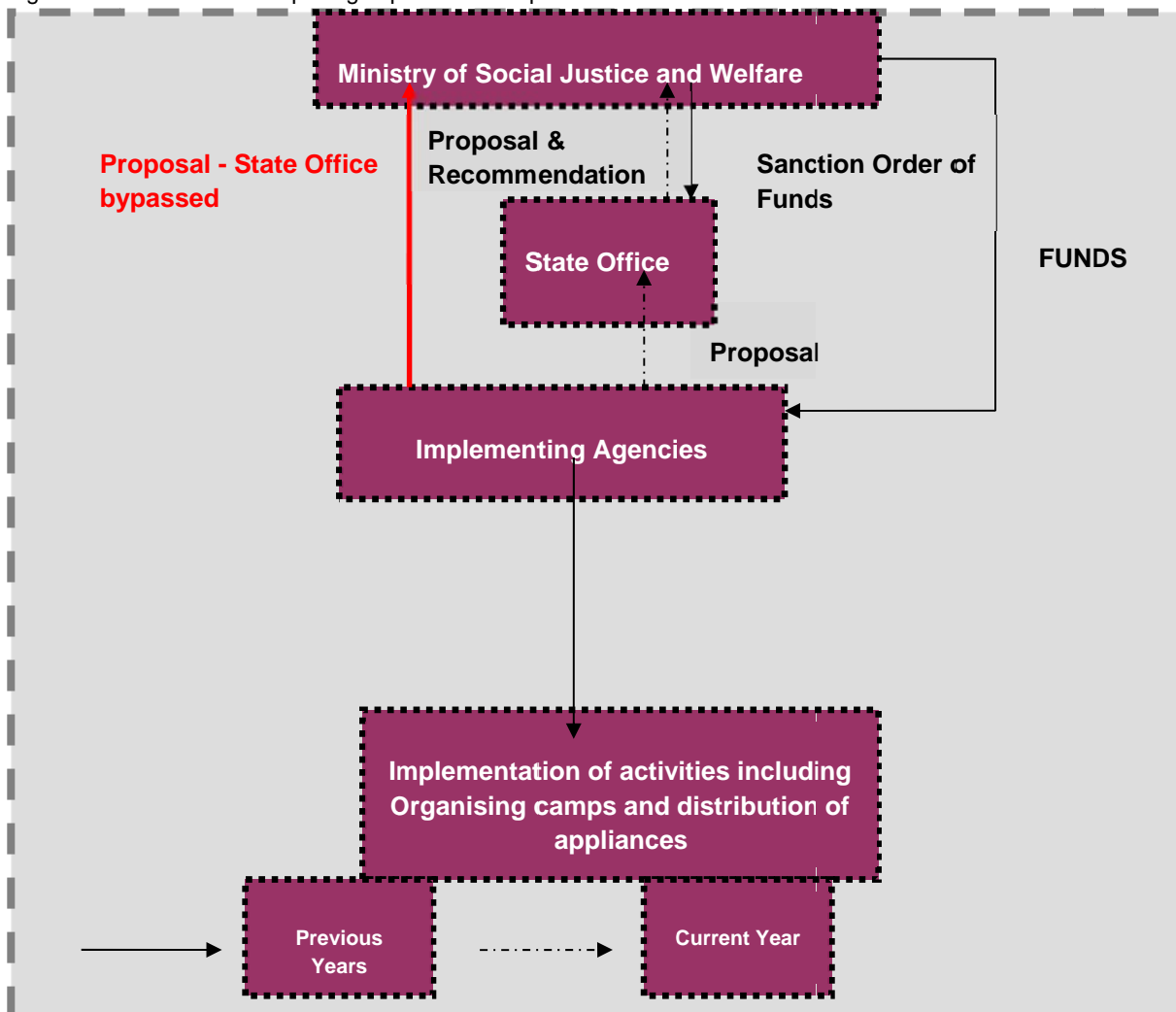
- A database of the disabled persons is to be made at the village level and compiled at district level. While doing so the District Disability Rehabilitation Centre (DDRC) and the District Social Welfare Offices (DSWOs) should be kept in the loop.
- Coverage of the scheme is to be increased. This can be achieved through increased frequency and duration of the camps.
- The process of identification of the beneficiaries should be made rigorous and service of trained professionals is to be obtained for the same.
- The beneficiaries are to be amply oriented about the safe and proper use of the applications provided.
- Provisions for follow up and maintenance of the applications should be provided.
- A mass campaign about the scheme is suggested as the beneficiaries' awareness of the scheme is very low. Information on all the camps to be organized should be made available at village, District Social Welfare Office (DSWO) and District Disability Rehabilitation Centre (DDRCs) levels.
- Regular audit sessions should be carried out to ensure proper utilisation of funds is being done.

# 21. State Report Goa

## 21.1 Overview of scheme since its inception

There are only two districts in the Goa. All activities are organised from a single office in Panaji which is the State capital. State level line Department has no idea of the activities of the implementing agency in the State as they are not contacting the State office for organizing any activity. According to the district offices the NGO's are in communication with the centre directly. It was found that the district officials did not have much clue over the activities of the implementing agencies. The district official's complaint that these NGO's don't seek their advice before organizing camps.

Figure 21.1: Flow Chart depicting implementation process of ADIP Scheme



Source: State Level Data

The district officials are in touch with the beneficiaries throughout the year as there are other State run schemes for the physically handicapped. If the NGOs are in touch with these officials then they can also get a clear picture of the current status before organizing any activities. This will help in identifying and prioritizing the physically handicapped who may need assistance urgently. There have been cases where

some have been benefited by both the State run schemes and ADIP whereas some did not get assistance from any of these.

The evaluation of the work done by the implementing agencies is not satisfactory as there is no proper system for it. The role of the district office seems to be of a silent spectator in the implementation of the ADIP scheme though it being a major stakeholder.

#### 21.1.1 Actual status of the Scheme (Physical & Financial)

The details of the year wise funds utilised by implementing agencies, the number of Differently Abled persons declared as beneficiaries by the implementing agencies and the number of surveyed beneficiaries are given in the below table.

Table 21.1: Funds Utilised, Beneficiaries Declared and Actual Survey

District	Implementing Agencies	Year	Funds Utilised (Lakh)	Number of Beneficiaries as per details provided	Number of beneficiaries surveyed
North Goa	Narayan Seva Sansthan	2007-08	Not Allocated	-	31
		2008-09		31	
		2009-10	Not Allocated	-	
South Goa	Narayan Seva Sansthan	2007-08	Not Allocated	-	20
		2008-09		24	
		2009-10	Not Allocated	-	

## 21.2 Physical Performance of the Scheme

It is evident from the above mentioned graph that about INR 12.08 Lakh has been allocated to the three selected districts named South Goa and North Goa and INR 4.82 Lakh has been released which is, 40% of the fund allocated. During 2009-10 Goa have not received any fund. As per data provided by the implementing agencies, during the reference period 55 Differently Abled Persons have been provided benefit. Out of these 55, our team has contacted 51 beneficiaries as other four were found shifted from the address provided.

Looking into physical performance it is evident that about INR 7,010 has been spent for each differently abled person which is slightly on the lower side as per beneficiary benefit as per guideline should not go beyond INR 6,500 and 20% of the total fund can only be used as operational cost.

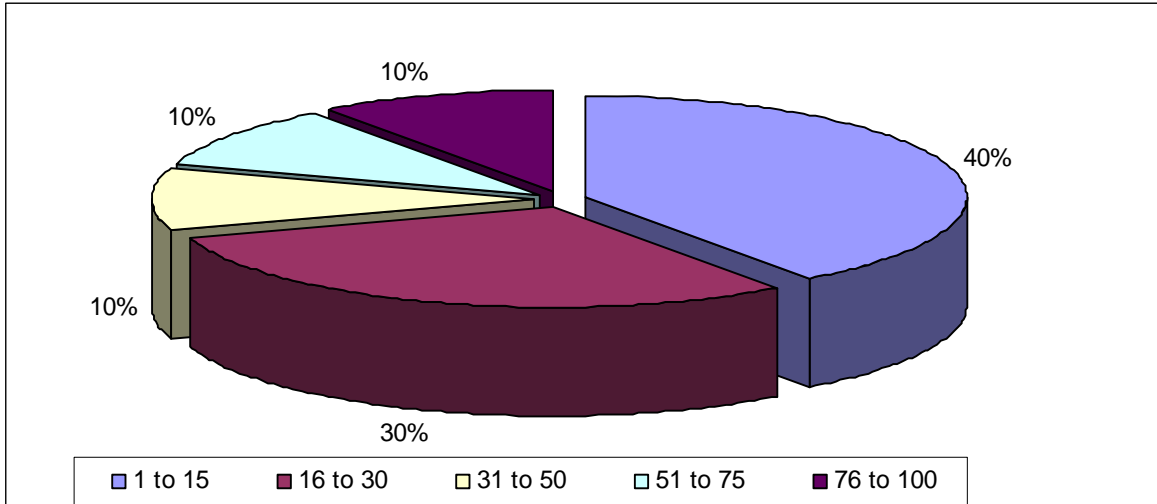
## 21.3 Physical Verification of the Scheme

### 21.3.1 Profile of the Beneficiaries contacted

#### 21.3.1.1 Age Group of Beneficiaries

As per our field survey, almost 40% of the Beneficiaries covered were between the age group of 1-15. In all 30% of the beneficiaries were between 16 to 30, 10% of them were between 31 to 50, 51 to 75 and 76-100 respectively. The list of total beneficiaries in Goa is mentioned in Appendix A.

Figure 21.2: Age Group of Beneficiaries (in %)

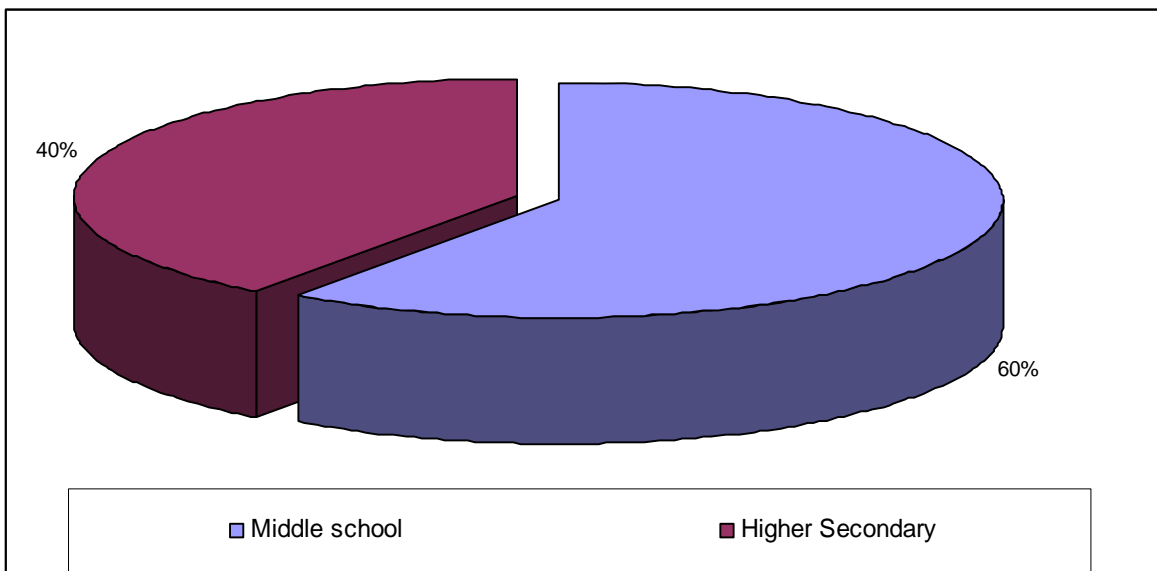


Source: MM Study

### 21.3.1.2 Literacy Level

A total of 60% of the beneficiaries contacted had completed their middle school and 40% of the contacted beneficiaries completed their higher secondary education. Their distribution is depicted in the graph below.

Figure 21.3: Literacy level of Beneficiaries (in %)

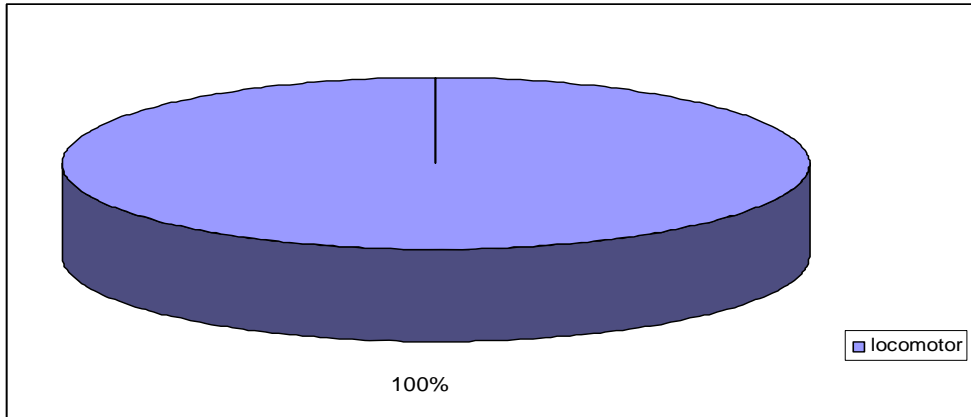


Source: MM Study

### 21.3.1.3 Type of Disability

The disabilities assisted under ADIP Scheme in Goa was solely beneficiary Locomotor.

Figure 21.4: Types of Disabilities assisted (in %)

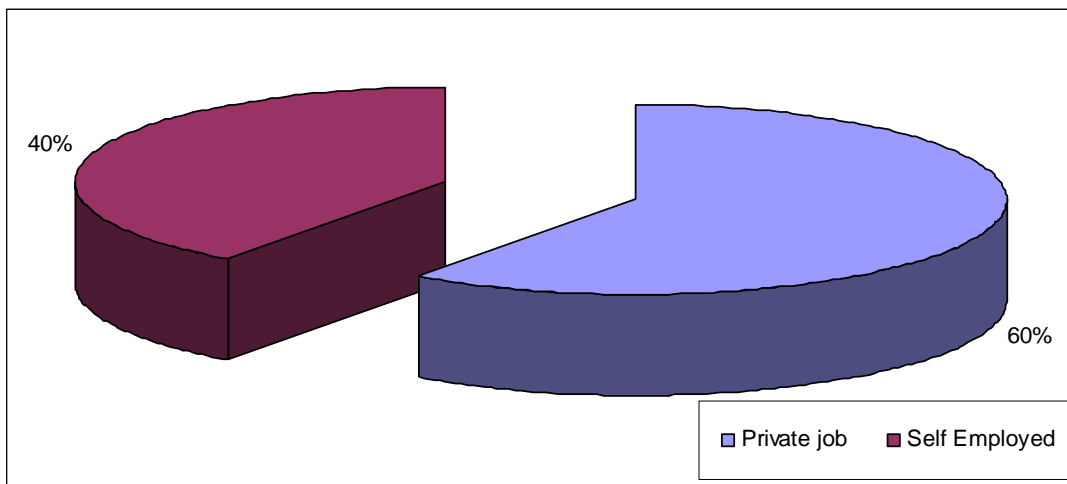


Source: MM Study

#### 21.3.1.4 Employment Status of Beneficiaries and his/her Guardian

Majority of the beneficiary contacted were self employed which accounted for about 60% of the contacted beneficiary. However the rest 40% of the beneficiary were employed in private sector.

Figure 21.5: Employment Status of contacted beneficiaries (in %)



Source: MM Study

#### 21.3.1.5 Income Group of beneficiaries and his/her Guardian

The beneficiaries are from very poor socio-economic backgrounds. Their guardians are mostly self employed and have limited or meagre earnings.

### 21.3.1.6 Nature of Disabilities of the Beneficiaries

During the survey it was found that the main cause of disability of the beneficiaries was illness, which accounted for 60 percent of the contacted beneficiaries. However 40 percent of the contacted beneficiaries were physically handicapped due to accidental causes.

Table 21.2: Nature of disabilities of the beneficiaries (in %)

Type of Disability	Locomotor
Congenital	0
Illness	60
Accidental	40
<b>Total</b>	<b>100</b>

Source: MM Study

### 21.3.1.7 Reaction of Society

From the table it can be concluded that society has been very uncompassionate toward this physically handicapped person and these physically handicapped person had to face various problem.

Table 21.3: Reaction of Society (in %)

Whether society have behaved adversely due to disability	Locomotor
Yes	100
No	0
<b>Total</b>	<b>100</b>

Source: MM Study

### 21.3.1.8 Reaction of Society towards you

From the table it can be inferred that majority of the beneficiaries had to face various disgraceful situation due to their disability, it was found that most of the society behaved very rudely to the physically challenged person and looked upon them with sheer disregard. However only 10% of the society has shown sympathetic regards towards these physically handicapped people

Table 21.4: Reaction of Society towards Differently Abled (in %)

Type	Locomotor
Empathetic	10
Rude	10
Disregard	40
Discriminating	40
<b>Total</b>	<b>100</b>

Source: MM Study

### 21.3.1.9 Awareness regarding ADIP Scheme

From the table it can be inferred that in Goa 80% of the respondents were aware of the scheme previously. In contrary 20% of the respondents were found unaware of the scheme previously.



Table 21.5: Prior Information regarding ADIP Scheme (in %)

Prior Information regarding ADIP Scheme	Locomotor
Yes	80
No	20
<b>Total</b>	<b>100</b>

Source: MM Study

#### 21.3.1.10 Awareness regarding the type of Appliances Obtained

It is very much conclusive from the table that all the beneficiaries were aware of the appliances being provided as a part of the ADIP Scheme.

Table 21.6: Awareness regarding the type of Appliances obtained (in %)

Whether the beneficiaries are aware of the appliances provided?	Locomotor
Yes	100
No	0
<b>Total</b>	<b>100</b>

Source: MM Study

#### 21.3.1.11 Source of information regarding the Appliances

Form the table it can be deduced that various types of beneficiaries obtained information regarding their appliances from others unlike from doctors, relatives, etc.

Table 21.7: Source of information regarding the appliances (in %)

Source of Information	Locomotor
Doctors	55
Relatives	25
Others	20
<b>Total</b>	<b>100</b>

Source: MM Study

#### 21.3.1.12 Year of obtaining Appliances

From the table below it can be inferred that the beneficiaries obtained their appliances from the year 2004 to 2009. The percentile distribution of appliances provided for various years is given in the table below. However majority of the them have received the aids during the year 2008.

Table 21.8: Year of Obtaining appliances (in %)

Year Of obtaining appliances	Locomotor
2004	10
2007	10
2008	50
2009	30
<b>Total</b>	<b>100</b>

Source: MM Study

#### 21.3.1.13 Financial aid for Appliances

It can be derived from the table below that majority of the financial aid provided to the beneficiaries were from State handicapped corporation whereas other agencies like District Disability Rehabilitation Centre (DDRC) and Composite Regional Centre (CRC) etc did not make any contribution.

Table 21.9: Financial aid for appliances (in %)

Source of financial aid	Locomotor
State handicapped corporation	100
<b>Total</b>	<b>100</b>

Source: MM Study

#### 21.3.1.14 Number of times the Aid has been Obtained

It can be easily deduced from the table that all the beneficiaries have obtained the aid or the appliances only once or twice.

Table 21.10: Number of times the aid have been provided (in %)

No Of Times	Locomotor
1 to 2 times	100
<b>Total</b>	<b>100</b>

Source: MM Study

#### 21.3.1.15 Information regarding the Head of the Household

It has been observed that 70% beneficiaries who were physically challenged were not head of the family. But 30% of the beneficiaries who were physically challenged were found to be the head of the family.

Table 21.11: Whether Differently Abled Person is head of the family (in %)

Whether respondent is head of the family?	Locomotor
Yes	30
No	70
<b>Total</b>	<b>100</b>

Source: MM Study

#### 21.3.1.16 Literacy Level of the Head of the Household

During the survey it was found that the head of the family of beneficiaries were either educated up to middle school or up to higher secondary levels.

Table 21.12: Literacy level of the head of the family (in %)

Types	Locomotor
Middle School	50
Higher secondary	50
<b>Total</b>	<b>100</b>

Source: MM Study

### 21.3.1.17 Monthly Income of the head of the Household

It was found that majority of the head of the household of 90 of the beneficiaries had a income range of INR 2000 to 3000 monthly which clearly indicated the very low financial status of the families of the beneficiaries.

Table 21.13: Monthly Income of the head of the household (in %)

Income Range	Locomotor
INR 1000 – 2000	10
INR 2001 – 3000	90
<b>Total</b>	<b>100</b>

Source: MM Study

### 21.3.1.18 Dependency of family members on the Disabled Person

During the survey it was found that in 60% of the cases family members were found dependent on the beneficiaries.

Table 21.14: Dependency of family members on the Disabled Person (in %)

Anyone dependent on the disabled person?	Locomotor
Yes	60
No	40
<b>Total</b>	<b>100</b>

Source: MM Study

### 21.3.1.19 Number of Dependent Person

From the table it can be inferred that there were many members in the family who were dependent on the beneficiaries. About 40% have three members dependent on them followed by 30% of the beneficiaries who have five members dependent on them.

Table 21.15: Number of Dependent Person (in %)

Total number of dependents	Locomotor
1	10
2	20
3	40
4	0
5	30
<b>Total</b>	<b>100</b>

Source: MM Study

### 21.3.1.20 Place of Application for the appliance under ADIP Scheme

Almost all the application for obtaining the appliances from ADIP Scheme was received by the NGOs in Goa.

Table 21.16: Place of Application for the appliance under ADIP Scheme (in %)

Table Heading Left	Locomotor
NGO	100

Table Heading Left	Locomotor
Self	0
<b>Total</b>	<b>100</b>

Source: MM Study

### 21.3.1.21 Time taken for obtaining the appliances after Application

From the table it can be concluded that most of the appliances obtained under ADIP scheme reached to the beneficiaries immediately which signifies the efficiency of the NGOs who were responsible for supplying the aid or the appliances to the beneficiary.

Table 21.17: Time Taken for obtaining the appliances after application (in %)

Time Frame	Locomotor
Till Surgery	0
Till the Fitment of Appliances	0
Immediately	100
<b>Total</b>	<b>100</b>

Source: MM Study

### 21.3.1.22 Type of Device Obtained

From the table it can be inferred that most of the beneficiaries obtained wheel chair (80%), followed by crutches (20%).

Table 21.18: Type of device obtained (in %)

Type of Device	Locomotor
Wheel chairs	80
Crutches	20
<b>Total</b>	<b>100</b>

Source: MM Study

### 21.3.1.23 Time Since the availability and usage of appliance obtained under ADIP Scheme

It can be clearly deduced from the table that majority of the appliances were made available to the beneficiaries within 1 to 10 months of time.

Table 21.19: Time Since the availability and usage of appliance obtained under ADIP scheme (in %)

Time frame	Locomotor
1	2
2	20
3	28
4	14
5	2
6	2
7	2
8	15
9	15
10	10
<b>Total</b>	<b>100</b>

Source: MM Study

#### 21.3.1.24 Time taken (in months) to adapt the Appliance

During the survey finding it was found that majority (50%) of the beneficiaries took maximum of two months to get equipped with the appliance, however some respondents (10%) even took seven months to get equipped with the appliances.

Table 21.20: Time taken to adapt the appliances (in %)

Time taken	Locomotor
1	40
2	50
7	10
<b>Total</b>	<b>100</b>

Source: MM Study

#### 21.3.1.25 Annual Maintenance cost (in INR) of the Aid

During the survey it was observed that the annual Maintenance cost (in INR) of the appliances obtained by the beneficiaries ranged from INR 200-500. However majority of the beneficiaries had to spend INR 300 annually to repair the device they have obtained.

Table 21.21: Annual maintenance cost of the aid (in %)

Maintenance cost	Locomotor
200	20
250	20
300	40
500	20
<b>Total</b>	<b>100</b>

Source: MM Study

### 21.4 Impact of Scheme on Beneficiaries

During the reference period only few (55 nos.) of Differently Abled Persons have benefited from the scheme. However it becomes difficult to what extent the coverage has been as there are no updated census records of the Differently Abled people. Hence the exact status can only be commented upon only after comparing the number of people benefited with the total number of Differently Abled Persons. However there is no doubt about the fact that the scheme has helped in changing lives of a large number of persons.

The overall impact observed during field survey and detailed interaction with the beneficiaries, district offices and implementing agencies are as follows;

- Freedom in movement, hence now the Differently Abled in the locomotors category are now able to move freely without constant support from others. It was observed that these people now move freely in their villages and interact with other people rather than sitting at home.
- Many have been able to find some livelihood as now they can reach workplaces easily.
- There is a feeling among the beneficiaries that the government gives a thought for their situation and attempts are being made to improve them.

#### 21.4.1 Qualitative changes experienced after fitment of equipments under ADIP scheme

The below table suggests the changes that have been brought to the life of the beneficiaries under the ADIP scheme. The benefits obtained during the ADIP scheme helped them to increase their mobility and also helped them to perform their daily work independently and also helped them to get married.

Table 21.22: Qualitative changes experienced after fitment of equipments under ADIP scheme

Benefits	Locomotor
Increase Mobility	80
Continuation/resumption of study of work	50
Got married /engaged	30
<b>Total (Multiple answer)</b>	<b>100</b>

Source: MM Study

#### 21.4.2 Whether beneficiaries feel that their standard of living has improved or not?

It can be concluded from the table that majority (60%) of the beneficiaries under this scheme found the aids helpful to improve living of their life.

Table 21.23: Impact of Scheme on Beneficiaries Life-improved standard of living (in %)

Suggestions	Locomotor
Yes	60
No	40
<b>Total</b>	<b>100</b>

Source: MM Study

#### 21.4.3 Whether receive any significant change in the reaction of society after getting equipped with the aids/appliances

During the survey it was observed that the respondents had to face many disgraceful situations even after improving their life condition, however majority of the respondents felt the changes in the approach of the society towards them.

Table 21.24: Change in reaction of society after receiving benefit (in %)

Changes observed	Locomotor
Yes	60
No	40
<b>Total</b>	<b>100</b>

Source: MM Study

#### 21.4.4 How far disabled people are rehabilitated

As far as the success of the Project is concerned in rehabilitating the physiological condition of the physically impaired beneficiaries majority of the beneficiaries were averagely or adequately satisfied.

Table 21.25: Proportion of Differently abled Rehabilitated (in %)

Types of rehabilitation	Locomotor
Satisfactorily/adequately	50
Average	50
<b>Total</b>	<b>100</b>

Source: MM Study

#### 21.4.5 Quality of Aids provided and their Performance

There have been mixed responses from the beneficiaries related to quality of appliance provided. The study team found that the appliances which most of the beneficiaries were using currently were in broken condition and the beneficiaries were just managing to help themselves with the appliances. But the quality of appliances provided by the implementing agencies cannot alone be blamed. It is obvious that the appliances given will need timely maintenance for proper functioning. Now in the light of the fact that the appliances are given to persons who are below poverty line, it can be understood that these beneficiaries do not even have enough money to maintain these appliances. The major problems with the appliance included

- Punctured tyres, in some cases even torn off
- Crutches without rubber cushions
- Arm rest of crutches torn off

The question hence arise that whether appliance maintenance camps must also be organised and for which there must be any provision under the ADIP scheme.

#### 21.5 Capacity of Implementing Agencies

The consultants have evaluated the capacity of the implementing agencies on various parameters including accuracy of records kept, penetration in locations they have been allotted, other related work they have been doing in this area and personal relations built with the Differently Abled people which helps in understanding their needs accurately. In such parameter Narayan Seva Sansthan was found effective the only problem is that they do not have local office to provide after fitting maintenance of the aids and appliances.

#### 21.6 Narayan Seva Sansthan

The implementing agency has its head office in Udaipur where it also has a 1000 bed hospital which is independently run by the NGO. Herein mainly patients suffering from Polio are treated and surgeries if needed are done free of cost. The agency has its offices in major cities nationwide. In the previous organized camps the agency has done extensive coverage of the Differently Abled people in the respective districts.

The implementing agency had been sanctioned funds for distribution of appliances in North & South Goa. The field survey of beneficiaries in their area of operation was smooth. All beneficiaries met had been provided with appliances as mentioned in the data provided by the implementing agencies.

#### 21.7 Types of services provided as care after fitting of Aids

The consultants after interaction with the implementing agencies and beneficiaries found out that no additional services are provided as care after fitting of aids by the implementing agencies.

## 21.8 Issues & Constraints

Though the ADIP scheme has largely succeeded in its objectives, there are some constraints which hinder effective implementation of the scheme. Some of these are as listed below.

- There were no proper census records of Differently Abled persons with either the district office of Social Justice and Empowerment or the implementing agencies. The district offices and implementing agencies are relying on the census done by the central government which is done once in ten years. For providing effective aid to the Differently Abled it is necessary to have proper details which will help in planning the location of organising camps and the number of Differently Abled who need to be attended. The centre allots funds for a specific district. Now there is no mechanism to ensure that all tehsils and respective villages will get benefited by these funds. The implementing agencies have the liberty to select location of organising camps as per their ease.
- There are other self run NGOs which are working in the district. Some of these also organise camps and distribute appliances to Differently Abled persons. The implementing agencies have pointed out incidents where persons who have already been benefited by the ADIP scheme also collect appliance from such camps and the persons who really need them do not get it. There have been incidents where many Differently Abled people have sold the appliance given to them for some money as they do not have any other livelihood. Many beneficiaries cannot afford the Maintenance cost of the appliances given to them. As a result the appliance break down in some months and become non functional. This is affecting the effectiveness of the scheme. Also a particular person will be provided aid next time only after three years while the previous appliance becomes non functional within six months or a year.
- Most importantly, there needs to be a proper system to audit rather than mere evaluating the work done by the implementing agencies. The objectives of the ADIP scheme though being very clear and simple, it has not been effective to satisfactory levels due to above mentioned constraints. Hence in the coming time, it is necessary to build systems which can block such inconsistencies. The major areas of concern as identified during the field visits are as under:
  - Lack of proper updated census records of the Differently Abled people.
  - Lack of mechanism to ensure that all tehsils and respective villages of the district are benefited from the scheme.
  - There is no system to ensure that the beneficiary who is being given the appliance has not already benefited by appliance received from other sources.
  - Also it difficult to ensure that the beneficiary will not sell the appliance given to him/her to some other people or for scrap, which has been pointed out by the implementing agencies.
  - Most of the beneficiaries are not in a State to maintain the appliance given to them and hence they become non functional in a short span of time.
  - There is serious lack of system to evaluate the work done by the implementing agencies.



## 21.9 Recommendations

After analyzing the issues identified during field visits the recommendations of the consultants are as follows:

- There needs to be a proper updated list of Differently Abled people in the district which should be used to implement activities. This can be done by the district office and whichever implementing agency is operating in the district can coordinate with the district office for the same.
- This activity will also help in estimating the number and details of beneficiaries and non beneficiaries. This in turn will ensure that no particular person gets aid or appliance more than one time in the span of three years and no Differently Abled person is left out.
- There must be a mechanism to ensure that all tehsils and respective villages of the district get benefited by the scheme. This can be done by either implementing the scheme at the tehsil level rather than district level. If this alternative becomes very confusing the district office can ensure that all tehsils get benefited in turns.
- It is also necessary to ensure that the person benefiting under the scheme has not already been benefited by appliance received from other sources, i.e. other agencies working independently and not receiving funds from the government. This can be done by convincing such agencies to coordinate with the district office before implementing such activities.
- The beneficiaries are benefited but not for long as they cannot maintain the appliance given to them owing to inability to bear maintenance cost. It is recommended that the implementing agencies should conduct maintenance camps frequently and provision for the same should be made in the regulations of the scheme.
- Most importantly it is necessary to assess the work of the implementing agencies. It necessary to audit rather than mere evaluate the activities of the agencies under the ADIP scheme. Regular third party auditing is hence needed which can independently investigate the activities of these agencies.

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# Appendices

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## Appendix A. List of Beneficiaries Contacted

### A.1 | State wise list of beneficiaries

<b>ASSAM</b>	
1.	S R KALITA
2.	A B KHAN
3.	ATIKURRAHMAN
4.	BADAN CHETIA
5.	FARIDA KHATUN
6.	GEETA NAGJAR
7.	GIYASUDDIN
8.	M LAL NIYAN
9.	MAMTA NAIDING
10.	RAZINA BEGUM
11.	SHAMITA KHATUN
12.	SHARFUDDIN
13.	SORHAM KEMPARI
14.	AARAYAN DAS
15.	ABDUSSUBHAN
16.	ABV KALAM
17.	ANWARA KHATVN
18.	ARJUN CHETRI
19.	BHANIMAI DAS
20.	BIMAL RAULAGUPU
21.	BOUNI DAS
22.	D HAJOI
23.	D RIAME
24.	DEIDIKAMLE NRIAME
25.	DHARAM TATUTI
26.	DILAWAR HUSSAIN
27.	DILIP PAL
28.	DIMPLE KNOWAR
29.	FULBANI
30.	GENEVIE PAME
31.	GUNA GOGOI
32.	HAILUMGNEUNG JEME
33.	HAISUARUNG NRIAME
34.	HENOLA BODO
35.	HUMA BEGUM
36.	JAFFAR ALI
37.	JANTU KAR
38.	JIBAN GOGOI
39.	JONAKI BISWAS

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40.	JUSHNA DAS
41.	KAVITA GOGOI
42.	KRISHNA SHARMA
43.	KUINEILE KUAME
44.	LALSUOHAV BUNGLUNG
45.	LUTUA MURA
46.	MALA DVTTA
47.	MIRNALI 9EIN
48.	MONU BHUYAN
49.	NABA MOHAN
50.	NIRMAL SAHA
51.	NIRU KDNVAR
52.	NIZAADDIA ALI
53.	NOBINA THAOSEN
54.	OWILY SUCHEN
55.	PAPARI GOGOI
56.	PINTU DAS
57.	PVRMA BARMAN
58.	RABIYA KHATUN
59.	RAFIQUDDIN
60.	RAI MATI KALITA
61.	RAJIK NUNISA
62.	RAMSINGBE PAME
63.	RITA DEB
64.	RUPA MULHAZUARI
65.	SHERA KHATUN
66.	SRIUPPEN BORNOM
67.	SUKHLAL
68.	UPEN KHAKHARI
69.	ZAINALUDDIN
70.	ABDUL ALI
71.	BHUPENDRA DAS
72.	HANIF
73.	HINGTUING PAME
74.	J BEGAM
75.	MRIDUL MEK
76.	PAPU DAS
77.	S SINGH
78.	SAPAN BORUA
79.	SHAMALA KHATUN
80.	SUPRIYA DEY

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81.	SURAJ DAS
82.	ARPANA DEBNATH
83.	SUBASH DAS
84.	BIPUL DAS
85.	RABI KUMAR CHOUHAN
86.	MD. NIZAMUDDIN
87.	RAJKUMAR NATH
88.	NIMAI DEBNATH
89.	JOY BABU SINGH
90.	GANESH MAJUMDAR
91.	NOOR ISLAM
92.	BADRUDDIN
93.	SAIDUL RAHMAN
94.	NURISLAM
95.	JAGAMOHAN DAS
96.	ABDUL KALAM
97.	AJAY BISWAS
98.	RASHIDA BEGUM
99.	KAMAL RAVIDAS
100.	LAKHI RAM KURMI
101.	BABUL ISLAM
102.	DAYARAM CHAUHAN
103.	ABDUL MALIK
104.	SUBHASINI GOSWAMI
105.	HARI SHANKAR GUPTA
106.	AFTARA BEGAM
107.	MALLIKA BEGUM
108.	ABDUL KALAM
109.	UDHA RANI DAS
110.	JEWAN NANDI
111.	PRADIP DAS
112.	HEMANTA DAS
113.	RANJIT GOSWAMI
114.	SABAN DEKA
115.	BINDA DAS
116.	BHIBHA RANI BISWAS
117.	MAIDHEZ BORA
118.	KHUSHI RANI DEY
119.	ABDUL HAQUE
120.	UJJAWAL DEY
121.	BINDU PRABHU DEY

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122.	PARSURAM SAHU
123.	HABIB ULLAH
124.	MUHIBUR RAHMAN
125.	ABDUL KARIM
126.	SUFIT SAHA
127.	SUNIL HAYARA
<b>MEGHALAYA</b>	
1.	HSUBOLA BARMAN
2.	JENGMAN MOMIN
3.	NESIMARY KHURBAAT
4.	TIANGBIRTH MOMIN
5.	WALSINA SANGAMA
6.	WANBAIT STEN
7.	S KHONGBEII
8.	ARPIUSH M MARAK
9.	BANGHUN PYNGRORE
10.	BATJING SANGAMA
11.	BEKING MARAK
12.	BRINSON LYNNONG
13.	DABO MARAK
14.	DILIP KOCH
15.	GREBIL A MARAK
16.	K SAWGAMA
17.	LEBING SANGNA
18.	LENONI SANGMA
19.	LULUNG NOMIN
20.	MEJITHA SANGAMA
21.	NORAM MARAK
22.	PEDISON MOMIN
23.	PIMOLA MARAK
24.	R SANGAMA
25.	S KARMARKAR
26.	S KHOGDEP
27.	S SYNREM
28.	SABITRI HAJONG
29.	SALITHA SANGAMA
30.	SEMOLLIN R SANGAMA
31.	SENGARANG SANGAMA
32.	SILLAS SANGAMA
33.	SIMSENG SANGAMA
34.	STARSON SANGAMA

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35.	SUBULLA BARMAN
36.	SURANI SANGAMA
37.	TENGKAMCHI MARAK
38.	TIMIKA MAJONG
39.	V KHARNARI
40.	VALIANCY KHARNARY
41.	VANALIZA LYNGDOH
42.	WAROSN MOMIN
43.	8 KHARKONGOR
44.	BILASMVNI BVRMAN
45.	C KHARKONGOR
46.	D NONGRUM
47.	DISCOMBER WARJRI
48.	EMILLA HAAT
49.	G BARMAN
50.	KAMOLLA MARAK
51.	PROLOY MARAK
52.	ROSALLIN SHIRA
53.	SHARSING SYIENLIEH
54.	TENGSAN MARAK
55.	THIMODINI SANGAMA
56.	TRANLY KHONGSIT
57.	SHRI SALJAGRING N. MARAK
58.	SMT. PRINGCHI MARAK
59.	SHRI BARBITH AFO-I. SANGMA
60.	EMILLA HAAT
61.	SMT. TANSINA HARAK
62.	SHKIN JAHIT SANGMA
63.	RIKRE R. MARAK
64.	SMTI ROSALLIN N. SHIRA
65.	SHRI WILSON N. MARAK
66.	STARSON CH. SANGMA
67.	SMT. PROJINA M. SANGMA
68.	SMT. GREP SILHJI N. MARAH
69.	PEDISON MOMIN
70.	SNORA SYNREM
71.	DARITI NONGRUM
72.	SHUSDMITA GURUNG
73.	VANALIZA LYNGDOH
74.	SIDANTH LEPCHA
75.	CHANDARA BAHADUR

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76.	SABINA GHARTIMAGAR
77.	DAKIMANROI MARWEIN
78.	DONALD MAWLONG
79.	HEN RUPOR KHAGSHIT
80.	WALLANI BIAEY
81.	VALIANCY KHARNARI
82.	WANBAIT STEN
83.	KENAN C. MARAK
84.	WIANLY KHYMDEIT
85.	TRANLY KHONGSIT
86.	WDANPHYRNAI NAWTHOH
87.	PYNKHLAIN KHYMDEIT
88.	MEBARIPHYLLA KHARMYNDAI
89.	BATSKHEM NONATDU
90.	BESTARWELL KHARWAR
91.	MICHAEL MARWEIM
92.	JOEL NONGSIEJ
93.	IAINEHSKHEM MARBANIANG
94.	MEBAPYNKMEN MARBANIANG
95.	WAROSN MOMIN
96.	KILCHJI MOMIN
97.	BIKON MARAK
98.	WARSAN SANGMA
99.	NORAM MARAK
100.	TIMIKA MAJONG
101.	SABITRI HAJONG
102.	SURANI SANGMA
<b>SIKKIM</b>	
1.	ANKITA RAI
2.	ANUSKA
3.	BAHADUR THAL
4.	DALBAR PRADHAN
5.	INDRA SHARMA
6.	LAKHU TESMERING BHUTIA
7.	LALBIR RAIMAKHA
8.	LIZIHANGAMA
9.	PRASAD SHARMA
10.	SUYA MAYA SUBBA
11.	TACK THAPA
12.	THAKUR GURUNG
13.	3UNITA DEVI



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14.	ABHISHMAN
15.	AMAR BAHADUR
16.	BABLU GIRI
17.	BHAKTA MAYA PRADHAN
18.	BHIM GURUNG
19.	BIMAL RAI
20.	BIRMAN MANGAR
21.	CHANDRA PRAKASH GUPTA
22.	DAWA PINTO
23.	DEVIKA RAI
24.	DHAN KUMAR RAI
25.	DHANMAYA RAI
26.	GUJRAMAN LIMBO
27.	HEM LAL SHARMA
28.	I B BURUNG
29.	KAMESMWARAM
30.	KEWAL SHARMA
31.	KIRAN CHETRI
32.	KRITI LAMA
33.	KUL BAHADUR KARKI
34.	KULMAYA CHETTRI
35.	KUSHAL CHATRI
36.	LAMU TAMAD
37.	MAHINDRA
38.	MALA DORJI
39.	MASENG RAI
40.	MOHAR DAS
41.	MOTI GURUNG
42.	NAINA
43.	NEEMA DORJI
44.	NETHUP DORJI TAMAD
45.	NIMA SHAPA
46.	NOOR MAYA RAI
47.	PADAM BASETTI
48.	PADAM SINGH
49.	PAKCHUK LEPDA
50.	PALDEN SHIUGI BHVTIYA
51.	PEMA SHAPA
52.	PRASANG LENDIP SHAPA
53.	ROSHAN TARA BAMADUR
54.	RUPEN CHETRI

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55.	SANCHA MAYE
56.	SHAMSHAD HUSSAIN
57.	SONIA CHETTRI
58.	SUJAN CHETRI
59.	TIKA KAM SIBBA
60.	TIKA RAM CHOWAN
61.	TIWA DHAKHAT
62.	UMESM GUPTA
63.	VINITA PANDEY
64.	CHARU SINGH
65.	PARIMAL JAMANG
66.	KHERKA MAYA LINBOO
67.	PADAM SINGH
68.	MAN BAHADUR SUSBA
69.	SAPNA LAIMBOO
70.	GADIRA MAYA CHETTI
71.	CHUNA MANI BHELADAI
72.	JIT BAHADUR THAPA
73.	GAJRA MAN LIMBOO
74.	DOM BAHADUR CINBOO
75.	DAL BAHADUR RAI
76.	PAKCHUK LEPDA
77.	LAXMI NARAYAN KHADHA
78.	KAUNA BAHADUR RAI
79.	SUJAN CHETTI
80.	TAR TSHERING
81.	MAN BAHADUR
82.	MIRINGAMA SUBBA
83.	DHANMATI SUBBA
84.	BAHAWANI SHANKER/ LT.TIKA RAM CHETTRI
85.	BALIMANGA
86.	BHONAL PRASAD
87.	DILASARI
88.	NITU AGARWAL
89.	PARAI GURUNG
90.	MINGMA LAMU
91.	ARJU BASNETT
92.	GHARUL SINGH
93.	KUSHAL SUBBA
94.	ASHPAL RAI
95.	KARISHMA KUMARI

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96.	PUPL DANG RAI
97.	OM NATH SHARMA
98.	CHARU SINGH
99.	PADAM LAL SHARMA
100.	N+AKAR RAI
101.	ALKA MANGER
102.	SAWITRI DEVI
103.	RATAN TAMANG
104.	CH+RA THAPA
105.	HARKE BD.
106.	RAMESHWAR
107.	RATAN TAMANG
108.	GAURI PARADHAN
109.	HIT LAL SANG
110.	RATNA BD. THAPA
111.	DHAN MAYA
112.	KRISHANA PRADHAN
113.	RINED THAPA
114.	NAM BHETE
115.	JEET MAN BHISWAKARMA
116.	SHIVAM SAPKOR
117.	THAKUR GURUNG
118.	DHANMAN SUNAR
119.	BHIM BD.
120.	PREM CHITING BHUTIA
121.	DEVI MAYA CHETTRI
122.	FULDEM BHUTIA
123.	NEELA SUNDAS
124.	AGAM RAI
125.	PASANG TAMANG
126.	M+IRA
127.	GAURAV SUNDAS
128.	CH+RA THAPA
129.	HARKE BD.
130.	RAMESHWAR
131.	RATAN TAMANG
132.	GAURI PARADHAN
133.	HIT LAL SANG
134.	JIT PRASAD
135.	SANTA KUMAR
136.	PAMILA TAMANG

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137.	NANBA KARKI
138.	PAMPUM MANGIL TAMANG
139.	AJAY SUBBA
140.	MAYA TAMANG
141.	NIR MAYA SUBBED
142.	GANESH SUNAR
143.	MINGMA LAMU
<b>PUNJAB</b>	
1.	AKHANI
2.	AKSHAY KUMAR
3.	AMIT
4.	ANIL
5.	ANIL SHARMA
6.	ARMANPRIT
7.	ASHOK
8.	AVTAR SINGH
9.	BALDEV SINGH
10.	BALJEET KAUR
11.	BALJEET SINGH
12.	BAN PUSKAR DAUJI
13.	BINTU
14.	BUNTY SINGH
15.	CHADAR MOHAN
16.	DARBAR SINGH
17.	DHARMESH SHARMA
18.	DINESH
19.	DURGA DEVI
20.	GANESH
21.	GAURAV
22.	GAURAV KUMAR
23.	GOLU
24.	GURMEET SINGH
25.	GURUVINDER SINGH
26.	HARINDER KUMAR
27.	HARPRIT KAUR
28.	HARSH
29.	HEERA LAL
30.	HEERA SINGH
31.	JAGDISH SINGH
32.	JANAK RAJ
33.	JASVINDER SINGH

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34.	JEELESH SINGH
35.	JITENDREA KUMAR
36.	KALA SINGH
37.	KALU
38.	KAMAL SINGH
39.	KANHAIYA LAL
40.	KANWALJEET SINGH
41.	KARAN SINGH
42.	KEPTAN SINGH
43.	KULWANT SINGH
44.	LABU SINGH
45.	LAKAVAN LAL
46.	LALI
47.	MAHESH
48.	MALKEET SINGH
49.	MANJEET
50.	MANJEET SINGH
51.	MANOJ
52.	MANOJ KUMAR
53.	MANPRIT SINGH
54.	MEENA KUMARI
55.	MEENU
56.	MINNAP
57.	MITAR SINGH
58.	MOHAN KUMAR
59.	MOHAN LAL
60.	MONU
61.	MUKHTAR SINGH
62.	MUKHVINDER SINGH
63.	NAGESWAR SHARMA
64.	NEERAJ
65.	NIRMAL
66.	OM HARI
67.	OM SAI
68.	PADAMDEEP
69.	PADMESWAR
70.	PAPPU
71.	PARAMHEET SINGH
72.	PARBALA
73.	PRABHATJOT
74.	PRATAP SINGH

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75.	PRAVEEN SINGH
76.	PUNAM SURI
77.	RAJAN KUMAR
78.	RAJKUMAR
79.	RAJU SINGH
80.	RAKESH
81.	RAM KEWAL
82.	RAM SWROOP
83.	RAMJEET
84.	RANJEET KAUR
85.	RAVINDRA KUMAR
86.	ROHIT KUMAR
87.	ROSHAN BABU
88.	RUPENDRA SINGH
89.	SANAM
90.	SANJAY SINGH
91.	SANNY
92.	SATISH
93.	SHABBA
94.	SHANGARA
95.	SHAUKET KUMAR
96.	SHRAWAN SINGH
97.	SUBHASH CHAND
98.	SUKHVINDAR
99.	SUNIL
100.	SUNITA
101.	TEENU
102.	TEJINDRA
103.	TINKAL
104.	VIJAY
105.	VIJAY SINGH
106.	YASHPAL SINGH
107.	JAGTAR SINGH
108.	GURPREET SINGH
109.	RANJODH SINGH
110.	BALJIT KAUR
111.	JASWINDER SINGH
112.	CHARAN SINGH
113.	BALA SINGH
114.	RAMAN KUMAR
115.	MONU

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116.	SAWARN SINGH
117.	GURPREET SINGH
118.	KALYAN SINGH
119.	SATNAM SINGH
120.	MAUT
121.	BALWINDER SINGH
122.	SAHIL
123.	TARUN
124.	KAWAL PREET KAUR
125.	TARUN SHARMA
126.	DAKSH
127.	SH.GURMAIL SINGH
128.	SH.TARSEN SINGH
129.	SH.BABU RAM
130.	SH.SANJEEV KUMAR
131.	CHARANJEET SINGH
132.	MR.VICKEY
133.	SH.BALKAR KUMAR
134.	SH.MURTI CHAND
135.	SH.TEJINDER SINGH
136.	SH.GULAM MASIH
137.	SH.SURINDER SINGH
138.	SH.GURUBAKSH SINGH
139.	MR.KARAMBIR SINGH
140.	MR.SARABJIT SINGH
141.	MR.CHAMAN LAL
142.	MR.SANTOKH SINGH
143.	MR.PARVEEN SINGH
144.	MR.MUNISH KUMAR
145.	MISS BALWINDER KAUR
146.	SH.KARAN SINGH
<b>RAJASTHAN</b>	
1.	CHAMPAKUNVAR DEVISINGH
2.	DHAPUDEVI KANARAM
3.	KAILASH GOVERDHAN
4.	KARANSINGH ANOPSINGH
5.	MOHAN PARASNATH
6.	RAMANLAL CHIMANLAL
7.	ROOPSINGH MOTISINGH
8.	SAKINA ASGAR HUSSAIN BOHRH
9.	TULSIRAM JI

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10.	AMBALAL GAGA RAMJI PANCHLAL
11.	ASHA NINMA
12.	BAANWARLAL PHUSA RAM
13.	BANGJI PUNAJI
14.	BANJAN DURGARAM
15.	BASANTIBAI NANDURAMJI
16.	BHANWARLAL CHAGANLAL DARJI
17.	BUDARAM ASAJI MEGHWAL
18.	BUDHA RAM GORDHAN RAM
19.	CH0TIBHI PUMAJI
20.	CHANDA SANJAY JI
21.	CHANDARAM GOMAJI MALI
22.	DEEPA RAMCHANDRAJI
23.	DEV HARIJAN
24.	DEVARAM BHIMARAM
25.	DHARAM VIRARAM
26.	DILIPKUMAR GANESHJI
27.	DINESH KALUJI
28.	GAPPURAM BHEEMARAM NAI
29.	GATTU KACHRU
30.	GEETA NARAYAN
31.	GHEWARAM PABURAM GUJJAR
32.	GHEWARRAM NAGURAM
33.	GULAB WALAJI
34.	HARIRAM DALLAJI MEENA
35.	HEERALAL BANUJI DAMORE
36.	HEERALAL NAKUJI DAMORE
37.	HEMANTKUMAR D BHARYA
38.	HUHMARAM PURKHA RAM
39.	HUKUMDAS RAMESHWARDAS
40.	HUMJA BHIMJI
41.	INDURAM MEENA
42.	JASODHA SHANKARLAL YADAV
43.	JAVED KHAN
44.	JAWANA RAM KHIMAJI
45.	JEPARAM SHAKARAM VEDANA
46.	JITENDRA DEVILAL UPADHYAY
47.	JITENDRA YADAV
48.	KAILASHJI HEMARAMJI
49.	KALI DEVI HEMA RAM
50.	KALU BHERAJI RANA



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51.	KALU PATEL NANA PATEL
52.	KAMLESH MOGAJI DAGBAR
53.	KANA KESU CHARCIYA
54.	KANWARI LAL BANSILAL
55.	KAPIL PARATU
56.	KIRAN SHAMLU KANDIPA
57.	KISHANLAL KESARAM
58.	LAXMAN BHARAT SINGH
59.	LAXMAN SINGH BHAWAR SINGH
60.	LAXMANKUMAR NARAKAM MEENA
61.	LEELA DEVI RAMARAM
62.	LEMJI SARPORA
63.	MACURAM RAMLA
64.	MAHENDA SINGH SIMBHU SINGH
65.	MEGHARAM ASHURAM
66.	MOHIT VINODBHOI
67.	MORI DEVI MANGURAM
68.	MULIBAI NARSAJI
69.	NARAIN RAM MEGHA RAM
70.	NARAYANLAL JAMNARAM
71.	NARYANLAL TARARAM MEENA
72.	NATURAM BHANWARLAL
73.	ONKAR RAM PEMA RAM
74.	PANKAJ RAJBHOI
75.	PARVEEN SATTARJI
76.	PIRADAM PURARAMJI
77.	PONIDEVI NANJI GHANCHI
78.	POOJA BABULAL
79.	POONAM CHAND PHUTNATH NAYAH
80.	PRAKASH KESARAM
81.	PUKARAM GEGARAM
82.	PUKHRAJ DUNGAJI
83.	PUKHRAJ VAKTARAM
84.	PUKHRAM GHANAJI MEGHWAL
85.	RAGHUNATHRAM PRATAPJI GHANCHI
86.	RAHUL HARIJAN
87.	RAJUDEVI RAMDEVJI
88.	RAKESH LAXMAN LAL BHOI
89.	RAM SINGH RUPAJI
90.	RAMCHANDRA AMARSINGA
91.	RAMESHCHANDRA MAHENDRASINGH

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92.	RAMESHJI HIRALALJI
93.	RAMNIMAS ARJUNRAM
94.	RAMUDEVI
95.	RANARAM BIKARAM PEVASI
96.	RATAN PRALAD
97.	REWANT SINGH PREM SINGH
98.	RUKMA DEVI KARMARAM
99.	RUKMANI MELNA
100.	RUPA HARAJI BHAGORA
101.	RUPARM JORARAM SARGRRA
102.	SADDIK AJAY KHAN
103.	SAGAR BAURALAL SARPOTA
104.	SAIYYADA WAHID KHAN
105.	SANJAY KACHRUJIKATARA
106.	SANTOSH GASHIRAM
107.	SARFUDDIN AHMED GANI
108.	SIRAJUDIN IKBALUDIN
109.	SITA DEVI SUKHDEV
110.	SOHANLAL RUPARAM
111.	SOMARM SHANKAR MEENA
112.	SUBAASH RAMANAND SARPOJA
113.	SUNITA GANPATLAL RATHORE
114.	SUNITA MAXNKJI MEENA
115.	SURESAPURI TEJPURI
116.	SUT KANWAR SHAITAN SINGH
117.	TARAMJI KESAJI
118.	TULSARAM BALLARAM DEVASI
119.	VIJAYPAL DHANJI NINAMA
120.	VIKAS SAANHARLAL
121.	YOGENDRA UDAIPALLI
122.	SATISHKVMAR B GARACH
123.	MUNNA RAM
124.	JAYANTI BAI
125.	RAM NIWAS
126.	NATHA RAM
127.	BHANWAR LAL
128.	KEWAL RAM
129.	RADHA
130.	MANJU DEVI
131.	KHAMMA
132.	LALKI DEVI

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133.	LAXMAN RAM
134.	MEERA DEVI
135.	SOHAN SINGH
136.	SOHAN LAL
137.	CHAMPA DEVI
138.	UGALI DEVI
139.	PUKA RAM
140.	RAKESH DAS
141.	CHUNNI LAL
142.	ANNU DEVI
143.	PRATHAM
144.	ANWAR KHAN
145.	FULI DEVI
146.	LAXMI DEVI
147.	GANESH REBARI
148.	SAHIL ALI
149.	MANISHA
150.	VIKARAM
151.	RAMESH PATEL
152.	GOVIND
153.	MOH. AJRUDIN
154.	DILIP VASWANI
155.	GOPAL KUMAR
156.	ARMAN
157.	SONA KUMARI
158.	RAMEHSH KUMAR
159.	SAVERN
160.	DUGAR
161.	RAJ RAM
162.	PUKH RAJ
163.	BHRA RAM
164.	MULI BAI
165.	CHOUTHY BAI
166.	SOHAN LAL
167.	LAXMAN KUMAR
168.	PRAKASH KUMAR
169.	NARAYAN LAL
170.	MOHAN SINGH
171.	MOHAN
172.	MEHTA RAM
173.	RAMA RAM

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174.	CHANDRA RAM
175.	CHANDRA KUMARI
176.	RANJAN
177.	KUKA RAM
178.	TULSA RAM
179.	HARI RAM
180.	SITA
<b>JAMMU AND KASHMIR</b>	
1.	SUDHESH KUMAR
2.	RAMO DEVI
3.	ROSHAN LAL
4.	OMPRAKASH
5.	PANT LAL BATT
6.	HARBAR LAL
7.	PAYAL AKHTAR
8.	RAKESH KUMAR
9.	KAMLESH RANI
10.	SACHIN
11.	AJAY KUMAR
12.	SANJAY KUMAR
13.	GULZAR AHMAD
14.	GHULAM MUHAMMAD BHATT
15.	NAZIR AHMAD
16.	ABDULLAH SHAH
17.	AHMAD LONE
18.	GHULAM HASAN PANCHITH
19.	SHAISTA HASAN PANCHITH
20.	ASHIQ HUSSAIN
21.	ABDUL RASHID
22.	HAJIRA AHMAD SHEIKH
23.	SHYAM LAL
24.	HARAJ
25.	RICH PAL
26.	HUKUM KAUR
27.	KISHAN LAL
28.	BUDHU RAM
29.	PURAN SINGH
30.	RINCHAL SINGH
31.	NAZEER AHMED
32.	SANJEEV KUMAR
33.	PUNURAM
34.	RAMESH CHANDER

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35.	BALWANT SINGH
36.	NARESH SHARMA
37.	KUNJ LAL
38.	DHANI RAM
39.	HARBANS KOUR
40.	ASHOK KUMAR
41.	SALENDRA KAUR
42.	BHIMU RAM
43.	VIJAY KUMAR
44.	MANOHAR LAL
45.	NAV HANS RAJ
46.	HARJINDER KUMAR SHARMA
47.	CHAIN SINGH
48.	TAPAL SHARMA
49.	KRISHAN SINGH
50.	NASSER AHMED
51.	JASWANT SINGH
52.	DEYAL CHAND
53.	PASORI LAL
54.	BARAK SINGH
55.	VAKIL CHAND
56.	AZAD AHMAD DAR
57.	GH.MOH. BHAT
58.	MUKHTHER AHMAD GANIE
59.	NAZIR AHMAD WAGAT
60.	JAGDISH RAJ
61.	SONU KUMAR
62.	GIAN CHAND
63.	AYA SINGH
64.	RAVINDER SINGH
65.	BODHRAJ
66.	SIKENDER LAL
67.	PRITAM LAL
68.	TILAK RAJ
69.	RAKESH KUMAR
70.	SEEMA MAHAJAN
71.	ABDUR SAHNAJ
72.	AHSOK KUMAR
73.	JAGDISH RAJ
74.	GOVINDA
75.	RAMESH KUMAR
76.	MAKHNI DEVI
77.	ANU BALA

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78.	RAMESH KUMAR
79.	SHYAM SINGH
80.	PRINKA
81.	KULBHUSHAN
82.	PILER KAUR
83.	BALWANT KAUR
<b>UTTAR PRADESH</b>	
1.	ADANA MISHRA
2.	AMIT KUMAR
3.	ASHISH KUMARJ
4.	AVDESH
5.	AZIZ
6.	BAMSWAROOP
7.	GAUTAM TIWARI
8.	HARI KARAN
9.	HARISH CHANDRA
10.	HUMARI VIPLA
11.	LARHAN
12.	MACHALU
13.	MANOJ SHUKLA
14.	MOH JAHIR
15.	MOH KASIM
16.	MOH LIYAHAT
17.	MUKESH KUMAR
18.	MUNNI ASIQUALI
19.	PYARELAL
20.	RADHA PAI
21.	RAGHUNATH YADAV
22.	RAM GARIBE
23.	RAMANAND
24.	RAMESH KUMAR
25.	RAMSEWAK CHOUBEY
26.	SEEMA HUSHWAHA
27.	SIRAJ
28.	SUNITA SHARMA
29.	YASMIN
30.	SANDEEP KUMAR
31.	ANIL KUMAR
32.	SULIL KUMAR
33.	RAM NARAYAN
34.	LAXMAN JI

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35.	DHEERAJ KUMAR
36.	MUNNA
37.	SONI KUMARI
38.	HEERA LAL
39.	SURENDRA KUMAR
40.	ANAND KUMAR
41.	AMIT KUMAR
42.	MEERA DEVI
43.	VINOD
44.	RAM KUMAR
45.	RAKESH
46.	AJIT KUMAR
47.	ASHOK
48.	ASHA NIGAM
49.	SHAJAD ALAM
50.	ASHA DEVI
51.	KALLO
52.	JAY RAM
53.	POONAM
54.	CHANDRA PRAKASH
55.	PRADIP KUMAR
56.	ANIL KUMAR
57.	VEER NARAYAN
58.	LAJOL
59.	RAMU
60.	NARAYAN
61.	MOH. MIHFEEK
62.	RAM PRASAD
63.	HABIBA
64.	FAFURKH
65.	VIPIN
66.	SHIV PRATAP
67.	RAVI SHANKER
68.	SHRI PAL
69.	PRABHA RANI
70.	RAMA KANT
71.	GUDIA
72.	GAYATRI DEVI
73.	BABBA
74.	SHARDA
75.	KARAN

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76.	RADHA KRISHNA
77.	SIYA RAM
78.	SONU PAL
79.	SANJAY KUMAR
80.	RAJA
81.	KUSAMA DEVI
82.	RAJA RANI
83.	RAM DEVI
84.	SHALENDRA PRASAD
85.	SHIV KUMAR
86.	DHRAM RAJ
87.	VEERENDRA
88.	SHIV SHANKER
89.	RAJ KUMAR
90.	MUKESH
91.	JAMILA
92.	KULDEEP
93.	RAKESH
94.	RINKU KAMAL
95.	RENU
96.	ALLORAKHU
97.	BHARAT
98.	RAM SWARUP
99.	HIMANSHU
100.	RESHMA BANNO
101.	RAVINA
102.	VIMLESH DHARIPAR
103.	RAM NARESH
104.	ALKA
105.	KHUDA BAKSH
106.	RAM BALAK
107.	KOSHAL KISHORE
108.	SHIV KUMAR
109.	KAMLESH
110.	KIRAN DEVI
111.	JABBU
112.	RAJENDRA
113.	NOSAD
114.	DEEPAK
115.	SANDEEP SINGH
116.	KIMISH



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117.	AASHISH KUMAR
118.	RISHIKANT
119.	CHIDURI
120.	SHELENDRA KUMAR
121.	SHIV PRAKASH
122.	MANOJ KUMAR
123.	POOJA
124.	SUBHASH
125.	RAJ BAHADUR
126.	MANOJ KUMAR
127.	RAM GOPAL
128.	RAJESH KUMAR
129.	LOVEKUSH
130.	SUNIL KUMAR
131.	ARVIND
132.	SUDHIR KUMAR
133.	RAM ROSHJNI
134.	AMRISH KUMAR
135.	BADLU
136.	SOJU
137.	MANOJ KUMAR
138.	SHIV SINGH
139.	ARVIND
140.	JAGMAN
141.	SAHAJAD BANNO
142.	NEERAJ
143.	CHOTE
144.	NAND KISHRE
145.	RAGHUVVEER SINGH
146.	RAM AMER
147.	SARITA DEVI
148.	RAM DEVI
149.	NANHE
150.	RAMESH
151.	MEKIN DEVI
152.	MANI RAM
153.	SHIV GOPAL
154.	HARU BANI
155.	HARI NAM
156.	HARI SHANKER
157.	SHIV KANT

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158.	PRIYANKA
159.	RAMA DEVI
160.	PRADIP KUMAR
161.	SUMAN
162.	RAJ KUMAR
163.	SHYAM KOHI
164.	BHAGWAN
165.	KAILASH
166.	CHULLA
<b>UTTARAKHAND</b>	
1.	BRIJ MOHAN SINGH
2.	CHATTA SINGM
3.	INDER SINGH
4.	RANJEET PANWAR
5.	DWARIKA PRASAD
6.	FEROZ KHAN.
7.	KIRAN
8.	KUMARI SANDHYA
9.	LAKSHMI DEVI
10.	MANOJ
11.	SHAKUNTALA DEVI
12.	SITA DEVI
13.	SMT SAVITRI
14.	SONA DEVI
15.	AMAR LAL
16.	DAYAL SINGH
17.	DHANPAL SINGH
18.	GITA SINGH
19.	HARI SINGH
20.	MANJARI DEVI
21.	NANKU LAL
22.	PYAR DEVI
23.	RAM PRASAD
24.	SADA
25.	SAROJINI DEVI
26.	SHANTI LAL
27.	SHIV DAS
28.	SHYAM LAL
29.	SITA J2
30.	SMT DABLA DEVI
31.	KISHAN

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32.	PRADEEP KUMAR
33.	AKIL
34.	AMIT OBRAY
35.	ASRAFI
36.	DHONI
37.	GODAN
38.	GOPAL
39.	GOPAL SINGH
40.	JULFAN
41.	KISHAN BANSI LAL
42.	LIPSI
43.	MANGALSINGH
44.	NIYAM RAM
45.	RAKEAH
46.	SHAHID
47.	SHANKER
48.	SWARUP SINGH
49.	T.P PANDEY
50.	TIRTH RAM
51.	VINOD KUMAR
52.	DENVATI
53.	DEVESHAVARI
54.	DIL JAR
55.	MOHAMMAD
56.	NEERAJ
57.	SANDESH
58.	SATISH
59.	SURENDRA SINGH
60.	UMA
61.	WAJHA
62.	CHATAL LAL
63.	BHOLA
64.	INDRA SINGH
65.	SANDEEP
66.	GOPAL
67.	SUNIL AGRAWAL
68.	MUHAMMAD IKLAF
69.	MOHAMMAD AMIR ANGI
70.	REHAMUDIN
71.	KISHAN KUMAR
72.	AKIL

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73.	DEVESHAVARI
74.	JITENDRA
75.	DULOCHANA
76.	VIKRAM LIMPU
77.	RAJESHWAR
78.	SANJAY KUMAR
79.	MANGAL SINGH RAVAT
80.	MEER
81.	AMIT OBRAY
82.	BAHADUR SINGH
83.	SINTI LAL
84.	DURGA
85.	SHRI VINOD KUMAR
86.	SHRI AJAY SINGH
87.	MOH. IKRAM
88.	SWARUP SINGH
89.	ARVIND MALHOTRA
90.	SOURABH SINGH
91.	ABDUL SALMAN
92.	NARPAT RAM
93.	GODAN
94.	SHANKER
95.	SHABIR
96.	GOPAL SINGH
97.	DIL JAR
98.	INDRAJIT SINGH
99.	DEEP SINGH
100.	DENVATI
101.	POT SINGH
102.	SURESH
103.	CHANDI PRAKASH
104.	HAPPY SHARMA
105.	AYUSH GUPTA
106.	SHEELA
107.	NAJIDA
108.	SALMAN
109.	MOSINA
110.	RAJVIR SINGH
111.	DILROOBA
112.	SAGAR KUMAR
113.	KHADAG SINGH

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114.	PRADEEP
115.	SONU SONI
116.	UDAY PRATAP SINGH
117.	ARVIND KUMAR
118.	PALVINDER SINGH
119.	RAKESH KUMAR
120.	SANJAY KUMAR
121.	AKHATAR
122.	JATI RAM
123.	ARUN KUMAR
124.	AMJAD
125.	UPDESH KUMAR
126.	SHAHJAN
127.	SONU HARIJAN
128.	MOHMAD ASLAM
129.	MANOJ KUMAR
130.	HIMMAT SINGH
131.	GIRISH CHANDRA
132.	MOHIT RAJPUT
133.	BABU RAM
134.	GOPALSINGH
135.	JAKHIR
136.	SAHRIF
137.	MITHUN
138.	KAMLESH
139.	VIMLA DEVI
140.	MAYA RANI SINGH
141.	RAM GOPAL
142.	PARTIVAN
143.	SHIV KUMAR
144.	PRAMOD GUPTA
145.	NIRANJAN
146.	RAVI MANDAL
147.	SHEKHAR KUMAR
148.	HEMLATA DEVI
149.	ABHIMANYU
150.	SURESH
151.	OM PRAKASH
152.	RAJU RAM
153.	KAUSHALYA DEVI
154.	PHOOLMALA

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155.	SMT. PREMA
156.	SMT. SAVITRI
157.	SMT. BAGESHWARI DEVI
158.	KM.YASHODA
159.	SMT.KUNTI AWASTI
160.	SMT. SHAKUNTALA
161.	KM.ADITI RAWAT
162.	SAVITRI DEVI
163.	UMA DEVI
164.	SMT.BEENA DEVI
165.	SMT SUNITA
166.	LEELAWATI
167.	SMT. POORVA DEVI
168.	SAMPATI DEVI
169.	DHARM DEVI
170.	UMA NEGI
171.	SMT. MANJARI DEVI
172.	SMT.SUNDARA RANA
173.	SATESHWRI DEVI
174.	HANS MALA GUSAIN
175.	SMT. KUSUM DEVI
176.	SADA
177.	SMT. CHAITA DEVI
178.	SMT.DILDEYI
179.	KM.ANJU PANWAR
180.	SMT.MANJU DEVI
181.	SMT.RAMI DEVI
182.	SMT. BIMLA DEVI
183.	PRAMILA BHATT
<b>CHHATTISGARH</b>	
1.	ARVIND SAY
2.	BABITA BAI
3.	BISU RAM
4.	GAHNU RAM
5.	GAN4ARAM
6.	KARAM DAYAL
7.	MADHU LATA KUMARI
8.	NETRAM KHALKHO
9.	PADAMJI
10.	RUSNA DEVI
11.	ADITYA PRASAD

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12.	MAHENDRA YADAV
13.	SHARDA DEVI KIRAN
14.	SHIV KUMAR PANDEY
15.	AGHANMATI
16.	ASHOK RAV
17.	BEVI PRASAD SAHU
18.	CHAKRAVATI
19.	CHETBAI SAHU
20.	DADHICH RAWTE
21.	DHARMENDRA URAON
22.	GAJENDRA VISHAD
23.	GIRENDRA KURMI
24.	GOPAL RAM
25.	HADAG RAM
26.	HASINA BANO
27.	JAGAT DAS
28.	JAGESWARI SATNAM
29.	JOSPHINA EKKA
30.	KANIRU ORAON
31.	KRISHAN KUMAR SHATU
32.	LATA KUMARI
33.	LAXMAN PRADAD
34.	LUWAR SAY
35.	MADHU DIKE
36.	MANI KAMAL
37.	MENIN DHOBI
38.	MITALI KUMAR
39.	MONU BHAGAT
40.	NETRAM
41.	PACHO BAI
42.	PAWAN KUMAR
43.	PRADEEP KUMAR
44.	PUNAM DEVANGAN
45.	RAMESHWAR NIRMALKAR
46.	RESHAM LAL
47.	ROHIT GORWA
48.	ROSHAN KUMAR
49.	ROSHNI VERMA
50.	SAVITRI BEHRA
51.	SHAKUNTLA RAM
52.	SHALU RAM SAHU

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53.	SHANI KUMAR PATEL
54.	SHANTA BAI
55.	SHIV KUMAR
56.	SUMITRA PATEL
57.	SURESH GAUD
58.	SUSHMA
59.	TULESWARI CHANDRAKAR
60.	UTTM KUMAR AGARWAL
61.	YOGITA SAHOO
62.	MADHU LATA KUMARI
63.	NETRAM KHALKHO
64.	PADAMJI
65.	RUSNA DEVI
66.	BABITA BAI
67.	BISU RAM
68.	GAHNU RAM
69.	GAN4ARAM
70.	KARAM DAYAL
71.	ARVIND SAY
72.	AJAY PATEL
73.	PRAKASH CHAND
74.	NAGMA
75.	SANI KUMAR
76.	KHUBBU RAWAT
77.	ANMOL AGRAWAL
78.	MAHENDRA KUMAR
79.	SANJAY KUMAR
80.	PRACHI KUMARI
81.	KAMLESH NANDANI
82.	KOMAL BOYAR
83.	RAJESH KUMAR
84.	JAGANAT
85.	ANURADHA KUMARI
86.	SUMITRA PATEL
87.	RAVI
88.	VISHAJ LAL SAHJU
89.	JHUNKU SHARMA
90.	ASHWARYA
91.	VINITA KUMARI
92.	VIPIN PRASAD
93.	ANIL KUMAR



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94.	ISHU KUMAR GUPTA
95.	SONALI
96.	RAVI KUMAR
97.	ANSHU
98.	MANISHA
99.	RAMJEET KUMAR
100.	KAJAL KUMARI
101.	JITENDRA
102.	SUGYA KUMARI
103.	DEV RAJ
104.	PRIYA
105.	SHATRUGHAN
106.	MAN SANTOSH
107.	PAYAL
108.	UTTAM KUMAR
109.	RAMESWAR
110.	CHET BAI
111.	BAJRANG LAL
112.	DADHICH RAWTE
113.	TARKESWAR
114.	KAMAL SADMANI
115.	DORI LAL SHAHU
116.	AMIT AGRAWAL
117.	ASHOK RAV
118.	MAHENDRA KUMAR
119.	SANJAY KUMAR
120.	SUSMIT KUMAR
<b>JHARKHAND</b>	
1.	SURESH THAKUR
2.	NIMISH KUMAR
3.	NATHUN RAJAK
4.	PRITI KUMARI
5.	VISHAL, S/O SH. VIRENDER PODDAR
6.	SIKANDAR CHOUDHARY, S/O MOHAN
7.	MD. SAFUDDIN, S/O MD. ALI JAMIN
8.	BIMLA KUMARI, D/O CHANDI DHEWA
9.	DINESH KR., S/O KEDAR RAM,
10.	SANTOSHI KUMARI
11.	LAKHI KUMARI
12.	BAMA BANKAR LAL
13.	ROOP MANI, W/O SURESH MANJHI
14.	PANCHAN KUMARI, D/O JAG PRAKASH

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15.	SANJAY KUMAR, S/O JAY PRAKASH,
16.	RAJESH KUMAR, S/O BADAN SINGH
17.	NOUSHAD ANSARI, S/O BAILU ANSARI
18.	NAMITA KUMARI, D/O SANTOSH BAWRI
19.	GOPAL DAS, S/O RAGHUVeer PD.,
20.	TURAM HESSA, S/O SAMU HESSA,
21.	VEIDNATH RAM, S/O SUKHI RAM,
22.	MANOJ BAURI, S/O MOTI BAURI,
23.	PARAS NATH KASHRI, S/O BAIDNATH
24.	PUSHPA KUMARI, D/O NIRUDH GOP
25.	UMA MAHTO, S/O BHIKHU MAHTO
26.	MD. MANSOOR ANSARI, S/O MD.BHIKHU
27.	NAGESH KR., S/O LT. RAJDEO NARAIN
28.	MANISH KUMARI, D/O KAMESHWAR PD.
29.	RAJINDER PD., S/O CHANDER MOHAN
30.	MD. KOUSHAL HUSSAIN, S/O AJMAT
31.	MD. SAHMAT, S/O MD. JAFAR
32.	SHIV CHARAN, S/O BHOTANG MANJHI
33.	ANIL KUMAR, S/O CHANDER MAHTO
34.	GOVIND SAW, S/O LT. JAGAN NATH
35.	ANJALI KUMARI, D/O NIWARAN MANJHI
36.	SACHIN KR., S/O SHYAM PADO JHA,
37.	NAVIN KUMAR, S/O RAM EKBAR SINGH
38.	SHAIENDER KR., S/O HARIDWAR SIN.
39.	BIJAY KUMAR, S/O GOPAL RAVIDAS,
40.	SHAIENDER KR., S/O HARIDWAR SIN.
41.	PANKAJ KR., S/O RAJINDER DAS,
42.	TEK LAL MAHTO, S/O BALESHWAR MEHTO
43.	AMARJEET KR., S/O DASHRATH RAI
44.	MUKESH KR., S/O RAMASHRAY
45.	AMARJEET BHAI, S/O GIRIJANAND
46.	PRAKASH CHAND, S/O SRISTIDHAR
47.	BUDHAN MANJHI, S/O CHARKA MANJHI
48.	HARKIT MANDAL, S/O KISHORI MANDAL
49.	PRITI KUMARI, D/O AWADH PRASAD,
50.	GULSHAN KUMAR, S/O TILAKDHARI
51.	NEPAL CHANDRA, S/O ANIL CHANDRA
52.	RAJINDER PD, S/O LT. R.K. SHAH,
53.	SHABANA BANO, D/O MOHD.NAYEEMUDIN
54.	RAJINDER SINGH, S/O RAM LAL SINGH
55.	SHIV BACHAN, S/O JIWDHAR PANDIT
56.	AMI LAL GIRI, S/O LT. DHARNI GIRI
57.	SATINDER SHAH, S/O RAM LAKHAN

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58.	UMA PADA DEY, S/O VEIDHNATH PADA
59.	CHOTU KUMAR, S/O MUKUT KUMHAR,
60.	SANDHYA GOPE, W/O LAKHAN GOPE,
61.	ARTI KUMARI, D/O RAGHUNI PASWAN,
62.	ARTI KUMARI, D/O RAGHUNI PASWAN,
63.	MUHI TUDDU, W/O SUKHAL TUDDU,
64.	POBINI MAHTO, W/O RIJHA MAHTO,
65.	ARTI SAW, W/O DEV CHARAN SAW
66.	LUKMAN ANSARI, S/O RAHMAN ANSARI
67.	MITHUN KR., S/O SURINDER KUMAR,
68.	BADAL LAKRA, S/O KUNJAL LAKRA,
69.	VIMRAM NONIA, S/O SURESH NONIA
70.	TEJ ANRAIN NONIA, S/O RAM TAHAL
71.	POBIYA BHURI, W/O JITAN BHURI
72.	NARAYAN YADAV, S/O VISHUNDHARI,
73.	ANISHA KHATOON, W/O MD. ISHRIL
74.	SHERU NISHA, W/O NATHUNI MIYA,
75.	SHAMIMA KHATOON, S/O RALIM ANSARI
76.	MOHD. RAZA, S/O MD. SAFI AHMED,
77.	PRINCE KUMAR, S/O SURESH RAWANI
78.	PRINCE KUMAR, S/O SURESH RAWANI
79.	DONAND SHARMA, S/O GANESH SHARMA
80.	AMIT KUMAR, S/O SAMAR MEHTO
81.	MD. WASIM ANSARI, S/O ABDUL MAJID
82.	MOHD. MUKIM, S/O LT. MD. KARHIM
83.	NAJMA KHATOON, W/O MUMTAZ ALAM,
84.	MUMTAZ ALAM, S/O ABDUL ZABBAR,
85.	MOHD. JUMAD ALI, S/O KHUSHRU MIYA
86.	KITI RAJAK, S/O SHISTIDHAR RAJAK
87.	RAJINDER BASFORE, S/O SUKHI BASFO
88.	UMESH PD. SINGH, S/O RAM CHARAN,
89.	KHUSI KUMARI, D/O UMA HADI,
90.	MOHD. SHAHIL, S/O ABDUL SATTAR
91.	JAKIR KHAN, S/O MANSOOR KHAN,
92.	JAKIR KHAN, S/O MANSOOR KHAN,
93.	NOOR MOHD., S/O MOHD. YUNUSH,
94.	MOHD. JUBER, S/O MOHD. MANSOOR,
95.	MANOJ KUMAR, S/O SITA RAM,
96.	MANOJ KUMAR, S/O SITA RAM,
97.	GANGADHAR MEHTO, S/O BABU LAL
98.	MAHADEO GARAYEE, S/O BINDESHWARI
99.	KARTIK GORAI, S/O KIJUR GORAI
100.	RAMESH PARMANIK, S/O KISTU PARMAN

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101.	RAMESH RAMNIK, S/O KISTU PARMANIK
102.	SURESH MADHUKAR, S/O VINDESHWARI
103.	SUMED GOSHWAMI, S/O LT. SHANWARI
104.	DHANU MANDAL, S/O KANDU MANDAL,
105.	HEERA LAL, S/O JYOTI MAHTO,
106.	JHANDU BAWRI, S/O SHAMBHU BAWRI,
107.	JHANDU BAWRI, S/O SHAMBHU BAWRI,
108.	RAHMAN ANSARI, S/O TAJMUL HUSSAIN
109.	UDAY RAM, S/O JAGDISH RAM,
110.	UDAI RAM, S/O JAGDISH RAM,
111.	UDAY RAM, S/O JAGDISH RAM,
112.	SHAMSHIR ALAM, S/O MANSOOR NAM,
113.	SHAMSHIR ALAM,S/O MD. MUNJUR ALAM
114.	MD. MANJUR ALAM
115.	JUGNU D/O SABIR VILL-VISHANPUR,GIRDIHI
116.	PRIYANKA D/O BINDESHWER VPO- NEW BARGANDHA,GIRDIHI
117.	RAHMAN MIYA S/O DILAWER MIYA VILL-PHAFIABAD,GIRDIHI
118.	MD-IRFAN S/O ISRAIL ANSARI VPO-CHARGARA,GIRDIHI
119.	RAJESHWER S/O NASKU TIWARI VILL-DHANDI,SINADONI,GIRDIHI
120.	NUNU LAL S/O CHANDRA MANJE VILL-KURMAR ROAD,GIRDIHI
<b>ORISSA</b>	
1.	SAMIR DAS
2.	PAPPU MULICK
3.	DANIEL MALLICK
4.	ANITA PRADHAN
5.	SAVITRI PRADHAN
6.	KARTIKESHWAR
7.	GOKUL CHANDRA
8.	JAGADISH SAHOO
9.	SAROJ SUMA
10.	BISTU SUNALI
11.	MANOJ ROITAS
12.	BINOD BAK
13.	HODA BOHRA
14.	SUJIT KUMAR
15.	AJIT NAYAK
16.	SUSHMA NAYAK
17.	BOI KISSAN
18.	CHITRA RAJAN MAHOPATRA
19.	TARUN KUMAR
20.	RAGHU SHARMA
21.	KISHOR PRIYA
22.	RAI MUNDA

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23.	SUREN NAYAK
24.	TAPAN MAHARANA
25.	RUKMANI MAHOPATRA
26.	SUBODH MUNDA
27.	MINOTI MOHANTA
28.	SRIDHAR MUNDA
29.	PRAMOD KUMAR SAHOO
30.	ANIL MUNDA
31.	RABINDRA MUNDA
32.	ISWAR NAYAK
33.	NARHARI MUNDA
34.	MULATI NAYAK
35.	PRAPHUL MOHANTA
36.	SUDHANSHU NAYAK
37.	USHA MOHANTA
38.	NURSINGH NAYAK
39.	JYOSHNA RANI
40.	UDHAVA NAYAK
41.	MANGAL NAYAK
42.	BAKULI SETHI
43.	MOMI MUNDA
44.	KAILASH CHANDRA
45.	BHASKAR
46.	CHANDRAMANNI
47.	ROIBARI
48.	DUGRU KHAMARI
49.	BALLABH PRADHAN
50.	DHUBA KONHORU
51.	GHANA BHIRU
52.	RATNAKAR SWEIN
53.	SANJAY
54.	BHARTI MULLICK
55.	GOYADHAR SAMAL
56.	B. NATH
57.	MADHAV MULLICK
58.	BHAGWAN SAHOO
59.	PRADHAN NAYAK
60.	RAJESH KUMAR
61.	DHIRENDRA SAHOO
62.	ROBINDRA MAHARANA
63.	BABAJI NAYAK
64.	S. KUMAR
65.	JAGADEEPTA NAYAK

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66.	PADMANAV SAHOO
67.	PRADIPTA
68.	AMJAD ALI
69.	MIRZA IKRAM BEG
70.	RAJKUMARI ORAM
71.	RAM SINGH RANA
72.	RAMESH CH. RANBIDA
73.	SABITRI PRADHAN
74.	SAHADEV ROHIDAS
75.	SAMIR DAS
76.	SANATANA GURU
77.	SANJAYA MOHARANA
78.	SANJIB DHARUA
79.	SANTOSH LAHUR
80.	SANU BAINSIDAR
81.	SAROJ SUNANI
82.	SASIBHUSAN KISSAN
83.	SITARAM ORAM
84.	SUJIT KU. NAYAK
85.	SUKUMARI PRADHAN
86.	SUSAMA NAYAK
87.	SUSILA ROHIDAS
88.	SWETABATI ROHIDAS
89.	TARUN KU. SANDHU
90.	TIKESWARI MEHER
91.	TILU SAHOO
92.	UMESH DEEP
93.	UPAMA NAYAL
94.	UPASI MAJHI
95.	UPENDRA PARUA
96.	USARANI MOHAPATRA
97.	GOPAL SA
98.	HEMALATA SAHU
99.	HEMANTA MISHRA
100.	JETHURAM CHOUHAN
101.	KABITA SA
102.	KAMALA RAM
103.	KASTA SA
104.	KAUSALYA PANDA
105.	MAHENDRA MAHANANDA
106.	MALIFULA PUJARI
107.	MAMATA KUMBHAR
108.	MANOJ MANKI

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109.	MENA SAIE
110.	MONOHAR SARAP
111.	NILANDARI KISHAN
112.	PARAMESWAR BHOI
113.	PHAGUNI GIRI C/O KRUSHNA GIRI
114.	PILU SAHOO
115.	PRANATA BEHERA
116.	PRITI MISHRA
117.	RABINDRA NAIK
118.	RAMESH LUHAR
119.	RAMSINGH RANA
120.	SAHAJA KHATUN C/O M.D.SAETAJ
121.	RANJAN KU. SAHOO
122.	NARAYAN PATRA
123.	KALAKAR JENA
124.	DINABANDHU JENA
125.	NAKULA BAITHA
126.	RANJAN KU. PANDA
127.	SHYAM SUNDAR SAHOO
128.	BIPIN JENA
129.	PARIKHITA JENA
130.	BIDYADHAR DAS
131.	KRUPASINDHU KABI
132.	ARJUNA MALLICK
133.	GOLAK PR. NAYAK
134.	BIDYADHAR NAYAK
135.	NARAHARI NAYAK
136.	PRADEEP KU. JENA
137.	RANKA JENA
138.	KAILASH CH. BEHERA
139.	RANJAN BEHERA
140.	BANCHHANIDHI BEHERA
141.	PARBATI LATA MAHUNTA
142.	RAMA HA
143.	RAMESH CH MALLICK
144.	SHYAM SUNDAR DAS
145.	ACYUTANANDA BEHERA
146.	PRAMAD JENA
147.	SATYABRATA DEVTA
148.	DIGAMBAR BEHERA
149.	DILEEP NAIK
150.	ARJUNA MOHANTA
151.	PATI PATRA

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152.	GUNAMANI PATRA
153.	KANDHI MUNDA
154.	MENAKA NAIK
155.	PARASINI NAIK
<b>BIHAR</b>	
1.	VIKASH
2.	MAYA DEVI
3.	ATARWA DEVI
4.	ABHISEKH
5.	SUNIL KUMAR
6.	USHA DEVI
7.	MAHI PANDEY
8.	VIJAY KUMAR
9.	KARAM DEO
10.	BABLOO KUMAR
11.	SWATI KUMAR
12.	SONI KUMARI
13.	UMASHANKAR SINGH
14.	CHANDESHWAR PRASAD
15.	URMILA GUPTA
16.	SHIV KUMAR
17.	SWETA KUMARI
18.	AJIT KUMAR
19.	KUNDAN KUMAR
20.	SHAHZAD MURTAZA
21.	JABAD IMAM
22.	NANDLAL PRASAD
23.	ANURANJAN
24.	SAURAV KUMAR
25.	ANIL KUMAR SINGH
26.	ANNU SHUKLA
27.	RANJIT KUMAR
28.	ASHOK KUMAR CHAUDHARY
29.	KANTI DEVI
30.	SANJIV KUMAR
31.	MUMTAZ ALAM
32.	KANTI KUMARI
33.	NIVEDITA KUMARI
34.	SUNITA KUMARI
35.	SANJAY KUMAR
36.	LAKSHMAN KUMAR
37.	SHIV MOHAN PANDEY
38.	SHAKUNTALA DEVI



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39.	KAMLA DEVI
40.	PURNIMA SHRIVASTAVA
41.	ANIL KUMAR GUPTA
42.	BALMATI DEVI
43.	BABITA KUMARI
44.	RAM KUMAR
45.	SHANTI KUMARI
46.	LALA PRASAD
47.	ARUN KUMAR
48.	RAMJANI DEVI
49.	ROSHNI
50.	SIGIA DEVI
51.	REKHA DEVI
52.	AMIT JHA
53.	RARATI DEVI
54.	SUBHASH KUMAR
55.	PINTU KUMAR
56.	ANSHU KUMARI
57.	BIRBADUR ANSARI
58.	KOUSHALYA DEVI
59.	CHANDAN KUMAR
60.	NIBHA KUMARI
61.	MUKESH KUMAR
62.	RUPA KUMARI
63.	GOUTAM
64.	BISWAJEET
65.	DAROGA SINGH
66.	RAJNEESH KUMAR JHA
67.	KRISHNA AGARWAL
68.	SATRUHAN PASWAN
69.	LAKSHMI DEVI
70.	JAY KUMAR SAHAY
71.	VINAY KUMAR
72.	BITTU KUMAR
73.	MIRTYUNJAY KUMAR
74.	BASANTI DEVI
75.	RAJMANI SAHAY
76.	AMIT KUMAR JHA
77.	PRABHAT KUMAR
78.	SUDHA DEVI
79.	DEVENTI DEVI
80.	NAVIN KUMAR
81.	URMILA SINHA

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82.	PRAMILA KUMARI
83.	LALTI KUMARI
84.	DHANANJAY KUMAR
85.	PHOOL KUMARI
86.	KAWLESH KUMAR
87.	MUKESH SINHA
88.	SOMATI DEVI
89.	AMRENDER KUMAR PANDEY
90.	SHEKHAR CHATERJI
91.	RAJESHWAR SINGH
92.	RAJU AWASTHI
93.	KAMAL SHARMA
94.	SHAKILA KHATOON
95.	GUNJAN DUBEY
96.	RANJAN KUMAR
97.	ROHIT KUMAR
98.	KHUSHBOO
99.	AWINASH ANAND
100.	BABITA KUMARI
101.	RAJIV KUMAR
102.	UJALA KUMAR
103.	SATENDRA KUMAR
104.	BINDESHWAR SINGH
105.	SUMITRA DEVI
106.	GAYATRI DEVI
107.	DINESH CHANDRA SRIVASTAVA
108.	OM PRAKASH
109.	SAROJ KUMARI
110.	SANJAY KUMAR
111.	RAKESH KUMAR
112.	KULDIP SINGH
113.	ANJANI KUMAR
114.	RADHIKA DEVI
115.	URMILA DEVI
116.	BIMLA DEVI
117.	UMESH CHANDRA VERMA
118.	HASINA
119.	SARJU KUMAR
120.	KISHUN PRASAD
121.	RAVENDRA KUMAR
122.	NAULAKHA DEVI
123.	SBDUL KURAISEE
124.	UME DEVI

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125.	RIKHIA DEVI
126.	BIJLI SINGH
127.	DHANESHWARI DEVI
128.	NIRJALA KUMARI
129.	RANJEET RAJ
130.	ANKIT KUMAR
131.	PINKY DEVI
132.	ANIL KUMAR
133.	DHILU KUMAR
134.	MEERA DEVI
135.	SURESH KUMAR VERMA
136.	KUNAL SINGH
137.	SONU KUMAR
138.	BABY DEVI
139.	SURESH PRASAD
140.	DHIRENDRA SINGH
141.	NAVAL SINGH
142.	TUNTUN SINGH
143.	RAMDHIN PRASAD
144.	RANJEETA KUMARI
145.	BALI RAM PRASAD
146.	ASHAWALI DEVI
147.	SUNIL KUMAR SINGH
148.	ABDIL HAFIZ
149.	LAL BIHARI PRASAD
150.	BISHEHWAR SHAH
151.	SHAKUNTALA DEVI
152.	RAMCHANDRA MAHTO
153.	GUNJAN SHARMA
154.	LAKHAN VERMA
155.	SADHU SHARAN
156.	JYANCHAND MAHTO
157.	UMESH PRASAD
158.	OM PRAKASH SAHNI
159.	KUMARI VAIJANTI
160.	ARJUN KUMAR
161.	RAJENDRA KUMAR
162.	SUMAN KUMAR
163.	SUMITRA DEVI
164.	RENU DEVI
165.	BABLU KUMAR
166.	JAGDEEP SINHA
167.	RAJIV RANJAN

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168.	RAJ KUMAR PRASAD
169.	MAHESH KUMAR
170.	RAM AWATAR
171.	SIYAMANI SINGH
172.	ROHIT KUMAR SINGH
173.	GUDDU KUMAR SINGH
174.	VISHAL GUPTA
175.	RENU KUMAR
176.	INDU DEVI
177.	MANISH KUMAR
178.	MUSKAN KUMARI
179.	RAMLAKHAN MANDAL
180.	SANJAY KUMAR
181.	SUKHIYA KUMARI
182.	ANJU PANDEY
183.	BANTI PRASAD
184.	SAVITRI KUMARI
185.	JAG PATI DEVI
186.	SATISH KUMAR
187.	UJJAWAL KUMAR
188.	KHUSHBOO KHATOON
189.	JAY NARAYAN SINGH
190.	GANESH KUMAR
191.	RAKESH KUMAR
192.	SANJU KUMAR
193.	RAJU KUMAR
<b>KERALA</b>	
1.	ANAS P
2.	JALAL P
3.	MUHAMMEDFALAL
4.	RAGEEDA M
5.	SALMANUL FARIS
6.	SHABEER ALI T P
7.	ABDUL REHMAN
8.	ABDULLAH
9.	AKHIL
10.	ANJU
11.	BHAVANI
12.	GEETHU VIJAYAN
13.	GEJHA.K
14.	KOYATTY
15.	M. DEEKOYA

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16.	NARAYAN
17.	NASEEMA
18.	NEENU
19.	NIMISHA LEKSHAMANAN
20.	NITHA
21.	PADMINI
22.	RAJESH
23.	RAVINDRAN
24.	RENUKA
25.	SAINA BANU
26.	SANEESH
27.	SANITHA
28.	SHAHJEE
29.	SHAMEER KM
30.	SURAJ SURESH
31.	UMAR
32.	VINAYA KUMAR.P
33.	VISHNU
34.	AGHANMATI
35.	ASHOK RAV
36.	BEVI PRASAD SAHU
37.	CHAKRAVATI
38.	CHETBAI SAHU
39.	DADHICH RAWTE
40.	DHARMENDRA URAON
41.	GAJENDRA VISHAD
42.	GIRENDRA KURMI
43.	GOPAL RAM
44.	HADAG RAM
45.	HASINA BANO
46.	JAGAT DAS
47.	JAGESWARI SATNAM
48.	JOSPHINA EKKA
49.	KANIRU ORAON
50.	KRISHAN KUMAR SHATU
51.	LATA KUMARI
52.	LAXMAN PRADAD
53.	LUWAR SAY
54.	MADHU DIKE
55.	MANI KAMAL
56.	MENIN DHOBI

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57.	MITALI KUMAR
58.	MONU BHAGAT
59.	NETRAM
60.	PACHO BAI
61.	PAWAN KUMAR
62.	PRADEEP KUMAR
63.	PUNAM DEVANGAN
64.	RAMU
65.	RAMESHWAR NIRMALKAR
66.	RESHAM LAL
67.	ROHIT GORWA
68.	ROSHAN KUMAR
69.	ROSHNI VERMA
70.	SAVITRI BEHRA
71.	SHAKUNTALA RAM
72.	SHALU RAM SAHU
73.	SHANI KUMAR PATEL
74.	SHANTA BAI
75.	SHIV KUMAR
76.	SUMITRA PATEL
77.	SURESH GAUD
78.	SUSHMA
79.	TULESWARI CHANDRAKAR
80.	UTTM KUMAR AGARWAL
81.	YOGITA SAHOO
82.	JASNA, KAKKAD
83.	SHUHAIBU
84.	ANIALA TITUSE
85.	ANURANJ
86.	DEVAKI AMMA
87.	MUHAMMED UNAS
88.	RINSHAD AU
89.	MUHAMMED AMAI
90.	PUSHPALETHA
91.	RAJEEVAN
92.	VENU
93.	DEVAKY
94.	MUHAMMECI FAISAL
95.	VELAYUDHAN.KM
96.	REJÇIA
97.	SALEELA

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98.	JABEER
99.	NAFEESA
100.	MABEN NAJMUDDIN
101.	MANSUKH NATLTHEDA
102.	KAKHAI DHANABHEL
103.	KAKHAI DHANABHEL
104.	SAMMIM YUSUF
105.	HABIB AHMED
106.	MANISHA CHANDRASENA
107.	BHARAT PANCHAL
108.	HAMIR CHANGA
109.	V R SHEGRAN
110.	PATH IMA BASHEER
111.	SHINY. K.
112.	SUITHAN BATHERY
113.	ANANTHA RAGUNATHAN
114.	ATHUL KRISHIA
115.	MUHAIRIMED RAFEAL
116.	DMESHAN. K.
117.	NISHATH. K
118.	SHANAS K M
119.	VERGESS K C
120.	PHATIMA
121.	AVINASH
122.	VIKASH
123.	BABU
124.	DASAN
125.	KARDESHA
126.	GOPALAN
127.	IBRAHIM KOYA
128.	SATHYAN
129.	ABDULLA REHMAN
130.	SATYANA
131.	DEELIP KUMAR
<b>TAMIL NADU</b>	
1.	A BALASUBRAMANI
2.	A GOPIKRISHNAN
3.	A KUMAR
4.	A MURUGAVEL
5.	ASALAM
6.	B. MINAXI

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7.	B. MONI KANDAN
8.	B. RAJ KUMAR
9.	BABU
10.	BEER MOHAMED SHAFIQ
11.	BHIM SINGH
12.	BHOOTU KUMAR
13.	BHUNESHWARI
14.	C MAHESWARI
15.	C. JAYBAL
16.	C. KUMRAN
17.	CHITRAVEL
18.	D. PREM KUMAR
19.	DEVID A
20.	E ARUNPANDY
21.	E KISHOREKUMAR
22.	E. AYASWAMI
23.	G BAMKUMAR
24.	G THANGARAJ
25.	G. MUTTU PALI VATTAN
26.	GANESHAN
27.	GOPAL
28.	GOVIND SINGH
29.	GOVING RAJ
30.	GURSAMI
31.	J JAYAKUMAR JOSEPH
32.	J. JAIKUMAR JOSAF
33.	J. SENDIL
34.	JAGMA
35.	JAI LAXMI
36.	JANARTHANAN M
37.	K MUTHUPANDI
38.	K. MUTHAPAPSY
39.	KANNAN
40.	KARTIKAYAN
41.	KRIPYA
42.	L PREMKOMAR
43.	LAXMAN
44.	M GOGULAN
45.	M GURUSAMY
46.	M KOKILAVANI
47.	M MANIKANDAN
48.	M. A. MURLI
49.	M. BAL SUBHARAMANAY



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50.	M. RAHAMTULLA
51.	MAMEDIN
52.	MOHAN DAS
53.	MOPREM
54.	MR HANESAN.
55.	MR M A MURALI
56.	MR.S.NATARAJAN
57.	MRS LAXMI M
58.	MRS PANDISELVI P
59.	N ANIS BATHIMA
60.	N NAGOORKANI
61.	N RAMAKRHSHNAN
62.	N.RAVI
63.	NATRAJAN
64.	O. K. RAVI
65.	P GUNASEKAR
66.	P KAMATCHI
67.	P MUGUGAPANDI
68.	P PACKIARAJ
69.	P PARIJATHAM
70.	P PITCHAIAMMAL
71.	P. JEMRAJ
72.	P. RAJENDRAN
73.	PORCHEZHIAN
74.	PRAKASH
75.	R KALAIMANIKUMARAN
76.	R MANIKANDAN
77.	R MUTHUPANDI
78.	R SELVARAJ
79.	R THANGAPANDIAN
80.	R. GOPI
81.	R. SHANKAR
82.	R. VIGENESH VARAN
83.	RAJ PANDIYAN
84.	RAJA
85.	RAJESHWARI
86.	RAM KUMAR
87.	RASID MIYA
88.	S ARUNKUMAR
89.	S JAMAEMAL
90.	S JAYALAKSHMI
91.	S MARISWARI
92.	S MOHAMMADIBRAHIM

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93.	S MOHANPRASAD
94.	S MUTHURAJ
95.	S RAJESWARI
96.	S. AMUDA
97.	S. BHASKAR
98.	S. K. JANDIN
99.	S. KAKI MUTT
100.	S. KANNA
101.	SANTOSH KUMAR
102.	SARAVANAN
103.	SATYAJEET KUMAR PANDEY
104.	SATYNUN MUNIYSAMI
105.	SENTHILKUMAR A
106.	SHAKTI PILLE
107.	SHANMUG LAXMI
108.	SHIVA
109.	SHIVA KUMAR
110.	SHNTI
111.	SONAL KUMARI
112.	SONIYAD
113.	SUBHARAMANYA
114.	SUDARSHAN
115.	SUDHAKARAN D
116.	T MARIMUTHU
117.	T RAVICHANDRAN
118.	T. K. SHARMILA
119.	T. MAHENDRAN
120.	T. PRABAHARAN
121.	U UTHAYANEEVETHITHAN
122.	V MUTHURAJ
123.	V SELVAM
124.	V SHIVKUMAR
125.	V. SHIV KUMAR
126.	VAIJNATH
127.	VANITA
128.	VENGANI
129.	VENKANTESION
130.	VETRIVELAN
131.	VIJAYAKUMAR R
132.	VISHAL
133.	VISHAL MANTRI
<b>ANDHARA PRADESH</b>	

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1.	B NAGENDRAMMA
2.	CHTTIBOYANADURGA RAO
3.	DERNGULA CHITEMMA
4.	EDUPULAPADMA
5.	ERAIAH
6.	G ESWARAI AH
7.	G NAGA ANJANEYALU
8.	G SRINIVAS
9.	GANTA DURGAPRASADRAO
10.	J ALLAIVELU
11.	JONNALA PANDURYA RAO
12.	K BAMULAMMA
13.	K MAHANTHISH
14.	KANIGIRI R
15.	M NIHARIKA
16.	M RAMADEVI
17.	M SHYAMALA
18.	MAMAMANCHALI SRINIVASARAO
19.	MARUTHI
20.	MD.ANIF
21.	MEDA RAJESH
22.	N NIKILA
23.	P CHANDRAMOHAN
24.	P MARYADASU
25.	P NAGARAJU
26.	P NAVEEN
27.	P VENKATESH
28.	P.DHATHADIRE
29.	RAMADEVI G
30.	RUKSANA BEGUM
31.	S MAHENDRA
32.	S RAJA RAJESWARI
33.	SAIKUMAR
34.	SANDHYA
35.	SHAIK AJEEMUNISA
36.	SK SUBHANI
37.	SRAVANI
38.	SRI RAMLU
39.	SURESH
40.	T GOUNDRAYA
41.	T LAKSHMIDEVI

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42.	T RAMANAMMA
43.	T SIVAKUMAR
44.	T SUBBULU
45.	TADIKAMAL VENKATA SUBBARAO
46.	TATI RAMESH
47.	UMADEVI
48.	V RAMADEVI
49.	VTHIPPIBAI
50.	KRISHNA KUMAN
51.	BIKNURI RAMCHANDAR
52.	DAOTTU SURESH
53.	OLLCPU NARSALAH
54.	KOWUN SHIVANAGARAJU
55.	HAMANTHA PASHA
56.	BALAS Aidulu
57.	A.GANESH
58.	AMJAD ALL
59.	SHAILA IMAN
60.	MASOOD AU
61.	V. RAMULU
62.	A.LALITHA
63.	BHAGYA LAXMI
64.	POOJA RANI
65.	SALMAN RAJU
66.	VAISHALI
67.	VINAY
68.	RAMESH
69.	CHALLA PEDDI RAJULU
70.	ANISSETTI SEETHA RAVAMMA
71.	M.ARUNA KUMARI
72.	SHAIK AJEEMUNISA
73.	SHAIK RAZIYA SULTANA
74.	BIKNURI RAMCHANDAR
75.	K.ELLAIAH
76.	KIDTHM BABU
77.	MD. MISKIN
78.	S. NARASIAH
79.	S.GANESH
80.	P. MARUTHI
81.	AUMADEVI
82.	AFSHAM TABASSUM

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83.	J.RADHA
84.	HAMANTHA PASHA
85.	M.SURESH
86.	BAIASALDUIU
87.	VLJAYAMMA
88.	MALLAREDDY PALLI
89.	VENKATESHWARLU
90.	NAVEEN
91.	N UPENDRA
92.	KAVITHA
93.	RAMESH
94.	KATTL MOHANRAO
95.	VIJAYAWADA
96.	KAGITHA RENUKA
97.	LAJIRBABU
98.	KOTTURSHANKARRAO
99.	SAANAA DURGA
100.	KANAKALA SURIBABU
101.	TAIL RAMESH
102.	YADUPALLI RAMAKNSHNA
103.	TANRALA SNNIVAS
104.	VUPPU VENKATESWARLU
105.	ORSU VENKATESWARLU
106.	SURPANENLVENKATESWARLU
107.	BUTTULO PULLAIAH
108.	DASARI LAKSHMI
109.	ULLAM LAKSHMI NARAYANA
110.	T.JOHN BABU
111.	G. VENKATA LAKSHMI
112.	YAMBI KUMAR
113.	VALIGALA SHIVA
114.	HAMANTHA PASHA
115.	S.ARUN KUMAR
116.	A.LALITHA
117.	SRINIVAN
118.	HEMALATHA
119.	NIRANJAN REDDY
120.	SANA BEQUM
121.	CHIKURTI PRABHU DASU
122.	L.KISHORE
123.	KANIGIRI

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124.	KAMBAM KRISHNA
125.	MOHMED AYUB KHAN
126.	VEMULA SUBBARAO
127.	ANALAREDDY NAGENDRA RAO
<b>MAHARASHTRA</b>	
1.	DAMODAK RAMKISHAN SARDA
2.	SAIYYED BASHIR SHAIKH
3.	ABDUL RAFEEQ ABDUL GANI
4.	ABHIJIT DILIP SHINDE
5.	ABHISHEK ASHOK CHAUHAN
6.	AKSHAYA ASHOK PARAB
7.	ALWIN ANTON DMELLO
8.	ANANT LAXMAN SAWANT
9.	ANISHA SUBHASH DHONGRE
10.	APURVA NANDKISHORE PALANDE
11.	ARJUN RAVINDRA TENDULKAR
12.	ASFIYA HIDAYAT KHAN
13.	ASHUTOSH MAHENDRA MISHRA
14.	ASHWINI RAMDAS GAVDE
15.	AVINASH VILAS KALE
16.	BABU RAMJI MASKE
17.	BALIRAM GANPATRAO GARAL
18.	BHOLARAMSINGH BIJARAMSINGH
19.	CHAKULI SUNIL KADAM
20.	DATTATRAY KULKARNI
21.	DEVIDAS JYOTIBA SHENDGE
22.	DHIRAJ SHANKAR RAIKAR
23.	DIPALI BABASAHEB MASALKHANB
24.	GAYATRI NAGNATH SAKHARE
25.	GITANJALI ANANT LAD
26.	ISHRAT RAMZAN SHAIKH
27.	JANKIRAM BABUAPPA FULMOGRE
28.	JHANVI PRAKASH BORIYE
29.	KAJAL TEDE
30.	KIRAN BAPV KADAM
31.	KIRAN UMA CHAUHAN
32.	KOMAL KISHORE QHOLAP
33.	KRUNAL VIKAS ZUDGE
34.	KUNDA LAXMAN SAWANT
35.	LIMBAJI TUKAKAM NAIK
36.	MAHADEV KRISHNA GHAVNADKAR
37.	MAHADEV PURUSHOTTAM SAWANT

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38.	MANJULA MAHADEV BHISE
39.	MANSI SUBHASH SUTHAR
40.	MARUTI SAHADU SHEJHWAL
41.	MEHRUNISA BEGUM ABDULRAHMAN
42.	MENKA MAHADEV PIRANKAR
43.	MOHAMMED SHAIKH
44.	MUKUND RADMOVAR RUDRAVAR
45.	NAMRATA SHRIRAM BADODE
46.	NARSAPPA ISHWARAPPA PAL
47.	PARSHURAM SEETARAM KAMBLE
48.	POOJA ASHOK KAUTKAR
49.	POOJA CHANDRAKANT CHOUGULE
50.	POOJA RUPAJI DHURI
51.	POONAM ANANTRAO PAWAR
52.	POONAM RAJENDRA PANNE
53.	PRACHI RAMESH DADVI
54.	PRATHAM RAJU KAMBLE
55.	RAHUL GANESH VAVAL
56.	RAHUL RAJENDRA JADHAV
57.	RAMCHANDRA ASHROBA NAKHARE
58.	RATANBI SHAIKH VSMAN SHAIKH
59.	RUKMANIBAI VITTHALAPPA
60.	SABHAJI PANDURANG TANAVDE
61.	SAILI SADASHIV PHATAK
62.	SAIYYED NAZIMALI SAIYYED ZAFAR
63.	SALMAN MURJUT SAIYYAD
64.	SANDESH MARATHE MADHUKAR
65.	SAURABH ARUN GOREWALE
66.	SEJAL CHANDRASHEKHAR LOKE
67.	SHABBIR HABIB PINJARE
68.	SHAHZADI SHAIKH
69.	SHAKIL AHMED MUBINOOR RAHWAN
70.	SHAKUNTALA KONTALWAR
71.	SHAMRAO MURLIDHAR KOLAPKAR
72.	SHANTARAM DEVICHAND THORAT
73.	SHRADDHA VISHRAM PALAV
74.	SONALI SUBHASH BOEKAR
75.	SUBHASH MACHINDRA SATHE
76.	SUMAIYA BASHA SHAIKH
77.	SUNANDA KANTRAO JOSHI
78.	SUREKHA KAMBLE
79.	TAMANNA RAIZ BATWALE
80.	TEJAS MADHUKAR THORAT

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81.	VAIBHAV GANPAT GAIKWAD
82.	VAISHALI MRUTYUNJAY PARAB
83.	VINAYAK UTTAM SHINDE
84.	YOGESH GADE
85.	YUSUF KHAN
86.	ABDUL MOBIN ABDUL RAUF
87.	AFREEN BEGUM
88.	AJAY SHEKHAR GOKUL
89.	ANANT BAPURAO MASARE
90.	ASHOK RAMCHANDRA PAWAR
91.	ATTAR KHAN AHMED KHAN
92.	BALAJI KERBA KENDRE
93.	BHARTI DAHIHANDE
94.	DADU YASHVANT THOKLE
95.	GAJANAN RADHAKRISHNA FULMOGRE
96.	GITABAI VAKLE
97.	IRSAS BEGUM MOHAMMED AZIZ
98.	ISHAK BASU SHAIKH
99.	KIRAN UTTAMRAO KALE
100.	MALAPPA BELAPPA KOLI
101.	MANOHAR MADHAV SANGLE
102.	MARUTI RAMRAO CHAUHAN
103.	MINAL KAMBLE
104.	MOHAMMED ANSARI HAMID ANSARI
105.	MOHAMMED BASHIRUDDIN MOHAMMED
106.	MOHAMMED IMRAN QURESHI
107.	MOHAMMED USMAN MOHAMMED ZAFAR
108.	MOMAMMED BIBAN QURESHI
109.	MUKHTAR AHMED
110.	NARAYAN BHALERAO
111.	NARAYAN BHALERAO SHESHRAO
112.	NASIF MAINUDDIN SHAIKH
113.	PADMAKAR BALASAHEB KULKARNI
114.	PRAKASH KUNDLIK ALANE
115.	RAJESH KAMBLE
116.	RAJKUMAR JOKI PAGGI
117.	RAJU LAXMIKANT NEB
118.	RAMV TAMMA DEVKAR
119.	SACHIN GANPATRAO MUNE
120.	SAEIKH AZIZ SHEIKH IBRAHIM
121.	SAIYYAD HAZMUDDIN SAIYYAD
122.	SAIYYAD LAL SAIYYAD KARIM
123.	SHAIKH AKHIL SHAIKH ZAMIR



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124.	SHAIKH ALTAF SHAIKH ABDUL AZIZ
125.	SHAIKH MASJID SHAIKH AMIN
126.	SHAIKH MOHAMMED SHAIKH KASIM
127.	SHAIKH PASHA SHAIKH USMAN
128.	SHAIKH RAHIM SHAIKH KARIM
129.	SHAIKH RAZZAQ SHAIKH GAFFOOR
130.	SHAIKH USMAN SHAIKH MEERA
131.	SHAIKH WAHID SHEIKH BIBAAN
132.	SHAIKH ZAKIR SHAIKH DASTAGIR
133.	SHAKUNTALA KAILASH LONDHE
134.	SHEIKH MATIN SHEIKH SAMAR
135.	SHUBHDA DATTATRAY KULKARNI
136.	SUBHASH KISHAN DHALE
137.	SUMITRA VISHWAS DONGRE
138.	SURESH KANKARIA YELAPURKAR
139.	UDDHAV BAJIRAO LADIKAR
140.	UMESH SHRANAPPA GAYAKVAD
141.	VAMAN GANPATI GAIKWAD
142.	VANKATESHWARI BABURAO AVNOOR
143.	YUSUF KHAN KAFFAR KHAN
144.	ZAMEER KHAN AAMIR KHAN
145.	KVATRAYA
146.	DATTATRAYA
147.	PARSHURAM
148.	CHETANYA
149.	DATTATRAYA
150.	AYUSH
151.	BHAGWAN
152.	NARSAPPA
153.	SHRI PAD
154.	SUREKHA
155.	UMESH
156.	SULOCHANA
157.	SHRADA
158.	SUDHAKER
159.	SHARDA
160.	SUNIL
161.	RAJU
162.	SONALI
163.	PINTU
164.	KOSHALYA
165.	NAND
166.	PURAN KUMAR

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167.	GOKHARI
168.	DAD MAYA
169.	HATRI SHEKH
170.	GANGA RAM
171.	REHMAN
172.	VIJAY
173.	HEERA LAL
174.	VIJAY
175.	CHANDRA KANT
176.	RAJESH
177.	SANGEETA
178.	SHANKER
179.	CHANDANI
180.	VINOD
<b>GUJARAT</b>	
1.	ADITYA PRASAD
2.	MAHENDRA YADAV
3.	SATISHKVMAR B GARACH
4.	SHARDA DEVI KIRAN
5.	SHIV KUMAR PANDEY
6.	BAKORBHAI G MEMNOGERA
7.	CHANDRESH KUMAR JAGANNATK MAUR
8.	DRUSTI PATEL
9.	FAJUBHAI B NAIR
10.	IRFAN SAKIL KHATIR
11.	JAGDISH YADAV
12.	JHUBER SHAIKH
13.	KALIM SHAIKH
14.	KISHORE BHAI N DESAI
15.	KRISHNA B PAWAR
16.	KRISHNA RANA
17.	MARIYAM SHAIKH
18.	NASRIN BAGWAN
19.	RAMESH A PARMAR
20.	RAMKRISHANS YADAV
21.	SAJID MD ABID
22.	SHAIKH SHABBIRBHAI
23.	SHANKARBHAI VALAND
24.	SHIRIN BAGWAN
25.	SONI MORE
26.	SUMAN PRAJAPATI
27.	AJAY RAMESH PATEL

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28.	ANITHA R GUPTA
29.	ARUNBHAI REVSINBHAI RATHNA
30.	BALUBHAI UKABHAI RATHOD
31.	BHAILAL GULSHIN RATHNA
32.	BHAVIK RAMESH KANSARA
33.	BMBUBHAI SHANABHAI RATHNA
34.	DEVIBEN H BASIYA
35.	DEVIBEN L KUNTI
36.	DHARMISHTA KESHAR VANKAR
37.	DHIRAJ R RAVAT
38.	DIPAR VECHANBHAI RATHWA
39.	GAUTAMBHAI S AMIN
40.	GIRISH GULSI NARATHNA
41.	GOKULBHAI SOABHAI BARWAR
42.	GOPAL JIVABHAI GOHEL
43.	GULAB ISMAIL MIRZA
44.	HANSABEN KALUBHAI KUVARDA
45.	HEENABEN BHARATBHAI RATHNA
46.	HEMLATABEN VALGIBHAISONAARA
47.	INDULAL POPATLAL ACHARYA
48.	IRFAN YUSUFBHAI RHURESHI
49.	JAYABEN KANJIBHAI CHANDPA
50.	JAYSANKAR JOSHI
51.	JIMMY INDRAVADAN P PATEL
52.	KAETALKUMAR R SHAH
53.	KALPESH BHOLANRTH
54.	KAMIBEN SAMABHAI PARMAR
55.	KOKILABEN ARVINDOBHAI VANKAR
56.	KRISHNA JESING VANKAR
57.	LAKAHA P GHEDIYA
58.	LAKHMAN LALJI KOTHARI
59.	LALITABEN DILIPBHAI RATHOD
60.	MAHESH G CHAUHAN
61.	MANHARBHAI JIVANBHAI VANKAR
62.	MANJUBEN CHAGANBHAI SADIYA
63.	MANJULABEN
64.	MAYURBHAI G MALI
65.	MILAN M BHANSALI
66.	MUKESH NANDIRA RATHNA
67.	MUKESHBHAI KANUBHAI NALI
68.	NAGINGHA HIMATBHAI

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69.	NATHALAL G SOLANKI
70.	NILESH SIDDUPUGA
71.	NINIT GIRISHKUMAR SHAH
72.	PRACHI SHAILESHBHAI MAKVANA
73.	PRIYANK C PATEL
74.	RAISING NANABHAI RATHWA
75.	RAJU KARSANBHAI RATHWA
76.	RAJVEER BUDHALAAL KACCHIYA
77.	RAMESHBHAI B SONAR
78.	REKDIBEN KARAMSING RATHNA
79.	RUTRI JAYESH MAHIDA
80.	SAJIDBHAI YUSUFBHAI RHURESHI
81.	SULEMAN B KATHURIYA
82.	SUMITRABEN CHIMANBHAI RATHWA
83.	SURESHBHAI M RANA
84.	TEJAL BEN M MALI
85.	TERSINH BAILADHAI RATHWA
86.	VAHID AHMADI MANSURI
87.	VANKAR DHIRUBHAI CHATURBHAI
88.	VIJENDRA BHARATSINGH RATHNA
89.	VINAY H PARMAR
90.	VITHALBHAI AMBALAL VADI
91.	ARVINDBHAI
92.	GEMEA SINGH
93.	KUSUMBHEN
94.	NATIK KUMAR
95.	SHIVDAS BABHNA
96.	DALIBHEN HALIBAI SOLANKI
97.	SHERKHAN PATAN
98.	VINKAR DHIRIBHAI
99.	RAMABHAI SOLANKI
100.	VIJAY KUMAR JAYSINGH
101.	RAJESH BHAI
102.	SATISHBAHAI
103.	GAUTAM
104.	PARVASH
105.	ANJANBHAI
106.	ASHOKE
107.	ASHWANI
108.	BANSHILAL KESHAV
109.	VINODBHAI PATEL

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110.	BHIKHAM BHAI PATEL
111.	PRAKASHO BHAI PARMAR
112.	MOHAN GURUJI RATHWA
113.	CHERASIN PARMAR
114.	BHALLAV BHAI
115.	PUNIA CHATIA
116.	MOHAMMAD SALAMIA
117.	MANISH SINGH
118.	URMILABHAN
119.	UMA BHEN
120.	HANSHA BHEN
121.	VAISHALI BHEN
122.	DISHA BHEN
123.	HEENA RATHORE
124.	RADHE KRISHANA RATHOR
125.	KAMELESH TRIVEDI
<b>GOA</b>	
1.	AVILIT
2.	BASILIA VAZ
3.	BHARAMU
4.	DAMBER THAPA
5.	DAMYANTI PANDE
6.	GORESH
7.	H. DEVRAJ
8.	HARSHA
9.	HEMANT
10.	HIPOLIT FEARNANDES
11.	HUSSAIN
12.	JAGANATH
13.	JAI LAKSHMI
14.	JULIO SANATAN REBELIO
15.	JYOTI
16.	KAMAL SHIOAKAR
17.	KARPAYA
18.	KRISHNA RAMA
19.	KUMAR NAIK
20.	KUMAR NAIK
21.	LEELA ROSAY
22.	MAHESH
23.	MANJU BOMKAR
24.	MANJU NATH NAIK

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25.	MARIA
26.	MISS EUGENA
27.	MITCHAL SALVADOR
28.	MOTIRAM
29.	MUNI
30.	NIGAMPA KUMAR
31.	NIRMALA
32.	NIRMALA NAIK
33.	NIVITA NAIL
34.	PERMUIYA
35.	PRATHMESH
36.	RADHA MOHAN
37.	RAMESH
38.	RAMESHWARI DEVI
39.	RAMKRISHNA
40.	RASHI
41.	SADANAND SHIR GOAKAR
42.	SAFFI
43.	SAMBAJI MADKALKAR
44.	SAMBHAJI PALDEKAR
45.	SATANTA
46.	SHALI SHIROKAR
47.	SHARIF
48.	SHIDHAWA MASANNO
49.	SHRI BADSHAH
50.	SHRI KRISHNA
51.	SMT . SARLA NAIK
52.	SURESH CHAWAN
53.	SURYA NAIK
54.	UMAKAMANT NAIK
55.	VARONIKA

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## Appendix B. Statewise Funds Allocated & Released for 2007-2010

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Table B.1: Assam

Implementing Agencies / Notional Allocation / Actual Release									
S.No	ASSAM	2007-08			2008-09			2009-10	
	District	Name of the implementing agency to which District were allocated	Notional allocation (Rs. In lakhs)	Amount released (Rs. In lakhs)	Name of the implementing agency to which District were allocated	Notional allocation (Rs. In lakhs)	Amount released in 2008-09 (Rs. In lakhs)	Notional allocation for the year 2009-10 (Rs. In lakhs)	Amount released (Rs. In lakhs)
1	North Cachar Hills	ALIMCO	2.87	1.89		4		4	3
2	Hailakandi	ALIMCO	9.35	6.15		10		10	8
3	Dhemaji	ALIMCO	11.1	3.34	Narayan Seva Sansthan, Sewa Dham, 483, Hiran Magri, Sector-4, Udaipur-313 002, Udaipur, RAJASTHAN	12	12	12	9
4	Marigaon	ALIMCO	12.5	8.21	Narayan Seva Sansthan, Sewa Dham, 483, Hiran Magri, Sector-4, Udaipur-313 002, Udaipur, RAJASTHAN	14	14	14	
5	Golaghat	ALIMCO	14.3	9.41	Institute of Management Resource Development, 1st Floor, Prafulla Bhawan, GNB Road, Daccapatty, Nagaon, Assam	16	8	16	8
6	Karbi Anglong	ALIMCO	16.1	10.6	Narayan Seva Sansthan, Sewa Dham, 483, Hiran Magri, Sector-4, Udaipur-313 002, Udaipur, RAJASTHAN	18	18	18	



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Implementing Agencies / Notional Allocation / Actual Release									
S.No	ASSAM	2007-08			2008-09			2009-10	
	District	Name of the implementing agency to which District were allocated	Notional allocation (Rs. In lakhs)	Amount released (Rs. In lakhs)	Name of the implementing agency to which District were allocated	Notional allocation (Rs. In lakhs)	Amount released in 2008-09 (Rs. In lakhs)	Notional allocation for the year 2009-10 (Rs. In lakhs)	Amount released (Rs. In lakhs)
7	Lakhimpur	ALIMCO	16.5	10.87	Ujala Society, V.P.O. Kalgachia , District Barpeta , Assam, Barpeta,ASSAM	19	14.25	19	14.25
8	Kokrajhar	Ujala Society, Barpeta, ASSAM	17	6.5	Ujala Society, V.P.O. Kalgachia , District Barpeta , Assam, Barpeta,ASSAM	19	14.25	19	
		ALIMCO		2.64					
9	Goalpara	ALIMCO	18.1	11.94	Ujala Society, V.P.O. Kalgachia , District Barpeta , Assam, Barpeta,ASSAM	21	15.75	21	15.75
10	Tinsukia	ALIMCO	18.6	12.25	Dikrong Valley Environment & Rural Development Society, Vill. No.1, Barpathar, P.O. Gosaibari, Lakhimpur	21	7.87	21	15.75
11	Dibrugarh		18.7		Ujala Society, V.P.O. Kalgachia , District Barpeta , Assam, Barpeta,ASSAM	21	15.75	21	10.5
12	Bongaigaon	Ujala Society, Barpeta, ASSAM	21.9	5	Ujala Society, V.P.O. Kalgachia , District Barpeta , Assam, Barpeta,ASSAM	25	18.75	25	18.75
		ALIMCO		7.8					

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Implementing Agencies / Notional Allocation / Actual Release									
S.No	ASSAM	2007-08			2008-09			2009-10	
	District	Name of the implementing agency to which District were allocated	Notional allocation (Rs. In lakhs)	Amount released (Rs. In lakhs)	Name of the implementing agency to which District were allocated	Notional allocation (Rs. In lakhs)	Amount released in 2008-09 (Rs. In lakhs)	Notional allocation for the year 2009-10 (Rs. In lakhs)	Amount released (Rs. In lakhs)
13	Jorhat	Disabled Persons Welfare and Rehabilitation Trust, Darrang, ASSAM	22.4	3.39	Ujala Society, V.P.O. Kalgachia , District Barpeta , Assam, Barpeta,ASSAM	25	18.75	25	
14	Nalbari		23.7		Ujala Society, V.P.O. Kalgachia , District Barpeta , Assam, Barpeta,ASSAM	27	20.25	27	20.25
15	Sibsagar	ALIMCO	25.4	16.71	Ujala Society, V.P.O. Kalgachia , District Barpeta , Assam, Barpeta,ASSAM	29	21.75	29	24.5
16	Barpeta	Ujala Society, Barpeta, ASSAM	26.3	13.17	Ujala Society, V.P.O. Kalgachia , District Barpeta , Assam, Barpeta, ASSAM	30	22.5	30	22.5
17	Karimganj	ALIMCO	32.7	21.56		37		37	
18	Dhubri	Ujala Society, Barpeta, ASSAM	34.1	5	Ujala Society, V.P.O. Kalgachia , District Barpeta , Assam, Barpeta, ASSAM	39	29.25	39	
		ALIMCO		15.87					
19	Sonitpur		34.4		Narayan Seva Sansthan, Sewa Dham, 483, Hiran Magri, Sector-4, Udaipur-313 002, Udaipur, RAJASTHAN	39	39	39	39

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Implementing Agencies / Notional Allocation / Actual Release									
S.No	ASSAM	2007-08			2008-09			2009-10	
	District	Name of the implementing agency to which District were allocated	Notional allocation (Rs. In lakhs)	Amount released (Rs. In lakhs)	Name of the implementing agency to which District were allocated	Notional allocation (Rs. In lakhs)	Amount released in 2008-09 (Rs. In lakhs)	Notional allocation for the year 2009-10 (Rs. In lakhs)	Amount released (Rs. In lakhs)
20	Darrang	Disabled Persons Welfare and Rehabilitation Trust, Darrang, ASSAM	43.2	21.61	Disabled Persons Welfare And Rehabilitatin Trust, Vill.Bahabari, P.O. Kharupetia-784115, Darrang,	50	34.4	50	50
21	Kamrup		47.4		Narayan Seva Sansthan, Sewa Dham, 483, Hiran Magri, Sector-4, Udaipur-313 002, Udaipur, RAJASTHAN	54	54	54	
22	Nagaon	ALIMCO	48.2	31.73	Ujala Society, V.P.O. Kalgachia , District Barpeta , Assam, Barpeta, ASSAM		41.25		27.5
23	Cachar	ALIMCO	57.7	3.75	Ujala Society, V.P.O. Kalgachia , District Barpeta , Assam, Barpeta, ASSAM	55	49.5	55	41.25
		Ujala Society, Barpeta, ASSAM		5.5		66		66	
		<b>Total</b>	<b>572.52</b>	<b>234.89</b>		<b>651</b>	<b>469.27</b>	<b>651</b>	<b>328</b>

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Table B.2: Uttar Pradesh

Implementing Agencies / Notional Allocation / Actual Release									
UTTAR PRADESH									
S.No.	District	Name of the implementing agency to which District were allocated	2007-08		2008-09			2009-10	
			Notional allocation (Rs. In lakhs)	Amount released (Rs. In lakhs)	Name of the implementing agency to which District were allocated	Notional allocation (Rs. In lakhs)	Amount released in 2008-09 (Rs. In lakhs)	Notional allocation for the year 2009-10 (Rs. In lakhs)	Amount released (Rs. In lakhs)
1	Kanpur Nagar	Narayan Seva Sansthan, Udaipur, RAJASTHAN	40	8.72	Narayan Seva Sansthan, Sewa Dham, 483, Hiran Magri, Sector-4, Udaipur-313 002, Udaipur, RAJASTHAN	24	18	24	12
		Bhartiya Viklang Kalyan Samiti, Kanpur, UTTAR PRADESH		2.75					12
		Bhartiya Viklang Kalyan Samiti, Kanpur, UTTAR PRADESH		8.9					
2	Allahabad	Upkaar Pratishtan, Allahabad, UTTAR PRADESH	32.9	2.75	Bhagirath Sewa Sansthan, R-10/144, Raj Nagar, Ghaziabad, Ghaziabad,	20	15	20	5
		Viklang Kendra, Allahabad, UTTAR PRADESH		13.81					
3	Azamgarh	Navada Gramodhyog Vikas Samiti, J.P. Nagar, UTTAR PRADESH	28.7	4.87	Navada Gramodhyog Vikas Samiti, Mohalla- Bagala, Amaroha, J.P. Nagar-244 221, J.P. Nagar,	17	12.75	17	8.5
		Bhagirath Sewa Sansthan, Ghaziabad, UTTAR PRADESH		8.5					
4	Agra	Narayan Seva Sansthan, Udaipur, RAJASTHAN	25.3	8.72	Kalyanam Karoti, Kalyan Dham, Saraswati Kund, Masani, Mathura-	15	9	15	

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Implementing Agencies / Notional Allocation / Actual Release									
UTTAR PRADESH									
2007-08				2008-09				2009-10	
		Kalyanam Karoti, Mathura, UTTAR PRADESH		2.66					
5	Varanasi	Chitragupta Shikshan Sansthan, Varanasi, UTTAR PRADESH	21.6	3.07	Chitragupta Shikshan Sansthan, Vill+PO- Sakalpur, Varanasi, Varanasi	13	3.75	13	6.5
		Narayan Seva Sansthan, Udaipur, RAJASTHAN		4.7					6.5
6	Barabanki	Patel Nagar Vikas Samiti, Baranbanki, UTTAR PRADESH	21.3	10.65	PatelNagarVikasSamiti,AtKhajoorgaon,Post-TindaulBolckDewa,Distt-Baranbanki, Baranbanki, UTTAR PRADESH (Mo.9918710116 9415582982)	13	13	13	13
7	Jaunpur	Mangalam, Lucknow, UTTAR PRADESH	20.4	7.82	Chitragupta Shikshan Sansthan, Vill+PO- Sakalpur, Varanasi,	12	5	12	6
		Viklang Kendra, Allahabad, UTTAR PRADESH		2.37					
8	Etah	Meenu Sharma Viklang Relief Society, Mainpuri, UP	20.2	2.5	Kalyanam Karoti,KalyanDham, Saraswati Kund,Masani,Mathura-281003, Mathura, UTTAR PRADESH (Rs.4.50 lakhs)	12	6	12	6
		Kalyanam Karoti, Mathura, UTTAR PRADESH		2.61					MeenuSharmaViklangReliefSociety, Kuraoli-205265, Mainpuri,
9	Sultanpur	Madhyamik Vidyalaya Purab Goan Saesar Sansthan, Sultanpur, UTTAR PRADESH	19.5	5.42	Bhagirath Sewa Sansthan, R-10/144, Raj Nagar , Ghaziabad, Ghaziabad,	12	6	12	4.5

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Implementing Agencies / Notional Allocation / Actual Release									
UTTAR PRADESH									
2007-08				2008-09				2009-10	
		Janaki Gramothan Mahila Bal Vikas Sansthan, Sultanpur, UTTAR PRADESH		4.32					4.5
10	Aligarh	Kalyanam Karoti, Mathura, UTTAR PRADESH	19.3	2.61	Kalyanam Karoti, Kalyan Dham,	12	7.5	12	4
		Saraswati Kund, Masani, Mathura-281003,			Akhil Bhartiya Viklang Vidhya Vridha Seva Samiti, Delhi, DELHI	1.87			
11	Kheri	Mangalam, Lucknow, UTTAR PRADESH	19	7		11		11	
		Bhartiya Viklang Kalyan Samiti, Kanpur, UTTAR PRADESH		2.05					
12	Hardoi	Lohia Public School Samiti, Lucknow, UTTAR PRADESH	18.6	9.27	LohiaPublicSchoolSamiti,3,PatelNagar,StarColony,IndiraNagarExtension, Lucknow-226016,Lucknow,(0522-2702795 0522-2700857)	11	11	11	11
13	Lucknow	Mangalam, Lucknow, UTTAR PRADESH	18.4	5.25	Bhagwan Mahaveer Viklang Sahayatha Samiti,SawaiManSinghHospital, Jaipur., Jaipur	11	8.25	11	5.5
		Pt. Deen Dayal Upadhyay Institute for the Physically Handicapped, New Delhi, DELHI		7.86					
14	Muzaffarnagar		18		AkhilBhartiyaJanChetnaSamiti,855/E,LohiyaGaliNo.4,Babarpur,Shahdaa,delhi-110032	11	8.25	11	

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Implementing Agencies / Notional Allocation / Actual Release									
UTTAR PRADESH									
2007-08				2008-09				2009-10	
15	Deoria		17.6		AkhilBhartiyaSarvKalyanSamiti,Village-MunnaKheda,PO-BighaPur,Distt.-Unnao,, Unnao,UTTARPRADESH	11	8.25	11	5.5
16	Bulandshahr	Society For Polio surgery & Care for Disabled, DELHI	17.2	1.75	AkhilBhartiyaJanChetnaSamiti,855/E,LohiyaGaliNo.4,Babarpur,Shahdaa,delhi-110032(Rs.3.75 lakhs)	10	3.75	10	10
		Dr. Zakir Husain Memorial Trust, Delhi, DELHI		1.37	SocietyForPoliosurgery&CareforDisabled,D-124,Ashok Vihar,Phase-I,Delhi-110052,Delhi,DELHI(Rs.3.75 lakhs)		5		
17	Maharajganj		17.2			10		10	
18	Sitapur	Society For Polio surgery & Care for Disabled, DELHI	17	1.25	Society For Polio surgery & Care for Disabled, D-124,Ashok Vihar , Phase-	10	4	10	5
		Dr. Zakir Husain Memorial Trust, Delhi, DELHI		1.37					
19	Rampur	Prerna Social Welfare Society, Rampur, UTTAR PRADESH	15.8	7.51		10		10	5
20	Kanpur Dehat		15.4		NarayanSevaSansthan,SewaDham,483,HiranMagri,Sector-4,Udaipur-313 002,Udaipur,RAJASTHAN	9	6.75	9	4.5
21	Gorakhpur		15.3		AkhilBhartiyaJanChetnaSamiti,855/E,LohiyaGaliNo.4,Babarpur,Shahdaa,delhi-110032		6.75		

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UTTAR PRADESH									
2007-08				2008-09				2009-10	
22	Saharanpur	Akhil bharitya Jan chetna Samiti, Shahadra, DELHI	15.2	5.04	Bhagwan Mahaveer Viklang Sahayatha Samiti,SawaiManSinghHospital, Jaipur., Jaipur	9	6.75	9	9
23	Unnao	Society For Polio surgery & Care for Disabled, DELHI	14.9	1.25	AkhilBhartiyaSarvKalyanSamiti,Village-MunnaKheda,PO-BighaPur,Distt.-Unnao,, Unnao,UTTARPRADESH	9	6.75	9	
		Akhil Bhartiya Sarva Kalyan Samiti, Unnao, UTTAR PRADESH		6.2		9		9	
24	Bareilly	Prabhat Gramodyog Seva Sansthan, Bareli, UTTAR PRADESH	14.8	7.38	Prabhat Gramodyog SevaSansthan,Village&PostRevati,TehsilAanwla, District Bareli	9	4.5	9	3
24	Bareilly				Zakir Hussain Memorial Trust Delhi. 4. Gulmohar Avenue, Jamia Nagar, New Delhi				2
25	Rae Bareli		14.6			9		9	
26	Pratapgarh		14.6		IdealGrameenUtthanSewaSamiti,Village&PostPatwai,Block Shahabaddistt.Rampur, Rampur	9	7	9	
27	Firozabad		14.5		MeenuSharmaViklangRelieSociety, Kuraoli-205265,Mainpuri,(244991 (05672)	9	6.75	9	
28	Ballia		14.2			9		9	



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UTTAR PRADESH									
2007-08					2008-09			2009-10	
29	Budaun	Akhil Bhartiya Viklang Vidhya Vridha Seva Samiti, Delhi, DELHI	13.7	0.98	Sarswati Educational Society, Harthala, Sonakpur, Moradhabad, Moradhabad, UTTAR PRADESH	8	6	8	
30	Ghaziabad	Bhagirath Sewa Sansthan, Ghaziabad, UTTAR PRADESH	13.7	6.8	Bhagwan Mahaveer Viklang Sahayatha Samiti, SawaiManSinghHospital, Jaipur., Jaipur	8	6	8	
31	Moradabad	Sarswati Educational Society, Moradhabad, UTTAR PRADESH	13.6	6.78	Sarswati Educational Society, Harthala, Sonakpur, Moradhabad, Moradhabad, UTTAR PRADESH	8	6	8	4
	Moradabad	Zakir Hussain Memorial Trust Delhi. 4. Gulmohar Avenue, Jamia Nagar, New Delhi		6.78	Zakir Hussain Memorial Trust Delhi. 4. Gulmohar Avenue, Jamia Nagar, New Delhi				2.5
32	Gonda		13.5			8		8	
33	Ghazipur		13.4			8		8	
34	Mathura	Kalyanam Karoti, Mathura, UTTAR PRADESH	13.4	6.69	Kalyanam Karoti, KalyanDham, Saraswati Kund, Masani, Mathura-281003, Mathura, UTTAR PRADESH	8	8	8	
35	Farrukhabad	Dr. Zakir Husain Memorial Trust, Delhi, DELHI	13	1.37	MeenuSharmaViklangRelieSociety, Kuraoli-205265, Mainpuri,	8	6	8	4
36	Bijnor	Arya Sugandh Sansthan, Bijnor, UTTAR PRADESH	12.7	6.34	AryaSugandhSansthan, Village- Musepur, PO-Mandawali, District-Bijnor, UttarPradesh, Bijnor,	8	8	8	8

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UTTAR PRADESH									
2007-08				2008-09				2009-10	
37	Shahjahanpur	Dr. Zakir Husain Memorial Trust, Delhi, DELHI	12.5	2.5	Ambedkar ShikshaSamiti, Vill.&PostShivpuri, The.Aonla, Bareilly, Bareilly,	8	3	8	4
38	Bahraich		12.2			7		7	
39	Ambedkar Nagar	Society For Polio surgery & Care for Disabled, DELHI	12	2		7		7	
40	Jhansi	Kalyanam Karoti, Mathura, UTTAR PRADESH	12	1.16	Kalyanam Karoti, KalyanDham, Saraswati Kund, Masani, Mathura-281003, Mathura, UTTAR PRADESH	7	5.25	7	
41	Meerut		11.9			7		7	4
42	Basti	Sanchit Vikas Sansthan, Basti, UTTAR PRADESH	11.8	5.69	Bhagwan Mahaveer Viklang Sahayatha Samiti, SawaiManSinghHospital, Jaipur., Jaipur	7	5.25	7	6.9
43	Siddharthnagar	J.P. Viklang Shiksha and Prashikshan Sansthan, Bijnor, UTTAR PRADESH	11.8	0.9		7		7	7
		Dr. Zakir Husain Memorial Trust, Delhi, DELHI		2.5					
44	Hathras	Society For Polio surgery & Care for Disabled, DELHI	11.7	1.75	Kalyanam Karoti, KalyanDham, Saraswati Kund, Masani, Mathura-281003, Mathura, UTTAR PRADESH	7	3.5	7	
		Kalyanam Karoti, Mathura, UTTAR PRADESH		2.61	SocietyForPoliosurgery&CareforDisabled, D-124, Ashok Vihar, Phase-I, Delhi-110052, Delhi		3.5		

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UTTAR PRADESH									
2007-08				2008-09				2009-10	
45	Fatehpur	Narayan Seva Sansthan, Udaipur, RAJASTHAN	11	1.8	Shiksha Samiti, Vill. & Post Shivpuri, The Aonla, Bareilly, Bareilly,	7	5.25	7	
		Viklang Kendra, Allahabad, UTTAR PRADESH		2.37					
46	Jalaun	Meenu Sharma Viklang Relief Society, Mainpuri, UP	10.6	2.75	Meenu Sharma Viklang Relief Society, Kuraoli-205265, Mainpuri,	7	4.5	7	
47	Kushinagar		10.5			6		6	5
48	Pilibhit		9.84		Bhagwan Mahaveer Viklang Sahayatha Samiti, Sawai Man Singh Hospital, Jaipur., Jaipur	6	4.5	6	4.5
		Bhagwan Mahaveer Viklang Sahayata Samiti, Sawai Mansingh Hospital, Jaipur			Bhagwan Mahaveer Viklang Sahayata Samiti, Sawai Mansingh Hospital, Jaipur				3
49	Balrampur	Society For Polio surgery & Care for Disabled, DELHI	9.65	1.5	Society For Polio surgery & Care for Disabled, D-124, Ashok Vihar, Phase-I, Delhi-110052, Delhi, DELHI	6	3	6	
50	Mirzapur	Chitragupta Shikshan Sansthan, Varanasi, UTTAR PRADESH	9.02	9.06	Chitragupta Shikshan Sansthan, Vill+PO- Sakalpur, Varanasi, Varanasi	5	3	5	5
		Narayan Seva Sansthan, Udaipur, RAJASTHAN		1.8					
51	Banda	Meenu Sharma Viklang Relief Society, Mainpuri, UP	8.49	1.7	Bhagwan Mahaveer Viklang Sahayatha Samiti, Sawai Man Singh Hospital, Jaipur., Jaipur	5	1.87	5	
		Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur, RAJASTHAN		2.5					(lkh) Meenu Sharma Viklang Relief Society, Kuraoli-205265, Mainpuri,

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UTTAR PRADESH									
		2007-08			2008-09			2009-10	
52	Chandauli		8.18		Chitragupta Shikshan Sansthan, Vill+PO- Sakalpur, Varanasi, Varanasi	5	3.75	5	5
53	Faizabad	Mangalam, Lucknow, UTTAR PRADESH	7.58	2.63	Mangalam, Mangalam, Manglam Sadan, Indira Nagar, Lucknow, Lucknow, UTTAR PRADESH	5	3.75	5	
54	Mainpuri	Meenu Sharma Viklang Relief Society, Mainpuri, UP	7.32	1	Meenu Sharma Viklang Relief Society, Kuraoli-205265, Mainpuri,	4	3	4	2
		Dr. Zakir Husain Memorial Trust, Delhi, DELHI		1.37	Meenu Sharma Viklang Relief Society, Kuraoli-205265, Mainpuri,				
55	Lalitpur		7.21			4	3	4	
56	Sant Kabir Nagar	Society For Polio surgery & Care for Disabled, DELHI	6.86	1.5	Society For Polio surgery & Care for Disabled, D-124, Ashok Vihar, Phase-I, Delhi-110052, Delhi (	4	4	4	
57	Kannauj	J.P. Viklang Shiksha and Prashikshan Sansthan, Bijnor, UTTAR PRADESH	6.85	0.67		4		4	4
		Dr. Zakir Husain Memorial Trust, Delhi, DELHI		1.37					
	Auraiya		6.7		Meenu Sharma Viklang Relief Society, Kuraoli-205265, Mainpuri,	4	3	4	
58	Sant Ravidas Nagar Bhadohi	Chitragupta Shikshan Sansthan, Varanasi, UTTAR PRADESH	6.68	3.34	Chitragupta Shikshan Sansthan, Vill+PO- Sakalpur, Varanasi, Varanasi	4	3	4	2
		Dr. Zakir Husain Memorial Trust,			Dr. Zakir Husain Memorial Trust, Delhi, DELHI				

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UTTAR PRADESH									
2007-08			2008-09				2009-10		
		Delhi, DELHI							
59	Mau		6.68		J.P.ViklangShikshaEvamPrashikshan Sansthan,VillKumharpura, PostKhas,Distt.Bijnor-246726	4	4	4	4
60	Gautam Buddha Nagar	Mangalam, Lucknow, UTTAR PRADESH	6.63	2.62	Mangalam, Mangalam, Manglam Sadan,IndiraNagar, Lucknow, Lucknow, UTTAR PRADESH	4	3	4	2
61	Etawah	J.P. Viklang Shiksha and Prashikshan Sansthan, Bijnor, UTTAR PRADESH	6.61	0.56		4		4	2
		Dr. Zakir Husain Memorial Trust, Delhi, DELHI		1.37					2
62	Jyotiba Phule Nagar	Navada Gramodhyog Vikas Samiti, J.P. Nagar, UTTAR PRADESH	6.54	3.28	Navada Gramodhyog VikasSamiti,Mohalla- Bagala, Amaroaha,J.P.Nagar-244221,J.P. Nagar,	4	3	4	
63	Kaushambi	Upkaar Pratishtan, Allahabad, UTTAR PRADESH	6.3	1.65	Pt. Deen Dayal Upadhyay Institute for the Physically Handicapped, 4, Vishnu Digambar Marg, New Delhi	4	4	4	
		Viklang Kendra, Allahabad, UTTAR PRADESH		1.43					
64	Baghpat	Samajothan Evam Shiksha Pracharini Sansthan, Meerut, UTTAR PRADESH	5.38	2.69	Bhagwan Mahaveer Viklang Sahayatha Samiti,SawaiManSinghHospital, Jaipur.	3	1.2	3	3

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UTTAR PRADESH									
2007-08				2008-09				2009-10	
		Samajothan EvamShikshaPrach arini Sansthan, Viklang Sahayata Kendra, LordBudha Vidhyapeeth, 92/9, JagritiVihar, Meerut	1.2						
65	Sonbhadra	Bhagirath Sewa Sansthan, Ghaziabad, UTTAR PRADESH	4.98	2.49	Chitragupta Shikshan Sansthan, Vill+PO- Sakalpur, Varanasi, Varanasi	3	1.53	3	3
	Hamirpur	Meenu Sharma Viklang Relief Society, Mainpuri, UP	4.75	2.37	MeenuSharmaViklangRelieSociety, Kuraoli-205265, Mainpuri,	3	2.25	3	
66	Chitrakoot		4.33		Pt.DeenDayalUpadhyay InstituteforthePhysically Handicapped, 4,VishnuDigambar Marg,NewDelhi	3	3	3	3
67	Shrawasti	Mangalam, Lucknow, UTTAR PRADESH	3.82	1.75	Mangalam, Mangalam, Manglam Sadan, IndiraNagar, Lucknow, Lucknow, UTTAR PRADESH	2	3	2	
68	Mahoba	Meenu SharmaViklang Relief Society, Mainpuri, UP	3.68	1.84	Pt.DeenDayalUpadhyay InstituteforthePhysically Handicapped, 4,VishnuDigambar Marg,NewDelhi	2	2	2	2
<b>TOTAL</b>			<b>931.78</b>	<b>284.56</b>		<b>560.87</b>	<b>329.22</b>	<b>559</b>	<b>247.9</b>

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Table B.3: Rajasthan

RAJASTHAN									
S.No.	District	Name of the implementing agency to which District were allocated	2007-08		2008-09			2009-10	
			Notional allocation (Rs. In lakhs)	Amount released (Rs. In lakhs)	Name of the implementing agency to which District were allocated	Notional allocation (Rs. In lakhs)	Amount released in 2008-09 (Rs. In lakhs)	Notional allocation for the year 2009-10 (Rs. In lakhs)	Amount released (Rs. In lakhs)
1	Jaipur		36.85		Bhagwan Mahaveer Viklang Sahayatha Samiti, Sawai Man Singh Hospital, Jaipur., Jaipur	22	16.5	22	22
2	Jodhpur		20.99		Delhi Bharat Vikas Foundation, Viklang Sahayata Kendra, Near Shree Radha Krishna Mandir, Dilshad Garden, Delhi	13	8.63	13	13
3	Pali	Narayan Seva Sansthan, Udaipur, RAJASTHAN	20.93	9.73	Narayan Seva Sansthan, Udaipur, RAJASTHAN	13	9.75	13	
		Pt. Deen Dayal Upadhyay Institute for the Physically Handicapped, New Delhi, DELHI		4.99					
4	Alwar	Pt. Deen Dayal Upadhyay Institute for the Physically Handicapped, New Delhi, DELHI	19.45	3.49	The Support Welfare Foundation ,Palliwal Jain Maha Sabha Bhawan, B-Block, Hassan Khan Mewat Nagar, Alwar	12	9	12	12

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RAJASTHAN									
		2007-08			2008-09			2009-10	
		Society For Polio surgery & Care for Disabled, DELHI		5					
		Delhi Bharat Vikas Foundation, Delhi		0.81	Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur, RAJASTHAN		7.5		
5	Udaipur	Narayan Seva Sansthan, Udaipur, RAJASTHAN	17.07	9.7	Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur, RAJASTHAN	10	7.5	10	
6	Sikar	Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur, RAJASTHAN	16.81	1.5		10		10	10
		Pt. Deen Dayal Upadhyay Institute for the Physically Handicapped, New Delhi, DELHI		6.15					
7	Nagaur	Narayan Seva Sansthan, Udaipur, RAJASTHAN	15.55	9.73	Narayan Seva Sansthan, Udaipur, RAJASTHAN	9	6.75	9	
8	Jalor	Pt. Deen Dayal Upadhyay Institute for the Physically Handicapped, New Delhi, DELHI	15.29	6.81	Pt. Deen Dayal Upadhyay Institute for the Physically Handicapped, 4, Vishnu DigambarMarg, New Delhi	9	9	9	9



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RAJASTHAN									
		2007-08			2008-09			2009-10	
9	Bharatpur	Pt. Deen Dayal Upadhyay Institute for the Physically Handicapped, New Delhi, DELHI	15.03	4.36	Kalyanam Karoti, Kalyan Dham, Saraswati Kund, Masani, Mathura-281003, Mathura,UTTAR PRADESH (0565-2502436)	9	6	9	
		Kalyanam Karoti, Mathura, UTTAR PRADESH		2.61					
10	Barmer	Narayan Seva Sansthan, Udaipur, RAJASTHAN	14.41	9.73	Narayan Seva Sansthan, Udaipur, RAJASTHAN	9	6.75	9	
		Pt. Deen Dayal Upadhyay Institute for the Physically Handicapped, New Delhi, DELHI		2.08					
11	Banswara	Narayan Seva Sansthan, Udaipur, RAJASTHAN	12.6	3.6	Narayan Seva Sansthan, Udaipur, RAJASTHAN	8	6	8	
		Pt. Deen Dayal Upadhyay Institute for the Physically Handicapped, New Delhi, DELHI		4.01					
12	Ajmer	Pt. Deen Dayal Upadhyay Institute for the Physically Handicapped, New Delhi, DELHI	12.36	5.5	Pt. Deen Dayal Upadhyay Institute for the Physically Handicapped, 4, Vishnu DigambarMarg, New Delhi	7	7	7	7

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RAJASTHAN									
		2007-08			2008-09			2009-10	
13	Bhilwara	Delhi Bharat Vikas Foundation, Delhi	12.09	1.05	Delhi Bharat Vikas Foundation, Viklang Sahayata Kendra, Near Shree Radha Krishna Mandir, Dilshad Garden, Delhi (011-22596387)	7	5.25	7	
		Narayan Seva Sansthan, Udaipur, RAJASTHAN		9.73					
14	Chittaurgarh	Narayan Seva Sansthan, Udaipur, RAJASTHAN	11.9	3.6	Narayan Seva Sansthan, Udaipur, RAJASTHAN	7	5.25	7	
		Pt. Deen Dayal Upadhyay Institute for the Physically Handicapped, New Delhi, DELHI		3.69					
15	Dungarpur	Pt. Deen Dayal Upadhyay Institute for the Physically Handicapped, New Delhi, DELHI	11.06	3.59	Pt. Deen Dayal Upadhyay Institute for the Physically Handicapped, 4, Vishnu DigambarMarg, New Delhi	7	7	7	
16	Ganganagar	Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur, RAJASTHAN	10.62	1.5	Bhagwan Mahaveer Viklang Sahayatha Samiti, Sawai Man Singh Hospital, Jaipur., Jaipur	6	4.5	6	6
		Pt. Deen Dayal Upadhyay Institute for the Physically Handicapped, New Delhi, DELHI		3.39					

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RAJASTHAN									
		2007-08			2008-09			2009-10	
17	Churu	Pt. Deen Dayal Upadhyay Institute for the Physically Handicapped, New Delhi, DELHI	10	4.45		6		6	6
18	Jhunjhunun		8.97		Pt. Deen Dayal Upadhyay Institute for the Physically Handicapped, 4, Vishnu DigambarMarg, New Delhi	5	5	5	5
19	Kota	Narayan Seva Sansthan, Udaipur, RAJASTHAN	8.85	3.6	Narayan Seva Sansthan, Sewa Dham, 483, Hiran Magri, Sector-4, Udaipur313 002, Udaipur, RAJASTHAN(Rs. 1.87 lakhs)	5	1.87	5	5
		Pt. Deen Dayal Upadhyay Institute for the Physically Handicapped, New Delhi, DELHI		2.34	Bhagwan Mahaveer Viklang Sahayatha Samiti, Sawai Man Singh Hospital, Jaipur., Jaipur		1.87		
20	Dausa	Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur, RAJASTHAN	8.79	1.5	Bhagwan Mahaveer Viklang Sahayatha Samiti, Sawai Man Singh Hospital, Jaipur., Jaipur	5	1.87	5	5
		Pt. Deen Dayal Upadhyay Institute for the Physically Handicapped, New Delhi, DELHI		2.58					

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RAJASTHAN									
		2007-08			2008-09			2009-10	
21	Tonk	Narayan Seva Sansthan, Udaipur, RAJASTHAN	7.83	3.6	Narayan Seva Sansthan, Udaipur, RAJASTHAN	5	3.75	5	
22	Dhaulpur	Kalyanam Karoti, Mathura, UTTAR PRADESH	7.63	2.65	Kalyanam Karoti, Mathura, UTTAR PRADESH	5	5	5	5
		Pt. Deen Dayal Upadhyay Institute for the Physically Handicapped, New Delhi, DELHI		1.03					
23	Hanumangar h	Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur, RAJASTHAN	7.62	3.5		5		5	5
24	Sawai Madhopur	Pt. Deen Dayal Upadhyay Institute for the Physically Handicapped, New Delhi, DELHI	7.5	3.34	Pt. Deen Dayal Upadhyay Institute for the Physically Handicapped, 4, Vishnu DigambarMarg, New Delhi	5	5	5	5
25	Rajsamand	Pt. Deen Dayal Upadhyay Institute for the Physically Handicapped, New Delhi, DELHI	7.38	1.68	Narayan Seva Sansthan, Sewa Dham, 483, Hiran Magri, Sector-4, Udaipur313 002, Udaipur, RAJASTHAN	4	3	4	
		Narayan Seva Sansthan, Udaipur, RAJASTHAN		3.6					

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RAJASTHAN									
		2007-08			2008-09			2009-10	
26	Bikaner		7.35		Delhi Bharat Vikas Foundation, Viklang Sahayata Kendra, Near Shree Radha Krishna Mandir, Dilshad Garden, Delhi	4	3	4	4
27	Jhalawar	Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur, RAJASTHAN	7.04	1.5	Bhagwan Mahaveer Viklang Sahayatha Samiti, Sawai Man Singh Hospital, Jaipur., Jaipur	4	3	4	4
28	Karauli	Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur, RAJASTHAN	6.86	1	Bhagwan Mahaveer Viklang Sahayatha Samiti, Sawai Man Singh Hospital, Jaipur., Jaipur	4	3	4	4
29	Bundi	Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur, RAJASTHAN	6.46	1	Bhagwan Mahaveer Viklang Sahayatha Samiti, Sawai Man Singh Hospital, Jaipur., Jaipur	4	3	4	4
		Narayan Seva Sansthan, Udaipur, RAJASTHAN		2.35					
30	Baran	Pt. Deen Dayal Upadhyay Institute for the Physically Handicapped, New Delhi, DELHI	5.87	2.61	Pt. Deen Dayal Upadhyay Institute for the Physically Handicapped, 4, Vishnu DigambarMarg, New Delhi	4	4	4	

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RAJASTHAN									
		2007-08			2008-09			2009-10	
31	Sirohi	Narayan Seva Sansthan, Udaipur, RAJASTHAN	5.87	2.35	Narayan Seva Sansthan, Sewa Dham, 483, Hiran Magri, Sector-4, Udaipur313 002, Udaipur, RAJASTHAN	4	3	4	
		Pt. Deen Dayal Upadhyay Institute for the Physically Handicapped, New Delhi, DELHI		1.56					
32	Jaisalmer	Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur, RAJASTHAN	3.27	1.25	Pt. Deen Dayal Upadhyay Institute for the Physically Handicapped, New Delhi, DELHI	2	2	2	2
		<b>Total</b>	<b>380.3</b>	<b>163.84</b>		<b>229</b>	<b>170.74</b>	<b>229</b>	<b>133</b>

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Table B.4: Odisha

Implementing Agencies / Notional Allocation / Actual Release								
ORISSA								
2007-08			2008-09			2009-10		
S.No.	District	Name of the implementing agency to which District were allocated	Notional allocation (Rs. In lakhs)	Amount released (Rs. In lakhs)	Name of the implementing agency to which District were allocated	Notional allocation (Rs. In lakhs)	Amount released in 2008-09 (Rs. In lakhs)	Notional allocation for the year 2009-10 (Rs. In lakhs)
1	Ganjam		25.1					
2	Cuttack	Swamy Vivekanand National Institute of Rehabilitation Training and Reseach, Cuttack, ORISSA	17.66	17.66	Centre for Rehabilitation Services and Research, At- Erein, PO- Charampa, District Bhadrak-756 101, Bhadrak, ORISSA (06784231387)	15	11	15
3	Khordha	Swamy Vivekanand National Institute of Rehabilitation Training and Reseach, Cuttack, ORISSA	16.84	30.1	Bhairabi Club, At - Kurumpada, PO - Hadapada, Dist - Khurda, Orissa - 752018, Khurda, ORISSA	11	3.75	11
4	Puri	Narayan Seva Sansthan, Udaipur, RAJASTHAN	15.37	4.86	Nilachal Seva Pratisthan, Daya Vihar (kanas), Distt.- Puri- 752 017, Puri,	10	6.75	10
		Swamy Vivekanand National Institute of Rehabilitation Training and Reseach, Cuttack, ORISSA		10.51				
5	Mayurbhanj	Zilla Swasthya Samity, for DDRC Mayurbhanj, Mayurbhanj, ORISSA	14.72	2.5		9		9

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Implementing Agencies / Notional Allocation / Actual Release								
ORISSA								
			2007-08			2008-09		2009-10
6	Baleshwar	Swamy Vivekanand National Institute of Rehabilitation Training and Reseach, Cuttack, ORISSA	14.48	3.81	Centre for Rehabilitation Services and Research, Bhadrak, ORISSA	9	4.5	9
		Centre for Rehabilitation Services and Research, Bhadrak, ORISSA		7.2				
7	Jajapur	Centre for Rehabilitation Services and Research, Bhadrak, ORISSA	13.93	7.3	Centre for Rehabilitation Services and Research, Bhadrak, ORISSA	8	8	8
		Swamy Vivekanand National Institute of Rehabilitation Training and Reseach, Cuttack, ORISSA		8.12				
8	Bhadrak	Centre for Rehabilitation Services and Research, Bhadrak, ORISSA	11.92	7.2	Centre for Rehabilitation Services and Research, Bhadrak, ORISSA	7	7	7
		Swamy Vivekanand National Institute of Rehabilitation Training and Reseach, Cuttack, ORISSA		7.62				
9	Bargarh	Regional Rehabilitation and Research Centre, Rourkela, ORISSA	11.35	5		7		7
10	Sundargarh	Swamy Vivekanand National Institute of Rehabilitation Training and Reseach, Cuttack, ORISSA	11.17	6.17	Regional Rehabilitation and Research Centre, Near R.G.H., Panposh Road, Rourkela-769 004, Rourkela, ORISSA	7	7	7



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Implementing Agencies / Notional Allocation / Actual Release								
ORISSA								
			2007-08			2008-09		2009-10
		Regional Rehabilitation and Research Centre, Rourkela, ORISSA		5		6		6
11	Kendrapara		10.07			6	6	6
		Perpetual Reconstructive Institute for youth Activity (PRIYA) Kanan Vihar 2 Bhubneshwar, Orissa						
		Perpetual Reconstructive Institute for youth Activity (PRIYA) Kanan Vihar 2 Bhubneshwar, Orissa						
12	Kendujhar	Swamy Vivekanand National Institute of Rehabilitation Training and Reseach, Cuttack, ORISSA	9.35	9.35		6	6	6
		Centre for Rehabilitation Services and Research, At- Erein, PO- Charampa, District Bhadrak-756 101, Bhadrak, ORISSA						
13	Kalahandi	Swamy Vivekanand National Institute of Rehabilitation Training and Reseach, Cuttack, ORISSA	8.73	8.73		5		5
14	Balangir		8.62			5	2.5	5
		Regional Rehabilitation and Research Centre, Near R.G.H., Panposh Road, Rourkela-769 004, Rourkela, ORISSA						
15	Anugul	Swamy Vivekanand National Institute of Rehabilitation Training and Reseach, Cuttack, ORISSA	7.96	4.89		5		5

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Implementing Agencies / Notional Allocation / Actual Release								
ORISSA								
			2007-08			2008-09		2009-10
		Regional Rehabilitation and Research Centre, Rourkela, ORISSA		3				
16	Dhenkanal	Swamy Vivekanand National Institute of Rehabilitation Training and Reseach, Cuttack, ORISSA	7.86	7.86	Regional Rehabilitation and Research Centre, Near R.G.H., Panposh Road, Rourkela-769 004, Rourkela, ORISSA	5	2.5	5
17	Sambalpur	R.J. Orthopaedics, Sambalpur, ORISSA	7.62	4.51		5		5
18	Nabarangapur	Swamy Vivekanand National Institute of Rehabilitation Training and Reseach, Cuttack, ORISSA	7.57	7.57	Regional Rehabilitation and Research Centre, Near R.G.H., Panposh Road, Rourkela-769 004, Rourkela, ORISSA	5	5	5
19	Jagatsinghapur	Swamy Vivekanand National Institute of Rehabilitation Training and Reseach, Cuttack, ORISSA	7.32	7.32	Centre for Rehabilitation Services and Research, At- Erein, PO- Charampa, District Bhadrak-756 101, Bhadrak, ORISSA	4	2	4
20	Koraput	Swamy Vivekanand National Institute of Rehabilitation Training and Reseach, Cuttack, ORISSA	7.17	7.17		4		4
21	Nayagarh	Swamy Vivekanand National Institute of Rehabilitation Training and Reseach, Cuttack, ORISSA	6.41	6.41		4		4
22	Rayagada	Swamy Vivekanand National Institute of Rehabilitation Training and Reseach, Cuttack, ORISSA	5.55	5.55	Regional Rehabilitation and Research Centre, Near R.G.H., Panposh Road, Rourkela-769 004, Rourkela,	3	3	3

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Implementing Agencies / Notional Allocation / Actual Release									
ORISSA									
			2007-08	ORISSA			2008-09	2009-10	
23	Kandhamal	Swamy Vivekanand National Institute of Rehabilitation Training and Reseach, Cuttack, ORISSA	4.86	2.43			3		3
		Kandhamal Zila Swasthya Samiti for DDRC Phulbani, Phulbhani, ORISSA		2.43			2		2
24	Jharsuguda		4.12		Regional Rehabilitation and Research Centre, Near R.G.H., Panposh Road, Rourkela-769 004, Rourkela, ORISSA		2	2	2
25	Nuapada	Swamy Vivekanand National Institute of Rehabilitation Training and Reseach, Cuttack, ORISSA	3.69	3.69	Regional Rehabilitation and Research Centre, Near R.G.H., Panposh Road, Rourkela-769 004, Rourkela, ORISSA		2	2	2
26	Gajapati	Swamy Vivekanand National Institute of Rehabilitation Training and Reseach, Cuttack, ORISSA	3.63	3.63			2		2
27	Sonapur	R.J. Orthopaedics, Sambalpur, ORISSA	3.62	1.72	R.J. Orthopaedics, At-Netaji Chowk, PO-Burla, Sambalpur		2	1.5	2
28	Debagarh	R.J. Orthopaedics, Sambalpur, ORISSA	2.66	1.61	R.J. Orthopaedics, At-Netaji Chowk, PO-Burla, Sambalpur		2	1.5	2

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Implementing Agencies / Notional Allocation / Actual Release								
ORISSA								
			2007-08			2008-09		2009-10
29	Baudh	Swamy Vivekanand National Institute of Rehabilitation Training and Reseach, Cuttack, ORISSA	2.72	2.72	R.J. Orthopaedics, At-Netaji Chowk, PO-Burla, Sambalpur	2	1.5	2
30	Malkangiri	Swamy Vivekanand National Institute of Rehabilitation Training and Reseach, Cuttack, ORISSA	3	3		2		2
		<b>Total</b>	<b>275.07</b>	<b>216.64</b>		<b>165</b>	<b>83.5</b>	<b>165</b>

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Table B.5: Tamil Nadu

Implementing Agencies / Notional Allocation / Actual Release											
TAMIL NADU											
S.No.	District	2007-08				2008-09				2009-10	
				Name of the implementing agency to which District were allocated	Notional allocation (Rs. In lakhs)	Amount released (Rs. In lakhs)	Name of the implementing agency to which District were allocated	Notional allocation (Rs. In lakhs)	Amount released in 2008-09 (Rs. In lakhs)	Notional allocation for the year 2009-10 (Rs. In lakhs)	Amount released (Rs. In lakhs)
1	Coimbatore	69.17	36.33	Dr. Zakir Husain Memorial Trust, Delhi, DELHI	31.17	2.5	R.B. Charitable Trust, Salem, TAMIL NADU	19	14	19	19
		0		Indian Association for the Blind, Madurai, TAMIL NADU		0.83					
2	Chennai	57.97	37.48	Narayan Seva Sansthan, Udaipur, RAJASTHAN	25.97	7.45	Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur, RAJASTHAN	16	12	16	16
		0		Indian Association for the Blind, Madurai, TAMIL NADU		2.03					
3	Vellore	50.78	3.04	Oasis Trust for the Handicapped, Cuddalore, TAMIL NADU	22.78	3.04		14		14	
4	Dharmapuri	47.94	22.52	R.B. Charitable Trust, Salem, TAMIL NADU	21.94	1.5	R.B. Charitable Trust, Salem, TAMIL NADU	13	11	13	10.02
5	Tiruchirappalli	44.59	16.74	Tiruchirappalli Multipurpose Social Service Society, Tiruchirappalli, TAMIL NADU	20.59	7.74	Tiruchirappalli Multipurpose Social Service Society, Tiruchirappalli, TAMIL NADU	12	9	12	
6	Tirunelveli	43.95	21		19.95		R.B. Charitable Trust, Salem, TAMIL NADU	12	9	12	12

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Implementing Agencies / Notional Allocation / Actual Release													
TAMIL NADU													
				2007-08				2008-09				2009-10	
7	Kancheepuram	43.18	24		19.18		Leprosy Rehabilitation Project, Near Railway over Bridge, Mangalgiri-522003, Guntur, A.P., Guntur,	12	12	12	12		
8	Madurai	40.92	25.19	Narayan Seva Sansthan, Udaipur, RAJASTHAN	18.92	9.73	Narayan Seva Sansthan, Sewa Dham, 483, Hiran Magri, Sector-4, Udaipur-313 002, Udaipur, RAJASTHAN	11	8.75	11			
		0		Indian Association for the Blind		6.71							
9	Thiruvallur	40.6	14.2	Sacred Heart Leprosy Centre, Kumbakonam, TAMIL NADU	18.6	0.5	Sacred Heart Leprosy Centre, Karaikal Road, Sakkottai-612401, Kumbakonam R.S., Kumbakonam, TAMIL NADU	11	2.7	11	11		
10	Erode	39.96	23.5	R.B. Charitable Trust, Salem, TAMIL NADU	17.96	2.5	National Institute for Empowerment of Persons with Multiple Disabilities, Chennai, Tamilnadu	11	11	11	10		
11	Viluppuram	39.79	21.04	R.B. Charitable Trust, Salem, TAMIL NADU	17.79	2	R.B. Charitable Trust, 206-B, Second Agraharam, Salem-636 001, Salem, TAMIL NADU	11	9	11	10.04		

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Implementing Agencies / Notional Allocation / Actual Release											
TAMIL NADU											
				2007-08			2008-09			2009-10	
12	Cuddalore	39.35	12	Centre for Rural Education and Economic Development, Cuddalore, TAMIL NADU	17.35	7.88	Centre for Rural Education and Economic Development, P.B No. 9, 18 Siva Nagar (Near Bus Stand-Chinna Market), Chidambaram	11	4.12	11	
13	Dindigul	37.11	7.25	Tiruchirappalli Multipurpose Social Service Society, Tiruchirappalli, TAMIL NADU	17.11	1.81	Tiruchirappalli Multipurpose Social Service Society, P.B. No. 12, Melapudur, Tiruchirappalli-620 001(Rs. 3.25 lakhs	10	3.75	10	
		0	1.69				S.M. Rehabilitation Trust, Middle Street, Madichiam, Madurai-625 020, Madurai, TAMIL NADU		1.69		
14	Kanniyakumari	36.33	20	Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur, RAJASTHAN	16.33	2.5	Narayan Seva Sansthan, Sewa Dham, 483, Hiran Magri, Sector-4, Udaipur-313 002, Udaipur, RAJASTHAN	10	7.5	10	10
		0	9.73	Narayan Seva Sansthan, Udaipur, RAJASTHAN		9.73					
15	Thanjavur	36.02	18.28	Tiruchirappalli Multipurpose Social Service Society, Tiruchirappalli, TAMIL NADU	16.02	1.6	Sacred Heart Leprosy Centre, Kumbakonam, TAMIL NADU	10	7.5	10	9.18

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Implementing Agencies / Notional Allocation / Actual Release											
TAMIL NADU											
		2007-08				2008-09				2009-10	
		0	2.36	Sacred Heart Leprosy Centre, Kumbakonam, TAMIL NADU		2.36					
16	Nagapattinam	29.72	11.88	R.B. Charitable Trust, Salem, TAMIL NADU	13.72	2.86	R.B. Charitable Trust, Salem, TAMIL NADU	8	5	8	4.02
		0	0.5	Sacred Heart Leprosy Centre, Kumbakonam, TAMIL NADU		0.5					
17	Salem	29.35	15	R.B. Charitable Trust, Salem, TAMIL NADU	13.35	2	R.B. Charitable Trust, 206-B, Second Agraharam, Salem-636 001, Salem, TAMIL NADU	8	6	8	7
18	Tiruvannamalai	29.21	16.57	Oasis Trust for the Handicapped, Cuddalore, TAMIL NADU	13.21	6.61	Oasis Trust for the Handicapped, P.B. No.-61, Yadava Street(Extn.), Vanniyarpalayam, Cuddalore- 607001 (04142-294088)	8	6	8	3.52
		0		Indian Association for the Blind, Madurai, TAMIL NADU		0.44					
19	Thoothukkudi	26.35	8.31	V.O.C.Educational Society for DDRC Thoothukudi, Thoothukudi, TAMIL NADU	12.35	4.81	V.O.C.Educational Society for DDRC Thoothukudi, Thoothukudi, TAMIL NADU	7	3.5	7	
20	Virudhunagar	25.66	12.25		11.66		S.M. Rehabilitation Trust for DDRC Virudhnagar, 1-C Middle Street, Mathichiyam, Madurai-625 020., Virudhnagar	7	5.25	7	7



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Implementing Agencies / Notional Allocation / Actual Release											
TAMIL NADU											
				2007-08			2008-09			2009-10	
21	Pudukkottai	24.85	11.05	Tiruchirappalli Multipurpose Social Service Society, Tiruchirappalli, TAMIL NADU	10.85	2.28	Tiruchirappalli Multipurpose Social Service Society, P.B. No. 12, Melapudur, Tiruchirappalli-620 001	7	1.77	7	7
22	Sivaganga	22.54	6		10.54		National Institute for Empowerment of Persons with Multiple Disabilities, Chennai, Tamilnadu	6	6	6	
23	Thiruvarur	22.06	6		10.06			6		6	6
24	Ramanathapuram	21.57	6		9.57		National Institute for Empowerment of Persons with Multiple Disabilities, Chennai, Tamilnadu	6	6	6	
25	Theni	18.28	6.69		8.28		S.M. Rehabilitation Trust, Middle Street, Madichiam, Madurai-625 020, Madurai, TAMIL NADU	5	1.69	5	5
26	Namakkal	18	3.99		8		R.B. Charitable Trust, 206-B, Second Agraharam, Salem-636 001, Salem, TAMIL NADU	5	3	5	0.99
26	The Nilgiris	11.78	3.69	Dr. Zakir Husain Memorial Trust, Delhi, DELHI	5.78	1.4	R.B. Charitable Trust, 206-B, Second Agraharam, Salem-636 001, Salem, TAMIL	3	1	3	1.29

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Implementing Agencies / Notional Allocation / Actual Release											
TAMIL NADU											
				2007-08			2008-09			2009-10	
							NADU				
28	Ariyalur	11.75	5.25		5.75		Centre for Rural Education and Economic Development, P.B No. 9, 18 Siva Nagar (Near Bus Stand-Chinna Market), Chidambaram	3	2.25	3	3
29	Karur	10.13	7.85	Tiruchirappalli Multipurpose Social Service Society, Tiruchirappalli, TAMIL NADU	4.13	2.6	Tiruchirappalli Multipurpose Social Service Society, P.B. No. 12, Melapudur, Tiruchirappalli-620 001	3	2.25	3	3
30	Perambalur	7.45	2		3.45			2		2	2
	<b>Total</b>	<b>976.36</b>	<b>439.38</b>		<b>442.36</b>	<b>95.91</b>	<b>0</b>	<b>267</b>	<b>172.72</b>	<b>267</b>	<b>169.06</b>

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Table B.6: Andhra Pradesh

Implementing Agencies / Notional Allocation / Actual Release									
ANDHRA PRADESH									
S.No.	District	2007-08			2008-09			2009-10	
		Name of the implementing agency to which District were allocated	Notional allocation (Rs. In lakhs)	Amount released (Rs. In lakhs)	Name of the implementing agency to which District were allocated	Notional allocation (Rs. In lakhs)	Amount released in 2008-09 (Rs. In lakhs)	Notional allocation for the year 2009-10 (Rs. In lakhs)	Amount released (Rs. In lakhs)
1	East Godavari	Uma Educational & Technical Society, East Godavari, ANDHRA PRADESH	24.96	4.9	Narayan Seva Sansthan, Sewa Dham, 483, Hiran Magri, Sector-4, Udaipur-313 002, Udaipur, RAJASTHAN	15	11.25	15	11.25
		Society for Elimination of Rural Poverty, Hyderabad, ANDHRA PRADESH		7.58					
2	Guntur	Vuttukuri Venkata Subbamma Welfare Society, Prakasam, ANDHRA PRADESH	20.67	2.7	Ratna Nidhi Charitable Trust, Vivekanand Society No.4, Bunglow -18, New Junction Road , Surendranagar-363001 (022 23898930)	13	9.75	13	6.5
3	Nalgonda	Society for Elimination of Rural Poverty, Hyderabad, ANDHRA PRADESH	19.83	9.91		12		12	9
4	Krishna	Integrated Development and Education Society, Krishna, ANDHRA PRADESH	19.16	9.5	Ravi Cherla Integrated Development and Education Society, Ravi Cherla, Nuzvid-521 201,, Krishna, ANDHRA	12	9	12	6

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Implementing Agencies / Notional Allocation / Actual Release									
ANDHRA PRADESH									
	2007-08				2008-09			2009-10	
					7.5				
6	Visakhapatnam	Ravicherla Integrated Development & Education Society,	18.12		Free Polio Surgical & Research Foundation, D.No.-14-3-18, Maharani Peta, Vishakhapatnam.5 30 002, Vishakhapatnam	11	7.5	11	8.25
7	Warangal	Seva Sahakar Welfare Organisation, Warangal, ANDHRA PRADESH	18.08	4.5	Aditya Industrial Educational Society, H.No.2-42,Shivunipally , Ghanpur Station - 506143 , Warangal, (ph.08711-220412)	11	8.25	11	5.5
		Aditya Industrial Educational Society, Warangal, ANDHRA PRADESH		4.07					
8	Mahubnagar	Society for Elimination of Rural Poverty, Hyderabad, ANDHRA PRADESH	17.78	8.89	Free Polio Surgical & Research Foundation, D.No.-14-3-18, Maharani Peta, Vishakhapatnam.5 30 002, Vishakhapatnam	11	3.75	11	5.5

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Implementing Agencies / Notional Allocation / Actual Release									
ANDHRA PRADESH									
			2007-08		2008-09			2009-10	
9	Kurnool	Society for Elimination of Rural Poverty, Hyderabad, ANDHRA PRADESH	17.58	8.79		11		11	8.25
10	Anantapur	National Institute for the Mentally Handicapped, Secunderabad, A.P.	17.21	7.11	Narayan Seva Sansthan, Sewa Dham, 483, Hiran Magri, Sector-4, Udaipur-313 002, Udaipur, RAJASTHAN	10	7.5	10	7.5
11	Khammam	Uma Educational & Technical Society, East Godavari, ANDHRA PRADESH	17.15	3.55	Comprehensive Action for Rural Development Society, Patha Ravi Cherla, Nuzvid-521 201, Krishna( PH. 08656-235375)	10	3.75	10	7.5
12	West Godavari	Comprehensive Action for Rural Development Society, Krishna, ANDHRA PRADESH	16.47	8.2	Comprehensive Action for Rural Development Society, Patha Ravi Cherla, Nuzvid-521 201, Krishna	10	7.5	10	7.5
		Uma Educational & Technical Society		7.5					
13	Karimnagar		16.33		Aditya Industrial Educational Society, H.No.2-42, Shivunipally , Ghanpur Station - 506143 , Warangal,	10	7.5	10	5
14	Rangareddi	Upkaar Dr. P.N. Hanumantharao Charitable Trust, Secunderabad, ANDHRA PRADESH	15.91	4	Free Polio Surgical & Research Foundation, D.No.-14-3-18, Maharani Peta, Vishakhapatnam.5 30 002, Vishakhapatnam	10	3.75	10	7.5

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Implementing Agencies / Notional Allocation / Actual Release									
ANDHRA PRADESH									
		2007-08			2008-09			2009-10	
		Society for Elimination of Rural Poverty, Hyderabad, ANDHRA PRADESH		3.95					
15	Chittoor		15.5		Narayan Seva Sansthan, Sewa Dham, 483, Hiran Magri, Sector-4, Udaipur-313 002, Udaipur, RAJASTHAN	9	6.75	9	6.75
16	Hyderabad	Narayan Seva Sansthan, Udaipur, RAJASTHAN	14.16	8.16	Bhagwan Mahaveer Viklang Sahayatha Samiti, Sawai Man Singh Hospital, Jaipur., Jaipur	9	6.75	9	4.5
		Upkaar Dr. P.N. Hanumantharao Charitable Trust, Secunderabad, ANDHRA PRADESH		2.5					
17	Srikakulam	Uma Educational & Technical Society, East Godavari, ANDHRA PRADESH	13.9	1		8		8	6
		Dr. Zakir Husain Memorial Trust, Delhi, DELHI		2.5					
18	Nellore	Society for Elimination of Rural Poverty, Hyderabad, ANDHRA PRADESH	13.37	6.68		8		8	6

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Implementing Agencies / Notional Allocation / Actual Release									
ANDHRA PRADESH									
		2007-08			2008-09			2009-10	
19	Vizianagaram	Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur, RAJASTHAN	13.31	2.5	Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur, RAJASTHAN	8	6	8	6
		Dr. Zakir Husain Memorial Trust, Delhi, DELHI		2					
20	Prakasam	S.K.R.Pupils Welfare Society, Prakasam, ANDHRA PRADESH	13.18	7.1	S.K.R.Pupils Welfare Society, Behind A.P.S.R.T. C.BusStation , Chimakurthy - 523226, Prakasam , A.P., Prakasam	8	4	8	4
		Vuttukuri Venkata Subbamma Welfare Society, Prakasam, ANDHRA PRADESH		3.35	Vuttukuri Venkata Subbamma Welfare Society, Kotla Bazar, Chirala- 523 155, Prakasam,		4		
21	Medak		12.73		Ravi Cherla Integrated Development and Education Society, Ravi Cherla, Nuzvid- 521 201,, Krishna, ANDHRA PRADESH	8	6	8	6
22	Cuddapah	Upkaar Dr. P.N. Hanumantharao Charitable Trust, Secunderabad, ANDHRA PRADESH	12.4	1.5		8		8	6
		Dr. Zakir Husain Memorial Trust, Delhi, DELHI		2					

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Implementing Agencies / Notional Allocation / Actual Release									
ANDHRA PRADESH									
		2007-08			2008-09			2009-10	
		Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur, RAJASTHAN		2.5					
23	Nizamabad	Dr. Zakir Husain Memorial Trust, Delhi, DELHI	10.76	2		7		7	3.5
24	Adilabad	Upkaar Dr. P.N. Hanumantharao Charitable Trust, Secunderabad, ANDHRA PRADESH	9.08	1.5	Free Polio Surgical & Research Foundation, D.No.- 14-3-18, Maharani Peta, Vishakhapatnam.5 30 002, Vishakhapatnam	5	3.75	5	2.5
		Society for Elimination of Rural Poverty, Hyderabad, ANDHRA PRADESH		3.04					
		<b>Total</b>	<b>367.64</b>	<b>150.98</b>		<b>224</b>	<b>116.75</b>	<b>224</b>	<b>146.5</b>



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Table B.7: Maharashtra

MAHARASHTRA									
S.No.	District	Name of the implementing agency to which District were allocated	2007-08		2008-09			2009-10	
			Notional allocation (Rs. In lakhs)	Amount released (Rs. In lakhs)	Name of the implementing agency to which District were allocated	Notional allocation (Rs. In lakhs)	Amount released in 2008-09 (Rs. In lakhs)	Notional allocation for the year 2009-10 (Rs. In lakhs)	Amount released (Rs. In lakhs)
1	Mumbai (Suburban)		31.2		Bhagwan Mahaveer Viklang Sahayatha Samiti, Sawai Man Singh Hospital, Jaipur., Jaipur	19	14.25	19	
2	Pune	Ali Yavar Jung National Institute for the Hearing Handicapped, Mumbai, MAHARASHTRA	24.6	1.17	Narayan Seva Sansthan, Sewa Dham, 483, Hiran Magri, Sector-4, Udaipur313 002, Udaipur, RAJASTHAN	15	11.75	15	
		Ayodhya Charitable Trust, Pune, MAHARASHTRA		4.68					
		Narayan Seva Sansthan, Udaipur, RAJASTHAN		8.01					
3	Ahmadnagar	Sahaj Foundation, MH, MAHARASHTRA	22.5	4.67	Amar Jyoti Charitable Trust, Karkardooma, Vikash Marg, Delhi-92, Delhi	14	1.88	14	14
	Nanded		20.8			13		13	
4	Thane	Ratna Nidhi Charitable Trust, Surendranagar, GUJARAT	19	4.6		11		11	
		Narayan Seva Sansthan, Udaipur, RAJASTHAN		9.56		11		11	
5	Nashik	Narayan Seva Sansthan, Udaipur, RAJASTHAN	18.9	9.73	Narayan Seva Sansthan	11	8.75	11	

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MAHARASHTRA									
			2007-08		2008-09			2009-10	
6	Solapur	Ali Yavar Jung National Institute for the Hearing Handicapped, Mumbai, MAHARASHTRA	17.8	1.98		11		11	
		Ayodhya Charitable Trust, Pune, MAHARASHTRA		2.16					
7	Nagpur	Ali Yavar Jung National Institute for the Hearing Handicapped, Mumbai, MAHARASHTRA	16.8	2.17	Arunoday Bahuuddeshiya Gramin Vikas Sanstha, 'Shradha' Kalpana Palace , Swastik Chowk , Station Road Ahmednagar	10	7.5	10	10
		Uddhar, Nagpur, MAHARASHTRA		4					
		Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur, RAJASTHAN		2.42					
8	Amravati	Apang Jeevan Vikas Sansthan, Amravati, MAHARASHTRA	16.6	8.27	Apang Jeevan Vikas Sansthan	10	7.5	10	7.5
9	Aurangabad		15.8		Shradha Mahila Mandal	10	10	10	10
10	Jalgaon	Narayan Seva Sansthan, Udaipur, RAJASTHAN	15.4	9.73	Narayan Seva Sansthan	9	6.75	9	9
11	Mumbai	Ratna Nidhi Charitable Trust, Surendranagar, GUJARAT	14.5	7.2		9		9	9
12	Latur		12.1		Narayan Seva Sansthan	7	5.25	7	7
13	Kolhapur	DDRC Kolhapur, Maharashtra	11.8	5		7		7	7

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MAHARASHTRA									
			2007-08		2008-09			2009-10	
14	Yavatmal	Ali Yavar Jung National Institute for the Hearing Handicapped, Mumbai, MAHARASHTRA	11.3	5.8	Pratisthan Sshikshan Prasarak Mandal, Ahmednagar, Najik Babhulgaon, Tal. Shevgaon, Distt. Ahmednagar, (02483-220984)	7	5.25	7	7
15	Buldana	Narayan Seva Sansthan, Udaipur, RAJASTHAN	11.3	3.6	Narayan Seva Sansthan	7	5.25	7	7
		Youth Welfare Association of India, for DDRC Buldana, Buldana, MAHARASHTRA		0.83					
16	Bid	Maharashtra Swayamsevi Sanstha Vikas Parishad, Beed, MAHARASHTR	10.8	3.56	Maharashtra Swayamsevi Sanstha Vikas Parishad, Near Ganesh Kirana , Nagar , ShevgaonRoad , Marathwadi , Tal. Ashti , District Beed	7	5.25	7	5.25
		Ayodhya Charitable Trust, Pune, MAHARASHTRA		1.86					
17	Chandrapur	Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur, RAJASTHAN	10.7	1	Bhagwan Mahaveer Viklang Sahayatha Samiti, Sawai Man Singh Hospital, Jaipur., Jaipur	6	4.5	6	6
18		Sahaj Foundation, MH, MAHARASHTRA		8.64					
19	Jalna		10.5		Narayan Seva Sansthan	6	4.5	6	6
20	Satara	Ratna Nidhi Charitable Trust, Surendranagar, GUJARAT	10.1	2.3		6		6	
21	Osmanabad	Ayodhya Charitable Trust, Pune, MAHARASHTRA	9.44	2		6		6	6
		Sahaj Foundation, MH, MAHARASHTRA		2					

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MAHARASTRA									
			2007-08		2008-09			2009-10	
22	Parbhani	Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur, RAJASTHAN	8.56	2.5	Bhagwan Mahaveer Viklang Sahayatha Samiti, Sawai Man Singh Hospital, Jaipur., Jaipur	5	3.75	5	
		Sahaj Foundation, MH, MAHARASHTRA		6.48					
23	Sangli		8.87		Pratisthan Sshikshan Prasarak Mandal, Ahmednagar, Najik Babhulgaon, Tal. Shevgaon, Distt. Ahmednagar, Ahmednagar	5	3.75	5	5
24	Akola	Ali Yavar Jung National Institute for the Hearing Handicapped, Mumbai, MAHARASHTRA	7.85	1.03	Narayan Seva Sansthan, Sewa Dham, 483, Hiran Magri, Sector-4, Udaipur313 002, Udaipur, RAJASTHAN	5	3.75	5	5
25	Dhule	Ali Yavar Jung National Institute for the Hearing Handicapped, Mumbai, MAHARASHTRA	7.63	0.96		5		5	5
		Ratna Nidhi Charitable Trust, Surendranagar, GUJARAT		1.5					
26	Raigarh	Ali Yavar Jung National Institute for the Hearing Handicapped, Mumbai, MAHARASHTRA	7.49	1.38		5		5	
27	Ratnagiri		7.33		Narayan Seva Sansthan, Sewa Dham, 483, Hiran Magri, Sector-4, Udaipur313 002, Udaipur, RAJASTHAN	4	3	4	

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MAHARASTRA									
			2007-08		2008-09			2009-10	
28	Gondiya	Narayan Seva Sansthan, Udaipur, RAJASTHAN	7.2	3.6	Narayan Seva Sansthan, Sewa Dham, 483, Hiran Magri, Sector-4, Udaipur313 002, Udaipur, RAJASTHAN	4	3	4	4
29	Nandurbar	Sahaj Foundation, MH, MAHARASHTRA	6.35	3.17	Pratisthan Sshikshan Prasarak Mandal, Ahmednagar, Najik Babhulgaon, Tal. Shevgaon, Distt. Ahmednagar, Ahmednagar	4	3	4	4
30	Wardha		5.98			4		4	4
31	Hingoli		5.8		Ali Yavar Jung National Institute for the Hearing Handicapped, K.C. Marg, Bandra Reclamation, Bandra(w) , Mumbai	4	4	4	4
32	Bhandara		5.34		Arunoday Bahuuddeshiya Gramin Vikas Sanstha, 'Shradha' Kalpana Palace , Swastik Chowk , Station Road Ahmednagar	3	2.25	3	
33	Washim		4.9		Ali Yavar Jung National Institute for the Hearing Handicapped, K.C. Marg, Bandra Reclamation, Bandra(w) , Mumbai	3	3	3	3
34	Gadchiroli		3.82		Arunoday Bahuuddeshiya Gramin Vikas Sanstha, 'Shradha' Kalpana Palace , Swastik Chowk , Station Road Ahmednagar	2	1.5	2	
35	Sindhudurg	Ali Yavar Jung National Institute for the Hearing Handicapped, Mumbai, MAHARASHTRA	3.45	0.84		2		2	2
<b>Total</b>			<b>422.51</b>	<b>138.4</b>		<b>267</b>	<b>129.38</b>	<b>267</b>	<b>146.75</b>

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Table B.8: Kerala

Implementing Agencies / Notional Allocation / Actual Release											
KERALA											
S.No.	District	2007-08				2008-09				2009-10	
		Notional allocation (Rs. In lakhs)	Amount released (Rs. In lakhs)	Name of the implementing agency to which District were allocated	Notional allocation (Rs. In lakhs)	Amount released in 2008-09 (Rs. In lakhs)	Name of the implementing agency to which District were allocated	Notional allocation for the year 2009-10 (Rs. In lakhs)	Amount released (Rs. In lakhs)		
1	Thiruvananthapuram	55.04	32.5	Kerala State Handicapped Persons Welfare Corpn. Ltd., Thiruvananthapuram, KERALA	25.04	25		15		15	7.5
2	Malappuram	51.82	29.77	Kerala State Handicapped Persons Welfare Corpn. Ltd., Thiruvananthapuram, KERALA	23.82	21.71		14		14	7
		0		Tropical Health Foundation of India, Kunnamkulam, KERALA		1.06					
3	Kollam	50.33	37.9	Kerala State Handicapped Persons Welfare Corpn. Ltd., Thiruvananthapuram, KERALA	22.33	23.16		14		14	7
		0		Tropical Health Foundation of India, Kunnamkulam, KERALA		0.74					7

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Implementing Agencies / Notional Allocation / Actual Release											
KERALA											
2007-08											
2008-09											
2009-10											
4	Kozhikode	48.04	39.02	Kerala State Handicapped Persons Welfare Corpn. Ltd., Thiruvananthapuram, KERALA	22.04	20		13		13	13
		0		Tropical Health Foundation of India, Kunnamkulam, KERALA		1.02					
		0		DDRC Kozhikode		5					
5	Ernakulam	47.34	33.32	Kerala State Handicapped Persons Welfare Corpn. Ltd., Thiruvananthapuram, KERALA	21.34	19.3		13		13	13
		0		Tropical Health Foundation of India, Kunnamkulam, KERALA		1.02					
6	Thrissur	44.1	32.35	Kerala State Handicapped Persons Welfare Corpn. Ltd., Thiruvananthapuram, KERALA	20.1	18.9		12		12	12
		0		Tropical Health Foundation of India, Kunnamkulam, KERALA		1.45					
7	Palakkad	39.59	27.47	Kerala State Handicapped Persons Welfare Corpn. Ltd., Thiruvananthapuram, KERALA	17.59	15.35		11		11	11

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Implementing Agencies / Notional Allocation / Actual Release										
KERALA										
2007-08										
2008-09										
2009-10										
		0		Tropical Health Foundation of India, Kunnamkulam, KERALA		1.12				
8	Alappuzha	37.11	22.11	Tropical Health Foundation of India, Kunnamkulam, KERALA	17.11	17.11		10		5
9	Kannur	33.6	23.47	Tropical Health Foundation of India, Kunnamkulam, KERALA	15.6	1.14		9		9
		0		Kerala State Handicapped Persons Welfare Corpn. Ltd., Thiruvananthapuram, KERALA		13.33				
10	Kottayam	33.01	13.5		15.01		National Institute for the Mentally Handicapped, Manovikas Nagar P.O., Secunderabad-500 009, Secunderabad	9	9	4.5
	Kottayam	33.01	13.5		15.01		National Institute for the Mentally Handicapped, Manovikas Nagar P.O., Secunderabad-500 009, Secunderabad	9	9	4.5



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Implementing Agencies / Notional Allocation / Actual Release											
KERALA											
		2007-08				2008-09				2009-10	
11	Idukki	15.73	21.73	Kerala State Handicapped Persons Welfare Corpn. Ltd., Thiruvananthapuram, KERALA	9.73	9.73		6	6		3
		0		National Institute of speech and hearing. Karimanafl, Thiruvananthapuram, KERALA			National Institute of speech and hearing. Karimanafl, Thiruvananthapuram, KERALA				3
12	Pathanamthitta	21.5	14.69	Kerala State Handicapped Persons Welfare Corpn. Ltd., Thiruvananthapuram, KERALA	9.5	7.88		6		6	3
		0		Tropical Health Foundation of India, Kunnamkulam, KERALA		0.81					3
13	Kasaragod	17.65	5		7.65			5		5	5
14	Wayanad	10.96	7.55	Kerala State Handicapped Persons Welfare Corpn. Ltd., Thiruvananthapuram, KERALA	4.96	4.15		3		3	3
		0		Tropical Health Foundation of India, Kunnamkulam, KERALA		0.4					
<b>Total</b>		<b>538.83</b>	<b>353.88</b>		<b>246.83</b>	<b>209.38</b>		<b>149</b>	<b>24</b>	<b>143</b>	<b>120.5</b>

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Table B.9: Bihar

Implementing Agencies / Notional Allocation / Actual Release									
BIHAR									
S.No.	District	2007-08			2008-09			2009-10	
		Name of the implementing agency to which District were allocated	Notional allocation (Rs. In lakhs)	Amount released (Rs. In lakhs)	Name of the implementing agency to which District were allocated	Notional allocation (Rs. In lakhs)	Amount released in 2008-09 (Rs. In lakhs)	Notional allocation for the year 2009-10 (Rs. In lakhs)	Amount released (Rs. In lakhs)
1	Purba Champaran	Physical Medicine and Rehabilitation Institute, Patna, BIHAR	33.09	10		20		20	
		Delhi Bharat Vikas Foundation, Delhi		1.22					
2	Patna	Magadh Rehabilitation and Welfare Society, Patna, BIHAR	26.63	6.5	Magadh Rehabilitation and Welfare Society, Patna, BIHAR	16	6	16	
		Bihar Rehabilitation & Welfare Institute, Patna, BIHAR		6.82					
3	Samastipur		26.22		Magadh Rehabilitation and Welfare Society, Patna, BIHAR	16	12	16	
4	Muzaffarpur	Yoga Nature Cure and Health Care Foundation, Patna, BIHAR	22.02	4.76		13		13	6.5
5	Darbhanga		20.41		Magadh Rehabilitation and Welfare Society, Patna, BIHAR	12	4.5	12	
6	Purnia		20.16			12		12	
7	Gaya	Magadh Rehabilitation and Welfare Society, Patna, BIHAR	19.87	2.24		12		12	

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Implementing Agencies / Notional Allocation / Actual Release									
BIHAR									
		2007-08			2008-09			2009-10	
		Physical Medicine and Rehabilitation Institute, Patna, BIHAR		7.7					
8	Katihar	Magadh Rehabilitation and Welfare Society, Patna, BIHAR	19.73	3.5	Magadh Rehabilitation and Welfare Society, Patna, BIHAR	12	9	12	
		Koshi Kshetriya Viklang, Vidhva, Vridh Kalyan Samiti, Saharsa, BIHAR		6.37					
9	Madhubani	Physical Medicine and Rehabilitation Institute, Patna, BIHAR	19.5	6.25		12		12	
10	Araria		17.08		Magadh Rehabilitation and Welfare Society, Patna, BIHAR	10	3.75	10	5
11	Nalanda	Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur, RAJASTHAN	16.97	2.5	Magadh Rehabilitation and Welfare Society, Patna, BIHAR	10	3.75	10	
		Magadh Rehabilitation and Welfare Society, Patna, BIHAR		4.25	Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur, RAJASTHAN		3.75		
12	Begusarai		16.44			10		10	
13	Rohtas	Bihar Rehabilitation & Welfare Institute, Patna, BIHAR	16.18	8.09	Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur, RAJASTHAN	10	3.75	10	
	Vaishali	Bihar Rehabilitation & Welfare Institute, Patna, BIHAR	15.93	7.97		10		10	10

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Implementing Agencies / Notional Allocation / Actual Release									
BIHAR									
		2007-08			2008-09			2009-10	
14	Bhagalpur	Magadh Rehabilitation and Welfare Society, Patna, BIHAR	15.83	5.41	Magadh Rehabilitation and Welfare Society, Patna, BIHAR	10	7.5	10	10
15	Saran		15.51			9		9	9
16	Pashchim Champaran		13.41		J.M. Institute of Speech and Hearing, Indra Puri, P.O.- Keshari Nagar, Patna-800 024, Patna,	8	3	8	8
17	Sitamarhi		13.27			8		8	8
18	Supaul	Koshi Kshetriya Viklang, Vidhva, Vridh Kalyan Samiti, Saharsa, BIHAR	12.3	3.84	J.M. Institute of Speech and Hearing, Indra Puri, P.O.- Keshari Nagar, Patna-800 024, Patna,	7	2.63	7	1.75
19	Siwan	Bihar Rehabilitation & Welfare Institute, Patna, BIHAR	12.23	6.11		7		7	
20	Bhojpur	Bihar Rehabilitation & Welfare Institute, Patna, BIHAR	12.02	6.01		7		7	
21	Gopalganj		11.48			7		7	
22	Aurangabad		11.14			7		7	
23	Munger	Bihar Rehabilitation & Welfare Institute, Patna, BIHAR	10.3	5.15		6		6	
24	Jehanabad	Yoga Nature Cure and Health Care Foundation, Patna, BIHAR	9.32	4.66		6		6	
25	Nawada		9.22			6		6	
26	Khagaria		8.55			5		5	

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Implementing Agencies / Notional Allocation / Actual Release									
BIHAR									
		2007-08			2008-09			2009-10	
27	Madhepura	Koshi Kshetriya Viklang, Vidhva, Vridh Kalyan Samiti, Saharsa, BIHAR	7.92	1.75	J.M. Institute of Speech and Hearing, Indra Puri, P.O.- Keshari Nagar, Patna-800 024, Patna,	5	3.75	5	1.87
28	Banka	Bihar Rehabilitation & Welfare Institute, Patna, BIHAR	7.79	3.89		5		5	
29	Saharsa	Koshi Kshetriya Viklang, Vidhva, Vridh Kalyan Samiti, Saharsa, BIHAR	7.53	3.76		5		5	1.87
30	Jamui		7.32			4		4	
31	Kishanganj		7.29			4		4	
32	Kaimur (Bhabua)	Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur, RAJASTHAN	7.27	3.63		4		4	
33	Buxar		6.28		Magadh Rehabilitation and Welfare Society, Patna, BIHAR	4	3	4	
34	Lakhisarai		5.58			3		3	
35	Sheohar	Bihar Rehabilitation & Welfare Institute, Patna, BIHAR	3.59	1.75		2		2	
36	Sheikhpura		3.01			2		2	
		<b>Total</b>	<b>508.39</b>	<b>124.13</b>	<b>0</b>	<b>306</b>	<b>66.38</b>	<b>306</b>	<b>61.99</b>

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Table B.10: Gujarat

Implementing Agencies / Notional Allocation / Actual Release									
GUJARAT									
S.No.	District	Name of the implementing agency to which District were allocated	2007-08		2008-09			2009-10	
			Notional allocation (Rs. In lakhs)	Amount released (Rs. In lakhs)	Name of the implementing agency to which District were allocated	Notional allocation (Rs. In lakhs)	Amount released in 2008-09 (Rs. In lakhs)	Notional allocation for the year 2009-10 (Rs. In lakhs)	Amount released (Rs. In lakhs)
1	Ahmadabad		33.89		Ratna Nidhi Charitable Trust, Surendranagar, GUJARAT	21	5.25	21	7
					Blind People's Association, Dr. Vikram Sarabhai Road, Vastrapur, Ahmedabad-380 015, Ahmedabad		5.25		
2	Rajkot		17.43		Ratna Nidhi Charitable Trust, Surendranagar, GUJARAT	11	4.12	11	
					Medical Care Centre Trust, K.G. Patel Children Hospital, Jalaram Marg, Karelimbang, Vadodara-390 018		4.12		
3	Surat		17.18		Ratna Nidhi Charitable Trust, Surendranagar, GUJARAT	10	3.75	10	10
					Medical Care Centre Trust, K.G. Patel Children Hospital, Jalaram Marg, Karelimbang, Vadodara-390 018		3.75		
4	Banas Kantha	Ratna Nidhi Charitable Trust, Surendranagar, GUJARAT	15.43	3.35	Ratna Nidhi Charitable Trust, Surendranagar, GUJARAT	9	3.37	9	6.75
					Blind People's Association, Dr. Vikram Sarabhai Road, Vastrapur, Ahmedabad-380 015, Ahmedabad		3.37		

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Implementing Agencies / Notional Allocation / Actual Release									
GUJARAT									
2007-08									
2008-09									
2009-10									
5	Bhavnagar	Andh Apang Kalyan Kendra, Ahmedabad, GUJARAT	13.88	1.75	Blind People's Association, Dr. Vikram Sarabhai Road, Vastrapur, Ahmedabad-380 015, Ahmedabad	8	6	8	8
6	Vadodara	Jilla Viklang Punarvas Kendra, Vadodara for DDRC, Vadodara, GUJARAT	13.87	6.93	Medical Care Centre Trust, K.G. Patel Children Hospital, Jalaram Marg, Karelilbang, Vadodara-390 018,,	8	6	8	4.5
7	Kheda		12.85			8		8	
8	Junagadh		12.66		Blind People's Association, Dr. Vikram Sarabhai Road, Vastrapur, Ahmedabad-380 015, Ahmedabad	8	6	8	
9	Sabar Kantha	Ratna Nidhi Charitable Trust, Surendranagar, GUJARAT	12.02	2.95	Ratna Nidhi Charitable Trust, Vivekanand Society No.4, Bunglow - 18,	7	2.62	7	5.25
					Blind People's Association, Dr. Vikram Sarabhai Road, Vastrapur, Ahmedabad-380 015, Ahmedabad		2.62		
10	Surendranagar		11.24		Ratna Nidhi Charitable Trust, Vivekanand Society No.4, Bunglow - 18, New Junction Road , Surendranagar-363001 Rs. 2.62 lakhs)	7	2.63	7	7
					Blind People's Association, Dr. Vikram Sarabhai Road, Vastrapur, Ahmedabad-380 015, Ahmedabad		2.63		
11	Dohad		11.08			7		7	



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Implementing Agencies / Notional Allocation / Actual Release									
GUJARAT									
			2007-08		2008-09			2009-10	
12	Mahesana	Ratna Nidhi Charitable Trust, Surendranagar, GUJARAT	10.82	2.2	Ratna Nidhi Charitable Trust, Vivekanand Society No.4, Bunglow - 18, New Junction Road , Surendranagar-363001	7	2.62	7	1.44
		Andh Apang Kalyan Kendra, Janta Nagar Road, Ghatlodia, Ahmedabad-380061, Ahmedabad,		1.5					
13	Jamnagar		10.82		Ratna Nidhi Charitable Trust, Vivekanand Society No.4, Bunglow - 18, New Junction Road , Surendranagar-363001	7	2.62	7	7
					Ali Yavar Jung National Institute for the Hearing Handicapped, K.C. Marg, Bandra Reclamation, Bandra(w) , Mumbai		3.5		
14	Panch Mahals	Narayan Seva Sansthan, Udaipur, RAJASTHAN	10.78	5.39		7	5.25	7	
15	Amreli	Andh Apang Kalyan Kendra, Ahmedabad, GUJARAT	10.58	0.66	Ratna Nidhi Charitable Trust, Vivekanand Society No.4, Bunglow - 18, New Junction Road , Surendranagar-363001	6	2.25	6	4.5
					Blind People's Association, Dr. Vikram Sarabhai Road, Vastrapur, Ahmedabad-380 015, Ahmedabad		2.25		
16	Anand	Narayan Seva Sansthan, Udaipur, RAJASTHAN	10.42	1.8	Narayan Seva Sansthan, Sewa Dham, 483, Hiran Magri, Sector-4, Udaipur-313 002, Udaipur,	6	4.5	6	3

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Implementing Agencies / Notional Allocation / Actual Release									
GUJARAT									
		2007-08			2008-09			2009-10	
					RAJASTHAN				
17	Patan	Ratna Nidhi Charitable Trust, Surendranagar, GUJARAT	9.49	2.21	Ratna Nidhi Charitable Trust, Vivekanand Society No.4, Bunglow - 18, New Junction Road , Surendranagar-363001 (Rs. 2.25 lakhs)	6	2.25	6	4.5
		Blind People's Association, Dr. Vikram Sarabhai Road, Vastrapur, Ahmedabad- 380 015, Ahmedabad		2.25					
18	Kachchh		9.46		Narayan Seva Sansthan, Sewa Dham, 483, Hiran Magri, Sector-4, Udaipur-313 002, Udaipur, RAJASTHAN	6	4.5	6	4.5
19	Gandhinagar	Andh Apang Kalyan Kendra, Ahmedabad, GUJARAT	8.85	0.24	Narayan Seva Sansthan, Sewa Dham, 483, Hiran Magri, Sector-4, Udaipur-313 002, Udaipur, RAJASTHAN	5	3.75	5	2
20	Bharuch	Medical Care Centre Trust, Vadodara, GUJARAT	8.1	1.5	Ratna Nidhi Charitable Trust, Vivekanand Society No.4, Bunglow - 18, New Junction Road , Surendranagar-363001	5	1.88	5	2.5
					Medical Care Centre Trust, K.G. Patel Children Hospital, Jalaram Marg, Karelibang, Vadodara-390 018		1.88		

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Implementing Agencies / Notional Allocation / Actual Release									
GUJARAT									
		2007-08			2008-09			2009-10	
21	Valsad	Ratna Nidhi Charitable Trust, Surendranagar, GUJARAT	7	1.7	Ratna Nidhi Charitable Trust, Vivekanand Society No.4, Bunglow - 18, New Junction Road , Surendranagar-363001	4	3	4	4
22	Navsari	Ratna Nidhi Charitable Trust, Surendranagar, GUJARAT	6.31	1.7	Ratna Nidhi Charitable Trust, Vivekanand Society No.4, Bunglow - 18, New Junction Road , Surendranagar-363001	4	3	4	3.75
23	Porbandar		3.47		Ali Yavar Jung National Institute for the Hearing Handicapped, K.C. Marg, Bandra Reclamation, Bandra(w) , Mumbai	2	2	2	1
24	The Dangs		1.1			2		2	
25	Narmada		2.84			2		2	1
<b>TOTAL</b>			<b>281.57</b>	<b>36.13</b>	<b>0</b>	<b>173</b>	<b>106.73</b>	<b>173</b>	<b>87.69</b>

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Table B.11: Chhattisgarh

Implementing Agencies / Notional Allocation / Actual Release											
CHATTISGARH											
S.No.	District	2007-08					2008-09			2009-10	
				Name of the implementing agency to which District were allocated	Notional allocation (Rs. In lakhs)	Amount released (Rs. In lakhs)	Name of the implementing agency to which District were allocated	Notional allocation (Rs. In lakhs)	Amount released in 2008-09 (Rs. In lakhs)	Notional allocation for the year 2009-10 (Rs. In lakhs)	Amount released (Rs. In lakhs)
1	Raipur	43.26	14.23	Narayan Seva Sansthan, Udaipur, RAJASTHAN	19.26	9.73	Narayan Seva Sansthan, Udaipur, RAJASTHAN	12	4.5	12	
		0	10	Swamy Vivekanand National Institute of Rehabilitation Training and Reseach, Cuttack, ORISSA		10					
2	Durg	37.23	28.48	Narayan Seva Sansthan, Udaipur, RAJASTHAN	17.23	17.23	Narayan Seva Sansthan, Udaipur, RAJASTHAN	10	3.75	10	7.5
3	Bilaspur	25.14	2.935	Ortho Prosthetics Care and Rehabilitation, New Delhi,	11.14	2.935		7		7	
4	Surguja	21.78	14.5	Gyanodaya Association	9.78	10	Jeewan Kiran Rehabilitation Society, H.No.1, Shkula Comlex, Sector-1, Shanker Nagar, Raipur, Chhattisgarh, Raipur	6	4.5	6	
5	Rajnandgaon	17.55	2	Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur, RAJASTHAN	7.55	2		5		5	
		0	1.78	Mangalam, Lucknow, UTTAR PRADESH		1.78					

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Implementing Agencies / Notional Allocation / Actual Release											
CHATTISGARH											
				2007-08			2008-09			2009-10	
6	Janjgir Champa	14.62	3		6.62		Jeewan Kiran Rehabilitation Society, H.No.1, Shkula Comlex, Sector-1, Shanker Nagar, Raipur, Chhattisgarh, Raipur	4	3	4	
7	Raigarh	14.32	14	Swamy Vivekanand National Institute of Rehabilitation Training and Reseach, Cuttack, ORISSA	6.32	10	Swamy Vivekanand National Institute of Rehabilitation Training and Reseach, Cuttack, ORISSA	4	4	4	
8	Bastar	13.87	12	Swamy Vivekanand National Institute of Rehabilitation Training and Reseach, Cuttack, ORISSA	5.87	10	Ortho Prosthetics Care and Rehabilitation, 66-A, Street No.2, Krishna Nagar, Safdarjang Enclave, New Delhi	4	2	4	
9	Korba	10.6	2.25		4.6		Jeewan Kiran Rehabilitation Society, H.No.1, Shkula Comlex, Sector-1, Shanker Nagar, Raipur, Chhattisgarh, Raipur	3	2.25	3	
10	Dhamtari	10.24	13	Swamy Vivekanand National Institute of Rehabilitation Training and Reseach, Cuttack, ORISSA	4.24	10	Swamy Vivekanand National Institute of Rehabilitation Training and Reseach, Olatpur, PO- Bairoi, Cuttack	3	3	3	
11	Mahasamund	10.13	2.25		4.13		Jeewan Kiran Rehabilitation Society, H.No.1, Shkula Comlex, Sector-1, Shanker Nagar, Raipur, Chhattisgarh	3	2.25	3	
12	Kanker	8	0		4			2		2	
13	Kawardha	7.39	0		3.39			2		2	
14	Dantewad	7.11	0		3.11			2		2	

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Implementing Agencies / Notional Allocation / Actual Release											
CHATTISGARH											
				2007-08			2008-09			2009-10	
	a										
15	Jashpur	7.06	1.53	Akhil BhartiyaVanvasi Kalyan Ashram for DDRC Jashpur, Jashpur Nagar, Chhatisgarh	3.06	1.53		2		2	
16	Koriya	6.78	0		2.78			2		2	
	<b>TOTAL</b>	<b>255.08</b>	<b>121.955</b>		<b>113.08</b>	<b>85.205</b>	<b>0</b>	<b>71</b>	<b>29.25</b>	<b>71</b>	<b>7.5</b>

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Table B.12: Jammu & Kashmir

Implementing Agencies / Notional Allocation / Actual Release									
JAMMU AND KASHMIR									
S.No.	District	2007-08			2008-09			2009-10	
		Name of the implementing agency to which District were allocated	Notional allocation (Rs. In lakhs)	Amount released (Rs. In lakhs)	Name of the implementing agency to which District were allocated	Notional allocation (Rs. In lakhs)	Amount released in 2008-09 (Rs. In lakhs)	Notional allocation for the year 2009-10 (Rs. In lakhs)	Amount released (Rs. In lakhs)
1	Jammu	ALIMCO	12.8	3.7	Narayan Seva Sansthan, Sewa Dham, 483, Hiran Magri, Sector-4, Udaipur-313 002, Udaipur, RAJASTHAN	8	3	8	8
		Narayan Seva Sansthan, Udaipur, RAJASTHAN		9.73					
2	Baramula	ALIMCO	12.16	9.66	Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur, RAJASTHAN	7	5.25	7	7
		Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur, RAJASTHAN		1.75					
3	Srinagar	ALIMCO	9.38	4.38	Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur, RAJASTHAN	6	4.5	6	6
		Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur, RAJASTHAN		2.5					
4	Anantnag	ALIMCO	8.29	5.79	Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur, RAJASTHAN	5	3.75	5	5

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Implementing Agencies / Notional Allocation / Actual Release									
JAMMU AND KASHMIR									
		2007-08			2008-09			2009-10	
		Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur, RAJASTHAN		1.75					
5	Doda	Ortho Prosthetics Care and Rehabilitation, New Delhi,	6.13	3.06	Ortho Prosthetics Care and Rehabilitation, New Delhi,	4	3	4	4
6	Udhampur		5.97		Narayan Seva Sansthan, Sewa Dham, 483, Hiran Magri, Sector-4, Udaipur-313 002, Udaipur, RAJASTHAN	4	1.5	4	4
7	Kupwara	ALIMCO	5.6	2.6	Bhagwan Mahaveer Viklang Sahayatha Samiti, Sawai Man Singh Hospital, Jaipur., Jaipur	3	2.25	3	3
8		Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur, RAJASTHAN		1.5		3		3	
9	Pulwama	ALIMCO	4.31	4.31	Pt. Deen Dayal Upadhyay Institute for the Physically Handicapped, 4, Vishnu Digambar Marg, New Delhi	2	3	2	3
10	Badgam	ALIMCO	4.12	4.12	Pt. Deen Dayal Upadhyay Institute for the Physically Handicapped, 4, Vishnu Digambar Marg, New Delhi	2	2	2	2
12	Rajauri	ALIMCO	4.07	2.22	Pt. Deen Dayal Upadhyay Institute for the Physically Handicapped, 4, Vishnu Digambar Marg, New Delhi	2	2	2	2



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Implementing Agencies / Notional Allocation / Actual Release									
JAMMU AND KASHMIR									
		2007-08			2008-09			2009-10	
13	Punch	ALIMCO	3.81	3.81	Bhagwan Mahaveer Viklang Sahayatha Samiti, Sawai Man Singh Hospital, Jaipur., Jaipur	2	1.5	2	2
14	Kathua	ALIMCO	3.36	3.36	Pt. Deen Dayal Upadhyay Institute for the Physically Handicapped, 4, Vishnu Digambar Marg, New Delhi	2	2	2	2
15	Leh (Ladakh)		0.73		Ratna Nidhi Charitable Trust, Vivekanand Society No.4, Bunglow -18, New Junction Road , Surendranagar-363001	2	1.5	2	2
16	Kargil	ALIMCO	0.78	0.78	Ratna Nidhi Charitable Trust, Vivekanand Society No.4, Bunglow -18, New Junction Road , Surendranagar-363001	2	1.5	2	2
<b>TOTAL</b>			<b>81.51</b>	<b>65.02</b>		<b>54</b>	<b>36.75</b>	<b>54</b>	<b>52</b>

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Table B.13: Punjab

Implementing Agencies / Notional Allocation / Actual Release									
PUNJAB									
S.No.	District	2007-08			2008-09			2009-10	
		Name of the implementing agency to which District were allocated	Notional allocation (Rs. In lakhs)	Amount released (Rs. In lakhs)	Name of the implementing agency to which District were allocated	Notional allocation (Rs. In lakhs)	Amount released in 2008-09 (Rs. In lakhs)	Notional allocation for the year 2009-10 (Rs. In lakhs)	Amount released (Rs. In lakhs)
1	Ludhiana	Guru Nanak Charitable Trust, Ludhiana, PUNJAB	15.52	4.75	Viklang OPCAR Kendra, Thakur Road, Rajpura, Teh.- Nalagarh, Solan, HIMACHAL PRADESH (Rs. 3.37 lakhs)	9	3.37	9	3
		Bharat Vikas Parishad Charitable Trust		2.5	Bharat Vikas Parishad Charitable Trust Punjab, Block-C, Rishi Nagar, Near Telephone Exchange, Ludhiana.		4.5		2.5
2	Amritsar	Narayan Seva Sansthan, Udaipur, RAJASTHAN	12.37	9.73	Amar Jyoti Charitable Trust, Karkardooma, Vikash Marg, Delhi-92, Delhi	7	1.5	7	7
		Amar Jyoti Charitable Trust, Delhi, DELHI							
3	Sangrur		11.19		Delhi Bharat Vikas Foundation, Viklang Sahayata Kendra, Near Shree Radha Krishna Mandir, Dilshad Garden, Delhi	7	6.63	7	7
					Guru Nanak Charitable Trust, Gurmat Bhawan, Herneck Nagar, Mullanpur Mandi., Ludhiana		3.5		
4	Gurdaspur	Delhi bharat vikas foundation, delhi	8.74	1.02	Amar Jyoti Charitable Trust, Karkardooma, Vikash Marg, Delhi-92, Delhi d(Rs. 1.87 lakhs)	5	1.87	5	5

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Implementing Agencies / Notional Allocation / Actual Release									
PUNJAB									
2007-08									
2008-09									
2009-10									
		Amar Jyoti Charitable Trust, Delhi, DELHI		3	Delhi Bharat Vikas Foundation, Viklang Sahayata Kendra, Near Shree Radha Krishna Mandir, Dilshad Garden, Delhi		1.87		
5	Jalandhar	Amar Jyoti Charitable Trust, Delhi, DELHI	7.75	0.87	Amar Jyoti Charitable Trust, Karkardooma, Vikash Marg, Delhi-92, Delhi	5	1.2	5	5
6	Ferozpur		7.45		Viklang OPCAR Kendra, Thakur Road, Rajpura, Teh.- Nalagarh, Solan, HIMACHAL PRADESH	5	3.75	5	5
7	Patiala		7.13		Delhi Bharat Vikas Foundation, Viklang SahayataKendra, Near Shree Radha Krishna Mandir, Dilshad Garden, Delhi	4	3	4	4
8	Hoshiarpur	Indian Red Cross Society , DDRC Hoshiarpur	6.05	3.02	Viklang OPCAR Kendra, Thakur Road, Rajpura, Teh.- Nalagarh, Solan, HIMACHAL PRADESH	4	3	4	4
9	Bathinda		5.65		Viklang OPCAR Kendra, Thakur Road, Rajpura, Teh.- Nalagarh, Solan, HIMACHAL PRADESH	3	2.25	3	3
10	Rupnagar	Amar Jyoti Charitable Trust, Delhi, DELHI	5.63	0.97	Amar Jyoti Charitable Trust, Karkardooma, Vikash Marg, Delhi-92, Delhi	3	1.5	3	
11	Moga		5.6		Narayan SevaSansthan, Sewa Dham, 483, Hiran Magri, Sector-4, Udaipur-313 002, Udaipur, RAJASTHAN	3	2.25	3	3

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Implementing Agencies / Notional Allocation / Actual Release									
PUNJAB									
		2007-08			2008-09			2009-10	
12	Fatehgarh Sahib	Mangalam, Lucknow, UTTAR PRADESH	4.08	1.75	Mangalam, Mangalam, Manglam Sadan, Indira Nagar, Lucknow, Lucknow, UTTAR PRADESH	2	1.5	2	2
13	Muktsar		4.03		Viklang OPCARKendra, Thakur Road, Rajpura, Teh.- Nalagarh, Solan, HIMACHAL PRADESH	2	1.5	2	2
14	Mansa		3.62		Narayan SevaSansthan, Sewa Dham, 483, Hiran Magri, Sector-4, Udaipur-313 002, Udaipur, RAJASTHAN	2	1.5	2	2
15	Nawanshahr	Amar Jyoti Charitable Trust, Delhi, DELHI	3.5	1.5	Amar Jyoti Charitable Trust, Karkardooma, Vikash Marg, Delhi-92, Delhi	2	1.5	2	2
16	Kapurthala		3.34		Viklang OPCAR Kendra, Thakur Road, Rajpura, Teh.- Nalagarh, Solan, HIMACHAL PRADESH	2	1.5	2	2
17	Faridkot	Indian Red Cross Society	2.7	3.5	Amar Jyoti Charitable Trust, Karkardooma, Vikash Marg, Delhi-92, Delhi	2	1.5	2	2
		<b>Total</b>	<b>114.35</b>	<b>32.61</b>		<b>67</b>	<b>49.19</b>	<b>67</b>	<b>60.5</b>

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Table B.14: Meghalaya

Implementing Agencies / Notional Allocation / Actual Release									
MEGHALAYA									
Sl.No.	District	2007-08			2008-09			2009-10	
		Name of the implementing agency to which District were allocated	Notional allocation (Rs. In lakhs)	Amount released (Rs. In lakhs)	Name of the implementing agency to which District were allocated	Notional allocation (Rs. In lakhs)	Amount released in 2008-09 (Rs. In lakhs)	Notional allocation for the year 2009-10 (Rs. In lakhs)	Notional allocation (Rs. In lakhs)
1	South Garo Hills	Artificial Limbs and Manufacturing Corporation of India, G.T. Road, Kanpur, Kanpur, UTTAR PRADESH	1.54	1.01	Artificial Limbs and Manufacturing Corporation of India, G.T. Road, Kanpur, Kanpur, UTTAR PRADESH	4	4	4	4
2	Ri Bhoi	Artificial Limbs and Manufacturing Corporation of India, G.T. Road, Kanpur, Kanpur, UTTAR PRADESH	2.35	1.55	Artificial Limbs and Manufacturing Corporation of India, G.T. Road, Kanpur, Kanpur, UTTAR PRADESH	5	5	5	5
3	East Garo Hills	Artificial Limbs and Manufacturing Corporation of India, G.T. Road, Kanpur, Kanpur, UTTAR PRADESH	2.73	1.79	Artificial Limbs and Manufacturing Corporation of India, G.T. Road, Kanpur, Kanpur, UTTAR PRADESH	4	4	4	4
4	Jaintia Hills	Artificial Limbs and Manufacturing Corporation of India, G.T. Road, Kanpur, Kanpur, UTTAR PRADESH	2.74	1.8	Artificial Limbs and Manufacturing Corporation of India, G.T. Road, Kanpur, Kanpur, UTTAR PRADESH	4	4	4	4
5	West Khasi Hills	Artificial Limbs and Manufacturing Corporation of India, G.T. Road, Kanpur, Kanpur, UTTAR PRADESH	4.4	2.89	Artificial Limbs and Manufacturing Corporation of India, G.T. Road, Kanpur, Kanpur, UTTAR PRADESH	4	4	4	4

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Implementing Agencies / Notional Allocation / Actual Release									
MEGHALAYA									
		2007-08			2008-09			2009-10	
6	West Garo Hills	Artificial Limbs and Manufacturing Corporation of India, G.T. Road, Kanpur, Kanpur, UTTAR PRADESH	7.52	4.95	Artificial Limbs and Manufacturing Corporation of India, G.T. Road, Kanpur, Kanpur, UTTAR PRADESH	8	8	8	8
7	East Khasi Hills	Artificial Limbs and Manufacturing Corporation of India, G.T. Road, Kanpur, Kanpur, UTTAR PRADESH	9.81	6.46	Artificial Limbs and Manufacturing Corporation of India, G.T. Road, Kanpur, Kanpur, UTTAR PRADESH	11	11	11	11
		<b>TOTAL</b>	<b>31.09</b>	<b>20.45</b>		<b>40</b>	<b>40</b>	<b>40</b>	<b>40</b>

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Table B.15: Uttarakhand

Implementing Agencies / Notional Allocation / Actual Release									
UTTRAKHAND									
Sl.No.	District	2007-08			2008-09			2009-10	
		Name of the implementing agency to which District were allocated	Notional allocation (Rs. In lakhs)	Amount released (Rs. In lakhs)	Name of the implementing agency to which District were allocated	Notional allocation (Rs. In lakhs)	Amount released in 2008-09 (Rs. In lakhs)	Notional allocation for the year 2009-10 (Rs. In lakhs)	Amount released (Rs. In lakhs)
1	Hardwar	Narayan Seva Sansthan, Udaipur, RAJASTHAN	8.39	3.6		5		5	3.75
		Ali Yavar Jung National Institute for the Hearing Handicapped, Mumbai, MAHARASHTRA		2.39					
		Happy Family Health Care & Research Association for DDRC Haridwar, Haridwar, UTTARANCHAL		4.8					
2	Udham Singh Nagar	Mangalam, Lucknow, UTTAR PRADESH	7.5	3.5	Mangalam, ManglamSadan, Indira Nagar, Lucknow, Lucknow, UTTAR PRADESH	5	3.75	5	5
3	Dehradun	Narayan Seva Sansthan, Udaipur, RAJASTHAN	6.56	3.6	Narayan Seva Sansthan, Sewa Dham, 483, Hiran Magri, Sector-4, Udaipur-313 002, Udaipur, RAJASTHAN	4	3	4	
4	Garhwal	Meenu Sharma Viklang Relief Society, Mainpuri, UP	4.99	2.25	Meenu Sharma Viklang Relief Society, Kuraoli – 205 265, Mainpuri,	3	2.25	3	3

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Implementing Agencies / Notional Allocation / Actual Release									
UTTRAKHAND									
		2007-08			2008-09			2009-10	
5	Tehri Garhwal	District Disability Rehabilitation Centre- Tehri Garwal (Gramin Kshetra Vikash Samiti) Uttarakhand for Tehri Garwal, UTTARANCHAL	4.45	2.22	Manav Kalyan Samiti, Vill & P.O. Syalde , Almora -263661, Almora, UTTARANCHAL	3	2.25	3	
6	Nainital	Mangalam, Lucknow, UTTAR PRADESH	4.19	1.75		3		3	
7	Almora	Narayan Seva Sansthan, Udaipur, RAJASTHAN	3.75	2.34	Narayan Seva Sansthan, Sewa Dham, 483, Hiran Magri, Sector-4, Udaipur-313 002, Udaipur, RAJASTHAN	2	1.5	2	
8	Champawat		1.54		Manav Kalyan Samiti, Vill & P.O. Syalde , Almora -263661, Almora, UTTARANCHAL	2	1.5	2	2
9	Bageshwar	Ortho Prosthetics Care and Rehabilitation, New Delhi,	1.69	0.94	Ortho Prosthetics Care and Rehabilitation, 66-A, Street No.2, Krishna Nagar, Safdarjang Enclave, New Delhi	2	1.5	2	
10	Rudraprayag	Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur, RAJASTHAN	1.78	1.94	Manav Kalyan Samiti, Vill & P.O. Syalde , Almora -263661, Almora, UTTARANCHAL	2	1.5	2	2
11	Uttarkashi		2.15		Manav Kalyan Samiti, Vill & P.O. Syalde , Almora -263661, Almora, UTTARANCHAL	2	1.5	2	2
12	Chamoli		2.7			2		2	



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Implementing Agencies / Notional Allocation / Actual Release									
UTTRAKHAND									
		2007-08			2008-09			2009-10	
13	Pithoragarh		2.76		National Institute for the Visually Handicapped, 116, Rajpur Road, Dehradun- 248001, Dehradun, UTTARANCHAL	2	2	2	
		TOTAL	52.45	29.33		37	20.75	37	17.75

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Table B.16: Jharkhand

Implementing Agencies / Notional Allocation / Actual Release									
JHARKHAND									
S.No.	District	2007-08			2008-09			2009-10	
		Name of the implementing agency to which District were allocated	Notional allocation (Rs. In lakhs)	Amount released (Rs. In lakhs)	Name of the implementing agency to which District were allocated	Notional allocation (Rs. In lakhs)	Amount released in 2008-09 (Rs. In lakhs)	Notional allocation for the year 2009-10 (Rs. In lakhs)	Amount released (Rs. In lakhs)
1	Palamu		14.76		Mukti Sansthan, Albert Compound, Purulia Road, Ranchi-834 001., Ranchi,	9	6.75	9	
2	Ranchi		13.29		Mukti Sansthan, Albert Compound, Purulia Road, Ranchi-834 001., Ranchi,	8	6	8	8
3	Dhanbad	Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur, RAJASTHAN	11.58	3.75		7		7	6
		Mangalam, Lucknow, UTTAR PRADESH		3.5					
4	Purbi Singhbhum		10.43		Regional Rehabilitation and Research Centre, Near R.G.H., Panposh Road, Rourkela-769 004, Rourkela, ORISSA (0661-2506452)	6	3	6	6
5	Hazaribag		7.99			5		5	5
6	Pashchimi Singhbhum		7.69		Regional Rehabilitation and Research Centre, Near R.G.H., Panposh Road, Rourkela-769 004, Rourkela, ORISSA (0661-2506452)	5	2.5	5	5
7	Giridih	Society For Polio surgery & Care for Disabled, DELHI	7.09	3.56		4		4	4
8	Dumka		6.88		Mukti Sansthan, Albert Compound, Purulia Road, Ranchi-834 001., Ranchi,	4	3	4	4

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Implementing Agencies / Notional Allocation / Actual Release								
JHARKHAND								
		2007-08			2008-09		2009-10	
9	Bokaro	Bhagwan Mahaveer Viklang Sahayatha Samiti, Jaipur, RAJASTHAN	6.72	1.25		4		4
10	Gumla		6.13		Mukti Sansthan, Albert Compound, Purulia Road, Ranchi-834 001., Ranchi,	4	3	4
11	Garhwa		5.82			4		4
12	Godda		4.58			3		3
13	Deoghar		4.15		National Institute for Orthopaedically Handicapped, B.T. Road, Bon-Hooghly, Kolkata-700090, Kolkata	3	3	3
14	Sahibganj		3.7		National Institute for Orthopaedically Handicapped, B.T. Road, Bon-Hooghly, Kolkata-700090, Kolkata	2	2	2
15	Chatra		3.7		National Institute for Orthopaedically Handicapped, B.T. Road, Bon-Hooghly, Kolkata-700090, Kolkata	2	2	2
16	Lohardaga		1.35		National Institute for Orthopaedically Handicapped, B.T. Road, Bon-Hooghly, Kolkata-700090, Kolkata	2	2	2
17	Kodarma		2.02					
18	Pakaur		2.85		National Institute for Orthopaedically Handicapped, B.T. Road, Bon-Hooghly, Kolkata-700090, Kolkata	2	2	2
<b>TOTAL</b>			<b>120.73</b>	<b>12.06</b>		<b>74</b>	<b>35.25</b>	<b>74</b>
								<b>46</b>

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Table B.17: Sikkim

Implementing Agencies / Notional Allocation / Actual Release									
SIKKIM									
SI. No.	District	2007-08			2008-09			2009-10	
		Name of the implementing agency to which District were allocated	Notional allocation (Rs. In lakhs)	Amount released (Rs. In lakhs)	Name of the implementing agency to which District were allocated	Notional allocation (Rs. In lakhs)	Amount released in 2008-09 (Rs. In lakhs)	Notional allocation for the year 2009-10 (Rs. In lakhs)	Amount released (Rs. In lakhs)
1	Sikkim West	Artificial Limbs and Manufacturing Corporation of India, G.T. Road, Kanpur, Kanpur, UTTAR PRADESH	4.98	4.14	Narayan Seva Sansthan, Udaipur, RAJASTHAN	5	5	5	
2	Sikkim South	Artificial Limbs and Manufacturing Corporation of India, G.T. Road, Kanpur, Kanpur, UTTAR PRADESH	6.29	3.28	Artificial Limbs and Manufacturing Corporation of India, G.T. Road, Kanpur, Kanpur, UTTAR PRADESH	7	7	7	
3	Sikkim East	Narayan Seva Sansthan, Udaipur, RAJASTHAN	9.09	2.35	Narayan Seva Sansthan, Udaipur, RAJASTHAN	10	10	10	
<b>TOTAL</b>			<b>20.36</b>	<b>9.77</b>		<b>22</b>	<b>22</b>	<b>22</b>	<b>0</b>

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Table B.18: Goa

Implementing Agencies / Notional Allocation / Actual Release									
GOA									
S.No.	District	2007-08			2008-09			2009-10	
		Name of the implementing agency to which District were allocated	Notional allocation (Rs. In lakhs)	Amount released (Rs. In lakhs)	Name of the implementing agency to which District were allocated	Notional allocation (Rs. In lakhs)	Amount released in 2008-09 (Rs. In lakhs)	Notional allocation for the year 2009-10 (Rs. In lakhs)	Amount released (Rs. In lakhs)
1	South Goa	Narayan Seva Sansthan, Udaipur, RAJASTHAN	1.82	1.82	Narayan Seva Sansthan, Udaipur, RAJASTHAN	2	1.5	2	0
2	North Goa		2.24		Narayan Seva Sansthan, Udaipur, RAJASTHAN	2	1.5	2	0
<b>TOTAL</b>			<b>4.06</b>	<b>1.82</b>		<b>4</b>	<b>3</b>	<b>4</b>	<b>0</b>

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