

People with Disabilities in Rural India

Base Line Report
February 2009

Prepared for
National Centre for Promotion of Employment for Disabled People (NCPEDP)

by
Diversity and Equal Opportunity Centre (DEOC)

Supported by
British High Commission



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About the Base Line Study

The aim of the Study was to understand the current scenario vis-à-vis 'People with Disabilities in Rural India'.

Specific Objectives of the Study

- To study the existing Rural Policies/Programmes/Schemes which could and should effect the lives of people with disabilities.
- To study the reach of these Schemes and to analyse their impact with respect to the actual needs of people with disabilities in rural areas.
- To study the relevant budget allocations and their utilisation especially in relation to people with disabilities.
- To list out emerging concerns and basic recommendations for further discussion/analysis by the subject experts and policy makers.

Methodology

In order to understand the current status and prepare a base-line report, the following methodology was followed:

- Listing of all concerned Ministries and then narrowing it down to a few most relevant Ministries.
- Studying the Programmes and Schemes of the short-listed Ministries from their Annual Reports (2007-2008), websites, advertisements in newspapers.
- Studying any other relevant document/ report/paper prepared by Government/NGO/Individual.
- Extracting the relevant portions from the Eleventh Five Year Plan, Persons with Disabilities Act, 1995 and the UN Convention on the Rights of Persons with Disabilities.
- Taking relevant information from newspaper articles/websites that highlight the needs and concerns of disabled people living in rural areas.
- Taking into account the views of some people working in rural areas through telephonic discussion or e-mail to get a better understanding of the ground realities.

Scope and Limitations of the Study

The report attempts to provide basic information on the status of disabled people living in rural areas as per the efforts of the Government, based mainly on the information available in the Annual Report of Ministry of Rural Development 2007-2008. Some relevant portions have been taken from Ministry of Panchayati Raj, National Bank for Agriculture and Rural Development (NABARD), Department of Animal Husbandry, Dairying and Fisheries (Ministry of Agriculture), Department of Food and Public Distribution, Ministry of Social Justice and Empowerment, the National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disability and Ministry of Health and Family Welfare.

Concerns of disabled people in rural India touch almost every Ministry of the Government. Policies of many Ministries touch the lives of those living in Rural India. However, it was beyond the scope of this report to cover all Ministries. One major Ministry that has been left out is the Ministry of Human Resource Development though some of its programmes like the Sarva Shiksha Abhiyan have been touched upon. Primary, Secondary and Higher education, training, all need to include disabled children and youth and the Ministry has already initiated Schemes and Programmes to address the issue of education of disabled children.

The Annual Report of the Office of Chief Commissioner for People with Disabilities was not available at the time of writing this Report (January 2009). Hence, we could not study the initiatives undertaken by them. Disability in rural India is a vast issue. Each of the rural aspect mentioned in the report requires a detailed study. Due to limitation of time and resources, we have restricted the scope of the Report to just flag the various issues/concerns, which can form the basis for any further study/discussion. The Report is focused on Central Government initiatives. Studying State level initiatives/issues were out of the scope of this Report.

Base-Line Reports have also been prepared on the issues of:

- Health
- Employment
- Access
- Information and Communication

Therefore, though these issues have been covered to some extent in this report, a more thorough analysis and recommendation is provided in the Base-Line Reports specific to these Issues.

Many disabled people face discrimination, exploitation or abuse due to negative attitudes, charitable perspectives, socio-cultural barriers and multiple discriminatory factors like gender, caste, religion or class. This report has not covered these barriers or provided suggestions for these.

It has focussed mainly on providing baseline information on existing programmes and emerging concerns of disabled people, that would help experts in the areas and policy makers to bring about more effective policies and include disability in all schemes being implemented in Rural India.

The Research Team

The Research Team for the project comprised of Rama Chari, Sakshi Broota and Priya Varadan.

Acknowledgements

We would like to thank Javed Abidi for providing the direction for this Study. Inputs and support from the following people have also been extremely useful for the compilation of this report:

- Chandra Shekhar Azad, Vikalp Foundation
- Vidhya Ramasubban, Development Consultant
- Kshama Mitre, Chinmaya Organisation of Rural Development
- Rev. Fr. S.R. John, Chittoor Multipurpose Social Service Society (CMSSS)
- Louis Lobithas, Tamil Nadu Vazhndhu Kaattuvom Society, an initiative of Tamil Nadu Government.
- Renu Anuj, Action for Ability Development and Inclusion (AADI)
- Radhika Alkazi, Action, Advocacy, Research and Training in Disability (AARTH)
- Dr. Sunanda Reddy, CARENIDHI
- Runa Banerjee
- Mahesh C., CBR Forum
- Poonam Natarajan, The National Trust

We would like to thank Srinivasan Krishnan for the editorial support and Vijay Krishnamani for formatting the Report.

Introduction

When it comes to concerns of disabled citizens in rural India, some very basic needs emerge that might otherwise be taken for granted - even one complete meal for all members of the family in a day, electricity connection, telephone connection, cooking gas, clean water for bathing, washing, cooking, drinking, water for irrigation, safety and security of disabled women, basic dignity and respect as a family or community member, latrines/toilets/sanitation, transport, mobility aids, assistive aids & appliances and their maintenance, disability certificates, access to medical facilities, medicines, surgeries, literacy, education, higher education, technical training, being counted as unskilled or skilled labour, being part of self-help groups or cooperatives, having friends or a peer group to interact with, access to modes of entertainment like melas, circus, theatre, cinema halls, etc., going to the market, post office, bank, getting married, limited or no means of earning a livelihood and getting some money, geographical barriers like hills, deserts, sea side, snow, lack of roads, extra difficult conditions like floods, riots, terror-strikes, earthquakes, dealing with superstitions & myths about disability.

Many of these issues concern all those living in rural areas or all those who are poor. However, poverty and disability form a vicious circle. Poverty, many a times becomes a cause of disability, like, due to malnutrition, lack of clean drinking water, disease, lack of access to medical help. The family would make all efforts to get the best treatment, rehabilitation, school, training, mobility aid, other assistive aid, transport, etc., which would be a drain on the family's resources. The disabled member often remains a non-earning member of the family due to lack of opportunities. Moreover, it is also possible, that one or more people from the family are required to be with the disabled member at all times, and are therefore, not able to move out for earning.

Lack of opportunities for disabled citizens are often compounded by barriers of attitudes, caste, religion, etc. Negative attitudes of society can also get internalised as lack of confidence and dependency in disabled persons. Disabled people are hidden inside homes and often not even counted in district data or Census due to 'humiliation', 'fear', 'overprotection' or sheer discrimination by the family.

The voices of disabled citizens seldom reach the policy makers. Disability and development continues to follow a top-to-bottom approach. They are seen as recipients of charity and not as contributors to the nation's development. The election process still needs much work so that disabled people can be part of the political process by not only being able to vote, but also stand for elections in the Panchayat, District, State and National elections.

The Government of India has initiated various schemes and facilities under the impact of:

- Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995
- National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disability Act, 1999
- Rehabilitation Council of India Act, 1992
- UN Convention on the Rights of Persons with Disabilities. Almost all its articles are applicable to disabled citizens living in rural India. A list of its Articles are given in Annexure 1. With India having ratified the Convention, it becomes even more important to safeguard their rights. The details of the Convention are available on the website <http://www.un.org/disabilities/>.

1. Number of Disabled People in Rural India

As per the estimates of the World Health Organisation, about 10% of the world's population experience some form of disability, forming approximately 650 million people (WHO, 2008). The majority of disabled people live in rural areas (70 to 80 per cent). People with disabilities account for 20 per cent of the world's poor.

According to Census 2001 of India, 2.13% of the country's population has a disability. While 163.8 lakh disabled people live in rural areas, in comparison, only 55.1 lakh live in urban areas. However, most people in the disability sector believe that persons with disabilities do not form less than 5-6% of the population. With majority of them living in the rural areas, resources for services related to their health, education, livelihood, care, etc., need to be channelised towards the rural areas.

Moreover, it is important to understand, that when it comes to counting disabled people and allocating resources, the family of disabled people need to be taken into consideration.

1.1 The Absolute Number of Poor

According to Chapter 4, Eleventh Five Year Plan, the overall number of poor in rural areas in the country as a whole has declined from 2613 lakhs in 1973 to 2209 lakhs in 2004–05, i.e., by just 404 lakh people over a 31 year period. That means the rate of decline in the numbers of the poor has been 13 lakhs per year.

The fact that the numbers of the poor have declined in rural areas, and increased in urban areas over the last three decades suggests that to escape rural poverty, the poor migrate to urban areas. In fact, the total number of *migrant workers* in India in 1999–2000 was 10.27 crore—a staggering number.

1.2 Composition of the Poor

The composition of the poor has been changing and rural poverty is getting concentrated in agricultural labour and artisanal households. The share of self employed in agriculture among the rural poor had fallen from 32% to 21.6%. The occupational composition of rural poor varied across the States. In general, in developed States poverty was highly concentrated among agricultural labour households, and in contrast in backward States poverty extended to other occupational groups including self employed in agriculture.

Among social groups, SCs, STs, and backward castes accounted for 80% of the rural poor in 2004–05, considerably more than their share in the rural population (Working Group on Poverty, Planning Commission, 2006). The proportion of STs population among the rural population living in poverty is high. It is about 15% in 2004–05—double that of their share in the total population of India. In terms of both income poverty and other indicators of human development (such as education and health) the STs are at the bottom. The increasing concentration of the tribals among those who suffer from multiple deprivations is a matter of concern.

1.3 Multiple Deprivations of the Poor

With fewer assets, it was also not possible for SCs and STs to borrow and emerge out of poverty. This is true for both sets of communities in both rural and urban areas. SCs and STs have much worse health, education, and nutrition indicators than the rest of the population, followed by OBCs, and others. That women are much worse off in terms of most social indicators is quite well known. SC and ST girls are the worst off in terms of most educational outcome indicators. The nutritional status of SC and ST women remains a source of worry as well. Similarly, the high and rising level of child poverty is not only linked to a high incidence of child malnutrition, but also undermines their future capabilities and adversely affects equality of opportunity.

2. Role of Government and its Structure

Various Ministries are involved in poverty reduction and providing other services to people with disabilities living in rural areas. While some are specific for persons with disabilities, like those covered under the Ministry of Social Justice and Empowerment, there are others meant for disadvantaged sections of society. Some of these schemes have reservation for disabled people. Information regarding relevant schemes is given in this report mainly from the **Ministry of Rural Development**.

The Ministry of Rural Development has three Departments:

Department of Rural Development (which implements schemes related to rural employment, self employment, road development, housing, social assistance, etc.)

Department of Land Resources

Department of Drinking Water Supply (which also includes Sanitation Programme)

Ministry of Rural Development has three public authorities too:

National Rural Roads Development Agency (NRRDA)

National Institute of Rural Development (NIRD)

Council for Advancement of Peoples' Action and Rural Technology (CAPART)

Department of Rural Development:

The Annual Report of Ministry of Rural Development (Chapter 12) covers details on the coverage of Disability Sector. 'All the District Rural Development Agencies (DRDAs) were instructed to follow the Guidelines of the Poverty Alleviation Programmes in Implementation of "Persons with Disabilities Act, 1995". Follow up action was taken on the Provision of Reservation of 3% for Disabled in the major Poverty Alleviation Programmes (implemented by Ministry of Rural Development) which include the SGSY, SGRY, IAY.'

Director (Monitoring) is designated as the nodal officer in the Ministry of Rural Development for matters relating to the "Persons with Disabilities Act, 1995".

A few relevant schemes from the Ministries/Departments mentioned below have also been included in this report. However, the structure of these, have not been included in the report.

- Ministry of Panchayati Raj
- National Bank for Agriculture and Rural Development (NABARD)
- Department of Animal Husbandry, Dairying and Fisheries (Ministry of Agriculture)
- Department of Food and Public Distribution
- Ministry of Social Justice and Empowerment
- The National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disability
- Ministry of Health and Family Welfare

3. Inclusion of Disability in Various Programmes of Some Relevant Ministries

3.1 Livelihood and poverty alleviation

Eleventh Five Year Plan:

The incidence of poverty among rural casual workers is greatest among non-workers who do occasional casual work and especially among women. **Most ST and 40% of SC casual workers are poor, the landless casual workers being the poorest. On an average, women are poorer than men casual labourers.** Clearly, this calls for an effective wage employment programme in rural areas, especially focusing on women, of the NREGS kind.

The poor have to be enabled to increase their incomes by diversifying away from agriculture, and relying on non-farm sources for at least a subsidiary income. Casual labourers and artisans, especially women, can be brought together through social mobilisation to form SHGs, and with credit support, to diversify their sources of income. In certain parts of India (e.g., Kerala, Andhra Pradesh, Gujarat) the success of such efforts have already borne fruit, and it is essential to make sure that this programme goes to scale in the country in regions which need it most—in the eastern and northern parts—where it has hardly taken root.

Finally, the poor need a safety net, if they are to escape the cycle of inter-generational transfer of poverty. **At least 18 million rural people do not have a roof over their heads**, and the rural housing programme needs to focus on giving a homestead to at least those who are houseless. Homesteads will not only give them a home, but also provide a small plot of land where they can diversify their income by rearing goats and poultry and growing vegetables on the family plot. Similarly, **the elderly destitute, widows, and disabled among the rural poor, need social assistance.**

The simultaneous focus on a three-legged strategy— economic growth, income-poverty reduction through targeted programmes, and human capital formation — will put India on a sustainable growth path, since there is a recognised synergy between these outcomes.

According to Chapter 5, XI Five Year Plan, the dispersed, unorganised and often household based micro and small enterprises are capital-saving, labour-intensive, and environment-friendly tools of inclusion. In India, they are the largest source of employment after agriculture and are found in both rural as well as urban areas. In nearly three decades, the structure of rural employment has not changed much. According to the latest National Sample Survey (NSS) figures (61st Round), **agriculture continues to employ 70% of our rural workforce, industry (14.4%), and services (14.8%) make up for the rest.** However, in view of the decline in agriculture's contribution to GDP and the near constant proportion of workers dependent on it, there is need for rapid generation of off-farm employment. **The real potential for employment generation, however, rests with the Micro and Small Enterprises (MSEs) sector which comprises weavers, artisans, people engaged in food processing, hawkers, vendors, and carpenters. Village and Cottage Industries, Handlooms, Handicrafts, and Food Processing and Agro Industries that are seen as engines of sustained and inclusive growth provide a source of income to many women and disadvantaged sections of rural society.**

3.1.1 National Rural Employment Guarantee Act (NREGA)

Eleventh Five Year Plan:

The objective of the NREGA is to enhance the livelihood security of the people in rural areas by guaranteeing 100 days of wage employment in a financial year to a rural household whose members volunteer to do unskilled manual work. The Act further aims at creating durable assets and strengthening the livelihood resource base of the rural poor. The choice of works suggested in the Act address causes of chronic poverty like drought, deforestation, soil erosion, etc., so that the process of employment generation is on a sustainable basis.

Employment is dependent upon the worker exercising the choice to apply for registration, obtain a job card, and then to seek employment through a written application for the time and duration chosen by her/him. However, NREGA is not supply driven but demand driven. Resource transfer under NREGA is based on the demand for employment and this provides another critical incentive to States to leverage the Act to meet the employment needs of the poor.

Since NREGA is a right-based programme, articulation of demand by the rural poor is the basic premise of its operation, especially if wage seekers are not literate and not organised. Generating awareness among local rural communities through Information, Education and Communication becomes critical for enabling the rural poor to articulate demand.

The Act guarantees providing employment within 15 days of demand and the instrument for providing employment is unskilled manual work selected from the list of permissible works. This legal guarantee has implications for the way in which works have to be planned.

National Guidelines lay down the broad principles of preparing a Five Year District Perspective Plan that must have the following components viz., village mapping of natural resources and social infrastructure, identification of gaps and works that can be taken up as per NREGA permissible list, assessment of works that respond to what local people want, what will build a livelihood base to enable them to move out of NREGA to sustainable employment, and assessment of labour demand.

The issues involved in empowering workers are in the range of enhancement of knowledge levels, development of literacy skills, organising workers, and enhancing social security levels of workers. Opening savings accounts of workers' in banks and post offices that has been initiated needs to be supported on a larger scale so that thrift and small savings can be encouraged among workers. The inclusion of NREGA workers under the cover of various life and health insurance schemes will also raise their security thresholds.

Empowerment of workers and creation of durable assets depend to a great extent on the linkages between NREGA and other development programmes. Linkages with human development programmes such as National Rural Health Mission (NRHM), National Mission for Literacy and Elementary Education, and other livelihood and infrastructure initiatives are needed to ensure basic human entitlements to the workers and to strengthen the natural resource base of livelihoods.

Starting with 200 districts across the country in Phase-I during 2005–06, NREGA was extended to additional 130 districts in Phase-II during 2007–08. From 1 April 2008 onwards, the Act will cover the whole of the rural area in the country.

According to the **Annual Report (2007-08) of Ministry of Rural Development**, 'A total number of households provided employment during 2007-08 (upto December, 2007) was 2,57,49,968 out of

which benefits accrued to the disabled persons were in 2,30,179 households (0.90%).’ (pg 72). All States have been recommended to disburse wages through Post Offices and Banks Accounts. Till date 96 lakhs post office and Bank Accounts have been opened under NREGS.

3.1.2 Sampoorna Grameen Rozgar Yojana (SGRY)

According to the Annual Report (2007-2008) of Ministry of Rural Development, the Sampoorna Grameen Rozgar Yojana (SGRY) provides additional wage employment in the rural areas, as also food security, alongside the creation of durable community, social and economic infrastructure in the rural areas. The programme is self-targetting in nature with special emphasis in providing wage employment to women, Scheduled Castes (SC), Scheduled Tribes (ST) and parents of children withdrawn from hazardous occupations. The Scheme is exclusively implemented by the Panchayati Raj Institutions (PRIs). It provides foodgrains as well as cash as wages. In the Guidelines, ‘preference shall be given to the parents of handicapped children or adult children of handicapped parents who are desirous of working for wage employment’.

‘If a rural disabled person is willing to do manual unskilled work, efforts should be made to provide him/her work under the programme according to his/her ability.’ (pg 18, Annual Report.)

‘During 2007-08 (upto December 2007), out of a total of 261380 works completed, 442 (0.17%) works were reported to have benefited the disabled’. (pg 72, Annual Report). Financial performance in terms of expenditure and percentage of expenditure, though is provided for SC/ST beneficiaries, has not been given separately for disabled people. (Annexure VII, pg 221, Annual Report). The Eleventh Plan mentions that the Scheme will be phased out.

3.1.3. Swarnjayanti Gram Swarozgar Yojana (SGSY)

Eleventh Five Year Plan:

The SGSY was launched with effect from 1 April 1999 to bring the assisted poor families above the poverty line by ensuring appreciable sustained level of income over a period of time. This objective was to be achieved by organising the rural poor into SHGs through the process of social mobilisation, their training and capacity building and provision of income generating assets. The **SHG approach** helps the poor to build their self-confidence through community action. Group processes and collective decision were to enable them in the identification and prioritisation of their needs and resources. This process would ultimately lead to the strengthening and socio-economic empowerment of the rural poor as well as improve their collective bargaining power.

The SHGs can be further strengthened and stabilized by federating them at, say village or cluster of villages or block level depending upon the number of SHGs and their special distribution. The **Village Level Federations (VLFs)** are vital for demonstrating solidarity, initiating collective action on various poverty related issues and reducing dependency on the external agency for information, technical support and resolving conflicts. The VLFs provide a forum to voice the problems of the poor in the village, exchange of experiences including flow of information from various government departments, and raises resources required to take up the appropriate development interventions in poverty reduction. It generates income by collecting share capital, membership fee, savings, interest margins and penalties, and become financially sustainable in a period of 3–4 years. It is suggested that a definite component of the skills programme be included in the revised SGSY programme. The document mentions setting up 600 Rural Development and Self-Employment Training Institutes (RUDSETI) – one in each District for running Entrepreneurship Development Programmes.

The Eleventh Five Year Plan (pg 93, Volume III), notes that the volume of credit extended to SHGs in one State, Andhra Pradesh, alone is higher than the national credit achievement under the SGSY and this calls for serious scrutiny.

Annual Report (2007-2008) Ministry of Rural Development clearly states that the Swarnjayanti Gram Swarozgar Yojana has 'Focus on Vulnerable Groups i.e., SC, ST, Women and Disabled.' (pg 41).

Under the criteria for Self Help Groups (SHGs) formation under SGSY, the group may consist of 10-20 members (*5-20 members* in case of minor irrigation project, *disabled persons* and in difficult areas like desert hills and areas with scattered and sparse population). (pg 42, Annual Report).

The quantum of subsidy under SGSY for individual Swarozgaris is 30% of Project cost subject to a maximum of Rs. 7500/-. In case of SC/ST and *disabled persons* it is 50% of Project cost or Rs. 10,000/- whichever is less. For SHGs it is 50% of project cost subject to Rs. 1.25 lakhs or Rs. 10,000/- per SHG Member whichever is less. (pg 46, Annual Report).

'The guidelines of SGSY stipulate that disabled persons will account for at least 3% of the total Swarozgaris. The groups formed should ideally be disability-specific wherever possible, however, in case sufficient number of people for formation of disability-specific groups are not available, a group may comprise persons with diverse disabilities or a group may comprise both disabled and non-disabled persons below poverty line.' Efforts are being made to universalise SHGs Movement by covering at least one member of each rural poor family under it.

'During the financial year 2007-08 (upto Dec., 2007) total Swarozgaris assisted in this scheme were 7,72,952, out of which disabled persons were 13,956 (1.81%).' (pg 51, Annual Report). However, pg 73 of the Annual Report mentions that the 'total number of Swarozgaris assisted in this Scheme during the year 2007-08 (upto December 2007) were 7,76,408 out of which number of SHGs and Individual Swarozgaris achievement for disabled persons was 14,027 (1.81%).'

Annexure XXXV gives Sector-wise Special Projects sanctioned under SGSY **since inception (1.4.99)**. Out of the total 236 projects sanctioned, only 7 projects were sanctioned under the Disability Sector (**0.03%**). While the total cost of projects sanctioned was Rs. 207631.282 lakh, the cost of projects under the Disability Sector was 927.22 lakh (**0.44%**) only.

3.1.4. New Initiative for Employment in the Private Sector

According to the Annual Report (2007-2008), Ministry of Social Justice and Empowerment, a 'Central Sector Scheme of providing **one lakh jobs** per annum to the persons with disabilities, with a proposed outlay of Rs.1800 crore during the 11th Plan period, has already been approved by the Government. Under the Scheme, the Government will make payment of the employer's contribution to the Employees Provident Fund and Employees State Insurance for the first three years, as an incentive, in return of employment of persons with disabilities with monthly wage up to Rs 25000/- per month. A provision of Rs.16 crore for four years for making adequate publicity of the scheme has also been approved. The Scheme will be implemented, from 1.4.2008, after making suitable changes in the Employees Provident Fund Scheme and Employees State Insurance Rules by the Ministry of Labour & Employment'.

3.1.5. Rural Housing

India also embarked on the path of making 'housing for all' a reality. The conference of Chief Ministers, 1996 recommended the **Basic Minimum Services (BMS)** Programme. One of the seven BMS requiring priority attention was 'Provision of Public Housing Assistance to all shelterless poor families'.

Consequently, the BMS programme became part of Ninth Five Year Plan and concerted efforts in a focused manner were initiated to make these basic services accessible to every one. Later, the National Housing and Habitat Policy, 1998 stated that the ultimate goal of the policy was to ensure 'Shelter to all' and better quality of life for all citizens.

The Bharat Nirman Programme has recognised and accorded due priority to the need to end shelterlessness. The programme has set a target to construct 60 lakh houses from 2005 to 2009. **In the first two years of the Bharat Nirman Programme, 28.69 lakh houses have been constructed.** The housing component under the Programme is being implemented in parallel with Indira Awaas Yojana (IAY) scheme. This scheme was launched as an independent and major housing scheme from 1 January 1996 to provide assistance for construction upgradation of dwelling units to the BPL rural households.

Indira Awaas Yojana (IAY)

Eleventh Five Year Plan:

Though the earliest housing programme taken up by the GoI was for rehabilitation of refugees immediately after the partition of the country, the government started implementing its major housing scheme of IAY as an independent scheme only from 1 January 1996.

In the present form, IAY is one of the very popular schemes of the MoRD and has caught the imagination of the rural people. The popularity can be attributed to the fact that the scheme enables beneficiaries to participate and involve themselves in construction of their home. The role of the State Government is confined to mere facilitating use of local, low cost, environment-friendly, and disaster resistant technology and also in encouraging construction of sanitary latrine and smokeless *chulha*. There is no prescribed design or technology and no contractors are involved. Funds are released in instalments directly to the beneficiaries and there is no credit portion as part of the assistance which enable timely release of funds. The beneficiaries construct the houses as per their own choice of design, technology, and requirement. Not surprisingly, evaluation studies reveal high levels of occupancy and satisfaction.

To introduce transparency, the selection of beneficiaries which was being done through the gram sabhas is now expected to be from the permanent IAY waitlists. These lists are prepared based on the ranking given to families as part of the BPL Census 2002. Further, 60% of the IAY funds are earmarked for SC/STs, **3% for persons with disability**, and 15% for minorities. It is expected that all houses will be sanctioned in the name of women or jointly with the husband. These provisions have enabled effective targeting of the weaker sections and the scheme has succeeded in empowering the poorest.

Though selection had to be done by the gram sabhas, studies have revealed that 25% to 50% of the beneficiaries are not being selected through the gram sabhas. Further, the selection as well as allocation among Panchayats has been influenced by the Panchayati Raj Institutions (PRIs) / Members of Legislative Assembly (MLAs). **The vocal and active segments of beneficiaries influence the selection process because of the limited allotment under IAY. In the process, the poorest among BPL households are left out**, and non-BPL families also get selected for the IAY houses. Besides, **collection of illegal gratification of selection by PRIs** is a common complaint often heard at the field level, as brought to light by several studies. Moreover, **only beneficiaries who have house-sites are selected and thus, the very poor who do not have a plot of land get out from the purview of the scheme.** This is a serious problem, since these are the people who are the most vulnerable. **Some 8 million of the 14 million houseless are actually those who have no land, or live on homes located on land belonging to others (e.g., landlords, public land, etc.).**

The focus of the IAY programme must be on the houseless (e.g., such communities as the Saharyas, Musahars, the so called de-notified tribes, those living on canal bunds or roads, and other such who are seen to be at the bottom of the social ladder).

Studies have revealed that **only about 50% of IAY houses have sanitary latrines and even a lesser percentage have installed smokeless *chulhas*. This is a serious problem. Over a million women and children not only suffer from upper respiratory tract infections** due to inhaling of indoor smoke but many die as a result. In addition, India is one of the countries in the world with much of its population not having access to sanitary means of excreta disposal (despite the existence of Total Sanitation Campaign (TSC), another Centrally Sponsored Schemes (CSS), which is part of the Bharat Nirman set of programmes). Houses built as part of the Central Government's own programmes, like IAY, need to succeed in building smokeless *chulhas* and sanitary latrines.

The quality of life may not improve despite the construction of new houses unless there is provision for infrastructure. There is a need to provide a minimum level of infrastructure such **as internal road, drainage, water supply stand post**, along with the provision of houses by way of convergence of schemes.

According to the **Annual Report (2007-2008), Department of Rural Development**, *the IAY houses are expected to be invariably allotted in the name of women or in the joint names of husband and wife.* (pg 73, Annual Report). However, Annexure XXVIII on pg 243 of the Annual Report, which provides State wise physical achievements of the IAY mentions that 165237 houses were allotted in the name of men. The XI Five Year Plan too notes that 'the title of the house site tends to be in the name of the male member of the household. Hence the benefit to accrue to women by allotment of the scheme is restricted only for the purpose of the scheme sanction. Some effort to ensure clear cut ownership in the name of women needs to be made'.

The Annual Report states that the total number of Dwelling Units completed during the period 2007-08 (upto December 2007) was 10,63,920 out of which 8,123 (**1.76%**) houses were allotted in the name of disabled persons. Annexure XXVIII on pg 243 of the Annual Report, which provides State wise physical achievements of the IAY as on 12.02.2008 mentions that 8,877 physically/ mentally challenged persons benefited from the scheme. Utilisation of funds, though provided separately for SC/ST/Minority/Others, has not been provided separately for disabled beneficiaries.

3.1.6. Social Security

National Social Assistance Programme (NSAP) and Associated Programmes

The Directive Principles of State Policy in the Constitution of India enjoin upon the State to undertake within its means a number of welfare measures. **Article 41 of the Constitution of India directs the State to provide public assistance to its citizens in case of unemployment, old age, sickness and disablement** and in other cases of undeserved want within the limit of its economic capacity and development.

Eleventh Five Year Plan:

For the first time in India, the NSAP was launched on 15th August 1995. It was a CSS with 100% Central assistance provided to States/UTs. This programme is implemented through a synergistic partnership with State Governments and under the direct supervision of District Rural Development Agencies (DRDAs) in close collaboration with the various PRIs. This programme included three schemes viz., National Old Age Pension Scheme (NOAPS), National Family Benefit Scheme (NFBS), and National Maternity Benefit Scheme (NMBS).

- Under NOAPS, old age pension of Rs. 75/- per month was provided to persons of 65 years and above who are destitute. This amount has since been enhanced to Rs. 200/- per month from the year 2006–07. The response for this scheme has been overwhelming from the poor as well as the State Governments. Many States are matching these pension amounts equally and many more are extending the coverage of this scheme to all those identified from among BPL families.
- The NFBS provides a lump sum family benefit of Rs. 10000/- to the bereaved household in case of the death (natural or accidental) of the primary breadwinner (male or female) whose earnings contribute substantially to the total household income. This scheme is applicable to all the eligible persons in the age group 18 to 64. The bereaved household should belong to BPL families to qualify for this benefit.
- Under the NMBS there is a provision for payment of Rs. 500/- per pregnancy to women belonging to poor households for pre-natal and post-natal maternity care upto the first two live births. This benefit is provided to eligible women of 19 years and above. The objective of the scheme is to extend financial assistance to pregnant women from BPL households, for the first two live births. To ensure better linkage with nutrition and national population control programmes, NMBS was transferred to Department of Family Welfare and is renamed as Janani Suraksha Yojana in 2001–02. It is now part of the National Rural Health Mission (NRHM).

Under the Annapurna scheme the beneficiaries should be 65 years or above and must be destitute. The beneficiaries are entitled to 10 kg of food grains per month free of cost. The ceiling on the total number of Annapurna beneficiaries will be at least 20% of the persons eligible to receive pension under NOAPS.

NSAP requires to be extended to two more categories of deserving poor in dire need of this assistance viz., persons with severe/multiple disabilities and widowed women. Similarly, national schemes for maintenance of orphans, street children, and other sections of the poor in distress are needed.

At present, there are two life insurance schemes operated by **Life Insurance Corporation (LIC)** that are making headway among the people below and marginally above the poverty line viz., 'Janashree Bima Yojana' for the rural poor and the 'Aam Aadmi Insurance Scheme' for the landless agricultural labour. These two schemes under which the premium is contributed by the Centre and the State Governments in equal proportions provide significant supplementation to the Family Benefit Scheme with enhanced benefits on death, accidental death, and disability for the persons insured in the BPL families.

The poor require comprehensive access to strengthened public health system and facilities. In addition, they need suitable instruments in the form of health insurance in cases involving serious illness requiring hospitalisation, which are not provided in institutions of public health.

According to the Annual Report (2007-08), Ministry of Rural Development, Government of India on 13.9.2007 approved the eligibility criteria for grant of old age pension to persons aged 65 years or higher and belonging to a household below the poverty line and the scheme as 'Indira Gandhi National Old Age Pension Scheme (IGNOAPS). **Disabled people are not mentioned separately.**

3.2 Drinking Water and Sanitation

3.2.1 Water

Eleventh Five Year Plan:

An investment of about Rs. 72600/- crore has been made (under both State and Central Plans) from the beginning of the planned era of development in rural water supply sector. As per available information, this investment has helped to create assets of over 41.55 lakh hand pumps, around 15.77 lakh public stand posts, around 1.60 lakh mini-piped water supply schemes, and 45000 multi village schemes in the country under the Rural Water Supply Programme. Of these systems, 88.21% hand pumps, 93.49% stand posts, 91.95% mini schemes, and 96.26% multi village schemes are reported functional by the States. On the physical achievement side, 352992 habitations have been reported covered by the States during Tenth Plan.

Under the Swajaldhara programme, out of the 19385 schemes included under the programme with an estimated cost of Rs. 1069 crore, only 11046 schemes could be completed in the Tenth Plan with an expenditure of Rs. 610 crore.

Water Quality

There are about 2.17 lakh quality-affected habitations in the country with more than half of the habitations affected with excess iron (118088). This is followed by fluoride (31306), salinity (23495), nitrate (13958), arsenic (5029) in that order. There are about 25000 habitations affected with multiple problems. About 66 million population is at risk due to excess fluoride in 200 districts of 17 States. Arsenic contamination is widespread in West Bengal and it is now seen in Bihar, eastern UP, and Assam. The de-fluoridation and iron removal plants have failed due to inappropriate technology unsuited to community perceptions and their involvement. Desalination plants have also met a similar fate due to lapses at various levels starting with planning to post implementation maintenance.

Rainwater harvesting in schools and community buildings should be made compulsory and individual household rooftop rainwater harvesting system like individual household toilets should be promoted. If necessary, special funds should be earmarked for this purpose. Involvement of the community in the monitoring of the water supply works should be made a primary condition for release of funds for completed work.

While the programme guidelines do recognise the role of women in planning and post implementation maintenance with some success stories of women maintaining the hand pumps and tube wells, the success has to spread far and wide. Of late, the country is realising the potential of women in the form of SHGs. If the source is dysfunctional, the State should incur one-time expenditure to set it right and encourage SHG to take them over.

The National Rural Employment Guarantee Programme has seven identified work component related to water. The Rural Development Ministry is implementing major watershed schemes through the Department of Land Resources. There are other programmes such as Backward Region Grant Fund, artificial recharge of groundwater schemes and rain water harvesting, restoration of water bodies scheme (both pilot and external assisted) by the Ministry of Water Resources, the National Project for Renovation of Water Bodies and schemes such as the National Afforestation Programme, River Valley Project, Flood Prone River Programme, Integrated Wasteland Development Programme, Grants under Twelfth Finance Commission (TFC), *Hariyali*, and the States' own schemes. Convergence of these programmes should help to augment funds and bring institutions together for sustainable water supply.

According to the **Annual Report (2007-2008)** of Ministry of Rural Development, water supply is also one of the six components of Bharat Nirman to be implemented during 2005-09 to build the rural infrastructure. Rural drinking water supply is, to a large extent, dependent on ground water (85%). (pg 192, Annual Report). **Safe drinking water is essential for healthy growth of the population and also prevention of various diseases and disabilities.** 'To tackle water quality problems, Arsenic and Fluoride contaminated habitations have been accorded the highest priority followed by Iron, Salinity, Nitrate and other contaminants. In all, out of total 6.03 lakh habitations to be covered/addressed for water quality problems, so far, 2.92 lakh habitations either have been covered or addressed for water quality problems.' (pg 189, Annual Report).

Fluoride contamination: A threat to future generations

Deccan Herald, May 24, 2008, by Keya Acharya

A deepening health issue in India, newly-emerging as an endemic problem and one that concerns disability in children and women in the main, has been found to have an even more startling link to what is basically an environmental problem: that of fluoride-contaminated drinking water systems. And even more urgent, is the link that this health problem has with India's groundwater and her future populations.

The Delhi-based Fluorosis Research and Rural Development Foundation (FRRDF) founded by a past professor of the All India Institute of Medical Sciences at Delhi, Dr A K Susheela, has come up with a startling relationship between fluorosis, the disease stemming from high fluoride contamination, and anaemia in pregnant women.

The further problem with this fluoride-induced anaemia is that the latter anyway produces low birth-weight babies who in their turn manifest their mother's pre-natal nutritional deficiencies through retarded physical and mental development.

Fluorosis is now endemic in 20 of India's States and UTs, with 70-100 per cent districts affected in Andhra Pradesh, Gujarat and Rajasthan, 40-70 per cent of districts affected in Karnataka, Tamil Nadu, Maharashtra, Delhi, Haryana, Jharkhand, Madhya Pradesh, Orissa and Uttar Pradesh. Assam, Jammu and Kashmir, Kerala, Chhatisgarh and West Bengal have between 10-40 per cent of their districts affected with fluoride-contamination.

3.2.2 Total Sanitation Campaign (TSC)

The Department of Drinking Water Supply of Ministry of Rural Development also covers the **Sanitation Programme**. In rural areas, only 21.9% of population has latrines within or attached to their houses.

As per the Eleventh Five Year Plan, the TSC is being implemented in 578 Districts of 30 States/UTs with support from the Central Government and the respective State/UT governments. Against a target of 10.85 crore individual household toilets, the toilets reported completed is about 2.89 crore up to January 2007. In addition, about 3.12 lakh school toilets, 8900 sanitary complex for women, and 99150 *balwadi* toilets have been constructed. The approved outlay for the programme in the Tenth Plan was Rs. 955 crore and the anticipated financial utilisation is about Rs. 2000 crore. The Eleventh Five Year Plan targets to complete 7.29 crore individual toilets for achieving universal sanitation coverage in rural areas.

Though the current programme emphasis on construction of household toilets is laudable, it needs to reorient itself to a vigorous Information and Education Campaign mode to bring about a change in mindset. The evaluation study of the programme has shown that 20% of the toilets are not used or

used for other purposes like storage. Low-cost technology options for constructing the toilets should be tried and community should be given freedom to choose the various options. The focus on school sanitation needs to continue.

The full coverage of rural drinking water supply is to be achieved by March 2009 and 100% sanitation coverage by the end of the Eleventh Plan (2012) with mass awareness and National e-Governance Plan (NGP). The Eleventh Plan Central sector Gross Budgetary Support (GBS) for rural water supply and sanitation is Rs. 41826 crore (at 2006–07 prices) and Rs. 47306 crore (at current prices) (including Rs. 6000 crore for Nirmal Gram Puraskar) and this provision will draw matching provision in the State Plan to the tune of Rs. 48875 crore. Thus the total outlays in the Eleventh Five Year Plan for Rural Water Supply and Sanitation sector would be close to Rs. 100000 crore.

According to its Annual Report (2007-2008), the Department of Drinking Water Supply is committed to the achievement of universal **Sanitation** coverage by the year 2012. According to 2001 Census, only about 21.9% of the rural families had access to toilets. The percentage has gone up to 49% as per the latest available figure, which is mainly attributed to the new strategies adopted under the Total Sanitation Campaign (TSC). It recognises that there is a direct relationship between water, sanitation and health.

Ministry of Rural Development (2004) has provided '**Norms and Options for School and Anganwadi Toilet Designs**'. According to the document:

Toilet designs should also cater to the needs of physically challenged children with simple adaptations like:

- Low level of hand rail in toilet
- Ramps, in case the toilet is at higher level or raised stool in case of Indian pan (given in annexure 1 of the design document). Steps should be avoided as far as possible.
- A pipe to be attached to the tap of self-cleanings (as the child will be holding the bar/ hand-rail for balance).

The **Progress Report Format of TSC** too includes 'Household latrines for Physically Handicapped' – under Project Aim, Performance during the year and Cumulative Performance. Part of the format is given in Annexure 2. However, the Annual Report (2007-2008) does not contain information on the number of the household latrines for physically disabled people under the physical progress of TSC.

To give momentum to the TSC endeavour, Government of India has launched the **Nirmal Gram Pursakar (NGP)** to honour the efforts of Panchayati Raj Institutions (PRIs) and those individuals and institutions, who have contributed significantly in ensuring full sanitation coverage in their area of operation.

Sanitation and clean water have not reached many households in the country. It is interesting to note that a toilet may not be given as much priority as a television in a rural household! The 2005-2006 National Family Health Survey (NFHS-3), provides information on population, health and nutrition in India. The survey is based on a sample of households which is representative at the national and state levels. Some findings specific to the State of Orissa are given below as an example:

National Family Health Survey (NFHS-3) – Orissa

	Number interviewed	Response Rate	
Households	3910	98.9%	
Women (age 15-49)	4540	96.1%	
Men (age 15-54)	1592	92.7%	
Population and Household Profile			
	Total	Urban	Rural
Population Age 6+ that is literate (%)	68.8	85.5	65.2
Households by residence (%)	100	16.8	83.2
Mean household size	4.5	4.5	4.5
Percentage of Households that:			
Have electricity	45.4	83.9	37.6
Use piped drinking water	10.2	51.7	1.9
Have access to a toilet facility	19.3	58.9	11.3
Live in a pucca house	31.7	64.0	25.2
Have a motorized vehicle	13.5	37.4	8.6
Have a television	28.9	66.1	21.4
Own agricultural land	61.0	42.7	64.7

3.3 Rural Infrastructure and Access

Eleventh Five Year Plan:

Infrastructure

According to its Chapter 12, the pattern of inclusive growth of the economy projected for the Eleventh Plan, with GDP growth averaging 9% per year can be achieved only if this infrastructure deficit can be overcome and adequate investment takes place to support higher growth and an improved quality of life for both urban and rural communities.

A beginning has been made in the public sector, by setting targets for various infrastructure sectors to address the gaps in quantity and quality. Going in to the Eleventh Plan, the strategy would entail strengthening and consolidating these infrastructure-related initiatives, such as Bharat Nirman for building rural infrastructure, and sectoral initiatives, such as the:

- Rajiv Gandhi Grameen Vidyutikaran Yojana (RGGVY),
- Accelerated Power Development and Reforms Programme (APDRP),
- Accelerated Irrigation Benefit Programme (AIBP),
- National Highway Development Programme (NHDP),
- National Maritime Development Programme (NMDP) and
- Jawaharlal Nehru National Urban Renewal Mission (JNNURM).

Improvement in **rural infrastructure** is crucial for broad-based inclusive growth of the economy and for bridging the rural urban divide. The government launched in 2005, a special programme, Bharat Nirman, for up-gradation of rural infrastructure which aims to provide electricity to the remaining 125000 villages and to 23 million households; to connect the remaining 66802 habitations with all weather roads and construct 146185 km of new rural roads network; to provide drinking water to 55067 uncovered habitations; to provide irrigation to an additional 10 million hectares; and connect the remaining 66822 villages with telephones. It is estimated that out of the total projected investment of Rs. 1436559 crore to be incurred by the Centre and the States in the Eleventh Plan, Rs. 435349 crore (or 30.3%) would be spent exclusively towards improvement of rural infrastructure.

The **public sector**, including the public corporate sector, would continue to play a dominant role in investment for infrastructure. The total public sector investment envisaged in the Eleventh Plan is Rs. 765622 crore by the Centre and Rs. 670937 crore by the States.

Government constituted a **Committee on Infrastructure** (CoI) in August 2004 under the chairmanship of the Prime Minister, with the objectives of initiating policies that would ensure time-bound creation of world-class infrastructure.

Integrated Transport: Approach of the Central Government

According to Chapter 9 of the Eleventh Five Year Plan, Railways and roads are the dominant means of transport carrying more than 95% of total traffic generated in the country.

It is necessary to foster the development of the various transport modes in an integrated manner that will lead to the realisation of an efficient, sustainable, safe, and regionally balanced transportation system, where each mode of transport operates in its field of economy and usefulness, with competitive and non-discriminatory prices that are adequate to support progressive development of transport infrastructure and services. This would also enable the comparative advantages and economic efficiencies to be properly reflected in the user costs.

3.3.1. Railways

Indian Railways is often referred to as the lifeline of the Indian economy because of its predominance in transportation of bulk freight and long-distance passenger traffic. The network criss-crosses the nation, binding it together by ferrying freight and passengers across the length and breadth of the country. As the Indian economy moves into a higher growth trajectory, Indian Railways has also stepped up developmental efforts and is preparing itself for an even bigger role in the future.

Coach toilets are the main source of poor sanitation in railway premises. In order to prevent discharge from the toilets while the train is in railway station premises, speed actuated controlled discharge toilets and biodegradable toilets will be introduced in passenger coaches. In collaboration with IIT, Kanpur, efforts are already on to develop indigenous technology to produce fully environment-friendly toilets to suit Indian conditions, so that the discharge from coach toilets does not create unhygienic conditions all along the railway track.

Physically Challenged and Senior Citizens

All mail and express trains would be provided with specially designed coaches which have separate compartments and suitably designed toilets for the physically challenged and senior citizens. In addition, trains having air-conditioned accommodation would also be provided with air-conditioned compartments for physically challenged persons.

3.3.2. Rural Roads

A good road network is a critical infrastructure requirement for rapid growth. It provides connectivity to remote areas; provides accessibility to markets, schools, and hospitals; and opens up backward regions to trade and investment. Roads also play an important role in inter-modal transport development, establishing links with airports, railway stations and ports.

Rural connectivity is the key component of rural development and poverty alleviation in India. Rural Roads (RRs) provide accessibility for the rural habitations to market and other facility centres. The **Bharat Nirman Programme** envisages a massive scaling up in terms of habitation connectivity coverage, construction targets and financial investment.

India has one of the largest road networks in the world, of 33.14 lakh km, consisting of (i) National Highways (NHs), (ii) State Highways (SHs), (iii) Major District Roads (MDRs), and (iv) RRs that include other district roads and village roads. NHs with a length of 66590 km comprise only 2.0% of the road network but carry 40% of the road-based traffic. SHs with a length of about 137000 km and MDRs with a length of 300000 km together constitute the secondary system of road transportation which contributes significantly to the development of the rural economy and industrial growth of the country. The secondary system also carries about 40% of the total road traffic, although it constitutes about 13% of the total road length. **RRs, once adequately developed and maintained, hold the potential to provide rural connectivity vital for generating higher agricultural incomes and productive employment opportunities besides promoting access to economic and social services.**

To boost the rural connectivity, a rural roads programme, the **Pradhan Mantri Gram Sadak Yojana (PMGSY)** was launched as a 100% CSS. It aimed to provide all-weather roads by 2003 to habitations with a population of 1000 and above, and by 2007 to those with a population of 500 and above. In respect of hilly/desert/tribal areas, it aimed to link habitations with a population of 250 and above.

However, despite all efforts about 35% of all habitations still remain to be connected by all-weather roads. To address this slippage, the PMGSY has been re-phased to achieve time-bound targets of rural connectivity by folding it into the Bharat Nirman Programme (initiated in 2005–06). It aims to connect all 1000-plus habitations in rural areas (500-plus for hilly and tribal areas) by 2009.

Besides inadequacy of resources, management of roads is unsystematic and inspections irregular. Modern mechanised equipments for road maintenance are not used to the desired degree. There is weak accountability and poor monitoring of the maintenance activities.

The physical targets set under the Bharat Nirman Programme till the end of 2008–09 are generally found to be beyond the capacity of the States to achieve them. Therefore, the leftover targets of the Bharat Nirman Programme (that is, about 33%) will be completed only in 2009–10. **To achieve the targets of the Bharat Nirman Programme, 146185 km of rural roads are proposed to be constructed to benefit 66802 unconnected eligible habitations in the country. It is also proposed to upgrade nearly 1.94 lakh km of the existing rural roads which are identified in the core network.**

According to the Annual Report (2007-2008) of Department of Rural Development, 'PMGSY roads are constructed as per the prescribed standards and guidelines. Rural roads including roads taken up under PMGSY are for use of the entire public, including the disabled. Therefore, **separate earmarking of funds for persons with disabilities is not required under the programme.**'

3.3.3 Access to Rural Banking Facilities

According to its Annual Report (2007-2008), the **National Bank for Agriculture and Rural Development (NABARD)** provides production credit, investment credit, loans under rural infrastructure development fund. It covers the farm sector, the rural non-farm sector and micro-finance. It also provides consultancy services and supervision over banks. The unorganised sector and Self-Help Groups too get covered.

'The total staff strength of the Bank stood at 4,924 of which 1,269 belonged to SC (17.6%) and ST (8.2%) categories. The staff strength of ex-servicemen and physically handicapped employees stood at 101 and 97, respectively, each constituting 2 percent of the total staff.' (pg 94, Annual Report, NABARD, 2007-08).

'The efforts of the **Eleventh Five Year Plan** will be to ensure that all Commercial Banks, Regional Rural Banks (RRBs) and Cooperatives should provide loans to disabled people on concessional terms for undertaking self-employment ventures. Such credit should be included in the Priority Sector and NABARD should ensure appropriate refinancing mechanisms.' (XI Five Year Plan, Disability Section).

According to the Annual Report (2007-2008) of Ministry of Social Justice and Empowerment, **the National Handicapped Finance and Development Corporation (NHFDC)** has the following main objectives:

- a) To promote economic development activities and self-employment ventures for the benefit of persons with disabilities;
- b) to extend loan to persons with disabilities for upgradation of their entrepreneurial skill for proper and efficient management of self-employment ventures;
- c) to extend loans to persons with disabilities for pursuing professional/technical education leading to vocational rehabilitation/self-employment; and
- d) to assist self-employed individuals with disabilities in marketing their finished goods.

The Corporation provides concessional loan to persons with disabilities whose family income does not exceed Rs.2. lakh in urban areas and Rs.1.60 lakh in rural areas. The NHFDC operates through State Channelising Agencies nominated by the respective State Governments and Union Territory Administrations. At present, only 32 such agencies are operational. (pg 36, Annual Report)

According to the Annexure XXV of the Annual Report of the Ministry, upto December, 2007, for the year 2007-08, the number of beneficiaries were 2321 and the amount disbursed was Rs. 1459.07 lakhs. However, data has been provided for only 19 States/ UTs, showing that NHFDC has not even reached all the States and UTs of the country.

3.3.4. Access to Aids and Assistive Devices

The Artificial Limbs Manufacturing Corporation of India (ALIMCO), Kanpur, Uttar Pradesh manufactures artificial limbs, accessories and constituents thereof and also promotes their availability, supply and distribution at reasonable cost to the disabled persons, hospitals and other rehabilitation institutions. ALIMCO is a premier organisation and is the largest manufacturer of artificial limbs, components and rehabilitation aids for disabled people in India. During the year upto December 2007, ALIMCO organised a total of 983 camps benefiting 1,07,001 disabled people. The product range of ALIMCO includes orthoses, prosthesis for upper and lower extremities, spinal braces, traction kits, wheelchairs, crutches, three wheelers and special tools and equipment required for fitment of prosthetic and orthotic assemblies by limb fitting centres.

Scheme of Assistance to Disabled Persons for Purchase/ Fitting of Aids/ Appliances (ADIP Scheme) provides disabled people with 'durable, modern and standard aids and appliances'. The budget allocated for 2007-08 was Rs. 70 crores, out of which upto 31st December, 2007, only 48 organisations were assisted with Rs. 20.74 crore.

3.3.5. Access to Information

The **Information, Education and Communication (IEC)** division in the Ministry of Rural Development plays a vital role in creating awareness, mobilising people, making the development process participatory and transferring knowledge, skills and techniques to the people. It uses newspapers, newsletter, journal, leaflets, booklets and pamphlets in Hindi, English and regional languages to disseminate information. The DRDA further disseminates to information for maximum reach amongst the target groups. The Ministry has been airing radio sports over the All India Radio (AIR). Local radio stations, Doordarshan, and even Cable & Satellite channels are used for the purpose.

Media campaign through outdoor publicity is undertaken through bus-back panels, wall paintings, railway station tickets, display of banners and hoardings at public places. The programmes are communicated through skits, dances and street-theatre with the help of Ministry of Information and Broadcasting.

The **Library** of the Ministry serves as a “Resource and Service Centre”. It has a collection of books, reports, governmental publication, other documents, maps and an audio-video collection. The main subjects covered are Rural Development, Panchayati Raj, water resources, land reforms, history, economics, politics, education, art, culture and general reading books. It coordinates with other government libraries for exchange of information and documents. A computer database system provides access to all material available in the Library.

E-governance initiatives

The National Informatics Center (NIC) has developed online monitoring systems for all its programmes. The Integrated Management Information System (IMIS), which is a web-based information system, enables the States and the Centre, to monitor the progress of coverage of habitations and rural schools and anganwadis, through a common monitoring format. The website of the Ministry of Rural Development (rural.nic.in) though has various sections, many of these do not contain much information or the links do not work!

Right to Information Act, 2005

‘To comply with the provisions of the Act, a system has been established to receive applications from the applicant against a proper receipt under the Right to Information Act, 2005. Also a Right to Information Counter at Gate no. 6, Krishi Bhawan has been put in operation to attend to the needs of those who wish to seek information under the Act.’ Appropriate instructions have also been given to the District Rural Development Agencies (DRDAs)/Zila Parishads and other State Implementing Agencies of Rural Development Programmes.

Access to information about the existing Schemes, facilities and services for disabled people is the key to the successful implementation of the schemes, utilisation of budgets and meeting the needs of persons with disabilities. However, often people are not aware of the schemes, the procedures are cumbersome, people are made to feel obligated to officials, bribes are common and awareness about rights under the law is minimal.

3.3.6. Other Infrastructure related Schemes under the Bharat Nirman and Flagship Programmes:

Eleventh Five Year Plan:

The development of rural India is imperative for inclusive and equitable growth and to unlock the huge potential of the population that is presently trapped in poverty with its associated deprivations. The analysis of incidence of poverty across Indian States indicates that poverty is very closely linked to the absence of social infrastructure. The Eleventh Finance Commission had constructed an index of infrastructure which included economic, social, and administrative infrastructure indicators. These were (i) agriculture, (ii) banking, (iii) electricity, (iv) transport, (v) communication, (vi) health, and (vii) civil administration. If we juxtapose the index of infrastructure with incidence of poverty, we find that generally States with high infrastructure index have low incidence of poverty.

Creation of infrastructure, both physical and social, has been given a greater thrust in the Tenth Five Year Plan. The Eleventh Plan would build on the foundations laid by the Bharat Nirman Programme

and other flagship programmes to provide opportunities for improved living conditions as well as livelihoods. Some of these have been discussed in other sections. Other Schemes are detailed below.

- National Rural Employment Guarantee Programme (NREGP)
- Roads
- Housing
- National Social Assistance Programme (NSAP)
- National Rural Health Mission (NRHM)

Irrigation

Under the Bharat Nirman Programme, creation of average rate of irrigation potential creation is to be increased from 1.4 Million Hectares per annum (i.e., the average rate of creation from 1951–2002) to 2.5 MH per annum. With this objective, it is targeted to create 10 MH of irrigation potential through a combination of major and medium projects, minor irrigation and restoration of water bodies.

Rural Electrification

The rural electrification targets are set to be achieved under Rajiv Gandhi Grameen Vidyutikaran Yojana (RGGVY). The twin objectives of electrification of 125000 villages and electrifying the 2.3 crore BPL households are proposed to be achieved under the Bharat Nirman Programme. During the first two years, the progress under both the objectives has registered an achievement of 34% and 6%, respectively.

Rural Telephony

Under the Bharat Nirman Programme, 66822 revenue villages not having telephone connectivity are to be provided with **Village Public Telephone** (VPT) facility. Out of these, 14183 remotely located villages are to be provided VPTs through digital satellite phone terminals, while the remaining 52639 villages are to be provided any other technology. An estimated sum of Rs. 451 crore is likely to be disbursed as subsidy support towards these VPTs. The entire funding is to be met out of the Universal Service Obligation Fund (USOF). A total number of 48704 VPTs have been provided telephone connectivity and 18118 VPTs are likely to be provided by June 2008. It is important to improve the tele-density in rural areas and move to the next step of making every village a knowledge centre with telecommunication. For this high-speed Internet connection providing the necessary knowledge content relevant to the villages for the benefit of all sections of the society is required.

Integrated Child Development Services (ICDS)

The ICDS scheme is a child-focused intervention to address the inter-related needs of young children and pregnant and lactating mothers. The ultimate objective of the scheme is to reduce incidence of mortality, morbidity, malnutrition, and school dropouts and enhance the capability of the mother and family to look after the health, nutritional, and development needs of the child. It is now a nation-wide programme, which aims at promoting health and nutritional requirements of children up to six years and expectant and nursing mothers. As on 31 March 2007, there are 6284 sanctioned projects and 10.53 lakh *anganwadi* centres in the country. Out of these, 5672 projects are operational through 7.8 lakh *anganwadi* centres servicing 7.05 crore beneficiaries comprising 5.81 crore children below six years and 1.23 crore pregnant and lactating mothers.

Sarva Shiksha Abhiyan (SSA)

SSA is the principal programme for universalisation of elementary education. SSA aims to provide useful and relevant elementary education for all children in the age group of 6–14 years by 2010. The other significant objective is to bridge social, regional, and gender gaps with the active participation of the community in the management of schools, besides focusing on elementary education of

satisfactory quality with emphasis on education for life. SSA addresses the needs of about 20 crore children in more than 12.37 lakh habitations covering 10.42 lakh existing primary and upper primary schools (SES, 2004–05; MHRD, 2007). SSA successfully ensured universal access to primary education. About 94% of Indian villages/habitations have access to schools within a distance of 1 km. In the remaining villages/habitations, alternative schooling arrangements have been made through Education Guarantee Scheme (EGS) and Alternative and Innovative Education (AIE) centres.

Mid-Day Meal (MDM)

The MDM Scheme launched in 1995 aims to give a boost to universalisation of primary education by increasing enrolment, retention, and attendance and simultaneously impacting upon nutritional status of students in primary classes.

Backward Regions Grant Fund (BRGF)

The BRGF aims at catalysing development in backward areas by: (i) filling infrastructure gaps; (ii) promoting good governance and agrarian reforms; (iii) converging, through supplementary infrastructure and capacity building, the substantial existing development inflows into these districts.

The scheme has two components, namely, (i) the districts' component covering 250 districts which will be anchored on a well conceived, participatory district plan with schemes selected through peoples' participation for which PRIs from the village upto the district level will be the authorities for planning and implementation; and (ii) special plans for Bihar and the KBK districts of Orissa.

Bharat Nirman (2005-2009): Tasks

- Every village to be provided electricity: remaining 1,25,000 villages to be covered by 2009 as well as connect 2.3 crore households
- Every habitation over 1000 population and above (500 in hilly and tribal areas) to be provided an all-weather road: remaining 66,802 habitations to be covered by 2009
- Every habitation to have a safe source of drinking water: 55,067 uncovered habitations to be covered by 2009. In addition all habitations which have slipped back from full coverage to partial coverage due to failure of source and habitations which have water quality problems to be addressed
- Every village to be connected by telephone
- 10 million hectares (100 lakhs) of additional irrigation capacity to be created by 2009
- 60 lakh houses to be constructed for the rural poor by 2009

While the agenda is not new, the effort here is to impart a sense of urgency to these goals, make the programme time-bound, transparent and accountable. These investments in rural infrastructure will unlock the growth potential of rural India.

3.4 Health and Rehabilitation Programmes

3.4.1 National Rural Health Mission

The main aim of **National Rural Health Mission (NRHM)** under the Bharat Nirman Programme is to provide accessible, affordable, accountable, effective, and reliable primary health care, especially to poor and vulnerable sections of the population. It also aims at bridging the gap in rural health care through creation of a cadre of accredited social health activists and improved hospital care, decentralisation of programme to district level to improve intra- and inter-sectoral convergence, and effective utilisation of resources. The programme sets standards for rural health care and provides financial resources to meet these standards. The programme is under implementation in 18 States, which have poor health infrastructure.

Some achievements of NRHM till date (**Annual Report, Ministry of Health and Family Welfare 2007-08**):

- 5.4 lakhs Accredited Social Health Activist (ASHA) / link workers have been selected, out of which 4.62 lakhs have been trained.
- 1,77,924 Village Health & sanitation Committees have been made functional and united grant of Rs. 10,000/- have been given to them.
- Before the launch of NRHM (as on 31st March 2005), out of 22,649 Primary Health Centres (PHCs) only 1634 were reported 24x7. This number has increased to 8756 PHCs working 24x7. Appointment of 11537 contractual staff nurses, 6232 doctors, 3882 AYUSH practitioners and 4380 Paramedics.
- Contractual appointment of 2282 specialists at Community Health Centres (CHCs). Facility Survey has been completed for 2335 CHC's and up-gradation work completed in 441 CHCs.
- States have identified 323 District Hospitals for up-gradation and an amount of 20 lakhs have been given to all District Health Centres (DHCs) for basic services.
- States have set up Rogi Kalyan Samithis (RKS) in 551 DH, 4066 CHCs and 1893 PHCs. Annual corpus grant of Rs 1 lakh is allotted to the RKS at sub-district level and 5 lakhs allocated for district level RKS.
- The first integrated District Level Action Plans have been finalised in 509 Districts.

While the Primary & Secondary Health care is under the fold of NRHM, the Tertiary Health Care Services are being strengthened by Pradhan Mantri Swasthya Suraksha Yojna (PMSSY). It has two components:

- (1) Establishment of 6 new AIIMS like Institutions and
- (2) Up-gradation of 13 medical colleges to the level of AIIMS.

NRHM is about reforms in the health sector. It aims providing affordable, accessible and accountable services to people. However, there is no mention of needs of people with disability in the NRHM. They have included women and children as part of disadvantaged group but not people with disability. Under National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM), many new hospitals, PHCs, CHCs have been planned. They are also upgrading the existing infrastructure and systems. Focus is also on developing human resources at all levels to ensure and to strengthen delivery of health services. However, disability has not found any mention in these plans/developments and people with disabilities continue to find it extremely difficult to access health services in the country.

3.4.2 Health Insurance

The 60th Round of the National Sample Survey Organisation (NSSO) (2004–05), has clearly brought out the fact that in rural government hospitals, an out-of-pocket expenditure of more than Rs. 3000/- is made during every hospitalisation. In rural private hospitals, it is more than Rs.7000/-. The expenditure in the urban areas in private hospitals is more than Rs. 11000/- and about three times higher than the public hospitals. Today, this expenditure would have increased substantially. Therefore insurance for poor people is one of the priorities under NRHM and NUHM.

The **Annual Report (2007-08) of Ministry of Health and Family Welfare** has mentioned, "Under the NRHM, a Task Force has been set up to explore new health financing mechanisms. The terms of reference include review of existing mechanisms to include health financing, human resource implications to manage health financing and risk pooling schemes, extent of subsidies required, ensuring equity and non-discrimination, feasibility in various states, suggested design, of pilots and sites to launch community based health insurance models and required modifications of existing structures to introduce health financing schemes".

Recently, a decision has been taken to launch a new scheme for workers in unorganised sector¹ with the objective of improving access to health care and protecting the individual and her family from exorbitant out-of-pocket expenses. Under the scheme, coverage will be given to the beneficiary and her/his family of five members. Providers will be both public and private.

Rashtriya Arogya Nidhi was set up by MHFW in 1997 to provide financial assistance to patients living below poverty line, who are suffering major life threatening diseases. Financial assistance to poor patients is also given from the Health Minister's discretionary Grant.

The National Trust has recently launched a health insurance scheme called Niramaya. It is for people with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities. The insurance cover is upto Rs.1 lakh for a vast range of health services from OPD to cashless hospitalisation. Under Niramaya, the annual premium is Rs. 250/- and is free for persons with family income up to Rs.15000/- per month.

As per the **Annual Report, 2007-08 of Department of Animal Husbandry, Dairying and Fisheries**, Ministry of Agriculture has '**Group Accident Insurance for Active Fishermen**' under 'Welfare Programme for Fishermen'. The objective of this component is to provide insurance cover to fishermen engaged actively in fishing. Such active fishermen are insured for Rs. 50,000/- for one year against accidental death or permanent total disability and Rs. 25,000/- for permanent partial disability. The upper limit for insurance premium is Rs. 15/- per head. 50% of annual premium is subsidised as grants in aid by the Centre and remaining 50% by State Governments. In case of a Union Territory, 100% premium is borne by Government of India. During 2007-08, a sum of Rs. 15.37 crore was released till 31st December, 2007 to cover about 1.07 lakh fishers under Saving-cum-Relief component, to construct 4373 houses for fishers and to cover 18.22 lakh fishers under Group Accident Insurance. (pg. 69-70)

Ideally disabled people should be able to access the government and private insurance schemes. But the reality is that many people with disabilities are being denied insurance on the grounds of disability. With increasing costs of health services, Health Insurance has become a Must for people in the middle and lower income groups. Disabled people, in general, incur more expenditure on medical and related expenses, such as prescribed medications, care for preventing secondary condition, support services, etc. compared to non-disabled people.

3.4.3 Mental Health

The Annual Report of Ministry of Health and Family Welfare states that Mental Health issues affect nearly 20 per thousand population. Close to 10 million severely mentally ill are in our country without adequate treatment. With a large population in our country on one hand, less than one psychiatrist is available for every 3 lakhs population. **The psychiatrists/population ratio in rural areas, that account for 70% of country's population, could well be 1 in every million.** The National Mental Health Programme was started in 1982 to ensure availability and accessibility of basic mental health care to everyone. 'The Union Health Ministry has finalised the revised National Mental Health Programme (NMHP) and will circulate a cabinet note within two weeks that focuses on increasing manpower for combating mental illness' (Sinha, February 11, 2009).

¹ 93% of the workforce in India are in the unorganised sector

Some relevant data on mental illness:

- In India, 15-20 crore people suffer from some sort of mental illness, the commonest being depression and anxiety syndromes, stress and psychosomatic disorders, bipolar mood disorders, schizophrenia and dementia.
 - 1.6 crore of them need institutional intervention.
 - 75% of mentally ill patients in India are treated through traditional interventions and by tantriks.
 - 8.1% of all disabilities in India are due to mental illnesses, as against 5.8% due to cancer and 4.4% due to heart diseases.
 - **India needs 32,000 psychiatrists but has 3300 trained psychiatrists, 3000 of whom are in metros.**
 - In India, 1.2 lakh people end their lives every year by committing suicide. 4 lakh attempt to commit suicide.
 - In the last 45 years, suicide rates have increased by 60% worldwide.
 - Mental disorders, particularly depression and substance abuse, are associated with more than 90% of all cases of suicide.
 - Over 71% of suicides in India are by persons below the age of 44.
- (Sinha, 2009)

3.4.4. HIV-AIDS

The Ministry of Rural Development is focusing on creating awareness on **HIV-AIDS** through District Rural Development Agencies (DRDAs)/ Panchayati Raj Institutions (PRIs) and Information, Education and Communication (IEC). This involves training in SHGs and also its inclusion in training programmes of National Institute of Rural Development (NIRD), Hyderabad.

3.4.5. Rehabilitation Services

The Ministry of Social Justice and Empowerment is the nodal Ministry looking into the rehabilitation needs of disabled citizens. Some of the Schemes under the Ministry (Annual Report 2007-2008) are:

Under the Ministry of Social Justice and Empowerment come the **National Institutes**, viz., National Institute for the Visually Handicapped, Dehradun, National Institute for the Hearing Handicapped, Mumbai, National Institute for the Mentally Handicapped, Secunderabad, National Institute for the Orthopaedically Handicapped, Kolkata, National Institute of Rehabilitation Training & Research, Cuttack, Institute for the Physically Handicapped, New Delhi, National Institute for the Empowerment of Persons with Multiple Disability, Chennai, and Indian Spinal Injury Centre, New Delhi. **Some of these institutions have Community Based Rehabilitation (CBR) or outreach programmes to reach disabled people in rural areas.**

The Ministry with active support of State Governments is facilitating setting up **District Disability Rehabilitation Centers (DDRCs)** to provide rehabilitation services to persons with disabilities. Since inception (1999-2000), a total number of 199 DDRCs had been sanctioned, out of which 148 had been set up and started functioning. During the year 2006-07, 50 new DDRCs were sanctioned. Out of 50 DDRCs, grants have been released to the 12 DDRCs. In addition, the Ministry has set up five Composite Regional Centres for Persons with Disabilities at Srinagar, Sundernagar (Himachal Pradesh), Lucknow, Bhopal and Guwahati to provide both preventive and promotional aspects of rehabilitation.

Deendayal Disabled Rehabilitation Scheme provides support to Non-Government Organisations to deliver various rehabilitation services to persons with disabilities. In the current financial year upto

31st December 2007, 587 organisations have been assisted with Rs. 31.37 crore to benefit over 1.30 lakh persons.

The **Rehabilitation Council of India (RCI)** was established as a Statutory Body to regulate the training of rehabilitation professionals, standardisation of training courses, promotion of research in rehabilitation and maintenance of Central Rehabilitation Register for the professionals working with disabled people. A Satellite Channel 'Navshikhar' dedicated to disability was inaugurated on 5th October, 2007. All RCI recognised centres for rehabilitation education will be connected through this channel.

The National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999 covers many issues related to disabled people who are often more neglected than others in the same sector. It has various programmes and schemes that benefit people in districts and villages. (<http://thenationaltrust.in/>)

Under section 13 of the National Trust Act, a three-member **Local Level Committee (LLC)** headed by the District Collector is constituted in every District for the welfare of persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities.

The role of LLC is:

1. To screen, appoint and monitor legal guardian
2. To promote activities such as awareness generation, and mainstreaming
3. To ensure inclusion and convergence of different schemes of the Government.

Funds given to LLC can be used for conveyance, etc. of LLC members for carrying out its activities. Every LLC gets Rs. 10000/- per annum. In case of NGO member from other District, additional Rs. 10000/- per annum is given for conveyance. Every LLC can get upto a total of Rs. 50000/- per annum with contribution of Rs. 20000/- per annum from the State Government and balance from the National Trust. Members of the LLC include the District Collector, a representative from an organisation registered with the National Trust, a person with disability, District Welfare Officer, Civil Surgeon or Chief Medical Officer and reputed lawyer in the district.

Under section 14 of the National Trust Act, the Local Level Committee headed by the District Collector is empowered to appoint legal guardians for persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities. It also provides mechanism for monitoring and protecting their interests including their properties.

State Nodal Agency Centre (SNAC) and State Nodal Agency Partner (SNAP) are the institutional arrangements of the National Trust at the State/UT and Divisional levels to support and take forward its activities. One SNAC in every State/UT and one SNAP for around 10 districts in every State/UT are appointed from amongst the reputed and well established NGOs registered with the National Trust. The National Trust carries out **various schemes of capacity building, training and care and shelter through its registered organisations.**

Only 15% of the people living in urban areas and 3% of the people living in rural areas can avail rehabilitation services - in India, total coverage is only 5.7% (Satish Mishra, Handicap International). The health sector is the first point of contact for most families when they suspect impairment. Early detection and intervention are crucial areas for a child with impairment. People with disabilities and their families spend large amounts of money going from one health facility to another in search of information, diagnosis and cure. **And, ironically, one of the biggest factors impeding rehabilitation is the medical professional's lack of knowledge on disability, due to which, they actively discourage families from seeking health support for children with severe disability.**

In **Eleventh Five Year Plan** there is a specific commitment made to improving Disability and Medical Rehabilitation.

It aims at building capacity in Medical Colleges and District Hospitals to train adequate human resources required for medical rehabilitation programme at all three levels of Health Care Delivery System. Towards this end the following steps are planned:

- To upgrade and develop two Physical Medicine and Rehabilitation (PMR) departments in the country to act as Model Centres
- To set up PMR Departments in 30 Medical Colleges/Teaching Institutions (at least one in each State) and each such department to adopt districts, CHCs, and PHCs for developing medical rehabilitation services
- To train medical and rehabilitation professionals in adequate number for providing secondary and tertiary level rehabilitation services
- To introduce training programme on Disability Prevention, Detection, and Early Intervention at diploma, undergraduate, and postgraduate level
- To provide Rehabilitation Services in Medical Hospitals and evolve strategy of care in the domiciliary and community set up.

Further information on health is provided in the **NCPEDP Base Line Study on Health of Disabled People in India**, that covers the following issues in detail and provides an analysis and recommendations on the same:

- Prevention
- Mental Health
- Rehabilitation
- Disability Certificates
- Aids & Appliances
- Health Insurance
- Access to Health
- Personal assistance / Caregiver Service
- Women with Disability
- HIV/ AIDS

3.5 Food and Disability

In the Eleventh Plan, 'Towards Women Agency & Child Rights', under the section, Providing for 'Special Needs of Differently Abled Children', it states "It is critical **to see disability as a child protection issue as well**. Even today, data related to disability among children varies with source. It is estimated that **hardly 50% disabled children reach adulthood, and no more than 20% survive till the fourth decade of life**. Although there is very little information regarding the nutritional status of children with disabilities, it is recognised that disabled children living in poverty are among the most deprived in the world. Discrimination and often abandonment is a reality for them. Ensuring access to education, health, and nutrition for children with disabilities is a formidable challenge for the Eleventh Plan.

In May, 2007, a person from Orissa requested the President mercy killing of his three disabled sons! 'Hakimuddin's sons, Raffiuddin, 35, Mayiuddin, 33, and Mustafa, 30, are stated to be suffering from a rare genetic disease - that weakens the limbs - since they were 15-years-old. They have no money to seek treatment. He and his wife have worked as daily wage laborers and managed to make ends meet for their seven-member family. Hakimuddin has so far dutifully looked after his three disabled sons. He applied for mercy deaths as despite repeated requests, neither government officials nor local political leaders did anything for his family.' (Bio-Medicine, 2007)

Driven by acute poverty, another starving family in Orissa's Bolangir district petitioned the President to permit them to commit suicide. 'Bhima Kumbhar, 60, lives with his wife Parbati, 55, and physically disabled son Kumar, 22, in Odiapali village. Although the couple used to be labourers, old age and the deteriorating condition of their son are growing hindrances to earning a livelihood, says Oriya daily Dharitri. They have four acres of land, but a majority of the land is under mortgage for a sum of Rs.7,000/-. Their physically challenged son gets Rs.200 as pension from the government. This pension money is the only source of income for the family, the newspaper said. "Please give us food or allow us to commit suicide," the couple wrote in the letter to Kalam.' (IANS, 2007).

According to its Annual Report 2007-2008, **the Department of Food and Public Distribution** runs the 'Antyodaya Anna Yojana (**AAY**) since 2000 for one crore poorest of the poor families. (pg 28, Annual Report, Department of Food and Public Distribution.). In August 2004, the AAY was further expanded by another 50 lakh BPL families by including, inter-alia, all households at the risk of hunger. In order to identify these households, the guidelines stipulate some criteria, which included disability:

Households headed by widows or terminally ill persons or disabled persons or persons aged 60 years or more with no assured means of subsistence or societal support. (pg 28, Annual Report).

The scale of issue under Above Poverty Line (APL), Below Poverty Line (BPL) and Antyodaya Anna Yojana (AAY) has been revised to 35 kg per family per month with effect from 2002 with a view to enhancing the food security at the household level and liquidating surplus stocks of foodgrains in the Central Pool. (pg 29, Annual Report).

Foodgrains are also allocated under other welfare schemes like:

- Mid-Day Meal Scheme
- Wheat Based Nutrition Programme
- Supply of Foodgrains to Hostels/ Welfare Institutions (5% of BPL allocation)
- Supply of Foodgrains for SC/ST/OBC Hostels
- Annapurna Scheme
- Sampoorna Gramin Rozgar Yojana
- Nutritional Programme for Adolescent Girls (NPAG)
- Emergency Feeding Programme (EFP): This is a food-based intervention targeted for old, infirm and destitute persons belonging to BPL households to provide them food security in their distress conditions.
- Village Grain Banks Scheme: The grain banks are to be set up in food scarce areas like the drought prone areas, the hot and cold desert areas, tribal areas and the inaccessible hilly areas which remain cut off because of natural calamities like floods, etc. Village Panchayat/ Gram Sabha, Self-Help Group or NGOs etc. identified by the State Government shall be eligible for running the Grain Banks. Each such Executive committee will have a woman as its member.
- National Food for Work Programme (NFFWP): 'The scheme will provide 100 days of employment at minimum wages for at least one able-bodied person from each household in the country.'

The Movement Division in the Department of Food and Public Distribution closely monitors the movement of foodgrains from surplus regions to deficient areas and regularly coordinates with the Food Corporation of India (FCI) and the Railways. The Division also assists in the **Disaster Management** Operations/ Emergency Support Functions of the Government by maintaining a close liaison with the Disaster Management Division of the Ministry of Home Affairs to meet the requirement of foodgrains in the various parts of the country, whenever affected by the natural calamity or disaster.

Nutrition Cell in MHFW provides technical advice on all matters related to policy making, Programme implementation and evaluation, training modules for different levels medical and para medical workers. The Cell has been working on creating awareness regarding prevention, and control of micronutrient deficiency disorders, diet related chronic disorders, and promotion of healthy life style through dissemination of various types of IEC materials. An Expert Group Discussion on Infant & Young Child Nutrition (IYCF) for prevention and control of nutrition and micronutrient deficiency was convened. A National Programme for Prevention & Control of Fluorosis has been formulated and would be launched during the current financial year (2008-09) in 5 Districts of the country as Phase 1.

'Lack of nutrition for women during pregnancy and for infants can lead to disabilities. 'Much of the childhood morbidity and mortality from disabilities is likely to have roots in **micronutrient deficiencies** such as severe Iron deficiency, deficiency of Iodine, Folic acid etc.' (Dr. Sunanda Reddy, 2009).

'Malnourished children, unlike their well-nourished peers, not only have lifetime disabilities and weakened immune systems, but they also lack the capacity for learning that their well-nourished peers have. In infancy and early childhood, iron deficiency anaemia can delay psychomotor development and impair cognitive development, lowering IQ by about 9 points. Low-birth weight babies have IQs that average 5 points below those of healthy children. And children who were not breastfed have IQs that are 8 points lower than breastfed children' (Radhika Alkazi, 2009).

3.6 Ministry of Rural Development – Some other programmes

3.6.1. The District Rural Development Agency (DRDA)

According to the Annual Report of the Ministry of Rural Development, The District Rural Development Agency (DRDA) is the principal organ at the District level to manage and oversee the implementation of different anti-poverty programmes of the Ministry of Rural Development. Each DRDA should have the following wings:

- Self-employment Wing
- Women's Wing
- Wage employment Wing
- Watershed Wing
- Engineering Wing
- Accounts Wing
- Monitoring and Evaluation Wing
- General Administration Wing

3.6.2. The Council for Advancement of People's Action and Rural Technology (CAPART)

CAPART promotes voluntary action towards implementation of projects for the enhancement of rural prosperity and to act as catalyst for development of technologies appropriate for the rural areas. The aim of its Disability Scheme 'is to change the development paradigm from one of charity to that of empowerment. It attempts to provide equal opportunities in rural development to people with disabilities and promote their full participation in all initiatives by supporting community based rehabilitation programmes for the differently abled.' (pg 62, Annual Report). The physical and financial achievements during 2007-08 (till December, 2007) under the above schemes are given below:

Name of the Scheme	No. of Projects	Amount Sanctioned (Rs. Crores)	Amount Released (Rs. Crores)
Disability	7	0.51	0.15

3.6.3. The Department of Land Resources focuses on wasteland development, drought prone development programme and desert development programme. In addition there are externally aided programmes with financial assistance from Department for International Development (DFID). The Annual Report (pg 159) mentions that '65% of women from poorest households reported increased access to their entitlements from Government schemes as a result of campaigns by women's self-help groups.'

3.7 Panchayati Raj Institutions (PRI)

According to the Annual Report of Ministry of Panchayati Raj (2007-2008), the Panchayati Raj Institutions in India have an electorate of around 52 crore. The number of grassroots institutions is about 2.40 lakh and the number of persons elected in the Panchayats is about 28 lakhs.

More than 10 lakh women have been elected to Panchayati Raj Institutions, constituting some 37% of all those elected. Reservation of seats for the persons belonging to the scheduled castes, the scheduled tribes and in some State for the other backward classes has been legally enforced in proportion to their share of the population in each panchayat area. (pg iii, Annual Report, Ministry of Panchayati Raj). The Annual Report gives the number of employees under the SC/ ST/ OBC categories on page 5, with no mention of its employees with disabilities.

The Ministry of Panchayati Raj has Units/ Cells dealing with Backward Regions Grant Fund, Rural Business Hubs, Media & Publicity, Training & Research, International Co-operation, IT, Infrastructure Development, Panchayat Empowerment and Accountability Incentive Scheme, Panchayat Mahila Shakti Abhiyan, Panchayat Yuva Shakti Abhiyan, etc. There is no particular programme on disability mentioned in the Annual Report.

Chapter 11 of the Annual Report (2007-08) of the Ministry of Panchayati Raj presents the Status of Centrally Sponsored Schemes (CSS) routed through PRIs:

1. Activity mapping of the **National Service Scheme (NSS)** of the Ministry of Youth Affairs and Sports has been completed by the Ministry of Youth Affairs and Sports. It aims to involve the PRIs to impart training to NSS Volunteers, act as social auditors and monitors of NSS programmes, to prepare joint plan of action and to organise workshops, camp activities and seminars for NSS Volunteers.
2. Under the **Targeted Public Distribution System (TPDS)** of the Department of Food and Public Distribution 'for the association of the Gram Panchayats', the guidelines were issued in 1999. PRIs are assigned the task of social audit, supervising, etc.
3. In the **Swayamsidha Scheme** under the Integrated Women Empowerment Programme (IWEP) of the Ministry of Women and Child Development, the District/ intermediary level Panchayat are involved in the implementation as the Project Implementing Agencies (PIAs).
4. Under the **Integrated Child Development Schemes (ICDS)**, the Panchayati Raj Institutions are involved for the selection of Anganwadi workers (AWWs) / Anganwadi helpers (AWHs) and the Chairperson of the Block Panchayat is a member in the Selection Committee. So far, 14 States have involved PRIs in the implementation of this Scheme.

5. Under the **Sarva Shiksha Abhiyan (SSA)** of the Ministry of Human Resource Development, the Panchayats are involved in the planning, monitoring and implementation of SSA. Under the new approach, the Village Education Committees or School Management & Development Committees are constituted as sub-committees of the Gram Panchayats or the Gram Sabhas. The following institutional arrangements have been made to bring in the centrality of the PRIs in the implementation of SSA:
 - There should be a Standing Committee or Sub-Committee responsible for education under the Gram Panchayat (GP) which would be the nodal body of all matters related to elementary education;
 - The school-wise or Village Committees responsible for elementary education/ SSA should be linked with the Sub-Committee of the GP-in-Charge of education, so that supervision of PRIs over the elementary education/ SSA programme is effective;
 - All tiers of PRIs (village, block, district) should be given supervisory roles in the elementary education programmes/ SSA. The State Governments can do this by defining the roles of the Sub-Committee on the education of the GP, the Block Level Education Committee and the Education Sub-Committee of the Zila Parishad.
6. Guidelines for the **Mid-Day Meal (MDM)** are under modification, so as to provide for the centrality of the PRIs at the appropriate level in the implementation and monitoring of the Scheme. The school level supervisory structures will also function under the supervision of the PRIs. The Ministry of Panchayati Raj is represented in the National-Steering-cum-Monitoring Committee (NSMC) for the MDM Scheme.
7. Under the Scheme of “**National Rural Employment Guarantee Scheme**” that is being implemented by the Ministry of Rural Development, the PRIs have been assigned the role of planning and implementation through the National Rural Employment Guarantee Act itself.
8. Under the **National Rural Health Mission (NRHM)**, the District Health Society (DHS) is responsible for planning and managing of all health and family welfare programmes in the District. The following roles have been assigned to the Panchayat:
 - The Chairperson of the Zilla Parishad has been made the Chairperson of the District Health Mission
 - Some representatives of Panchayati Raj Institutions (PRIs) are member of the District Health Society (DHS). The DHS will draw up the Health Plan and implement the same in the District.
 - The Rogi Kalyan Samiti has been set up at the District Level in which the Chairperson of the Zila Parishad is a member.
 - The Accredited Social Health Activists (ASHA) in each village has been made accountable to Gram Panchayat.
 - The Chairperson of the Gram Panchayat has been made a joint bank account holder for the use of untied funds of Rs. 10,000 for each sub-centre annually.

The Annexures in the Annual Report provide detailed statistics on the number of Panchayats and elected representatives in the three tiers of Panchayats in States/ UTs under the categories of General, SC, ST, OBC and women. Progress of Schemes-wise expenditure for 2007-2008 is also provided.

The issue of disability finds no mention in the Annual Report of Ministry of Panchayati Raj. PRIs are playing a major role in actual implementation and monitoring of various Central and State Schemes at the grassroots level. More importantly, it can play a critical role in helping bring the voices and concerns of disabled people and their families living in rural areas to the policy makers at the State and Central level.

4. Budget

4.1 Eleventh Five Year Plan

S.No.	Scheme/ Programme	Eleventh Plan Projection at Current Price (Rs. Crore)	Remarks
Ministry of Rural Development: some relevant schemes			
1	Assistance to CAPART	250.00	
2	National Institute of Rural Development	105.00	
3.	NREGS	100000.00	
4.	Rural Housing/ IAY	26882.21	
5	PMGSY	43251.07	
6	SGRY	5600.00	
7	SGSY	17803.00	
8	DRDA Administration	212.00	To be dropped during 07-08 and transferred to non-plan side under State Government
9	Provision for Urban Amenities in Rural Areas (PURA)	280.00	
Total projected budget for Ministry of Rural Development is Rs. 194933.28 Crore			
Ministry of Social Justice and empowerment: Disability			
1	National Institutes	359.00	
2	ALIMCO	12.00	
3	ADIP	500.00	
4	Deen Dayal Disabled Rehabilitation Scheme	500.00	
5	Implementation of the Persons with Disabilities Act, 1995	25.00	
6	NHFDC	30.80	
7	Total projection for disability schemes therefore is	1426.80	

- Total projected budget at current rate in Eleventh Plan for Ministry of Rural Development is Rs. 194933.28 Crore.
- Total projected budget at current rate in Eleventh Plan for Ministry of Social Justice and Empowerment is Rs. 13043.01Crore, out of which about 11% is for disability related schemes.
- Total projected budget at current rate in Eleventh Plan for National Rural Health Mission as Central Sector Scheme is Rs. 2807.00 Crore and as Centrally Sponsored Scheme is Rs. 86671.00 Crore. Total projected budget at current rate in Eleventh Plan for National Mental Health Programme is Rs. 1000.00 Crore.
- Total projected budget at current rate in Eleventh Plan for Ministry of Panchayati Raj is Rs. 876.37 Crore.

4.2 Approved Outlay for the Year 2007-2008 as per the Annual Reports of the Ministries

4.2.1 Approved Outlay for the Year 2007-2008 and 2008-2009 for Ministry of Rural Development

SNo.	Department	Approved Outlay (Rs. Crore)	
		2007-08	2008-09
1	Department of Rural Development	27500.00	31500.00
2	Department of Land Resources	1500.00	2400.00
3	Department of Drinking Water Supply	7560.00	8500.00
	Total	36560.00	42400.00

4.2.2 The total outlay of the **Ministry of Health & Family Welfare** for the year 2007-08 was Rs.13875 crore. Out of which, Rs. 70 crore was for National Mental Health Programme; Rs. 5.42 was for National Programme for Deafness; Rs. 1 crore for Medical Rehabilitation (it was Zero in 2006-07); Rs. 40 crore for National Leprosy Eradication Programme; Rs. 25 crore for Iodine Deficiency Disorder Control Programme; and 1341.48 for Pulse Polio immunization. The proposed outlay for 2008-09, as given in the annual report is Rs. 21645.05 crore. The break up for the Outlay was not given. The allocation for Health & Family Welfare during the X Plan was Rs 36,378 crore. The allocation for the XI Plan is Rs. 1,36,147 crore (227% increase).

4.2.3 The total Outlay of the **Ministry of Social Justice & Empowerment** for the year 2007-08 was Rs. 2200 crore. Out of which, Rs. 233.38 crore was for 'welfare of Persons with Disabilities'. The outlay was Rs. 241 crore in 2006-07 and expenditure was only Rs. 181.63 crore. It is interesting to note that the total outlay of the Ministry increased from Rs. 1686.11 in 2006-07 to 2200 in 2007-08, while the Budget for disability has gone down from Rs. 241 crore to Rs. 233.38 crore. The Budget for 2008-09 has not been given.

4.3 Highlights of Interim Budget 2009-2010

Interim Budget 2009-10 Delhi, 16th February, 2009

The budgetary support to the Plan sector for 2009-10 has been increased for the Departments of Rural Development, Road Transport & Highways, Railways, Information Technology and Industrial Policy & Promotion and the Ministry of Power. An allocation of Rs.1,31,317 crore has been made for the flagship programmes which directly impact 'Aam Aadmi'.

- Rs. 30,100 crore has been allocated to National Rural Employment Guarantee Scheme (NREGS) in 2009-10. The Scheme has been extended to all the districts of the country and provided employment of 138.76 crore person days, covering 3.51 crore households during 2008-09.
- For Sarva Shiksha Abhiyan, an allocation of Rs.13,100 crore have been proposed.
- An allocation of Rs.8,000 crore has been made for the Mid-Day Meals Scheme.
- An allocation of Rs.6,705 crore have been proposed for the Integrated Child Development Scheme (ICDS) in the country.

Bharat Nirman, the time bound plan for building rural infrastructure, has been allocated Rs.40,900 crore for 2009-10. During 2005-09, the allocation to this programme has been increased by 261 per cent. National Rural Health Mission has been allocated Rs.12,070 crore. An allocation of Rs.7,400 crore has been made for Rajiv Gandhi Rural Drinking Water Mission for the year 2009-10. Rs.1,200 crore have been assigned for Total Rural Sanitation programme. Indira Gandhi National Disability Pension Scheme has been launched to provide pension to severely disabled persons.

5. Emerging Concerns and Recommendations

Concerns of people with disabilities and their families are intertwined with poverty, lack of assets, resources, lack of access to services, socio-economic-cultural barriers. Caste, class, religion, gender, region, illiteracy, compound the impact of disability on family resources.

Government of India has initiated various programmes and schemes for poverty reduction. There is also reservation of upto 3% for disabled people. In the States where these are being implemented well, lives of families living below poverty line are changing fast. However, some Schemes have not reached all States/UTs. At most places, the reach has not even closely touched 3% disabled beneficiaries.

It is up to NGOs, DPOs and SHGs to demand for their rightful in these Schemes. Much focus is needed to create awareness on the available facilities amongst the most needy disabled people and their families. New schemes need to be initiated exclusively for disabled people and schemes that are not working well need a fresh look.

It is crucial that Officers-in-Charge visit villages, homes and provide door-to-door information/ services. Efforts should go into reaching the most needy, who are not able to come out of their homes. Implementing staff needs to be aware of ground situations in remote corners of the country. Perhaps a whole fleet of disability workers/ care-providers with basic sensitisation/training/information needs to be prepared to meet the needs of those living in rural and remote areas.

The top-down approach needs to be reversed. Disabled people need to participate in planning, implementing and monitoring of all programmes that affect them. Their voices need to reach policy makers.

Their contribution to the nation's development remains untapped. Similarly, the nation's progress and development will remain incomplete if it leaves behind millions of its disabled citizens.

Some of the concerns emerging from this report and recommendations for further consideration are given below:

- 1. In addition to the existing reservation for disabled beneficiaries, disability budget allocation should be introduced in the various schemes and programmes of the concerned Ministries. There is need for very close monitoring of the utilisation of the budget meant for disabled people.**
- 2. Register of disabled people/children in the community under each Panchayat and District should be maintained with detailed information.** It should be updated regularly.
- 3. The election process** at the Panchayat, District, State and National levels to be made more disabled-friendly to ensure that all disabled people are not only able to cast their vote but can also stand for elections.
- 4. More and more disabled people should be encouraged to be part of various development related committees at National, State, District, Zilla and the Panchayat levels. A proportional representation system of these marginalised groups at decision making levels** should be established.
- 5. Regular meetings of the Central/State Coordination and Executive Committees under The Disability Act, 1995, should be held to ensure monitoring of programmes under each Ministry.**

6. It is extremely difficult and often impossible for disabled people in villages to get **Disability Certificates**. In remote areas, lack of information and transportation, number of trips to the hospital, cost of travel, etc. all are barriers to the entire process of Certification. The process of disability certification needs to be simplified and 'Officer-in-Charge' should make a home visit for verification of disability and issue the Certificate on that basis. People should be made aware of the advantages of the Certificate/ ID Card.
7. The backlog of employing disabled people in Government jobs needs a special drive to ensure **implementation of 3% reservation** for them in the jobs.
8. The **poverty alleviation schemes** have had a positive impact on only limited number of families in some States. A special drive is needed here too, in order to ensure that 3% of the beneficiaries are people with disabilities and in fact, more and more families with disabled members benefit from these schemes in each and every State, District and Village of the country.
9. It will be useful to maintain **disability-segregated data** for all Schemes within general data and also within the SC/ST and women related data.
10. **Anganwadi workers** should get regular training and maintain data of children with disabilities in their villages.
11. **District Rehabilitation Centres** need to reach out to disabled people. Door-to-door services, provision of information, application forms, awareness and sensitisation, tying up with local resource for vocational training and job creation should be provided by the fleet of rehabilitation workers in order to reach all in remote villages.
12. The revised **National Mental Health Programme** should be implemented and monitored closely. Increased resources need to be allocated and utilised.
13. A **family** with a disabled child/ person is often drained of its resources in order to provide the best possible care and to provide equal opportunities in education and employment. One or more family member could be required to be at home at all times to provide that care in many situations, and is therefore, unable to go out to earn a living. In many instances, the caregiver remains 'home-bound' and also runs from pillar to post, trying to gather information, support, services and provide care at the same time for years. Often the care provider would neglect his/ her own physical and mental health, knowing very well that there is no substitute to his/ her support, no rest, no break. There is an urgent need to have a pool of trained **caregivers** who can be employed by disabled people. A nation-wide training programme (like the Sahyogi programme of the National Trust) and a scheme for their salaries needs to be initiated.
14. According to the Eleventh Five Year Plan document, the number of **elderly persons** in the Indian population is expected to increase from 71 million in 2001 to 173 million in 2026. A majority (80%) of the elderly population in the country live in the rural areas, thus making service delivery to them a challenge. Many of the elderly develop disability of various kinds with age and require specific medical attention, aids and assistive devices, social security, and the reassurance that they are cared for in our country. After contributing actively to the nation's development, elderly people often get isolated into four walls completely dependent on family members for basic day-to-day activities. Even simple arthritis could restrict a person from going to the inaccessible bank, market place, post office, cinema house, garden, restaurant, and so on. Many elderly people also require psychiatric or psychological intervention. 'We must therefore stop relying totally on our family and social safety net to care for the elder, as we are doing now, and start working towards developing formal support and care-giving systems, using multi-sectoral approaches... Failure to do so with a sense of urgency will lead to an epidemic of unmanaged disability among the elderly, with its attendant ramifications' (Krishnamoorthy, 2009).

15. Many disabilities have not been included within the legal definition of disability in India. Many are invisible or many are not able to voice their concerns as a group. Their needs get neglected. Therefore, there is an urgent need to increase the gamut of disability. Neglected disabilities need to be included within poverty alleviation schemes.
16. Many disabled children and youth run away from their families in rural areas to cities in search of better opportunities or to run away from the harassment of their own families. Many remain home-less begging on the streets and harassed. On the other hand, many families with a disabled member **migrate** to cities to seek better treatment, educational, training and employment opportunities. They sell their land and other resources to meet the needs of their family member. Moreover, chapter 4 of the XI Five Year Plan states that 'the fact that the numbers of the poor have declined in rural areas, and increased in urban areas over the last three decades suggests that to escape rural poverty, the poor migrate to urban areas. In fact, the total number of *migrant workers* in India in 1999–2000 was 10.27 crore—a staggering number.'
17. All rural schools, community centres, welfare offices, etc., should be made **accessible**. Accessible toilets are more the need of women and are often not given priority. The target of Total Sanitation Campaign (TSC) to reach every household in every village of the country needs to be monitored very closely with the help of the involvement of women's SHGs, and other village level groups.
18. **Water** quality for prevention of disabilities and reach of safe drinking water again needs to be monitored very closely for prevention of various disabilities and diseases.
19. General awareness should be created through mass media campaigns and building guidelines/bye-laws to make **private institutions**, schools, places of worship, cinema halls and shops accessible.
20. **Primary Health Centres, District hospitals should be made accessible** and the staff sensitised to various concerns of disabled people. The National Rural Health Mission should include various needs of screening, treatment, rehabilitation, insurance, certification, etc. of disabled people. While free surgery services are available for children with polio, no such facility is available for those with other disabilities like Spina Bifida, multiple disabilities, etc. Recommendations in the areas of Health of Disabled People have been included in more detail in the 'Base-Line Report on the Health Related Issues of Disabled People in India'.
21. Regular interaction with the regional language, local **media** will ensure that disability is written about through the social model perspective and the portrayal of characters with disabilities in serials, films, etc., too undergoes a paradigm shift.
22. Regular **leadership training workshops** for both men and women with disabilities should be conducted.
23. All the schemes under the **National Social Assistance Programme (NSAP)** can be extremely useful for disabled people and their families and thus need to be extended to them. In addition, a separate scheme can be initiated to benefit the most needy amongst disabled people.
24. Till date 96 lakhs post office and bank accounts have been opened under NREGS. Post offices and **banks are to be made accessible**, for people with different disabilities to be able to use them effectively, through training of staff, accessible forms, systems and infrastructure and higher rate of interest on savings.
25. National Handicapped Finance and Development Corporation (**NHFDC**) needs to extend its services to ALL States and districts of the country. In addition, loans to disabled people at lower interest rate with simplified procedures need to be accessible through existing banks/

post office network throughout the country so that it becomes easier for disabled people. Pension, loan, microfinance are the rights of disabled people. However, many who approach the concerned offices are made to feel like beggars. Detailed analysis and recommendations regarding employment, livelihood and microfinance is provided in the 'Base-line Report on Employment of Disabled People in India'.

26. National Bank for Agriculture and Rural Development (**NABARD**) can play a crucial role in alleviating poverty within families of disabled persons by including disability issues in all its policy documents, directives and schemes and also by putting in place an implementing and monitoring mechanism especially focusing on the same.
27. Guidelines should be provided for specific features for the construction of **accessible and safe houses** for children, disabled people and the elderly under the IAY.
28. **Self-Help Groups** have been especially effective in a few States of India. At some places, these have been exclusive disability groups (Disabled People's Organisation – DPO) or groups of family members of disabled children, especially mothers, or at some places inclusive groups of say, women who also have disabled women in their group. Andhra Pradesh has some very active self-help groups of disabled people. At other places, the formation of Self Help Group becomes difficult because of barriers of attitudes, caste, class, gender, religion, illiteracy, inaccessibility of roads or transport, problems of communication between persons with different disabilities, lack of leadership initiatives, lack of access to information on schemes and facilities, lack of access to the welfare office, health centres, banks, post offices, etc. All these barriers need to be removed to encourage more and more SHGs of disabled people. Self Help Groups of disabled people should be assisted with finance from Rural Banks at lower interest rates with simplified procedures so that they can work together to meet the needs of disabled people in their community. SHGs of women should ensure that disabled women are included.
29. The District Rural Development Agency (**DRDA**) being the principal organ at the District level to manage and oversee the implementation of different anti-poverty programmes of the Ministry of Rural Development should have a Disability Wing to ensure that all facilities reach the most needy.
30. The **Information, Education and Communication (IEC)** division of the Ministry can play a critical role in 'creating awareness, mobilising people, making the development process participatory and transferring knowledge, skills and techniques to the people vis-à-vis the rights of disabled people, changing attitudes towards them and the various schemes and facilities available to them and their families. Special focus should be to ensure that the information reaches people with different disabilities who might have difficulty in communicating, understanding, reaching offices and those who are illiterate or below poverty line.
31. **Women with disabilities** should also be the special focus of information dissemination so that they can participate in Self Help Groups, employment, education and are aware of their rights. They face double discrimination, abuse and exploitation. Specific programmes are needed for them. Programmes of Ministry of Women and Child Development should include the concerns of disabled people.
32. National Commission for Women, National Human Rights Commission, National Commission for the Protection of Child Rights, the Judiciary System should take active steps to take up cases of abuse and exploitation of disabled citizens.
33. Special films, booklets, skits, street-plays, hoardings, etc., should be prepared on the issue but with care that disabled people are not projected as requiring pity! Ensure all **information** regarding schemes and facilities for disabled people are available freely in local language, accessible formats with the Panchayats and district welfare offices, plus on the internet in an accessible format.

34. The **Library** of the Ministry should procure books and data on the topic of disability from national and international sources. It should also ensure all of this is available to public libraries at the District/ Zilla and Panchayat level. Effort should be made to ensure that the catalogue of material available plus the books/reports/non-book material is available in accessible forms like Braille and on the internet.
35. The **Website of the Ministry of Rural Development (rural.nic.in)** though has various sections, many of these do not contain much information or the web-link does not work! With the internet reaching remote areas of the country, many disabled people and their families can get relevant information and updates through this website. It is therefore very important that the Ministry looks into regular updation of its website and also ensures that it is available in accessible format.
36. The **Right to Information Act, 2005**, can be effectively used by people with disabilities and their families to get information regarding various provisions for them, the implementation and utilization of funds for the disabled citizens under the Ministry. Appropriate steps should be taken to make the entire process more accessible for them.
37. People with disabilities often remain ignorant about **HIV related issues** due to lack of information. Again, special effort should be made to ensure that information is disseminated through various mediums so that people with different disabilities get the knowledge, and misconceptions about it are minimised. DRDAs, PRIs, SHGs should also be involved to ensure women with disabilities get access to training and information. SARAS Melas and other events/ functions used for information dissemination should ensure that the material is in simple, accessible formats and regional languages.
38. Disabled people and their families living in **difficult circumstances**, like drought-prone, flood-prone, desert and hilly regions face additional difficulties in getting livelihood, mobility, access to information, education and health services. Officers approving proposals from NGOs working in the remote areas may not be aware of the ground situations. Specific schemes to assist disabled people and their families in these areas should be initiated and NGO work in these regions should be encouraged on priority basis.
39. Many of the mobility aids like tricycles, wheelchairs, may not be practical in certain geographical areas. Research and development in **aids and assistive devices** that are durable, cheaper and practical for such areas is needed. More organisations and schemes for making and marketing aids to meet the needs of different disabled people can be initiated. Professionals need to be trained in assessing disabled people for aids, providing appropriate aids and in maintaining of various aids and assistive devices.
40. **Films and serials** in any language depicting disabled characters to be scrutinised by a Committee of disabled people before release/ broadcast.
41. Incentives/ Schemes for **small-scale industry**, cottage industry, artisans, handicrafts to involve disabled people can be started/ implemented.
42. During floods, riots, earthquakes, terror-attacks and other difficult circumstances, disabled people or the elderly are often left behind helpless. The **youth** of the villages can be sensitised and trained to help disabled people in these difficult circumstances. Moreover, a scheme can be initiated by the government where the youth can be trained as personal assistants/ caretakers for disabled people for an honorarium/ salary. Training and sensitisation of National Service Scheme (NSS) Volunteers on disability related issues would also be useful.
43. Strengthen the **Panchayati Raj Institutions** with information on disability so that they can play an active role in planning, implementing and monitoring schemes and their reach to disabled

- children, women, people and their families. Regular training/ awareness programmes for Panchayat members would help.
44. **Panchayats** can reserve 10% funds on disability related concerns like training, awareness, accessible infrastructure.
 45. **Transport** facilities for disabled people in rural areas need special attention and the centre and state can together take appropriate initiatives in this direction.
 46. Implementation of **food distribution** Schemes especially to families with disabled people living below poverty line and in difficult geographical areas needs to be monitored very closely. PRIs, SHGs of women and disabled people can play an active role in this. Awareness campaign on **nutritious**, low-cost foods should be created through mass media attractive campaigns in all languages.
 47. Special compensation for those disabled in **terror attacks** are needed. Many of those affected have migrated to cities and are bread-earners for their families in the village. In villages of Jammu & Kashmir, North East and other troubled areas, common citizens get disabled due to bomb blasts, terrorism, landmines. Medical and psychiatric services are needed for them and their families.
 48. **Farmers'** welfare schemes, especially need to focus on those families who have a child or person with disability.
 49. **Members of Parliament Local Area Development Scheme (MPLADS)** should initiate special programmes on awareness and services based on the needs of disabled people in their area.
 50. Many NGOs and Institutes have outreach programmes or have **Community Based Rehabilitation (CBR)** Programmes in order to ensure that services reach disabled people and the programme is sustainable. This involves training of people from the community in disability related issues, creation of awareness, forming parents groups, self-help groups/ Sangha/ Mandal of disabled people and advocating for the rights of disabled citizens. NGOs working in rural areas should be provided with easy financial assistance. The procedure should be made simpler. They should be helped to **write proposals. District CBR societies should be given the responsibility and resources to implement rehabilitation services. A state level CBR programme implemented through decentralised district CBR societies can take rehabilitation services to the door-step of people. (CBR Network, 2008).**
 51. Disability agenda and disability budget should be included in the **Ministry of Development of North Eastern Region**. Allocation of funds to NGOs, SHGs, DPOs in the region should be given priority.
 52. **Electricity and telephone** programme under the Bharat Nirman Programme needs efficient implementation. Both are essential also to ensure internet facilities so that disabled people in rural areas can access information through the **internet**. Information on all Schemes and facilities for disabled people and their families need to be provided on accessible **websites** and in local languages.
 53. All programmes/ schemes for people belonging to the SC/ST/OBC and minorities should have disability budget and give preference to disabled beneficiaries.
 54. The inclusion programme of Ministry of Human Resource Development needs to be monitored closely. In addition, informal education, adult education and open school education programmes should be made more accessible to people with severe disabilities who have had a break in education or are unable to access formal schools due to any reason.

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Annexures

ANNEXURE 1: United Nations Convention on the Rights of Persons with Disabilities

Article 1 -	Purpose
Article 2 -	Definitions
Article 3 -	General principles
Article 4 -	General obligations
Article 5 -	Equality and non-discrimination
Article 6 -	Women with disabilities
Article 7 -	Children with disabilities
Article 8 -	Awareness-raising
Article 9 -	Accessibility
Article 10 -	Right to life
Article 11 -	Situations of risk and humanitarian emergencies
Article 12 -	Equal recognition before the law
Article 13 -	Access to justice
Article 14 -	Liberty and security of person
Article 15 -	Freedom of torture or cruel, inhuman or degrading treatment or punishment
Article 16 -	Freedom from exploitation, violence and abuse
Article 17 -	Protecting the integrity of the person
Article 18 -	Liberty of movement and nationality
Article 19 -	Living independently and being included in the community
Article 20 -	Personal mobility
Article 21 -	Freedom of expression and opinion, and access to information
Article 22 -	Respect for privacy
Article 23 -	Respect for home and the family
Article 24 -	Education
Article 25 -	Health
Article 26 -	Habilitation and rehabilitation
Article 27 -	Work and employment
Article 28 -	Adequate standard of living and social protection
Article 29 -	Participation in political and public life
Article 30 -	Participation in cultural life, recreation, leisure and sport
Article 31 -	Statistics and data collection
Article 32 -	International cooperation
Article 33 -	National implementation and monitoring
Article 34 -	Committee on the Rights of Persons with Disabilities
Article 35 -	Reports by States Parties
Article 36 -	Consideration of reports
Article 37 -	Cooperation between States Parties and the Committee
Article 38 -	Relationship of the Committee with other bodies
Article 39 -	Report of the Committee
Article 40 -	Conference of States Parties
Article 41 -	Depositary
Article 42 -	Signature
Article 43 -	Consent to be bound

- Article 44 - Regional integration organisations
- Article 45 - Entry into force
- Article 46 - Reservations
- Article 47 - Amendments
- Article 48 - Denunciation
- Article 49 - Accessible format
- Article 50 - Authentic texts

ANNEXURE 2: Central Rural Sanitation Programme Total Sanitation Campaign Progress Report

(Part of the format)

Year _____ to Year _____

State/UT: _____ Project/District _____ Year _____

1. A. Physical Performance

Components	Project Aim	Performance during the year	Cumulative Performance
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Individual Household Latrines

BPL

APL

Total

Sanitary Complex for Women

Latrines for schools

Latrines for Balwadi/Anganwadi

Rural Sanitary Mart/Production Centres

1 B. Special Provisions:

Components	Project Aim	Performance during the year	Cumulative Performance
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Household latrines for SCs

Household latrines for STs

Household latrines for Physically Handicapped

Separate toilets for Boys and Girls in Schools

2. Financial Performance