

45

STANDING COMMITTEE ON SOCIAL JUSTICE AND EMPOWERMENT

(2013-2014)

(FIFTEENTH LOK SABHA)

MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT

(DEPARTMENT OF DISABILITY AFFAIRS)

**REVIEW OF THE FUNCTIONING OF NATIONAL
INSTITUTES WORKING IN THE FIELD OF DISABILITY**

FORTY-FIFTH REPORT



LOK SABHA SECRETARIAT

NEW DELHI

February, 2014/Phalguna, 1935(Saka)

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Presented to Lok Sabha on 21.02.2014

Laid in Rajya Sabha on 21.02.2014



LOK SABHA SECRETARIAT

NEW DELHI

February, 2014/Phalguna, 1935(Saka)

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**COMPOSITION OF THE STANDING COMMITTEE ON SOCIAL
JUSTICE AND EMPOWERMENT (2013-2014)**

SHRI HEMANAND BISWAL - CHAIRMAN

**MEMBERS
LOK SABHA**

2. Shri M. Anandan
3. Smt. Susmita Bauri
4. Shri Devidhan Besra
5. Shri Tarachand Bhagora
6. Smt. Rama Devi
7. Shri Gorakh Prasad Jaiswal
8. Shri Mohan Jena
9. Shri Dinesh Kashyap
- *10. Shri Madhu Kora
- ##11. Shri Kirodi Lal Meena
12. Kumari Meenakshi Natarajan
13. Smt. Mausam Noor
14. Shri Wakchaure Bhausahab R.
15. Smt. Sushila Saroj
16. Shri N. Dharam Singh
17. Shri Pradeep Kumar Singh
18. Dr. Naramalli Sivaprasad
19. Shri Lalit Mohan Suklabaidya
20. Shri Kabir Suman
21. Vacant

**MEMBERS
RAJYA SABHA**

- **22. Shri K.R. Arjunan
23. Smt. Jharna Das Baidya
24. Shri Avtar Singh Karimpuri
25. Shri Mangala Kisan
- #26. Dr. V. Maitreyan
27. Shri Ahmad Saeed Malihabadi
28. Prof. Mrinal Miri
29. Shri Sukhendu Sekhar Roy
30. Shri Mohammad Shafi
31. Shri Shivpratap Singh
32. Shri Shankarbhai N. Vegad

* Shri Madhu Kora nominated to the Committee w.e.f. 18.9.2013.

** Shri K.R. Arjunan nominated to the Committee w.e.f. 7.9.2013.

Dr. V. Maitreyan ceased to be a Member of Committee w.e.f. 7.9.2013.

Ceased to be Member consequent upon his resignation from Lok Sabha w.e.f. 19th December, 2013.

LOK SABHA SECRETARIAT

- | | | | |
|----|---------------------|---|---------------------|
| 1. | Shri Devender Singh | - | Joint Secretary |
| 2. | Smt. Anita Jain | - | Director |
| 3. | Shri Kushal Sarkar | - | Additional Director |
| 4. | Smt. Neena Juneja | - | Under Secretary |

INTRODUCTION

I, the Chairman, Standing Committee on Social Justice and Empowerment (2013-14) having been authorized by the Committee to submit the Report on their behalf, do present this Forty-fifth Report on the subject "Review of the functioning of National Institutes working in the field of disability" of the Ministry of Social Justice and Empowerment (Department of Disability Affairs).

2. The Committee took the evidence of the representatives of the Ministry of Social Justice and Empowerment (Department of Disability Affairs) and National Institutes working for the welfare of differently abled persons namely, (i) National Institute for the Mentally Handicapped (NIMH), Secunderabad, (ii) Pt. Deendayal Upadhyaya Institute for the Physically Handicapped (PDUIPH), New Delhi, (iii) National Institute for the Visually Handicapped (NIVH), Dehradun, (iv) National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD), Chennai, (v) National Institute for Orthopaedically Handicapped (NIOH), Kolkata, (vi) Ali Yavar Jung National Institute for the Hearing Handicapped (AYJNIHH), Mumbai and (vii) Swami Vivekanand National Institute for the Rehabilitation Training & Research (SVNIRTAR), Cuttack on 20.1.2014. The Committee also undertook on-the-spot study visits and interacted with the Directors of National Institutes i.e. National Institute for Orthopaedically Handicapped (NIOH), Kolkata and Ali Yavar Jung National Institute for the Hearing Handicapped (AYJNIHH), Mumbai. The observations of the Committee are based on the appraisal of the evidence of the Department of Disability Affairs (Ministry of Social Justice and Empowerment) as also on the deliberations made and the information gleaned during the study visits.

3. The Committee considered and adopted the Draft Report on the subject "Review of the functioning of National Institutes working in the field of disability" at their sitting held on 20th February, 2014.

4. The Committee wish to express their sincerest thanks to the officials of the Ministry of Social Justice and Empowerment (Department of Disability Affairs) and the representatives of the National Institutes for placing before them the information sought and their considered views on the subject.

5. For facility of reference, the observations and recommendations of the Committee have been printed in thick type in the body of the Report. I am quite sanguine that the recommendations made in this Report about the various aspects of disability and the National Institutes will help in the overall welfare of differently abled persons in a significant way.

NEW DELHI;

20 February, 2014

01 Phalgun, 1935 (Saka)

HEMANAND BISWAL
Chairman,
Standing Committee on
Social Justice and
Empowerment

REPORT

PART – A

INTRODUCTION

Disability is a multi-sectoral and multi-dimensional issue and hence needs a multi-pronged strategy to mitigate the effects of disability. The Persons with Disabilities (Equal Opportunities, Protection of Right and Full Participation) Act, 1995 defines “Persons with Disability” as a person suffering from not less than 40% of any disability, as certified by a medical authority – the disability being (a) blindness, (b) low vision, (c) locomotor disability, (d) hearing impairment, (e) mental retardation, (f) mental illness.

1.2 Article 41 in the Constitution of India ensures the right to work, to education and to public assistance in certain cases. It also states that State shall, within the limits of its economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness and disablement, and in other cases of undeserved want.

There are eight guiding principles that underline the UN Convention on the Rights for Persons with Disabilities and each one of its specific articles:

- a. Respect for inherent dignity, individual autonomy including the freedom to make one’s own choices, and independence of persons
- b. Non-discrimination
- c. Full and effective participation and inclusion in society
- d. Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity
- e. Equality of opportunity

- f. Accessibility
- g. Equality between men and women
- h. Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

1.3 India was among the first countries to sign the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and has since ratified it also. The Department of Disability Affairs has finalized the Rights of Persons with Disabilities Bill, 2014 after extensive consultation with the stakeholders. The Bill, 2014 is in harmony with the provisions of UNCRPD. The said Bill which will replace the existing Persons with Disabilities Act, 1995, has since been approved by the Cabinet for placing it before the Parliament.

1.4 The Ministry have informed that a major role is to be played by the respective State Governments in relation to education, employment, rehabilitation, social security, protection of rights of persons with disabilities, etc. As per entry No. 9 of the Seventh Schedule of the Constitution of India, 'Relief of the Disabled' figures the State list as under our Constitution it is a State subject. In fact the XIth Schedule to Article 243-G and XIIth Schedule to Article 243-W, pertain to the powers and responsibilities of panchayats and the municipalities respectively, regarding implementation of schemes for economic development and social justice, include welfare and safeguarding of the interests of persons with disabilities. The Secretary, Department of Disability Affairs also stated that the State Governments have been requested to form a policy on Rehabilitation of Disabled People. Some States like Bihar, Andhra Pradesh and Karnataka already have this policy and some States do not have this policy.

General aspects of disability in India

1.5 As per Census 2011, the population of persons with disabilities in the country has been estimated at 2.68 crore which is 2.22% of the population of the country. Persons with locomotive disability formed the largest chunk with 20.3% of the total disabled population followed by hearing impaired with 18.9%, visually impaired with 18.8%, speech impaired with 7.5%, mentally retarded with 5.6%, mentally ill with 2.7% and multiple disabled with 7.9%. 18.4% were those who had some disability but were not about the type of their disability. 69% of the persons with disability lived in rural areas and 31% in the urban areas. In contrast the percentage of persons with disabilities, in the USA is 12%, in the UK it is 18%, in Germany it is 9%, in Sri Lanka it is 5%, in Pakistan it is 3%. In regard to low percentage of disability in India as compared with other countries, the Secretary, Department of Disability Affairs informed during evidence that children with multiple disabilities are locked in the houses and there could be under counting in 2011 census.

Enabling Legislative and Policy Framework

1.6 The Department of Disability Affairs is administering the following Acts and the National Policy for PwDs:

- 1) The Rehabilitation Council of India Act, 1992
- 2) The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995.

- 3) The National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999. Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities have been defined in this Act.
- 4) National Policy for Persons with Disabilities, 2006.

Rehabilitation Council of India

1.7 The Rehabilitation Council of India (RCI), constituted under the Rehabilitation Council of India Act, 1992, regulates and monitors the training of professionals and personnel; promotes research in rehabilitation and special education and maintains the Central Rehabilitation Register. The Council has developed and standardized 60 courses in the field of disability rehabilitation and special education from certificate to doctoral level. In addition, distance education courses are also in collaboration with 10 National/State Open Universities to meet the growing demand of trained professionals and personnel in the disability sector.

National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation & Multiple Disabilities

1.8 National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation & Multiple Disabilities (a Statutory body under National Trust Act, 1999) is also implementing various schemes/programmes for the welfare of persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities. These are mainly:-

- i. Niramaya (Health Insurance Scheme)
- ii. Sahyogi – Care Giver Training & Deployment Scheme
- iii. Association for rehabilitation under National Trust initiative of marketing (ARUNIM)
- iv. Sambhav – National Resource Centre

- v. Aspiration Scheme and early intervention activities
- vi. Samrath – (Residential Care Scheme)
- vii. BadhteKadam (Mobile Disability Awareness Expedition)
- viii. GyanPrabha (Scholarship Scheme)

Prevention and early intervention measures

1.9 As per the statistics of Rehabilitation Council of India, 1.67% of the 0-19 age population has a disability. 35.29% of all people living with disabilities are children. Other estimates say that India has 12 million children living with disabilities. Only 1% of children with disabilities have access to school and one-third of most disabilities are preventable. Under-nutrition is a severe problem with children who suffer from cerebral palsy. In India, 80% of children with disabilities will not survive past the age of forty. Many of the causes of disability are preventable by providing expecting mothers with better pre-natal and post-natal care as well as proper nutrition for infants and mothers. The main causes of disability in children are: communicable disease, infection in early childhood, early motherhood, nutritional deficiencies, insufficient or inaccessible health care services, inadequate sanitation, inter-family marriages, etc.

1.10 On importance of prevention and early intervention of disability, the RCI Report says:

“Prevention of disability has the potential of making a major impact on the economy of the country. In terms of costs, it requires minimum financial intervention to prevent disability rather than the huge overruns on infrastructure both human and material that are required to treat, care and rehabilitate persons who become disabled due to lack of importance given to preventive measures and early intervention.”

1.11 In response to a query on the preventive and early intervention methods, the Ministry have informed that the National Institutes under this Ministry undertake awareness programmes on prevention, early identification and early intervention of developmental disabilities to various target groups like health workers, professional at all levels, parents, community workers and the public. Preventive measures with respect to health, women and child welfare are largely planned, advocated, implemented and monitored by the concerned Ministries and their departments/agencies. Matters regarding immunization of mother for rubella virus, the cause of major disabilities and diagnostic testing at prenatal stage of a child, are being taken up with the Ministry of Health and Family Welfare.

Financial assistance to PwDs

1.12 The National Handicapped Finance & Development Corporation (NHFDC) function as an apex institution for channelizing the funds for Persons with Disabilities through state agencies nominated by the State Government. Under the National Scholarship Scheme, which is funded from Trust Fund for empowerment of PwDs, financial assistance is provided to students with disabilities to enable them to pursue professional or technical courses from recognised Institutes and get employed/self-employed. Under the scheme every year one thousand scholarships are provided to the students with disabilities throughout the country. However, the number of scholarship has been increased from 1000 to 1500 per year from the year 2013-14. Further, a few new schemes are under the consideration of the Ministry which include Pre-matric and Post-matric scholarships for students with disabilities, top class education for PwDs, National Overseas Scholarship and National Institute of Mental Health Rehabilitation.

1.13 In response to a query on financial help and support to persons with different abilities, the Department have stated that Indira Gandhi National Disability Pension Scheme (IGNDPS) under Ministry of Rural Development, is a component of National Social Assistance Programme (NSAP). Under IGNDPS, central assistance of Rs. 300 p.m. per beneficiary is provided to persons with severe or multiple disabilities in the age group of 18-79 years and belonging to a household living below poverty line (BPL) as per criteria prescribed by Government of India.

Shortfall of trained professionals and personnel in disability field

1.14 The Government of India according to its own report as per the information given by the Rehabilitation Council of India in the year 2012 has stated that there is a present shortfall of 1,58,598 professionals working in the disability sector. One of the primary reasons for this tremendous shortfall is the poor compensation given to professionals working in the field of disability. The Chief Justice of the Delhi High Court in a landmark judgment in September 2009 directed the government of the National Capital Territory of Delhi to ensure equal terms and conditions of service for special teachers with teachers with diplomas and degrees in General Education.

1.15 In response to a query on this, the Department of Disability Affairs have stated in a written reply:

“The number of persons trained by National Institute is inadequate for the disabled population of the country. There is a wide gap between the number of trained professionals and number of beneficiaries. There is a need to increase the number of trained professionals in all National Institutes in order to meet the requirement of all disabled persons. Under the National Skill Development Programme, a target of 16940 persons with disabilities have been set for the year 2013-14.”

NATIONAL INSTITUTES – Aims and Objectives

2.1 To meet the requirements of specific disabilities, Govt. of India has established seven National Institutes (NIs) in specific disability under the Department. These are engaged in Human Resource Development, providing Rehabilitation Services to the persons with disabilities and Research & Development. Their basic details are as follows:

Table 2.1 : National Institutes/Regional Centres and Composite Centres

| S. No. | National Institute | Year of establishment | Regional Centre (RCs)/Regional Chapters, if any | Composite Regional Centre, if any under the National Institute |
|--------|--|-----------------------|---|--|
| 1. | National Institute for the Visually Handicapped (NIVH), Dehradun | 1979 | One RC (Chennai) Two Regional Chapter (Kolkata & Secunderabad) | One [Sundernagar (HP)] |
| 2. | Ali Yavar Jung National Institute for the Hearing Handicapped, (AYJNIHH), Mumbai | 1983 | Four RCs (Kolkata, Secunderabad, Delhi & Bhubaneshwar) | Two (Bhopal & Ahmedabad) |
| 3 | National Institute for Orthopaedically Handicapped (NIOH), Kolkata | 1978 | Two RCs (Dehradun & Aizwal) | One (Patna) |
| 4. | Swami Vivekanand National Institute for the Rehabilitation Training & Research (SVNIRTAR), Cuttack | 1975 | None | One (Guwahati) |
| 5. | Pt. Deendayal Upadhyaya Institute for the Physically Handicapped, (PDUIPH), Delhi | 1960 | One RC (Secunderabad) | Two (Lucknow & Srinagar) |
| 6. | National Institute for the Mentally Handicapped (NIMH), Secunderabad | 1984 | Three RCs (Delhi, Mumbai & Kolkata) and a Model Special Education Centre at New Delhi | None |
| 7. | National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD), Chennai | 2005 | None | One (Kozhikode) |

Composite Regional Centres (CRCs)

2.2 Eight CRCs have been set up by the National Institutes at Sundernagar, Srinagar, Lucknow, Guwahati, Patna, Bhopal, Ahmedabad and Kozhikode. Setting up of Composite Regional Centres is a part of the overall strategy to reach PwDs in the country and to facilitate the creation of the required infrastructure and capacity building at Central, State and District levels and below, for awareness generation, training of rehabilitation professionals, service delivery etc. It is proposed to expand the network of CRCs in the country. In response to a specific query on giving national coverage to the CRCs, the Ministry informed:

“Apart from existing Regional Centres and Composite Regional Centres, the Ministry has initiated action to set up CRCs under different National Institutes in each State not having CRC, in consultation with the State Governments so as to extend this facility to every state in the country. Presently CRCs are proposed in Haryana (Panchkula), Rajasthan, Punjab, Jharkhand, Tripura, Arunachal Pradesh, Goa/ Karnataka, Chattisgarh (Bilaspur) and Uttar Pradesh (Gorakhpur) subject to availability of land from the State Government and continuation of the scheme in the XIIth Plan and after.”

Regional Centres of NIs

2.3 The National Institutes have regional centres located at Chennai, Kolkata, Secundrabad, New Delhi, Bhubaneswar, Dehradun, Aizwal and Mumbai. It is proposed to expand this network.

2.4 The main aims and objectives of the Institutes as informed by the Ministry, are:

- 1) To conduct courses for various categories of rehabilitation professionals/personnel in their respective areas of disability.

- 2) To distribute, promote or subsidize the manufacture and distribution of aids & appliances to improve the quality of life of persons with disabilities in their respective disability.
- 3) To promote education including vocational education, rehabilitation or employment of PwDs in their respective area of disability.
- 4) To conduct, sponsor, coordinate and/or subsidize research in collaboration with other organizations in their respective areas of disability.
- 5) The National Institutes have advanced technical know-how in their respective fields. However, acquisition of advanced technology is an ongoing process. Advanced technology has benefited disability rehabilitation in terms of assessment of disability status for diagnosis and management-therapeutic services.
- 6) All together these Institutes provide services to almost 6 lakh persons with disabilities.

2.5 When asked to specify whether there was a need to review the aims and objectives of the National Institutes, the Ministry have informed that the National Institutes have been directed to revise/modify the aims and objectives of their National Institutes keeping in view the requirements in the present scenario and get them approved by their respective Executive Council/General Council.

Manpower availability

2.6 The Ministry have given the following position regarding manpower available with the National Institutes in regard to Group A, B, C and D posts:

Table 2.6 : Manpower availability in National Institutes

| Name of the Institute | Sanctioned | | | | Vacant | | | |
|-----------------------|------------|-------|-------|-------|--------|-------|-------|-------|
| | Gr. A | Gr. B | Gr. C | Gr. D | Gr. A | Gr. B | Gr. C | Gr. D |
| NIVH | 18 | 73 | 112 | 108 | 8 | 8 | 5 | -- |
| AYJNIHH | 41 | 43 | 115 | 29 | 10 | 1 | 6 | 7 |
| NIMH | 27 | 34 | 56 | 23 | 9 | 8 | 9 | 8 |
| NIEPMD | 16 | 16 | -- | -- | 1 | -- | -- | -- |
| SVNIRTAR | 36 | 77 | 169 | -- | 15 | 15 | 50 | -- |
| PDUIPH | 9 | 41 | 90 | 23 | 1 | 1 | 23 | 4 |
| NIOH | 26 | 43 | 44 | 32 | 8 | 3 | 1 | 2 |

2.7 Placed below are the details of the technical posts lying vacant in the National Institutes as furnished by the Ministry:

Table 2.7 : Vacancies in Technical Posts

| Details of technical posts lying vacant in National Institutes are as under. The vacancies that can be filled up and have not lapsed shall be taken up for recruitment. | | | |
|---|--|--------------|------------------------|
| | Name of Posts | No. of Posts | Date from which vacant |
| NIHH | Teacher Supervisor | 1 | 01/01/2009 |
| | Speech Pathologist and Audiologist | 3 | 01/11/2012 |
| | | | 15/07/2013 |
| | | | 16/08/2013 |
| | Teacher | 1 | 31/08/2009 |
| | Extension Service Asst. (Vocational Instruction) | 1 | 01/06/2013 |
| | Artist | 1 | 25/06/2012 |
| NIMH | Craft Instructor | 1 | 01/10/2013 |
| NIVH | Foreman MED | 1 | 01/02/2008 |
| | Craft Instr. Light Engg. | 2 | 01/02/2002 |
| | | | 01/07/2003 |
| | Inspector Braille App. | 1 | 01/04/2010 |

| | | | |
|--------|---------------------------------|---|--------------------------|
| NIEPMD | NIL | | |
| NIOH | Dy. Director (Tech) | 1 | 01.04.2003 |
| | Dy. Director (Admin) | 1 | 27.04.2007 |
| | Asstt. Prof. Orthopaedics | 2 | 29.06.2007 29.03.2011 |
| | Asstt. Prof. (Rehab) | 1 | 01.03.2009 |
| | Assistant Professor (PT) | 1 | 30.09.2013 |
| | Civil Enginner | 1 | 02.03.2007 |
| | Resident Medical Officer | 2 | 01.07.2012 31.10.2013 |
| | Research Officer (Medical) | 1 | 29.06.2009 |
| | Extension Service Officer | 1 | 19.04.2013 |
| | Estate Officer | 1 | 30.04.2013 |
| | Sr. Store Keeper | 1 | 01.02.2013 |
| IPH | Technical Supervisor (Pros.) | 1 | 31.03.2012 |
| | Staff Car Driver | 1 | 26.08.2013 |
| | Limb Maker | 1 | 30.06.2012 |
| | Caliper Maker | 1 | 31.08.2012 |
| NIRTAR | Sr. Anaesthetist | 1 | 02.08.2005 |
| | Jr. Engineer (E&M) | 1 | 01.04.2012 |
| | Nursing Sister | 1 | 31.05.2013 |
| | Staff Nurse | 2 | 01.10.2012 30.04.2013 |
| | Sr. Radiographer | 1 | 01.02.2013 |
| | Physiotherapist | 1 | 01.12.2010 |
| | Occupational Therapist | 1 | 09.10.2009 |
| | Prosthetist/Orthotist-I | 1 | 11.09.2009 |
| | Assistant Programmer | 1 | 12.04.1994 |
| | Prosth./Ortho. -II | 1 | 01.02.2012 |
| | Artist | 1 | 20.09.2011 |
| | O.T. Tech. Gde-I | 1 | 29.02.2012 |
| | Driver M.T. (HD) | 2 | 01.05.2012 |
| | Driver M.T. | 3 | 02.04.2012 |
| | Surgical Boot Mkr-II | 1 | 27.01.2013 |
| | Surgical Boot Mkr-III | 3 | 09.10.2009 |
| | Sr. Mason | 1 | 30.04.2013 |
| | Sr. Instr. in Carpentry | 1 | 01.02.2012 |
| | Electrician Gde-II | 1 | 28.06.2011 |
| | Pipe Fitter Gde-I | 1 | 31.08.2013 |
| | Plaster Technician | 1 | 01.06.2012 |

2.8 Regarding non sanction of Group 'C' and Group 'D' posts in the National Institutes, the representative of NIEPMD stated:

“During the EFC itself, they have sanctioned only 32 posts – 16 posts each in Group A and Group B. They have also said that Group C and D have to be outsourced and we are doing that every year.”

2.9 Further, the Ministry have stated in response to a written reply:

“Cabinet Committee on Economic Affairs had sanctioned 71 posts (Group A & B) for NIEPMD at the time of establishment in 2 phases, 32 posts in Phase-I and 39 posts in Phase-II. There is a need for Group C posts such as Nurse, Caregivers, lab tech, assistants, PS, PA and stenographers. Action is under process for framing the RRs and to get them approved by Executive Council of the Institute.

Out of the 39 post sanctioned, EC during its 17th Meeting held at NIEPMD on 9th November 2013, approved 26 posts for recruitment. RRs for these posts are under finalization.

The proposal for Group C & Group D posts shall be taken up again with the Ministry of Finance.”

Number of beneficiaries of National Institutes

2.10 Giving details of the No. of persons benefitting from the activities of National Institutes, the Ministry have informed:

Table 2.10 : Number of beneficiaries of National Institutes

| Name of the Institute | Number of Beneficiaries | | | Consolidated figures for last 10 years |
|-----------------------|-------------------------|---------|---------|--|
| | 2010-11 | 2011-12 | 2012-13 | |
| NIVH | 192426 | 208842 | 211148 | 1160275 |
| AYJNIHH | 72150 | 81777 | 85193 | 792546 |
| NIMH | 129014 | 124792 | 125619 | 1075783 |
| NIEPMD | 3208 | 3224 | 7516 | 175760 (last 8 years since established in 2005) |
| SVNIRTAR | 32707 | 34714 | 36372 | 1518090 |
| PDUIPH | 11276 | 15211 | 20934 | 540503 |
| NIOH | 47475 | 45591 | 49866 | 511657 |

Plan and Non-Plan Expenditure of National Institutes

2.11 In response to query on the Plan and Non-Plan expenditure, the Ministry have informed that NIs receive grant-in-aid under Plan and Non-plan and also generate Internal Receipt (IR), etc. The total plan/non plan grant released:

Table 2.11 : Plan and Non-Plan Expenditure of National Institutes

(Rs. In crores)

| Year | Plan | | Non Plan | |
|-------------------------------|------------|-------------|------------|-------------|
| | Allocation | Expenditure | Allocation | Expenditure |
| 2010-11 | 60.00 | 57.83 | 35.00 | 34.09 |
| 2011-12 | 60.00 | 54.62 | 41.42 | 41.42 |
| 2012-13 | 60.00 | 55.88 | 43.61 | 43.61 |
| 2013-14 (as on 19.01.2014) | 75.00 | 56.11 | 46.50 | 38.80 |

2.12 In a written reply on the Non-Plan expenditure, the Ministry have informed the Committee:

“Ministry is seized of this issue and had taken up the matter with Department of Expenditure. BE (Non Plan) for the year 2014-15 has been enhanced to Rs. 5016.00 lakh from Rs. 4650.00 lakh in BE 2013-14. Though raising internal resources is a problem area, the National Institutes have made all out efforts to generate their internal resources to meet their requirements under Non Plan expenditure. In this regard all the National Institutes have increased their fee structure and the charges for the various services but this cannot compensate fully for the increased requirement of resources.

Ministry proposed allocation of Non Plan Budget from Rs. 46.50 crore (BE) to Rs. 66.36 crore (RE) for 2013-14. This was not agreed to by Ministry of Finance. The matter shall be taken up again with the Ministry of Finance.”

2.13 Regarding the Non-Plan Budget, the Secretary deposed before the Committee:

“One problem which is common to all the National Institutes is that our non-plan Budget has more or less been frozen whereas our responsibilities have increased. Though we have tried to rationalise the expenditure between plan and non-plan, this is one exercise that we took up during the course of the current year. But we still find that there is a gap of at least Rs.10 to Rs.15 crore under non-plan. We have requested our FA and he has promised to do something about that. Actually, we need your help in requesting the Finance Ministry to increase our non-plan which they have frozen.”

Developing and distributing aids and appliances

2.14 The National Institutes are also involved in developing aids and appliances, the Department have furnished the following details regarding the same:

- 1) AYJNIHH has developed few aids like – Hand Held Hearing Screening Device, CROS Hearing Aid, Electronic Classroom Noise Monitoring Device, however the same are yet to be commercialised.
- 2) NIMH has developed prototypes of an exhaustive list of Teaching and Learning Material required for education of children with Intellectual Disabilities. The Institute had outsourced the production and marketing of the above material on payment of royalty to the Institute. During the years 1999-2009 the Institute has received a sum of Rs.7.99 lakhs as royalty on its sales.
- 3) NIVH has developed 32 aids and appliances and 6 prototypes mainly as Braille Slate (Small and Large), Interpoint Braille Slate, Braille Pocket Frame (Large & Small), Plastic Stylus, Bull Head Plastic Stylus, Safety Stylus (Aluminium), Safety Stylus (Plastic), Concave Head Plastic Stylus, Signature Guide (Plastic), Signature Guide (Aluminium), Taylor Frame (Large & Small), Types(Algebra and Arithmetic), Abacus, Geometry Kit (Rubber), Geometry Kit (Aluminium), Measuring Tactile Tape, Folding Cane, Long Cane (Aluminium), Central Peg Board (with pegs), Peg in Puzzle (with pegs), Chess Board (with chess pieces) (inclusive design), Snake & Ladder (inclusive design), Ludo (inclusive design), Dice (inclusive design), Draught Board (with Draught coins) etc.

Method of distribution of devices produced by NIVH includes

- Distribution through a network of 40 extension sales counters
 - Distribution through composite rehabilitation camps about 100 per year
 - Distribution through SarvaShikshaAbhiyan and IEDSS Scheme
- 4) NIEPMD has developed TLM. No income is generated through product sold. The aids and appliances are distributed through Camps by coordinating with State Government and NGOs.
- 5) NIOH has distributed 20872 appliances during last five years from Head Quarter and through outreach. Assessment & identification is done by Medical Doctors followed by designing, fabrication, training & distribution of the Aids & appliances.
- 6) IPH has developed following prosthetic components - Four Bar Linkage Joint; Reciprocal Orthosis, Synergy Foot. The products have not been produced at commercial level so no earning has been done on it.
- 7) SVNIRTAR has Design & Develop Modular Below Knee Prosthesis and Modular Above Knee Prosthesis under the Research Project funded by S & T Mission Mode Ministry of Social Justice & Empowerment Govt. of India. There are 707 Modular Below Knee Prosthesis and 53 Modular Above Knee Prosthesis provided to Below knee and Above knee Amputees last 5 years (2008-09 to 2012-13) at SVNIRTAR.

2.15 The total value of product is about Rs.23, 86,000/- the appliances provided as Material & Components. The most of the appliances were provided to PWD's free of

cost under ADIP Scheme and in a few cases provided under payment basis.

Table 2.15 : Value of Products acquired from ALIMCO

| Name of Institute | Value of products acquired from ALIMCO (Rs. in lakh) | | |
|-------------------|---|---------|---------|
| | 2010-11 | 2011-12 | 2012-13 |
| NIHH | 27.55 | 22.73 | 59.83 |
| NIMH | 1.09 | 16.73 | 53.12 |
| NIVH | 138.20 | 105.48 | 86.94 |
| NIEPMD | 21.96 | 33.21 | 51.30 |
| NIOH | 69.43 | 44.18 | 49.13 |
| IPH | 83.50 | 98.00 | 90.00 |
| NIRTAR | 32.18 | 29.42 | 74.75 |

National Institute for the Visually Handicapped, Dehradun (NIVH)

3.1 National Institute for the Visually Handicapped, Dehradun (NIVH) was established as the National Centre for the Blind in the year 1967. It was renamed as the National Institute for the Visually Handicapped in 1979 and became an autonomous body in the year 1982.

3.2 The Financial Statement of NIVH 2010-13 during the year 2010-13 is shown below:

Table 3.2 : Financial Statement of NIVH

| Year | Opening Balance | | GIA received | | | Expenditure | |
|---------|-----------------|----------|--------------|----------|------------------|-------------|----------|
| | Plan | Non Plan | Plan | Non Plan | Internal Receipt | Plan | Non Plan |
| 2010-11 | 0.61 | Nil | 929.00 | 711.00 | 194.91 | 845.98 | 1075.84 |
| 2011-12 | Nil | Nil | 816.00 | 894.00 | 225.90 | 950.52 | 1127.90 |
| 2012-13 | Nil | Nil | 1500.00 | 950.00 | 206.71 | 1370.24 | 1289.00 |

Activities of NIVH, Dehradun

3.3 The Institute is engaged in HRD activities which include degree, diploma and certificate level courses in special education, orientation and mobility, refresher/orientation courses for field functionaries and service providers, diploma and certificate courses in vocational training and schooling for visually impaired children up to higher secondary level. Some of these courses are being conducted at the Institute's Headquarters, Regional Centre, Chennai and CRC, Sundernagar while others are being conducted in collaboration with State Governments and reputed NGOs in the field of visual disability either with full or partial funding. During the year 2012-13, HRD and

training programmes were conducted across 20 States and Union Territories, in 14 Official Languages. A total of 9,750 persons benefited.

Academic courses run by NIVH

3.4 The Institute's Department of Special Education and Disability Studies was set up in 1984. It has contributed nearly 9000 teachers and mobility instructors which comprise 71% of the trained teachers for the blind in the country. The details of the courses of the institute are as follows:

Table 3.4 : Courses offered by NIVH

| Sl. No. | Name of the Course | Duration | Total Intake | No. of Centres | No. of Teachers Trained in 2012-13 |
|----------------|---|-----------------|----------------------------|-----------------------|---|
| 1. | M.Ed. Special Education (Visual Impairment) | 1 Year | 15 | 01 | 14 |
| 2. | B.Ed. Special Education (Visual Impairment) | 1 Year | 100 | 04 | 102 |
| 3. | Bachelor Degree in Mobility Science (Visual Impairment) | 1 Year | 20 | 01 | 09 |
| 4. | Diploma in Special Education (Visual Impairment) | 2 Years | 550 (11 centres x 25 each) | 11 | 507 |
| 5. | Diploma in Special Education (HI) | 2 Years | 25 | 01 | 25 |
| 6. | Diploma in Special Education (MR) | 2 Years | 25 | 01 | 25 |
| | Total | | 735 | | 682 |

During the year 2012-13, 154 short-term training programmes were designed and delivered across 20 states covering 8,263 beneficiaries.

3.5 Vocational Training Centres at the Headquarters and the Regional Centre, Chennai had extended training opportunities to 409 blind persons. Detail of courses are shown in the following table:

Table 3.5 : Vocation training courses offered by NIVH

| Sl. No. | Name of the Course | Duration | Entry level Qualification | No. of candidates on roll in 2012-13 | No. of candidates trained in 2012-13 |
|----------------|---|-----------------|----------------------------------|---|---|
| 1. | Computer Application and Programming Skills | One Year | 10+2 | 46 | 46 |
| 2. | Computer Operation | Six Weeks | 10+2 | 27 | 22 |
| 3. | FM Broadcasting & Voice Recording | Four Months | 10+2 | 20 | 10 |
| 4. | Medical Transcription | Six Months | 10+2 | 06 | 02 |
| 5. | Call Centre Operation | Four Months | 10+2 | 14 | 09 |
| 6. | Braille Shorthand (Hindi) | One Year | 10 th | 14 | - |
| 7. | Executive Secretaryship | One Year | 10+2 | 15 | 15 |
| 8. | Light Engineering | One Year | 8 th | 08 | 08 |
| 9. | Electronics Assembly | One Year | 10 th | 08 | - |
| 10. | Re-caning of Chairs & Fishnet Making | One Year | Uneducated | 43 | 17 |
| 11. | Therapeutic massage | One Year | 10 th | 10 | - |
| 12. | Disposable Paper Products and Stationery Items | Six Months | Uneducated | 23 | 23 |
| 13. | Office Management | Six Months | 10+2 | 11 | - |
| 14. | Reflexology | Three Months | 10 th | 11 | 11 |
| 15. | Adjustment Training | Three Months | Uneducated | 116 | 98 |
| 16. | Masonry training for V.I Persons under MANREGA scheme in rural area | Three Months | Uneducated | 37 | 37 |

3.6 Regarding the education for school children, the Ministry have informed that the Institute's Model School for the Visually Handicapped is one of the oldest educational institutions affiliated to CBSE, imparting education to children with visual impairment representing a broad spectrum of society. The school offers education from the pre-

school stage upto higher secondary level and is equipped to impart functional education to visually impaired multi-handicapped children as well. Apart from running a Model School for the Visually Impaired Children, new models for providing need based and quality education, have also been developed by the Institute.

Braille Press

3.7 The Central Braille Press, the Regional Braille Press, Chennai, and Small Scale Braille Printing Units at Aizawl, Agartala and Shillong contributed Braille text books for children studying in the States of Delhi NCR Region, Himachal Pradesh, Karnataka, Meghalaya, Tamil Nadu, Tripura, Orissa and Uttar Pradesh. The Workshop for Manufacturing Braille Appliances at Head Quarter of the Institute also supplied Braille kits comprising devices for writing, computing and for learning Science, Geography and Mathematics to children enrolled under SSA schools in the 12 States.

3.8 The Central Braille Press and Institute's Workshop for Manufacturing Braille Appliances is presented. These departments were established as far back as 1951 and 1952 respectively and they were the sole providers of Braille appliances and Braille books for a decade or so. However, in late 50s, the National Association for the Blind established a Braille Press at Mumbai. In all, there are 19 Braille Presses in the country today, of which, nine have been set up by the Government and others by voluntary organisations.

Placement services offered by NIVH

3.9 The Placement Unit was set up in the Institute in the year 1984 to develop model placement services and to identify suitable posts in the organised and unorganised

sectors for the blind and low vision persons. This Unit enjoys the status of a Special Employment Exchange. Accordingly, it maintains a register of unemployed blind and low vision persons. During the year 2012-13, it sponsored 1981 candidates to Government, Public Sector and Private Agencies. It was also successful in securing employment for 73 candidates.

3.10 When the Committee enquired about the problems being faced by the National Institutes, the representative of the NIVH stated:

“There is a huge scope for further development of our programmes. But we feel restricted only for two reasons. One is our non-plan grants which is to sustain the employees of the Institute, is not commensurate with our requirement. I have about 200 retired officers. Look at my Group A officers. I am functioning at present only with ten group A posts with four centres to run. The burden is too much on us. We are not able to respond to the demand adequately because we do not have adequate number of posts. Whatever posts we have, we are not able to meet the expenditure. That is our main problem.

The second problem is that my Institute campus is over 100 year old. Actually, we came into existence as a small charity as a hostel for war blinded in 1943. Our buildings are of 1907, 1901. We are not able to expand because of that. If we are to develop our campus, we alone need about Rs.100 crore only for Dehradun. Our campus is about 43 acres in land area and about 50 per cent of our buildings are nearly 100 year old and 25 per cent of our buildings have been declared dangerous to live by two agencies the CPWD and the CBRI. There is a dearth of capital head. Secondly, I am not able to modernise my manufacturing and proto-type designing unit.”

3.11 The Ministry in response to a query on the National Institutes have stated:

“All out efforts are being made to provide sufficient capital grants to the Institute for upgrading the infrastructure and services at NIVH Headquarters, Dehradun and its Regional Centre, Chennai, depending upon the availability of funds under the relevant head. All National Institutes have been requested to send the proposals for funds under capital grants and the efforts are also being made for enhancement of funds under Capital head.”

Ali Yavar Jung National Institute for the Hearing Handicapped (AYJNIHH), Mumbai

4.1 The Ali Yavar Jung National Institute for the Hearing Handicapped (AYJNIHH), Mumbai was established on 9th August, 1983 Mumbai. It is an apex institute working in the field of rehabilitation of persons with hearing disability. The institute has four Regional Centres, located each at New Delhi, Kolkata, Secunderabad and Jalna with two Corporate Regional Centres for persons with disability, located at Bhopal and Ahmedabad.

4.2 Giving details of the financial statement of AYJNIHH, the Ministry have furnished the following figures:

Table 4.2 : Financial Statement of AYJNIHH

| Year | Opening Balance | | | GIA Received | | | Expenditure | |
|---------|-----------------|----------|------------------|--------------|----------|------------------|-------------|----------|
| | Plan | Non-Plan | Internal Accrual | Plan | Non-Plan | Internal Accrual | Plan | Non-Plan |
| 2010-11 | 276.67 | NIL | NIL | 803.00 | 632.00 | 165.73 | 761.42 | 1190.52 |
| 2011-12 | 320.25 | NIL | NIL | 695.00 | 721.92 | 206.30 | 996.08 | 1056.87 |
| 2012-13 | 19.17 | NIL | NIL | 1030.00 | 766.00 | 193.83 | 914.32 | 1158.10 |

Academic courses run by AYJNIHH, Mumbai

4.3 The Institute also runs Doctoral Programmes with Ph.D. programmes in the discipline in Audiology & Speech – Language Pathology and in Ph.D. in the discipline of Special Education, Post Graduate Programmes in Master of Education (HI) [M.Ed (HI)], Master of Audiology & Speech Language Pathology (MASLP), Master of Arts in

Disability Communication & Deaf Studies (M.A. DCDS), Graduate Programmes in Bachelor of Education [B.Ed (HI)], Under Graduate Programme in Bachelor of Audiology & Speech Language Pathology (BASLP) and Diploma Programme in Hearing Language Speech (DHLS) and Diploma in Sign Language Interpreter Course (DSLIC).

4.4 Elaborating on other courses, the Ministry have informed that AYJNIHH was accredited as National Institute of Open Schooling for the education of Persons with Hearing Impairment. The Institute conducts STP in Disability Rehabilitation for rehabilitation professionals, academic personnel, parents, media professionals, Doctors, Anganwadi and grass-root level workers.

Rehabilitation services of the Institute

4.5 Enumerating on the rehabilitation services for the hearing impaired, the Ministry have informed the following:

1. Evaluation and diagnosis of hearing, speech and language disorders
2. Selection and fitting of hearing aids and ear moulds
3. Hearing Aid sale counter
4. Psychological evaluation and Educational Evaluation
5. Speech and language therapy
6. Psychotherapy and behavior therapy
7. Pre-school
8. Parent infant programme
9. Parent guidance and counseling
10. Vocational training and placement
11. Referral and follow-up services
12. Outreach and extension activities
13. Skill development training programmes for PwDs.

4.6 Apart from the above, the National Institute is also involved in development of low cost hearing screening device, solar battery charger for hearing aids, electronic class room noise monitoring devices (NLI), language profile test and Hindi learning package.

4.7 Replying to a query on the problems being faced by the National Institutes, the representative of AYJNIHH stated:

“We have increased our human resource development programmes and we require manpower to handle it. our Centre requires cochlear implant unit – diagnosis and intervention units for cochlear implantation.”

4.8 The representative of the Ministry further clarified:

“I would like to state that at birth, if a child is found to be hearing impaired, now technology provides that in the first three years of a child’s growth, if we implant cochlear implants within the ears, which costs about Rs.6 lakh, then the child can almost become normal and right from the beginning, he could hear and then of course learn speech. This is something which we have initiated and for the first time, under our scheme, we will be taking up cochlear implants. But as yet, within the Government sector, we do not have the arrangement for doing such implants. What he said is very right; we need to take up this so that if children with hearing impairment are detected early, they can be provided with cochlear implants so that they could be as good as any other normal person.”

4.9 Elaborating on the corrective surgery, the representative of the Ministry informed:

“Along with this implant, the rehabilitation portion is this. Cochlear implant is the corrective surgical intervention. What NIHS has done is that they have a tie up with one of the Mumbai Hospitals, KEM Hospital, where this cochlear implant is done. This is a very sensitive operation. It goes right into the brain; it needs double sanitization of the OT, otherwise, you know that there will be problems of infection, etc. But they need to have two-years pre-training and two-years post-training. This is where the Institute will come in, and where we have to develop the synergies. We are trying to under-write up to 500 cases, the cost of cochlear implantation in our new revised scheme, which still has to come out; EFC, etc. has been done, but we need to get a formal approval from the Cabinet about it. this is what we are planning to do about it.”

National Institute of the Mentally Handicapped (NIMH), Secunderabad

5.1 Mental retardation or intellectual development disability is a condition of arrested or incomplete state of mind, especially, characterized by impairment of skills which contribute to the overall level of intelligence-cognitive language motor and social abilities. Intellectual development disability ranks among the world's most complex and challenging problems – a multi dimensional phenomenon involving bio-psycho-social factors. NIMH has 3 RCs at New Delhi, Kolkata and Navi Mumbai. NIMH Model Special Education Centre is located at New Delhi.

5.2 Giving details of the financial statement of NIMH, the Ministry have furnished the following figures:

Table 5.2 : Financial Statement of NIMH

| Year | Opening Balance | | GIA Received | | | Expenditure | |
|---------|-----------------|----------|--------------|----------|------------------|-------------|----------|
| | Plan | Non-Plan | Plan | Non-Plan | Internal Receipt | Plan | Non-Plan |
| 2010-11 | 14.71 | NIL | 1167.38 | 430.00 | 79.29 | 871.33 | 519.60 |
| 2011-12 | 706.76 | NIL | 763.80 | 431.31 | 89.72 | 1005.76 | 501.09 |
| 2012-13 | 454.80 | NIL | 391.00 | 452.00 | 102.36 | 763.67 | 587.49 |

Academic Programmes run by the Institute

5.3 The Ministry have informed that manpower development is one of the prime objectives of NIMH since there is a wide gap between the need for the professionals with that of the actual availability to extend services for persons with mental retardation. Keeping this in view, NIMH has designed and developed 13 long term academic programmes till date. NIMH has been conducting long term academic programmes

starting from Diploma level (to meet the grass-root level requirements) to post graduate programmes (to conduct research studies). In addition to this, Certificate and Short Term Courses are conducted to update the in-service candidates with the latest developments. NIMH conducts 10 long term training programmes. (4 Diploma courses, 1 Graduate, 5 Post Graduate courses, which include 1 M.Phil. programme).

5.4 The Institute conducts certificate courses, each lasting for one month duration benefiting professionals from various disciplines such as special educators, psychologists, speech therapists, occupational therapists, vocational instructors, etc. from various parts of the country. The Institute conducts 50-60 short term training programmes every year.

5.5 Regarding the involvement of parents, it has been stated that the objective of this program is to involve parents care, management and training of their children. The program also encourages mutual support among parents and exchange of ideas and information.

5.6 Research and development is one of the important objectives of NIMH. The Institute has so far completed 64 research projects. Research data on mental retardation with respect to the psycho-physiological and socio-demographic features of Indian background still requires emphatic attention. The research avenues on basic and applied areas have also wide scope for enhancing the therapeutic intervention to persons with mental retardation. NIMH published 97 publications so far as an outcome of its research activities.

5.7 NIMH provides various models of rehabilitation services such as Centre based, Home based, Community based, Mobile Services etc. The community / outreach rehabilitation programs have more relevance because about 70% of the Indian population live in the rural areas whereas service facilities are, predominantly, available in urban areas. To reach these un-reached communities, Institute undertakes many Community and Outreach programmes for persons with mental retardation and other disabilities. The various programmes are:

- 1) Distribution of aids and appliances through ADIP Scheme.
- 2) Conducting various training/orientation programmes at North East Region
- 3) Community Based Rehabilitation Programmes, and
- 4) Documentation and dissemination of information

5.8 Elaborating on the issue of mental disability and the need for involvement of NGOs and community in the rehabilitation process, the Secretary stated before the Committee:

“Sir, in this sector we need the help of NGOs very much because as you can see it is a difficult sector. It is very-very multi-disciplinary. We need to work with community, with family in fact we need to work with self-family community society and the nation.”

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

6.1 The Institute was established as a National Resource Centre in 2005. The meaning of the word Multiple Disabilities means persons having two or more disabilities as per PWD Act, 1995 and NT Act, 1999. The Composite Regional Centre (CRC) is established at Kozikode, Kerala, 2011. The Institute has a state-of-the-art building, which received the National Award for Barrier Free Environment in 2012. NIEPMD received National Award for the Best Accessible website in 2011.

6.2 Giving details of the financial statement of NIEPMD, the Ministry have furnished the following figures:

Table 6.2 : Financial Statement of NIEPMD

| Year | Opening Balance | | GIA Received | | | Expenditure | |
|---------|-----------------|----------|--------------|----------|------------------|-------------|----------|
| | Plan | Non-Plan | Plan | Non-Plan | Internal Receipt | Plan | Non-Plan |
| 2010-11 | 43 | NIL | 1182.92 | NIL | 16.35 | 1484.13 | NIL |
| 2011-12 | 154 | NIL | 854.00 | NIL | 23.98 | 1173.56 | NIL |
| 2012-13 | 52 | NIL | 769.42 | NIL | 37.16 | 724.83 | NIL |

Academic courses run by the Institute

6.3 The NIEPMD runs the Human Resource Development Course as given below:

- 1) Post Graduate Diploma in Neuro Developmental Therapy (One Year)
- 2) Bachelor's in Education (Multiple Disabilities) (One Year)
- 3) D.Ed Special Education (Autism Spectrum Disorder) (One Year)
- 4) D.Ed Special Education (Deaf blindness) (Two Years)
- 5) D.Ed Special Education (Cerebral Palsy) (Two Years)
- 6) Certificate Course in Prosthetic and Orthotic (One Year)
- 7) Master in Philosophy (Clinical Psychology) (Two Years)

8) Post Graduate Diploma in Early Intervention (One Year + 3 months internship)

Rehabilitation services offered

6.4 The Institute offers the following rehabilitation services for persons with multiple disabilities:

A) Medical Treatment

- 1) First aid services
- 2) Medicines for epilepsy, psychiatric disorder are given free of cost

B) Referral Services

- 1) Dental care from Ragas Dental College, Chennai
- 2) Intractable seizures and psychiatric illness – referral to NIMHANS and
- 3) Ophthalmic referral to Shankar Netralaya, Chennai

6.5 The NIEPMD has also taken up some R&D projects. The details of which are:

- 1) Genetic profiling for clients with multiple disabilities – genetics of consanguinity
- 2) Study of sleep patterns in children with multiple disabilities and its effects in day to day functioning
- 3) Study on ventilator pattern, parameters and intervention for the clients with spastic quadriplegic cerebral palsy
- 4) Existing service provisions for persons with multiple disabilities in India – a database compilation
- 5) Technology adaptation for persons with multiple disabilities with multi sensory impairment in skill training set up through mecatronic devices.

Swami Vivekananda National Institute for Rehabilitation Training & Research (SVNIRTAR), Cuttack

7.1 SVNIRTAR was started as National Institute of Prosthetic and Orthotic Training (NIPOT) in Dec. 1975 – An adjunct Unit of ALIMCO to carry out field testing of their components and to train technicians. The name NIPOT was changed to NIRTAR on 22nd Feb. 1984 and again in 2004 SVNIRTAR. It is one of the premier Institute in the country in providing comprehensive rehabilitation services to the persons with disability with a 100 bedded hospital.

7.2 Giving details of the financial statement of SVNIRTAR, the Ministry have furnished the following figures:

Table 7.2 : Financial Statement of SVNIRTAR

(Rs. In lakhs)

| Year | Opening Balance | | GIA Received | | | Expenditure | |
|---------|-----------------|----------|--------------|----------|------------------|-------------|----------|
| | Plan | Non-Plan | Plan | Non-Plan | Internal Receipt | Plan | Non-Plan |
| 2010-11 | NIL | NIL | 865.00 | 419.00 | 158.94 | 724.97 | 419.00 |
| 2011-12 | 140.03 | NIL | 943.97 | 547.96 | 155.18 | 965.68 | 547.96 |
| 2012-13 | 25.32 | NIL | 1260.00 | 574.00 | 146.21 | 1283.95 | 574.00 |

Academic courses offered by the Institute

7.3 The HRD courses of the Institute include 5 long term courses like 4 ½ years BPT, BOT, BPO courses and 2 years MPT & MOT courses affiliated to Utkal University. The Institute also runs Diplomate National Board (DNB) in Physical Medicine & Rehabilitation (PMR) conducted by National Board. The Institute conducts 12 Short Term Courses every year.

Rehabilitation therapies provided by the Institute

7.4 The Institute gives medical treatment and therapies:

- 1) A pioneer in corrective surgeries of different deformities both congenial and acquired.
- 2) Runs a 100 bedded hospital.
- 3) Provides comprehensive services to patients with various types of locomotor disabilities through Departments of Physical Medicine and Rehabilitation, Physiotherapy, Occupational Therapy and Prosthetics and Orthotics.
- 4) One of the major activities of the Institute is fabrication and fitment of Prosthetic & Orthotic appliances to the persons with locomotor disabilities.
- 5) Several assessment camps and surgical camps at various places in collaboration with local administration/NGOs are conducted.
- 6) Institute also provides therapeutic rehabilitation services (Physiotherapy & Occupational Therapy) to persons with disabilities, through its three sub-centres at Dhenkanal, Cuttak and Bhubaneswar.

Pt. Deendayal Upadhyay Institute for the Physically Handicapped (PDUIPH)

8.1 The Institute for the physically handicapped came into being when the erstwhile Jawahar Lal Institute of Physical Medicine and Rehabilitation and other allied institution run by the council for the aid of crippled and handicapped were taken over by the Government of India on 22nd May, 1975 and converted into an autonomous body in the year 1976. It was renamed after Pt. Deendayal Upadhyay in the year 2002.

8.2 Giving details of the financial statement of PDUIPH, the Ministry have furnished the following figures:

Table 8.2 : Financial Statement of PDUIPH

| Year | Opening Balance | | Grant Received | | | Utilization | |
|---------|-----------------|----------|----------------|----------|------------------|-------------|----------|
| | Plan | Non-Plan | Plan | Non-Plan | Internal Receipt | Plan | Non-Plan |
| 2010-11 | 47.56 | NIL | 300.19 | 727.00 | 136.00 | 253.11 | 988.89 |
| 2011-12 | 94.64 | NIL | 626.07 | 913.93 | 189.28 | 301.14 | 993.00 |
| 2012-13 | 419.57 | NIL | 230.00 | 957.00 | 153.49 | 484.17 | 1175.90 |

(Rs. In lakhs)

Academic courses offered by the Institute

8.3 The long term courses offered by the Institute are:

- 1) 3 degree level courses namely Bachelor of Physical Therapy, Bachelor of Occupational Therapy and Bachelor of Prosthetics and Orthotics courses of 4 ½ years duration in affiliation with the University of Delhi.
- 2) Diploma in Special Education (VI) at CRC Lucknow.
- 3) Three Degree level courses, one Post Graduate Diploma and one undergraduate Diploma course at CRC Shrinagar.

Rehabilitation services offered by the Institute

8.4 The Institute runs outdoor services for providing therapeutic treatment to patients with disabling conditions like Paraplegia, Hemiplegia, Arthritis, Cerebral Palsy, Post Polio Residual Paralysis, Congenital anomalies, Speech Therapy etc. Distributes tailor-made as well as readymade aids and appliances. Psychological and social counseling and vocational guidance to PWDs and their family members. Information about facilities and concession provided by Government.

8.5 The Institute facilitated the establishment of Composite Regional Centre (CRC) at Lucknow, UP and Southern Regional Centre at Secunderabad and facilitated activities at CRC, Srinagar and organizing camps to extend services to different districts in collaboration with District Administration and local NGOs. IPH runs an Integrated Primary School (upto Vth Standard) to provide education to children with locomotor disabilities including cerebral palsy. It is recognized by the Education Department of Municipal Corporation of Delhi.

8.6 Explaining about the problems being faced by PDUIPH, the representative of the Institute stated:

“My main concern is the man power in the Institute. I have nine Group A posts in all, including the Director and Dy. Director (Admin.). There are only six faculty posts. That is why I am facing problems. When I go to the University of Delhi to get affiliation to run Post Graduate Institute or when I go to the Council, that is the main constraint which is coming in my way. So, if that can be looked into we can develop this Institute in a better way.”

National Institute for the Orthopaedically Handicapped (NIOH), Kolkata

9.1 The Ministry have informed that there was a felt need for setting up a National Institute at Kolkata. The campus of P.N. Roy Group of Hospitals was acquired by State Govt. of West Bengal and subsequently by the Ministry of Social Welfare, GOI on 30.03.1978 and in 1982, Institute registered under Societies Registration Act, 1961. In 1998, Regional Centre established at Dehradun and Regional Centre established at Aizwal, Mizoram in 2004.

9.2 Giving details of the financial statement of NIOH, the Ministry have furnished the following figures:

Table 9.2 : Financial Statement of NIOH

| Year | Opening Balance | | Grant Received | | | Utilization | |
|---------|-----------------|----------|----------------|----------|------------------|-------------|----------|
| | Plan | Non-Plan | Plan | Non-Plan | Internal Receipt | Plan | Non-Plan |
| 2010-11 | 188.30 | 0.13 | 536.00 | 490.12 | 70.47 | 548.07 | 659.23 |
| 2011-12 | 191.31 | 0.00 | 773.00 | 632.43 | 111.48 | 644.85 | 675.81 |
| 2012-13 | 340.65 | 0.00 | 408.00 | 662.00 | 126.36 | 578.84 | 881.94 |

Academic courses offered by the Institute

9.3 16 long term courses are offered by the Institute which include:

- 1) DNG (PMR – 2/3 years
- 2) Masters in Physiotherapy – 2 years
- 3) Masters in Occupational Therapy – 2 years
- 4) Masters in Prosthetics & Orthotics – 2 years
- 5) Masters in Nursing – 2 years
- 6) Post Graduate Diploma in Disability Rehabilitation and Management – 1 year
- 7) Post Graduate Diploma in Rehabilitation Engineering – 1 year

- 8) Bachelor in Occupational Therapy – 4 ½ years
- 9) Bachelor in Physiotherapy – 4 ½ years
- 10) Bachelor in Prosthetics & Orthotics – 4 ½ years
- 11) Post Basic Diploma in Orthopaedics & Rehabilitation Nursing – 1 year
- 12) Diploma in Rehabilitation Therapy – 2 ½ years
- 13) Diploma in Hearing, Language and Speech – 1 year
- 14) Diploma in Tool & Die Making – 4 years
- 15) Certificate in Prosthetics & Orthotics Technician – 1 year
- 16) Certificate in CAD-CAM (for PWLD candidate) – 1 year

The short term courses (25 NOs./year) include Continuing Rehabilitation, Education for Professionals, Workshop Seminar/Awareness and Sensitization Programme for Professionals and Govt. officials.

9.4 Rehabilitation services provided by the Institute include:

- 1) Institutional Services
 - a) Medical rehabilitation
 - b) Physiotherapy
 - c) Occupational therapy
 - d) Prosthetics & Orthotics
 - e) Socio economic rehabilitation
 - f) Rehabilitation nursing
 - g) Rehabilitation Engineering
- 2) Community based rehabilitation
- 3) Outreach services through camps
- 4) Services through RCs and CRCs

9.5 Explaining about the problems faced by NIOH, the representative of the Ministry stated:

“At the inception the Institute had 26 Group A posts. But the number of services courses have gone up now-a-days. So, more man power is needed for our Group of hospitals during 1978. That is an old building. We are still running with that. But in future for the campus and for the building we may need funds.”

Baswan Committee Report

10.1 A Committee was constituted on 25.10.2010 under Shri B.S. Baswan to recommend strengthening of National Institutes. The Committee submitted its report in 2011.

10.2 As per the findings of the Baswan Committee Report, the Institutes are engaged in various activities. The Ali Yavar Jung National Institute for the Hearing Handicapped, (AYJNIHH), Mumbai, National Institute for the Mentally Handicapped, (NIMH), Secunderabad, National Institute for the Orthopaedically Handicapped, (NIOH), Kolkata, National Institute of Rehabilitation Training and Research, (NIRTAR), Cuttack have done well in conducting post graduate courses as well as in R&D work. While NIMH also offers an M. Phil course, the AYJNIHH offers doctoral programme. These 4 institutions also have significant research publications in peer-reviewed indexed journals. The NIVH and PDUIPH are, however, focusing primarily on the services of different types, while NIEPMD, Chennai, being a new institute, is still in an evolutionary phase.

10.3 The Department of Disability Affairs have stated in response to a query on the issues regarding working of NIs:

“The mandate of these bodies at the time of their establishment clearly states that their primary role is capacity building and the secondary role is research. However, it is observed that work relating to patients seemed to be their main function, due to the shortcomings of the health system. The issues of operational flexibility and autonomy coupled with a high burnout of human resources owing to challenges of handling disability issues are just a few to name. Their deviation from the mandated role of developing service delivery models to themselves becoming the service provider has put significant pressure on human, physical & financial resources. The consequence of this is that the immediate goals tend to

crowd out the central goals, and the faculty and staff get completely bogged down in their clinical work.”

10.4 When asked about the shortcomings of the Institute, the Ministry stated these NIs have not been able to fulfill their prime objective of training future scientists and practitioners, fostering a highly capable, diverse biomedical, educational, vocational, and behavioral research workforce. Some of the reasons behind this as enumerated by the report are:

- i) Crowded client related services
- ii) Slow decision making due to delay in holding the EC meetings
- iii) Absence of promotional avenues
- iv) No pay parity with other educational Institutes under the UGC, MCI, AICTE.
- v) No post of professor
- vi) No parity in service conditions with other educational Institutes
- vii) Many key departments are managed by less qualified persons since senior level posts with appropriate qualifications do not exist
- viii) Recruitment Rules are outdated
- ix) The status of the NIs is not at par with the Universities that leads to the following matters of concern:

- Restricted academic freedom
- Have to adopt the curricula as approved by the affiliating University
- Periodic revision of curricula not in the hands of the NIs
- a. A non standard admission procedure as it varies between HQ and Regional centers
- b. Inability to offer emerging courses
- c. Not able to offer market-oriented courses
- d. Not able to collaborate with other universities
- e. Not able to maintain quality in its own regional centers.

- f. Examiners are from within the University who may not necessarily be the Country's best.
- g. Course wise affiliation to multiple universities
- x) The infrastructure is inadequate in six institutes, except NIEPMD, Chennai to conduct ongoing programmes particularly for implementing the CEI Act, 2006 to accommodate OBCs.
- xi) Involved in routine HRD work rather than training of Master Trainers.
- xii) Intake of poor quality of students, and dead wood among staff.
- xiii) M(SJ&E) assigns ADIP / DDRCs / NGO inspection etc., without increasing the manpower.
- xiv) The staff strength continues to be the same since the establishment of the institutes, 25 – 28 years ago (except NIEPMD) though the activities have increased several folds.
- xv) Posts not filled for administrative reasons.
- xvi) Health facilities for retired employees are not there.
- xvii) Inadequate leadership
- xviii) Inadequate delegation of powers to the Institutes
- xix) Lack of vision, a perspective plan and strategy.
- xx) Deviation from stated objectives / bye-laws
- xxi) Lack of motivation and early burnout amongst staff

10.5 Regarding the shortcomings of the Institutes, the Ministry have further informed:

“These NIs with the exception of NIEPMD, were established in the 1980s and the infrastructure then was admittedly adequate. However, presently this is proving inadequate in all the NIs, except for NIEPMD, even for continuing their ongoing activities. The CRCs which have been created more recently have only barely adequate infrastructure for their current activities, which are much lower than expected.

Further, the reason for this inadequacy in infrastructure is partly due to the usual growth in the activities of the NIs with the passage of time and partly because of their delivering services directly to an ever increasing number of beneficiaries. In the vision for the NIs to emerge as centre of excellence, the present level of infrastructure needs to be immediately upgraded.”

10.6 Further, it has been stated that since NIs have Academic Committees constituted by the EC from time to time, to manage the academic governance in the institute. The Director of the institute is the member-convener of the committee. Since these NIs do not have any independent University status or full academic autonomy vested by any other law, they have to get affiliated to various Universities for the purposes of examination and conferring of degrees.

10.7 The Department of Disability Affairs have informed that after a study of the NIs, the Baswan Committee have suggested that there is thus a felt urgent need to upgrade these institutions and the logical way is to bring them at par with the universities and medical colleges in the country. Following models and options were studied in this regard

- a. A Deemed University Status for each NI
- b. A Central University with NIs as its constituent institutes and
- c. An IIT/ NIT model under a Central Act, by declaring them to be Institutes of National Importance.

10.8 When the Ministry was asked about the most suitable model, the Ministry stated:

“Studying the relative merits and demerits of each model in the context of these NIs, it is recommended to adopt IIT/IIM model for ease of implementation as well as for better functional flexibility and efficiency in future. Besides, this will be more manageable arrangement compared to the University which is more suited for larger systems. In the present context, the Central University option may turn out to be unnecessarily bulky and too sluggish a system for small constituency of 7 NIs only. By same logic, the deemed university status is also not desirable. On the other hand, IIT/IIM model is considered as more suitable, flexible and efficient for the small network of NIs. The Committee therefore recommends a governance model – general as well as academic – in line with the IIT/IIM under a Central Act. It is also suggested that these NIs should be empowered to issue degrees at par with that of any University.”

10.9 Further, regarding International collaboration, the Department has informed that the NIs have been collaborating with various national and international institutes regularly on a case to case basis, in domains such as research, service delivery etc. However, there is no system in place to facilitate collaboration with significant Institutions. Such collaborations have also been rendered difficult due to lack of stature to these institutes. For eg. the AYJNIHH could not collaborate with European Universities due to a lack of university status to the Institute, though the Institute had the best of research expertise and experience in Indian Sign Language studies. Therefore the project on ISL was taken up by IGNOU, which had no expertise, but had the systemic stature to collaborate.

10.10 When the Ministry was asked to state by when the report would be implemented, the Ministry have informed:

“The recommendations have far reaching implications requiring sufficient absorption capacity it was necessary to first assess the existing infrastructure and staff facilities. Hence, work study by Study Inspection Unit of Ministry of Finance has been requested. For PDUIPH, the study already conducted in 2009 and recommendation for 24 new faculty posts has been sent to Ministry of Finance already. NIEPMD is a new Institute hence at present there is no requirement of SIU study. The Ministry have informed that last reminder to SIU sent on 31.10.2013.”

10.11 When asked about the fund position and implementation of the major finds of the Baswan Committee, the representative of the Ministry stated:

“We have already requested the Department of Expenditure to increase it to Rs. 90 crore in this year itself. We have already taken on call about the recommendations of the Baswan Committee. Part of it is capital and part of it is man power. After doing these SIU studies, we will take up these issues with the

Department of Expenditure and ensure what is the objective and what are the basic aims and objectives of the Department and for the National Institutes we will achieve. I can only assure you that all the seven National Institutes with their Directors and with our Secretary, we are working very hard as a team.”

PART – B

OBSERVATIONS AND RECOMMENDATIONS

1. Early enactment of the new proposed legislation in harmony with the United Nations Convention on Rights of Persons with Disabilities (UNCRPD). The Committee note that Disability is a multi-sectoral and multi-dimensional issue and needs to be dealt with in a multi-pronged strategy involving the Department of Disability Affairs (Ministry of Social Justice and Empowerment) as also other Government Departments like Ministry of Health and Family Welfare, Ministry of Human Resource Development, Ministry of Rural Development, etc., State/UT Governments apart from the community and family, who play an important part in mitigating the effects of disability and help in normal development of the persons with different abilities. Article 41 of the Constitution provides that the State make effective provisions for securing the right to work, education and public assistance for persons with different abilities. The Committee note that India was among the first countries to sign the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and the Convention has since been ratified by the Parliament also. The Committee also note that the Government have introduced a new Rights of Persons with Disabilities 2014 Bill in Rajya Sabha on 7th February, 2014 to replace the existing Persons with Disabilities Act, 1995. Statedly, the Bill is in harmony with UNCRPD and has been drafted after extensive consultations with the stakeholders. The Committee hope that the aforesaid Bill if enacted, after its due examination in Parliament, would go a long way to protect the rights as also empower the persons with different abilities.

2. Comprehensive action plan to be drawn by States for welfare of persons with different abilities. The Committee were apprised that a major role is to be played by the respective State Governments in relation to education, employment, rehabilitation, social security and protection of rights of persons with disabilities. As per the Seventh Schedule of the Constitution of India, disability appears in the State list (entry 9). In the XIth Schedule and XIIth Schedule, which pertains to the powers and responsibilities of the Panchayats and the Municipalities respectively, implementation of schemes for economic development and social justice include the welfare and safeguarding of the interests of persons with disabilities. The Committee were apprised that some States had already drawn up a plan on Rehabilitation of Disabled People, whereas other States were yet to do so. The Committee, therefore, recommend that the Department of Disability Affairs exhort the State Governments which have not drawn plan for PwDs to draw up a comprehensive action plan so that Government policies and programmes for the welfare of persons with different abilities reach the remote and rural areas of the country and they be informed of the status thereof, state-wise in due course.

3. Census 2011. As per the population census 2011, the population of persons with disabilities in the country has been estimated at 2.68 cr. which is 2.22% of the population of the country. 69% of the population lives in the rural areas and 31% in the urban areas. As per the Rehabilitation Council of India, the percentage of persons with disabilities in the USA is 12%, in UK 18%, in Germany

9%, 5% in Sri Lanka, 3% in Pakistan. Taking a note of the fact that the disability figures in India are low as per the data of the Registrar General of India, the Committee were informed by the representative of the Department of Disability Affairs that there was apprehension of undercounting in the 2011 census. The Committee also note that 69% of the population of PwDs reside in the rural areas and due to lack of education and social stigma attached to disability, they are not taking benefit of the Government policies and programmes for the welfare of PwDs. There is, therefore, a need for greater sensitization and awareness generation for the implementation of schemes for the welfare of PwDs for which Panchayats/local bodies have a larger role to play. Taking serious note of the prevailing social milieu and the tendency not to report or under report to the Census about the family member affected by disability, impact on the policies and programmes of the Government and the Budget allocated for the disability sector, the Committee recommend that State-wise figures of PwDs be maintained and sustained efforts be made to build public awareness so that the census reflects the correct figures of persons with different abilities. Further, the Government should launch special programmes for sensitizing the Panchayats/local bodies so that people residing in rural areas can avail the benefits of the schemes for the PwDs.

4. Work done by National Institutes, Rehabilitation Council of India (RCI) and National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities. The Committee note that the statutory bodies, like the RCI, the National Trust and the National Institutes are important

bodies working for the welfare of PwDs. The RCI regulates and monitors the training of professionals, promotes research in rehabilitation and special education and has been providing vital data on disability, the National Trust also implements schemes for the welfare of persons with Autism, Cerebral Palsy, Mental Retardation and Multiple disabilities. The Committee are pleased to note that the Publication of Rehabilitation Council of India on the status of Disability in India 2012, contains comprehensive information about Disability in the country which can prove a useful tool for chalking out the policies and programmes of the Government in the different areas of disabilities. The Committee during their study visits to some of the National Institutes observed the laudable work being done by these Institutes. The Committee recommend that since RCI, National Trust and the National Institutes are doing pioneering work for the welfare of PwDs, they should be given optimum allocations and necessary professional support to carry out the important work for the welfare of PwDs. The Government may consider to have a disability budget on the lines of the gender budget or the SCP/TSP given the number of PwDs and the serious problems confronted by them.

5. Preventive and early intervention methods to be adopted to reduce disability. The Committee note that prevention of disability is cost effective in the sense that less financial allocation is needed to prevent disability from happening as compared to allocation required to treat, care and rehabilitate persons who become disabled. Many types of disabilities are caused due to malnutrition and many cases of disability are preventable by providing expecting mothers with

better prenatal and postnatal care as well as proper nutrition for infants and mothers. The Committee recommend that the Department of Disability Affairs along with Ministry of Health and Family Welfare should chalk out a strategy to prevent disability at pre and post natal stage and make it a part of the National Health Mission given the success of national campaigns for fighting cholera, small pox, TB and polio.

6. Educational Scholarships for persons with different abilities. The Committee note that the Department of Disability Affairs is implementing the National Scholarship Schemes for students with disabilities under National Fund for Empowerment of PwDs. Under the National Scholarship Scheme, financial assistance is provided to students with disabilities to enable them to pursue professional or technical courses from recognized institutes and get employed/self-employed. The number of scholarships have been increased to 1500 per year from the year 2013-14. The Committee note that new schemes of pre-matric and post-matric scholarships, National Overseas Scholarship and Top Class Education Scheme for PwDs are under the consideration of the Government. The Committee recommend that in view of vital importance of these schemes in educational empowerment of PwDs, they be approved and introduced in this academic year itself. Further, special incentives be given to the visually challenged scholars pursuing higher education, particularly free board and lodging in the University/educational institutions.

7. Employment for PwDs. The Committee in their 35th Report on Demands for Grants (2013-14) of the Department of Disability Affairs (Ministry of Social Justice and Empowerment) had desired to know the precise number of vacancies and the posts reserved for the people with disabilities and the percentage it constitutes to the total vacancies in the Central Governments/State Governments and UTs. The Ministry have stated in their action taken reply that DOPT is the nodal Ministry for filling up of reserve vacancies in Government Departments. DOPT has already requested all Ministries/Departments to conduct special drive for filling of vacancies under OH category. The Committee further recommend that Department of Disability Affairs should take up the matter with DOPT to ensure that Annual Reports of all the Ministries/Departments/PSUs, etc. give data invariably on the percentage employment of PwDs in their organization/establishment in keeping with the policy of 3% reservation in Government jobs for the PwDs.

8. Dearth of trained manpower in the disability sector. The Committee are concerned to note that as per the information given by the Rehabilitation Council of India, there is a tremendous shortfall of professionals working in the disability sector. One of the primary reasons given for this shortfall is the poor compensation and pay packages given to professionals working in the field of disability. As dedicated and motivated personnel are essential to carry forward the Government programmes in this field, and keeping in view the landmark judgement of the Delhi High Court in September 2009 which directed the government of the National Capital Territory of Delhi to ensure equal terms and

conditions of service for special teachers with teachers with diplomas and degrees in General Education, the Committee recommend that the Department of Disability Affairs pursue with the Ministry of Human Resource Development and the State Governments to give remunerative pay packages to the people working in the disability sector, with good promotional avenues at par with the professionals working in normal schools and universities so that more young people are encouraged to take up this noble profession.

9. Pension schemes for the persons with different abilities. The Committee note that the Indira Gandhi National Disability Pension Scheme (IGNDPS) under the Ministry of Rural Development, is a component of National Social Assistance Programme. Under the scheme, a central assistance of only Rs. 300/- per month is provided to persons with severe or multiple disabilities in the age group of 18-79 years belonging to a household living below poverty line (BPL) as per the criteria prescribed by Government of India. The Committee feel that the pension is too meager to give any worthwhile support to PwDs. Further, the age and BPL criteria also need to be done away with as parents of children below 18 years suffering from disabilities are in dire need of financial help to take care of needs of proper nutrition and medical aid of these disadvantaged children. The Committee, therefore, recommend that disability pension should be increased to atleast Rs.1500/- per month with no age ceiling. Also the BPL criteria should be revised to include economically weaker APL sections for availing the pension. The Committee would like to be apprised of the disability pension given by the different State Governments in due course.

10. More CRCs to be set up to give national coverage to the National Institutes.

The Committee note that there are 7 National Institutes working in the field of Disability located at Dehradun, Mumbai, Kolkata, Cuttack, Secunderabad, Chennai and Delhi. Eight composite regional centres have been set up by the National Institutes at Sundernagar, Srinagar, Lucknow, Guwahati, Patna, Bhopal, Ahmedabad and Kozikode. There are 8 regional centres of the National Institutes. The Committee feel that each National Institute should have a composite regional centre in every State and regional centres in every District to increase their coverage so that the facilities and technical knowhow available with the National Institutes reach every nook and corner of the country. To begin with, such centres may be opened in remote, far flung States which are lacking in health infrastructure. The Committee, therefore, recommend that the Department of Disability Affairs should take urgent action and draw out a comprehensive plan in this regard.

11. Need for more allocation under Non-Plan Head of the Budget. The Committee while going through the financial statement of the National Institutes for the last three years observe that the National Institutes are able to spend almost their entire Plan and Non-Plan Budget. However, as pointed out by the Secretary, Department of Disability Affairs, during evidence, the Non-Plan Budget was a problem area for all the National Institutes since, Ministry of Finance had refused to increase the funds in this Head and this had created problems in the functioning of the National Institutes. The Committee feel that due to inadequate

non-plan allocation, it was increasingly becoming difficult for the National Institutes to pay for salaries and allowances and meet other non-plan expenditure. The Committee recommend that the Ministry of Finance revise the ceiling on non-plan expenditure and make available more funds so that the National Institutes do not face any problem in their day to day administration and that they able to cater to the needs of their vulnerable target groups.

12. Large number of vacancies in Group 'A', 'B', 'C', 'D', Academic/Technical and Non-Technical Posts. The Committee note that 52 Group 'A' posts, 36 Group 'B' posts, 94 Group 'C' posts and 23 Group 'D' posts, are lying vacant in the National Institutes. For Group 'A' posts, against a sanctioned strength of 173 posts, the vacant posts were 52. The vacancies in Group 'A' posts was about 30%. A large number of technical posts *i.e.*, 56 are also lying vacant in the National Institutes. The Committee find such a gross shortfall of manpower in both Technical/Non-Technical wings has put extra burden, both mentally and physically on the existing manpower, to run these institutes and cater to the large no. of persons who visit these institutes everyday. Since efficient and motivated manpower is a sine qua non for running the National Institutes, the Committee recommend that immediate and effective steps be taken to fill up these vacancies for smooth functioning of the National Institutes.

13. Sanction of Group 'C' posts in National Institutes for Empowerment of Persons with Multiple Disabilities. The Committee note that the National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD) does not have

sanctioned Group 'C' and 'D' posts. The Committee were informed that since it is a relatively new institute, these posts have not been sanctioned by the Ministry of Finance and the Institute has been asked to outsource these posts. The Department of Disability Affairs submitted that there is a felt need for nurses, caregivers, lab technicians, assistants, stenographers, etc. which are Group 'C' posts. The Committee recommend that the matter be taken up again with the Ministry of Finance and the required posts should be sanctioned in this Institute like all other National Institutes and the Committee apprised.

14. Developing and distributing aids and appliances. The Committee note that one of the tasks of the National Institutes is to develop cheap and innovative aids and appliances and each of the Institute are doing good work in developing and distributing these aids and appliances. Most of the appliances provided to the persons with disabilities have been through the ADIP Scheme free of cost and in few cases, provided on payment basis. The Committee recommend that there should be wider coverage for distribution of aids and appliances by the National Institutes through camps and workshops, especially in rural and remote areas, where there is low awareness of these aids and appliances. The Committee further desire that special camps be held in strife torn areas, in the bordering states, where the people are affected due to land mines/skirmishes missile/grenade attacks and other hostile activities which incapacitates or causes physical deformities to a large number of people regularly.

15. Sanction of posts and capital grants for the National Institutes for the Visually Handicapped (NIVH). The Committee note that the National Institute for the Visually Handicapped, Dehradun is a premier institute working in the field of visual disability. The Institute is engaged in human resource development and has, Statedly, produced 71% of trained blind teachers for the country. A placement unit is also being run by the Institute and it enjoys the status of a Special Employment Exchange. On enquired by the Committee, the representative of the NIVH deposed that the Institute was facing severe crunch of manpower and capital resource. As there were only 10 Group 'A' sanctioned posts, the Institute was being run with help of retired officers. The Committee were also constrained to note that in the Institute campus, many buildings are in dilapidated condition and some are more than 100 years old. The Committee, therefore, recommend that the Department of Disability Affairs pursue the matter with the Ministry of Finance for sanction of more posts and capital funds for the NIVH Institute urgently and the Committee be apprised within six months.

16. Funds for cochlear implants. The Committee note that the Ali Yavar Jung National Institute for the Hearing Handicapped (AYJNIHH), Mumbai established on 9th August, 1983, is an apex institute working in the field of hearing disability. The Institute also runs Doctoral Programmes in Audiology and Speech along with other educational programmes both at graduate, undergraduate and diploma level. The Committee were informed that there was an increase in the Human Resource Development Programmes of the Institute and more manpower was required to handle it. The Committee also note that cochlear implant technology

is a major advancement and has a big role in early intervention programme, as informed by the representative of AYJNIHH, there was a need to set up diagnosis and intervention units for cochlear implantation. Since with the adoption of this technology, hearing abilities can be developed/enhanced in young hearing impaired children, the Committee recommend that the Government formulate a scheme with 100% Government assistance so that the cochlear implants can be made available for the hearing impaired children of weaker section to enable them to lead a normal life. Further, the Department of Disability needs to review urgently the sanctioned staff and faculty strength of the Institute in the context of tremendous work expansion of the Institute and take up the matter with the Ministry of Finance for sanction of additional posts.

17. Tie-ups of NIMH with NGOs for wider coverage of Programmes for the Mentally Handicapped Persons. The Committee note that the National Institute for Mentally Handicapped (NIMH) has a prime objective of manpower development in the field of mental disability. As stated by the representative of the Institute, there is a huge gap between the requirement and the actual availability of professionals in this field. Notably, along with long term courses, the Institute conducts 50-60 short term training programmes every year. The Committee are pleased to note that the NIMH provides various models of rehabilitation services such as centre based, home based, community based, mobile services, etc. The Committee recommend that the Institute should tie up with NGOs who can be suitably trained by them so that its programmes can have a wider impact and coverage with the involvement of the community and family to

secure better care and rehabilitation of the mentally handicapped persons. The Committee also recommend early setting up a National Institute of Mental Health Rehabilitation.

18. Sanction of Academic Posts for introducing Post Graduate Programme in PDUIPH. The Committee note that Pt. Deendayal Upadhyay Institute for the Physically Handicapped (PDUIPH) was converted into an autonomous body in the year 1976. The Institute is doing commendable work in providing therapeutic treatment to patients with disability conditions like paraplegia, hemiplegia, arthritis, cerebral palsy, post polio residual paralysis, congenital anomalies, speech therapy etc. The Committee observe that due to shortage of professional human resource, especially faculty posts, the Institute is not able to get affiliation from the University of Delhi to run the Post Graduate Programmes. Considering the dire necessity of requisite faculty posts, the Committee recommend that the matter be taken up with the Ministry of Finance for sanction of faculty posts for the Institute and the Committee apprised.

19. Implementation of Baswan Committee recommendations. The Committee note that a Committee was constituted on 25th October, 2010 under B.S. Baswan to make recommendations for strengthening of the National Institutes. The Baswan Committee report points out apparent lacunae in the functioning of the National Institutes. The primary role of the National Institutes, when established, was capacity building followed by research. However, over the years, their role shifted more to patient care due to shortcomings of the mainstream health

system. The Committee recommend that in order to strengthen their primary objectives of training manpower, capacity building and research as also catering to patients who avail the services of these institutes, allocation to the National Institutes should be adequately enhanced to meet their various requirements as recommended by the Baswan Committee.

20. Completion of SIU study. Notably, the Baswan Committee has observed that there is an urgently felt need to upgrade these Institutes and to bring them at par with the universities and medical colleges in the country. The Baswan Committee have, therefore, rightly recommended that the best possible way of doing this would be to declare them as National Institutes of Technology under a central Act, as also declaring them as Institutes of national importance. The Committee were apprised that the Staff Investigation Unit (SIU) of the Ministry of Finance has been asked to conduct studies for five National Institutes. It was also submitted that for PDUIPH, the study was conducted in 2009 and the proposal for 24 new faculty posts for the Institute was sent to Ministry of Finance sometime back. The Committee, therefore, recommend that the Department of Disability Affairs pursue the matter with the Ministry of Finance so that the SIU studies are completed at the earliest and action is taken earnestly to give them the requisite human resource and the status of NITs.

21. NIs be declared as NITs. The Committee note that the Baswan Committee has found that the National Institutes are best suited to the IIT/NIT model and have recommended a governance model, general as well as academic in line with

IIT/IIM under a Central Act. From their examination of the statistics on record and the study visits to some of the Institutes, the Committee concur with the recommendations of the Baswan Committee and recommend that a Central Act should be passed to declare the National Institutes as NITs and Institutes of National Importance.

22. R&D in the National Institutes. The Committee note that R&D is an important aspect of the mandate of the National Institutes and they are required to engage in R&D in the concerned area of disability. Taking note of the huge task of patient care and want of segregation of funds for specific purposes, the Committee desire that at least 5%-10% of the Budget allocated to the National Institutes should be spent on R&D work. The Committee recommend that all the National Institutes should endeavour to establish technical collaborations and tie-ups with international institutes of repute to keep abreast with the latest trends in developing aids and appliances and other advancements made in the disability sector to benefit the disabled persons visiting our National Institutes.

23. Geriatric care under Department of Disability Affairs. With ageing, especially after 80 years, most of the people are afflicted with an assortment of disabilities, namely blindness, low vision, locomotor disability, hearing impairment, mental retardation, mental illness, etc., to a varying degree adversely impacting their ability to conduct their daily chores in a normal manner. The Committee note that there is a move to expand the Department of Disability

Affairs so that 'Geriatric Care' can also be taken up by the Department (as stated in 39th Report of the Committee on Implementation of Schemes for the Welfare of Senior Citizens). There is no right based law in the country to address the disabilities borne out of ageing. The Committee, therefore, recommend that a law be enacted, for the 80+ people, recognizing their general disability, which would be quite distinct from mere health care, which in any case, the State is bound to provide, for providing special assistance/facilities to them so that they can conduct their daily chores in a dignified manner in a barrier free environment.

NEW DELHI
20 February, 2014
01 Phalguna, 1935 (Saka)

HEMANAND BISWAL
Chairman
Standing Committee on
Social Justice and
Empowerment

MINUTES OF THE SIXTH SITTING OF THE STANDING COMMITTEE ON SOCIAL JUSTICE AND EMPOWERMENT HELD ON MONDAY, 20th JANUARY, 2014

The Committee met from 1130 hrs. to 1400 hrs. in Committee Room 'E', Parliament House Annexe, New Delhi.

PRESENT

SHRI HEMANAND BISWAL - CHAIRMAN

**MEMBERS
LOK SABHA**

2. Shri M. Anandan
3. Smt. Susmita Bauri
4. Shri Devidhan Besra
5. Shri Tarachand Bhagora
6. Smt. Rama Devi
7. Shri Gorakh Prasad Jaiswal
8. Shri Mohan Jena
9. Shri Dinesh Kashyap
10. Shri Wakchaure Bhausaheb R.
11. Smt. Sushila Saroj
12. Shri Pradeep Kumar Singh

RAJYA SABHA

13. Shri Avtar Singh Karimpuri
14. Shri Ahmad Saeed Malihabadi
15. Shri Mohammad Shafi
16. Shri Shankarbhai N. Vegad

LOK SABHA SECRETARIAT

- | | | | |
|----|---------------------|---|---------------------|
| 1. | Shri Devender Singh | - | Joint Secretary |
| 2. | Smt. Anita Jain | - | Director |
| 3. | Shri Kushal Sarkar | - | Additional Director |

REPRESENTATIVES OF THE MINISTRY/DEPARTMENTS/ORGANIZATIONS

| Sl. No. | | Designation and Organisation |
|---|---------------------------|--|
| 1. | Ms. Stuti Kackar | Secretary, Department of Disability Affairs |
| 2. | Shri Awanish K. Awasthi | Joint Secretary, Department of Disability Affairs |
| 3. | Shri K.V.S. Rao | Director (DD), Department of Disability Affairs |
| WITNESSES OF NATIONAL INSTITUTES | | |
| 1. | Shri T.C. Sivakumar | Director, National Institute for Mentally Handicapped, Secunderabad |
| 2. | Dr. Dharmendra Kumar | Director, Pt. Deendayal Upadhyaya Institute for Physically Handicapped, New Delhi |
| 3. | Ms. Anuradha Mohit | Director, National Institute for Visually Handicapped, Dehradun |
| 4. | Dr. Neeradha Chandramohan | Director, National Institute for Empowerment for Persons with Disabilities, Chennai |
| 5. | Dr. A. Biswas | Director, National Institute for Orthopaedically Handicapped, Kolkata |
| 6. | Dr. S.G.R. Prakash | Director Incharge, National Institute for Hearing Handicapped, Mumbai |
| 7. | Dr. R.N. Mohanty | Director Incharge, National Institute for Rehabilitation Training & Research, Cuttack |

2. At the outset, the Chairman welcomed the Members to the sitting of the Committee.

3. *****

4. *****

5. Thereafter, the representatives of the Ministry of Social Justice and Empowerment (Department of Disability Affairs) and National Institutes working in the field of disability were invited in connection with the examination of the subject "Review of the functioning of National Institutes working in the field of disability". The Chairman welcomed the Secretary and other representatives of the Ministry and National Institutes to the sitting of the Committee. He then requested the Secretary to brief the Committee about the National Institutes, their aims and objectives and the work being done by them in the field of disability.

6. The Secretary, Department of Disability Affairs thanked the Committee for strongly recommending their case because of which 69 posts had been sanctioned by the Ministry of Finance for their Department. With the approval of the Chairman, the representative of the Ministry of Social Justice and Empowerment (Department of Disability Affairs) made a power point presentation briefly touching on aspects of the functioning of National Institutes working in the field of disability. It was followed by presentation by Directors of each of the Institutes, highlighting the work being done by them and also constraints in running the Institutes.

7. The issues/points discussed, inter-alia related to :-

- (i) Total number of disabled persons in the country with breakup disability-wise as per 2011 Census;
- (ii) plan and non-plan budget of the National Institutes along with need for capital grants for renovation of buildings/new buildings;
- (iii) details of activities of National Institutes along with the aims and objectives;
- (iv) disability pensions disbursed by the Government of India/State Governments;
- (v) perspective plans of State Governments to deal with disability related issues;
- (vi) shortage of manpower in the National Institutes along with a need for sanction of new academic and other posts;
- (vii) implementation of Baswan Committee Report;
- (viii) distribution of artificial limbs by the National Institutes in border areas of the country;
- (ix) need for cochlear implants in young hearing impaired children; and
- (x) rehabilitation of persons along with possible job placements.

8. The representatives of the concerned Department/Institutes responded to most of the queries put forth by the Members to the extent possible and assured to furnish replies to those points which could not be replied to urgently.

9. At the end, the Chairman thanked the Secretary, Ministry of Social Justice and Empowerment (Department of Disability Affairs) and officials of National Institutes present for giving valuable information to the Committee on the subject and expressing their views in a free and frank manner.

10. A verbatim of the proceedings was kept on record.

The witnesses then withdrew.

The Committee then adjourned.

ANNEXURE - II

MINUTES OF THE EIGHTH SITTING OF THE STANDING COMMITTEE ON SOCIAL JUSTICE AND EMPOWERMENT HELD ON THURSDAY, 20th FEBRUARY, 2014

The Committee met from 1500 hrs. to 1515 hrs. in Chairman's Chamber, Room No. 116, Parliament House Annexe, New Delhi.

PRESENT

SHRI HEMANAND BISWAL - CHAIRMAN

MEMBERS LOK SABHA

2. Shri M. Anandan
3. Smt. Susmita Bauri
4. Shri Devidhan Besra
5. Smt. Rama Devi
6. Shri Gorakh Prasad Jaiswal
7. Shri Wakchaure Bhausahab R.
8. Shri N. Dharam Singh
9. Shri Lalit Mohan Suklabaidya

RAJYA SABHA

10. Smt. Jharna Das Baidya
11. Prof. Mrinal Miri
12. Shri Sukhendu Sekhar Roy
13. Shri Shankarbhai N. Vegad

LOK SABHA SECRETARIAT

1. Shri Devender Singh - Joint Secretary
2. Smt. Anita Jain - Director
3. Shri Kushal Sarkar - Additional Director

2. At the outset, the Chairman welcomed the Members to the sitting of the Committee and apprised them that the sitting has been convened for consideration and adoption of draft Forty-fifth Report on the subject "Review of the functioning of National Institutes working in the field of disability" of the Ministry of Social Justice and Empowerment (Department of Disability Affairs).

3. Thereafter, the Committee considered and adopted the Forty-fifth Report without any amendment.

4. The Committee authorized the Chairman to finalize the draft Report and present the same to Parliament.

The Committee then adjourned.