

**STANDING COMMITTEE ON SOCIAL JUSTICE AND
EMPOWERMENT (2017-2018)**
(SIXTEENTH LOK SABHA)

MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT

**(DEPARTMENT OF EMPOWERMENT OF PERSONS WITH
DISABILITIES)**

[Action taken by the Government on the observations/recommendations contained in the Forty-eighth Report (Sixteenth Lok Sabha) of the Standing Committee on Social Justice and Empowerment on “Implementation of Scheme of Assistance to Disabled Persons for Purchase/Fitting of Aids/Applications (ADIP)”]

FIFTY-FIFTH REPORT



LOK SABHA SECRETARIAT

NEW DELHI

August, 2018/ Shravana, 1940 (Saka)

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Presented to Lok Sabha on 09.08.2018

Laid in Rajya Sabha on 09.08.2018



**LOK SABHA SECRETARIAT
NEW DELHI
August, 2018/ Shravana, 1940 (Saka)**

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**COMPOSITION OF THE STANDING COMMITTEE ON SOCIAL
JUSTICE AND EMPOWERMENT (2017-18)**

SHRI RAMESH BAIS - CHAIRPERSON

MEMBERS

LOK SABHA

2. Shri Kanti Lal Bhuria
3. Shri Santokh Singh Chaudhary
4. Shri Sher Singh Ghubaya
5. Shri Jhina Hikaka
6. Shri Faggan Singh Kulaste
7. Shri Sadashiv Kisan Lokhande
8. Smt. K. Maragatham
9. Shri Kariya Munda
10. Shri Asaduddin Owaisi
11. Dr. Udit Raj
12. Shri Ch. Malla Reddy
13. Smt. Satabdi Roy
14. Kunwar Bharatendra Singh
15. Prof. Sadhu Singh
16. Smt. Mamata Thakur
17. Shri Mansukhbhai Dhanjibhai Vasava
18. Shri Tej Pratap Singh Yadav
- *19. Dr. Karan Singh Yadav
20. Vacant
21. Vacant

RAJYA SABHA

22. Smt. Jharna Das Baidya
- # 23. Shri Abir Ranjan Biswas
24. Shri Chunibhai Kanjibhai Gohel
25. Smt. Sarojini Hembram
26. Dr. Narendra Jadhav
- **27. Smt. Kanta Kardam
28. Smt. Vijila Sathyananth
29. Smt. Wansuk Syiem
30. Smt. Chhaya Verma
31. Shri Ramkumar Verma

* Nominated to the Committee w.e.f. 14.03.2018

** Nominated to the Committee w.e.f. 02.06.2018

Nominated to the Committee w.e.f. 23.06.2018 in place of Shri Ahamed Hassan.

LOK SABHA SECRETARIAT

1.	Shri Ashok Kumar Singh	-	Additional Secretary
2.	Shri Ashok Sajwan	-	Director
3.	Smt. Mamta Kemwal	-	Additional Director
4.	Smt. Madhu Bhutani	-	Deputy Secretary

INTRODUCTION

I, the Chairperson, Standing Committee on Social Justice and Empowerment (2017-18) having been authorized by the Committee to submit the Report on their behalf, do present this Fifty-fifth Report on the action taken by the Government on the observations/recommendations contained in the Forty-eighth Report (Sixteenth Lok Sabha) of the Standing Committee on Social Justice and Empowerment on 'Implementation of Scheme of Assistance to Disabled Persons for Purchase/Fitting of Aids/Appliances (ADIP)' of the Ministry of Social Justice and Empowerment (Department of Empowerment of Persons with Disabilities).

2. The Forty-eighth Report was presented to Lok Sabha and laid in Rajya Sabha on 03.01.2018. The Ministry of Social Justice and Empowerment (Department of Empowerment of Persons with Disabilities) furnished their replies indicating action taken on the recommendations contained in that Report on 03.04.2018. The Report was considered and adopted by the Standing Committee on Social Justice and Empowerment at their sitting held on 7th August, 2018.

3. An analysis of the action taken by Government on the recommendations contained in the Forty-eighth Report (Sixteenth Lok Sabha) of the Standing Committee on Social Justice and Empowerment is given in Appendix.

4. For facility of reference observations/recommendations/comments of the Committee have been printed in thick type in the body of the Report.

NEW DELHI;

7 August, 2018

16 Shravana, 1940 (Saka)

RAMESH BAIS
Chairperson,
Standing Committee on
Social Justice and
Empowerment

CHAPTER - I

REPORT

1.1 This Report deals with the action taken by the Government on the Observations/Recommendations of the Committee contained in their Forty-eighth Report (Sixteenth Lok Sabha) on "Implementation of Scheme of Assistance to Disabled Persons for Purchase/Fitting of Aids/Appliances (ADIP) of the Ministry of Social Justice and Empowerment (Department of Empowerment of Persons with Disabilities).

1.2 The Forty-eighth Report was presented to Lok Sabha/laid in Rajya Sabha on 3rd January, 2018. It contained 13 Observations/Recommendations. Replies of Government in respect of all the observation/recommendations have been received and are categorized as under:-

(i) Observations/Recommendations which have been accepted by the Government:

Para Nos. 2.17, 2.18, 4.4, 5.9, 5.10, 6.11, 7.6 and 8.3

(Total : 8 Chapter - II)

(ii) Observations/Recommendations which the Committee do not desire to pursue in view of the Government's reply:

Nil

(Chapter -III)

(iii) Observations/Recommendations in respect of which replies of the Government have not been accepted and which require reiteration:

Para Nos. 4.5, 5.7, 5.8 and 6.12

(Total: 4, Chapter - IV)

(iv) Observations/Recommendations in respect of which replies of the Government are of interim in nature:

Para No. 2.16

(Total: 1, Chapter - V)

1.3 The Committee desire that Action Taken Replies on the Observations/Recommendations contained in Chapter-I and final action taken in respect of the Recommendations contained in Chapter-V of this Report for which interim reply has been given by the Government may be furnished at the earliest and in any case not later than three months after the presentation of this Report.

1.4 The Committee will now deal with the replies received from the Ministry which need reiteration or merit comments.

A. Entire cost of Motorized tricycle to be borne by the Department

(Recommendation, Para No. 2.16)

1.5 The Committee noted that the actual cost of ALIMCO's motorized tricycle is Rs.37,000/- and subsidy is Rs.25,000. The difference of Rs. 12,000/- is met either by the beneficiary or by convergence with MP/MLA fund/CSR funding. The Department has no proposal to meet the entire cost of the motorized tricycle i.e., Rs. 37,000/- due to constraint of funds. The Committee felt that the target group covered under the Scheme basically belongs to the deprived section of the society and not in a position to meet the cost difference and is, therefore, deprived of the benefit. The Committee also felt that the dependence on MP/MLAs funds for meeting the cost difference is not a viable option as a large number of beneficiaries do not have access to MPs or MLAs and if somehow they could approach the MPs/MLAs, there is no guarantee that they would get the required amount from them. Also funding from this source depends a lot on the discretion and priorities of the concerned MP/MLA. The Committee, were of the considered view that the entire cost of motorized tricycle of Rs.37,000 should be borne

by the Department and the Ministry of Finance should be approached and convinced for allocation of more budget to meet the extra financial burden.

Reply of the Government

1.6 The Department of Empowerment of PwDs in their Action Taken reply have stated as under:-

"Funds allocated under ADIP Scheme are utilized for various activities outlined in the scheme which include distribution of aids and assistive devices, Motorized tricycle, cochlear implant etc. Meeting the entire cost of Motorized tricycle under ADIP Scheme by the Department as recommended by the Committee, would be additional burden on the limited finances available for undertaking various activities of the scheme. Moreover, the Department is in the process of including aids and assistive devices for new disabilities included in RPwD Act, 2016 for distribution under ADIP Scheme. Therefore, more funds are required for distribution of aids and assistive devices to beneficiaries of new disabilities. It is further submitted that the Department has invited Expression of Interest from various Organizations for conducting Third Party Impact Evaluation Study of ADIP Scheme. Based on the findings of the study and availability of funds, the issue regarding meeting the entire cost of Motorized tricycle may be considered, if feasible".

1.7 In response to Committee's recommendation that entire cost of motorized tricycle (of Rs. 37,000) be borne by the Department and the poor and destitute handicapped person should not be asked to approach MPs or MLAs to arrange Rs. 12,000 towards the remaining cost of the tricycle, the Committee are satisfied with the reply of the Department that a Third Party Impact Evaluation Study of ADIP Scheme is being conducted and meeting the entire cost of motorized tricycle would be considered based on the findings of the study and availability of funds. The Committee, however, would like to emphasize that irrespective of the findings of the Evaluation Study of ADIP Scheme, in no case those needy and poor handicapped persons be left to the mercy of MP or MLA fund as getting funds from these sources is a herculean task for any handicapped persons. The Department must approach the Ministry of Finance for extra funds to meet these additional money to meet the entire cost of the motorized tricycle.

B. Revamping of the Scheme of District Disability Rehabilitation Centres (DDRCs) to make it self-reliant.

(Recommendation, Para 2.18)

1.8 The Committee noted with concern that out of 310 districts identified for setting up of District Disability Rehabilitation Centres (DDRCs) in phases since 1999 onwards, only 261 DDRCs received funds at least once, which implies that 49 DDRCs never got funds and remained non-functional. This reflects utter lack of seriousness towards the Scheme and Department's apathy towards the PwDs. The Committee found that from the very beginning DDRCs were facing financial crunch which impaired their proper functioning. Initially, it was expected that after 3 years of launch of the Scheme, the concerned State Governments will take over the functioning of DDRCs and provide requisite support to them. But after State Governments expressed their inability to take over the scheme, DDRCs were brought under Deendayal District Rehabilitation Scheme (DDRS) for funding. The Scheme had been revised on 22.11.2017 and the amount of honorarium for staff and for other expenditure had been enhanced and would be effective from the next financial year (2018-19). The Committee found that the Scheme of DDRCs was not conceptualized and formulated in right earnestness and was throughout implemented in ad-hoc and casual manner. The Committee felt that amount of honorarium being paid/revised is only one aspect of the problem. The Department must make concerted efforts to make DDRCs financially viable and sustainable. The Committee, therefore, recommended that the Scheme of DDRCs must be revisited to make it financially viable and self-reliant.

Reply of the Government

1.9 The Department of Empowerment of PwDs in their Action Taken reply have stated as under:-

"District Disability Rehabilitation Centres (DDRCs) are set up with the objective of providing comprehensive rehabilitative support to person with disabilities which, inter-alia include therapeutic services (physiotherapy, occupational therapy, speech therapy), identification of suitable vocations for training, finding of suitable jobs for PwDs and their facilitation in obtaining disability certificate etc. DDRCs are run under the supervision of a District Management Team (DMT) headed by the District Magistrate/Collector. DMTs are constituted by the concerned State Governments.

310 districts in the country have been identified for setting up of DDRCs, out of which DDRCs have been set up in 263 districts as on 20.03.2018. DDRCs could not be set up in the remaining 47 districts due to non-receipt of complete proposals from the respective State Governments/District Administration. In a few cases, the proposals were found incomplete due to various reasons such as non setting up of the DMT, non-availability of rent free accommodation in the State/District, non submission of separate bank account details etc. One of the main reasons for DDRCs not being functional is that the District Management Team finds it difficult to run on account of low rate of honorarium of the staff.

There is no separate budget allocation for DDRC Scheme. DDRCs are funded under two separate schemes namely SIPDA (Scheme for Implementation of Rights of Persons with Disabilities Act) and DDRS (Deendayal Disabled Rehabilitation Scheme). During the first three years fund is provided from SIPDA Scheme, thereafter from DDRS Scheme. In case of DDRCs from North Eastern States funds during first five years are provided under SIPDA Scheme, thereafter from DDRS Scheme.

Considering the difficulties being faced by the district authorities, revision of the DDRC Scheme has been approved. The revision is going to be effective from 01.04.2018. The highlights of the revised DDRC Scheme are as under:-

- The cost norms of Scheme including the rate of honorarium of the project staff have been increased to 2.5 times of the existing rate.
- Contingency amount has been increased from Rs.2.10 lakhs to Rs.5.25 lakhs.
- Grants-in-aid for purchase of equipments has been enhanced from Rs. 7.00 lakh to Rs. 20.00 lakh, with a view to provide necessary equipments.
- The number of staff has been increased from 10 to 12.
- Incentive of additional 20% of honorarium to the staff of DDRCs in “Special areas”. Special area is defined in the scheme as under:-
 - (i) 8 States of North Eastern region.
 - (ii) States in Himalayan region-Utrakhand, Himachal Pradesh, Jammu and Kashmir.
 - (iii) Left Wing Extremism Affected districts—at present 106 districts in 10 States are notified by Ministry of Home Affairs.
 - (iv) Districts adjoining international borders.
- Grants-in-aid to DDRCs shall be provided under SIPDA Scheme only, not under DDRS.
- In case the district authorities fail to provide rent free accommodation, hiring of premises has been allowed.
- First instalment of grant of 75% will be released during 1st quarter of the financial year on receipt of proposal duly recommended by the DM/District Collector. Balance on receipt of State Govt. recommendation & audited accounts of the previous year & Utilisation Certificate.
- The requirement of inspection report will not be mandatory as DMT is chaired by DM, for consideration of 1st instalment of grant.

Since the existing DDRC Scheme has been revamped and the financial norms have been rationalised to the desired extent, it is believed that the district authorities will come forward to set up DDRCs and to run them efficiently and seamlessly. Covering all the districts of the country will require huge amount of funds which may not be feasible at this stage. Therefore, to begin with, the endeavour of this Department will be to make all the existing DDRCs fully functional".

1.10 The Committee feel that revamping of the scheme which was effective from 01.04.2018 will enable the smooth functioning of DDRCs and also boost the setting up of new DDRCs. The Committee would, however, like the Department to vigorously monitor the implementation of revamped scheme to address the shortcomings, if any, so as to make all the existing DDRCs fully functional so that more and more PwDs are covered. The Committee may also be apprised of the status of functional existing DDRCs under the scheme at the end of the year.

C. Streamlining the procedure of obtaining Disability Certificate and Income Certificate.

(Recommendation, Para 4.5)

1.11 The Committee observed that there are so many disabled persons found on the streets, especially on traffic signals. In the backward rural and far flung areas, disabled people neither have any certificate of disability nor income certificate for obvious reasons. For getting benefits under the scheme, PwDs are required to produce these two certificates mandatorily. The Committee, therefore, recommended that some avenues/possibilities may be explored for doing away with the requirement of these documents/certificates in such cases which appear apparent/patent.

Reply of the Government

1.12 The Department of Empowerment of PwDs in their Action Taken reply have stated as under:-

"The certificate of disability is the primary requirement for getting any benefit under the RPwD Act, 2016. The Government is in the process of implementing the UDID project which provides an online platform for issuance of certificate of disability. The project envisages grant of certificate of disability to homeless PwDs also, under the care of State Nodal Departments/other agencies. As regards the requirement of income certificate, it depends on the nature of the scheme for providing benefits to the PwDs.

In so far as ADIP Scheme is concerned, following are the eligibility conditions for availing benefits under ADIP Scheme:

- (i) 40% disablement.
- (ii) Monthly income from all sources not to exceed Rs.15000/- per month for 100% concession and Rs.15001/- to Rs.20,000/- per month for 50% concession.
- (iii) New assistive device supplied only after 3 years for the same purpose. For children below twelve years of age, limit is one year.

The above conditions are mandatory for getting aids and assistive devices under ADIP Scheme. It may not be feasible to do away with the requirement of disability certificate and income certificate in order to ensure that the benefits of the scheme are provided only to genuine beneficiaries.

However, keeping in view the difficulties being faced by Divyangjan in getting aids and assistive devices under the ADIP Scheme for want of income certificate, the Department has simplified the requirement for submission of income certificate. As per the simplified procedure, Income Certificate from Revenue Agencies or BPL Card or MGNREGA Card or Disability Pension Card or Certificate by M.P./M.L.A/Councilor/Gram Pradhan are acceptable. If these could not be produced then, Notarized Affidavit of Implementing Agencies may also be accepted for providing aids and assistive devices to Divyangjan. Further, provision has also been made in the ADIP Scheme that income certificate of beneficiaries staying in orphanages and half-way homes etc. may be accepted on certification of District Collector or Head of the organization concerned".

1.13 The Committee are disturbed to note that in spite of all out efforts made by the Department to implement the UDID Project for issuance of Disability Certificate online and to streamline the procedure for obtaining Income Certificate by PwDs, reports of PwDs facing harassment in getting the benefits of the ADIP Scheme appearing in the media very often. Recently, there was a report in the media that a woman in the Mathura District had to walk several miles carrying her disabled husband on her back four to five times to the District Headquarter to obtain disability certificate for getting wheelchair for him under ADIP Scheme. However, she could get the wheelchair only after the case was highlighted by the media. These incidents show that the state of implementation of the guidelines and the simplify procedure is not as efficient and hassle-free as it is made to be. The Committee, therefore, recommend that there is a dire need to obviate the occurrence of such cases. The Department must sensitize the officials/authorities who are issuing the Disability Certificate to be sympathetic towards these people.

(D) Increasing the annual target of 500 Cochlear Implant Surgeries and revision/relaxation of eligibility income criteria.

(Recommendation, Para 5.7)

1.14 The Committee felt that the Cochlear Implant is a device which provides life long relief to hearing impaired children. The Committee noted that the revised ADIP Scheme has a provision of Cochlear Implant Surgery of 500 children per year with a ceiling of Rs.6.00 lakh per unit and the eligibility criteria is 100 per cent concession for beneficiaries with an income less than Rs. 15,000 per month and 50 per cent concession for income between Rs. 15,000 to Rs. 20,000 per month. The Committee were dismayed to note that in the last three years from 03.12.2014 to 30.11.2017, only 975 Cochlear Implant Surgeries had been conducted across the country, which were far less than the target of 500 Implant Surgeries per year. The Committee strongly felt that the Cochlear Implant Surgery, if performed in the early years of a hearing impaired child would certainly help overall development of the child. The target of 500 implant surgeries was very less for the entire country and that too could not be met. As a result, waiting list of such patients increased. The Committee recommended that the target of 500 Implant Surgeries per year be increased at least to 700 besides ensuring that this target be achieved without any excuse.

Reply of the Government

1.15 The Department of Empowerment of PwDs in their Action Taken reply have stated as under:-

"It is submitted that apart from Cochlear Implant, funds under ADIP Scheme are utilized for providing aids and assistive devices for all types of disabilities. Therefore, number of cochlear implant surgeries each year depends upon

availability of funds under the Scheme. So far, 1121 Cochlear Implant surgeries have been done across the country. The implant requirements are much more as pointed out by the Standing Committee. In the initial period, the target of 500 implants was not met as the Department had to empanel hospitals across India and a system had to be developed for providing registration, approval of surgery & post operative rehabilitation system. Now a proper system has been put in place along with a dedicated website www.adipcochlearimplant.in. For Cochlear Implant surgery, 172 hospitals (both Government and Private) have been empanelled across the country.

Ali Yavar Jung National Institute of Speech & Hearing disabilities (Divyangjan), Mumbai (AYJNISHD) is the nodal agency for the cochlear implant programme. The Institute has trained its own manpower as well as outsourced a few staff and is now equipped to take more caseload for cochlear implant. For the ease of monitoring, the country is divided into five Zones, namely North, West Central, East, North-East and South. Zonal Coordinators are appointed for monitoring of cochlear implant surgery and post operative rehabilitation. It is stated that the limit of 500 children per year for cochlear implant surgery is not the maximum ceiling fixed under the Scheme. As such, more than 500 cochlear implant surgeries may be undertaken in a year depending upon availability of funds under ADIP Scheme".

(Recommendation, Para 5.8)

1.16 The Committee noted that the revised ADIP Scheme contains a provision to provide Cochlear Implant for 500 children per year with a ceiling of Rs. 6.00 lakh per unit including cost of surgery and post-operative rehabilitation. The Committee felt that for a person with an annual income of Rs. 1.8 lakh to Rs. 2.4 lakh bearing 50 per cent cost of the surgery is almost impossible. As majority of the patients are in need of Cochlear Implant under ADIP Scheme come from economically weaker sections of the

society, the Committee desired that the income criteria must be revised/relaxed so that benefit could be extended to more and more patients.

Reply of the Government

1.17 The Department of Empowerment of PwDs in their Action Taken reply have stated as under:-

“Despite limited budgetary resources under the ADIP Scheme, the Department making all out efforts to undertake the targeted 500 cochlear implant surgeries on first come first served basis with a view to cover the poor and indigent beneficiaries as per existing income ceiling prescribed under the Scheme for availing the benefit. Raising the income ceiling will not only result in further increase in waitlist of beneficiaries but also affect the poorest beneficiaries. However, the Department is in the process of conducting Third Party Impact Evaluation Study of ADIP Scheme. The objectives of the study include finding out the bottlenecks of the scheme, and to suggest remedial measures for improvement. Therefore, revision/relaxation in the income criteria for extending the benefit of Cochlear Implant to more and more patients may be considered based on the findings of the Study and availability of funds under the Scheme”.

1.18 The Department has informed that the limit of 500 surgeries per year is not the maximum ceiling fixed and more Implant Surgeries can be undertaken depending upon availability of funds.

As regards revision/relaxation of eligibility income criteria, the Department has informed that it is making all out efforts to meet the targeted 500 implant surgeries on first come first served basis to cover more poor beneficiaries as per the existing income ceiling and raising the income ceiling will result in further increase in waitlist of needy and poorest beneficiaries.

The Committee do not accept this argument of the Department. The Committee are of the view that a person earning between 1.8 lakh to 2.4 lakh per annum cannot be termed as "well off". He is poor by all means and by any standards and all yardsticks. It is not possible for a person falling in this income bracket to afford 50% of cost of Implant surgery which comes to Rs. 3.00 lakhs. The Committee feel that Department is trying to evade the issue under the pretext of conducting Third Party Evaluation Study, implementation of which will be a long drawn and lengthy process. The Committee, therefore urge the Department that pending result of the Evaluation Study, they must relax the income criteria as an *interim measure* to cover more and more children under the Scheme in order to secure their future. In Committee's view, change in income criteria may increase the waitlist but on the other hand, it will deprive a large number of genuine and needy hearing impaired children from the benefit of the Scheme. The Committee, therefore, reiterate their recommendation and desire the Department to relax the income criteria and must increase their budget allocation under the Scheme.

(E) Creation of separate Disability Departments in all States/UTs to look after PwDs concerning issues

Recommendation (Para 6.12)

1.19 The Committee observed that out of 36 States/UTs, only 6 States namely Andhra Pradesh, Madhya Pradesh, Odisha, Rajasthan, Tamil Nadu and Uttar Pradesh have dedicated Departments/District Social Welfare Officers to look after the issues of PwDs and the remaining States/UTs have not taken any action in this regard even after specific instructions and advice given by the Central Government. This shows the indifference and insensitivity towards welfare of PwDs by the other State Governments. The Committee were of the considered view that the issue of having dedicated Disability related Departments and appointment of State Disability Commissioners be taken up with State Governments at the highest level. In case, this effort fails to yield any result, then the appointment of State Disability Commissioner be made mandatory by amending the Rights of Persons with Disability Act, 2016.

Reply of the Government

1.20 The Department of Empowerment of PwDs in their Action Taken reply have stated as under:-

"Section 79 of the Rights of Persons with Disability (RPwD) Act, 2016 mandates the State Governments to appoint a State Commissioner for Persons with Disabilities. This provision is mandatory as such no amendment is required in the RPwD Act. Further, with a view to impress upon the States to appoint independent State Commissioners, the issue was also raised in the first meeting of the Central Advisory Board on Disability (the Apex policy making body on disability) held under the Chairmanship of Hon'ble Minister SJ&E on 13.02.2018 and the States/UTs have been advised to appoint State Commissioners by June, 2018. Besides, the State Governments have also been requested at the level of Secretary, DEPwD to consider creating separate Departments for looking after the issues concerning PwDs and also regarding appointment of independent State Commissioners vide letter dated 20.03.2018".

1.21 The Committee are dismayed to note that even after the Rights of Persons with Disability (RPwD) Act, 2016 having a mandatory provision for appointment of a State Commissioner for PwDs, majority of States/UTs have neither appointed independent State Commissioner nor have separate dedicated Disability Department to look after PwDs concerning issues. The Department has informed that the Central Advisory Board on Disability in its meeting have advised the States/UTs to appoint State Commissioner by June, 2018. The Committee desire that the Department must take up the issue with erring States/UTs on one to one basis at the highest level. The status of appointment of State Commissioner for PwDs in each State/UT may be apprised to the Committee within three months of Presentation of the Report.

CHAPTER - II

OBSERVATIONS/RECOMMENDATIONS WHICH HAVE BEEN ACCEPTED BY THE GOVERNMENT

Recommendation (Para No. 2.17)

2.1 The Committee were informed that under the ADIP Scheme, a subsidy of Rs.25,000/- is provided once in 10 years for motorized tricycle and wheelchair to disabled persons, not below the age of 16 years and with 80 per cent disability. The condition of roads throughout the country is not so good, particularly in rural areas which not only results in shorter span of motorized vehicles including tricycle but also gradually increases the maintenance cost of these vehicles within 5-6 years of their usage. As most of the PwDs covered under the scheme come from the deprived and poor section of the society, it is very difficult, if not possible, for them to meet the increased maintenance cost of motorized tricycles. The Committee, therefore, feel that the period of providing motorized tricycle and wheelchair once in 10 years is unjustified and needs to be reviewed. The Committee, therefore, recommend that the time period for providing motorized tricycle and wheelchair to severely disabled persons once in 10 years be lowered to 5 years.

Reply of the Government

2.2 The Department is in the process of conducting Third Party Impact Evaluation Study of ADIP Scheme. One of the objectives of the study is to assess the quality and durability of aids and assistive devices and the system of repair/replacement of such devices by implementing agencies. The recommendations of the Committee for lowering the time period for providing motorized tricycles and wheelchairs to severely disabled persons may be taken into consideration, based on the findings of Impact

Recommendation (Para No. 2.18)

2.3 The Committee are deeply concerned to note that out of 310 districts identified for setting up of District Disability Rehabilitation Centres (DDRCs) in phases since 1999 onwards, only 261 DDRCs received funds at least once, which implies that 49 DDRCs never got funds and remained non-functional. This reflects utter lack of seriousness towards the Scheme and Department's apathy towards the PwDs. The Committee find that from the very beginning DDRCs were facing financial crunch which impaired their proper functioning. Initially, it was expected that after 3 years of launch of the Scheme, the concerned State Governments will take over the functioning of DDRCs and provide requisite support to them. But after State Governments expressed their inability to take over the scheme, DDRCs were brought under Deendayal District Rehabilitation Scheme (DDRS) for funding. The Scheme has been revised on 22.11.2017 and the amount of honorarium for staff and for other expenditure has been enhanced and it would be effective from the next financial year (2018-19). The Committee find that the Scheme of DDRCs was not conceptualized and formulated in right earnestness and was throughout implemented in ad-hoc and casual manner. The Committee feel that amount of honorarium being paid/revised is only one aspect of the problem. The Department must make concerted efforts to make DDRCs financially viable and sustainable too. The Committee, therefore, recommend that the Scheme of DDRCs must be revisited to make it financially viable and self-reliant.

Reply of the Government

2.4 District Disability Rehabilitation Centres (DDRCs) are set up with the objective of providing comprehensive rehabilitative support to person with disabilities which, inter-alia include therapeutic services (physiotherapy, occupational therapy, speech therapy), identification of suitable vocations for training, finding of suitable jobs for PwDs and their facilitation in obtaining disability certificate etc. DDRCs are run under the supervision of a District Management Team (DMT) headed by the District Magistrate/Collector. DMTs are constituted by the concerned State Governments.

310 districts in the country have been identified for setting up of DDRCs, out of which DDRCs have been set up in 263 districts as on 20.03.2018. DDRCs could not be set up in the remaining 47 districts due to non-receipt of complete proposals from the respective State Governments/District Administration. In a few cases, the proposals were found incomplete due to various reasons such as non setting up of the DMT, non-availability of rent free accommodation in the State/District, non submission of separate bank account details etc. One of the main reasons for DDRCs not being functional is that the District Management Team finds it difficult to run on account of low rate of honorarium of the staff.

There is no separate budget allocation for DDRC Scheme. DDRCs are funded under two separate schemes namely SIPDA (Scheme for Implementation of Rights of Persons with Disabilities Act) and DDRS (Deendayal Disabled Rehabilitation Scheme). During the first three years fund is provided from SIPDA Scheme, thereafter from DDRS Scheme. In case of DDRCs from North Eastern States funds during first five years are provided under SIPDA Scheme, thereafter from DDRS Scheme.

Considering the difficulties being faced by the district authorities, revision of the DDRC Scheme has been approved. The revision is going to be effective from 01.04.2018. The highlights of the revised DDRC Scheme are as under:-

- The cost norms of Scheme including the rate of honorarium of the project staff have been increased to 2.5 times of the existing rate.
- Contingency amount has been increased from Rs.2.10 lakhs to Rs.5.25 lakhs.
- Grants-in-aid for purchase of equipments has been enhanced from Rs. 7.00 lakh to Rs. 20.00 lakh, with a view to provide necessary equipments.
- The number of staff has been increased from 10 to 12.
- Incentive of additional 20% of honorarium to the staff of DDRCs in “Special areas”. Special area is defined in the scheme as under:-
 - (i) 8 States of North Eastern region.
 - (ii) States in Himalayan region-Utrakhand, Himachal Pradesh, Jammu and Kashmir.
 - (iii) Left Wing Extremism Affected districts—at present 106 districts in 10 States are notified by Ministry of Home Affairs.
 - (iv) Districts adjoining international borders.
- Grants-in-aid to DDRCs shall be provided under SIPDA Scheme only, not under DDRS.
- In case the district authorities fail to provide rent free accommodation, hiring of premises has been allowed.

- First instalment of grant of 75% will be released during 1st quarter of the financial year on receipt of proposal duly recommended by the DM/District Collector. Balance on receipt of State Govt. recommendation & audited accounts of the previous year & Utilisation Certificate.
- The requirement of inspection report will not be mandatory as DMT is chaired by DM, for consideration of 1st instalment of grant.

Since the existing DDRC Scheme has been revamped and the financial norms have been rationalised to the desired extent, it is believed that the district authorities will come forward to set up DDRCs and to run them efficiently and seamlessly. Covering all the districts of the country will require huge amount of funds which may not be feasible at this stage. Therefore, to begin with, the endeavour of this Department will be to make all the existing DDRCs fully functional.

[Ministry of Social Justice and Empowerment (Department of Empowerment of Persons with Disabilities) O.M. No.4-2 (26)/2017/DD-I dated 03.04.2018]

Comments of the Committee

(Please see Para No. 1.10 of Chapter-I of the Report)

Recommendation (Para No. 4.4)

2.5 The Committee are sad to note that due to non-availability of specialists in the designated hospitals/medical authorities in the District where the disabled persons reside, they have to go to adjoining Districts in the State for obtaining a Disability Certificate. A case also came to the notice of the Committee where a disabled person, who had been recommended by a Member of Parliament, was instructed by the authorities concerned to go for medical examination to the other District where he could

not go. The Committee deprecate such callous attitude and apathy of the officials. The Committee recommend that all out efforts should be made to streamline the entire process/formalities in such a way that there is no harassment to the PwDs. The Committee desire that while organizing ADIP Camps for distribution of aids/appliances, the work pertaining to issue of Disability Certificates to the PwDs of the region should be done in a campaign mode so that benefits of the Scheme reach to needy without undue delay.

Reply of the Government

2.6 On 04.01.2018, the Government notified the guidelines for assessment of various disabilities specified in the Rights of Persons with Disabilities Act, 2016. The guidelines provide the composition of the medical team for the purpose of evaluation and certification of disability. Secretary, Ministry of Health & Family Welfare has been requested by Secretary, DEPwD to ensure that all requisite medical experts/specialists are available at the District level for smooth issuance of certificate of disability.

It is further stated that ALIMCO undertakes survey in the District where ADIP camps are to be held and also makes arrangements for issuance of certificate of disability and income certificate in coordination with District Administration, for the purpose of distribution of aids and appliances under ADIP Scheme.

[Ministry of Social Justice and Empowerment (Department of Empowerment of Persons with Disabilities) O.M. No.4-2 (26)/2017/DD-I dated 03.04.2018]

Recommendation (Para No. 5.9)

2.7 The Committee note that for Implant Surgery, ALIMCO is the nodal agency for procurement of Cochlear Implant and Ali Yavar Jung National Institute of Speech and Hearing Disabilities (AYJNISHD) is the Implementing Agency of the Cochlear Implant programme all over the country. The Committee are disappointed to note that during the year 2014-15, 2015-16, 2016-17 and 2017-18 (till 04.12.2017), the total number of Cochlear Implant Surgeries conducted by AYJNISHD were only 38, 300, 276 and 215 respectively. The Committee fail to understand that when the Cochlear Implant Programme is meant for the entire country then why the request has been made by the Department to only four States for procurement of Cochlear implant. The Committee, therefore, desire that the Department should direct all States/UTs for their participation in the Cochlear Implant Programme so that bulk purchase should be made at low cost for the entire country.

Reply of the Government

2.8 As a first step in compliance of the recommendations of the Committee, Secretary, DEPwD has made a request vide D.O. letter dated 13.03.2018 to the Chief Secretaries of Arunachal Pradesh and Manipur for participation in the Cochlear Implant program under ADIP Scheme. In these two States, persons with hearing disability comprise more than 20% of persons with disabilities as per Census 2011. Based on the response from these States, other States/UTs where persons with hearing disability comprise more than 20% of persons with disabilities as per Census 2011, may also be approached for their participation.

[Ministry of Social Justice and Empowerment (Department of Empowerment of Persons with Disabilities) O.M. No.4-2 (26)/2017/DD-I dated 03.04.2018]

Recommendation (Para No. 5.10)

2.9 The Committee appreciate the efforts being made by Defence Research and Development Organization (DRDO) to develop indigenous Cochlear Implant which is at trial stage. The Committee, however, desire the Department to make all out efforts to complete the trial process at the earliest as the indigenous Cochlear Implant will certainly be much cheaper than the imported Implant. This will not only go a long way in making the programme a success but more people will be benefitted.

Reply of the Government

2.10 D.O. letters from Joint Secretary, DEPwD have been sent to Director General (Life Sciences), Defence Research & Development Organization (DRDO), New Delhi on 27.02.2018 and 21.03.2018 for conveying the current status of Cochlear Implant trials undertaken by DRDO as well as further developments in the matter. Response of DRDO is awaited.

[Ministry of Social Justice and Empowerment (Department of Empowerment of Persons with Disabilities) O.M. No.4-2 (26)/2017/DD-I dated 03.04.2018]

Recommendation (Para No. 6.11)

2.11 The Committee find that initiatives like, online submission of proposals by NGOs on e-Anudan Portal for availing grant-in-aid under ADIP Scheme, making Aadhar number and address proof of beneficiaries mandatory and introduction of Direct Benefit Transfer (DBT) Portal making the system transparent is a welcome step. The Committee appreciate the efforts being made by the Department to strengthen the monitoring and evaluation mechanism of the performance of NGOs/implementing agencies of various Schemes. The Committee, however, desire the Department to

periodically review the monitoring mechanism itself as it would help addressing the shortcomings and practical difficulties, if any, found in the mechanism.

Reply of the Government

2.12 The direction of the Committee to periodically review the monitoring mechanism by the Department has been noted for compliance. In this context, the Department has already initiated action for conduct of Impact Evaluation Study of ADIP Scheme. One of the objectives of the Study is to examine the present system of monitoring the implementation of the scheme and suggest suitable improvements. Based on the recommendations of the Study in this matter, further action may be taken by the Department.

[Ministry of Social Justice and Empowerment (Department of Empowerment of Persons with Disabilities) O.M. No.4-2 (26)/2017/DD-I dated 03.04.2018]

Recommendation (Para No. 7.6)

2.13 The Committee find overall performance of ALIMCO satisfactory. ALIMCO has also been manufacturing various new products for disabled persons and has also started production of walkers and cervical collar from the year 2016-17 for senior citizens under Rashtriya Vayoshiri Yojana Camps. The Committee were informed that the ongoing modernization process of ALIMCO is expected to be completed on schedule time i.e., by December, 2018. The Committee feel that there have been funds constraints under many schemes and programmes which are being implemented by ALIMCO viz. holding of distribution camps. The Committee, therefore, desire the

Department to ensure that ALIMCO should be given sufficient funds to continue its schemes and programmes effectively so that it is in a position to serve 6 lakh beneficiaries after completion of its modernization.

The Committee further desire that ALIMCO must strengthen its Research and Development Wing so that it is in a position to introduce new products as well as upgrade the existing products. If ALIMCO faces any funds crunch in the process, the Department should ensure the same.

Reply of the Government

2.14 The Ministry has already approved the Modernisation Plan of the Corporation as per which the Central Government is giving grants-in-aid of Rs.200 crore out of total Modernisation Plan of Rs.338 crore. Accordingly, the Corporation is building new infrastructure in its campus at Kanpur exclusively for R&D purposes. A modern Auxiliary Centre is being set up at Ujjain. It is also proposed to recruit dedicated R&D personnel for R&D activities. The building for R&D facility is under construction and is likely to be completed by the end of FY 2018-19. In order to improve the R&D infrastructure under the Modernisation Plan, it is planned to procure Precision Machines and Design Softwares.

Even though there is no separate Research and Development Wing in ALIMCO, Design and Development wing of the Corporation undertakes the task of Research and Development work which includes development of New Products, improvement in the existing Products and value Engineering of the existing Products, wherever required. In the last five years, ALIMCO has added nine New Products in its product basket.

In order to develop and improve the existing ALIMCO Products, the Design and Development Wing of the Corporation is regularly interacting with premier Institute like CSIR Labs, IITs and ISRO for technical collaboration.

For technology upgradation of the Fast Moving Products of the Corporation, the Corporation has signed two Transfer of Technology Agreements as under:

- (i) For Development of High end Prosthetics and Orthotics agreement has been signed with M/s Ottobock, India (Company based at Germany)
- (ii) For the Development of WHO compliant Wheelchair, agreement has been signed with M/s Motivation, U.K.

[Ministry of Social Justice and Empowerment (Department of Empowerment of Persons with Disabilities) O.M. No.4-2 (26)/2017/DD-I dated 03.04.2018]

Recommendation (Para No. 8.3)

2.15 The Committee were informed that various steps have been taken by the Department towards awareness generation and giving adequate publicity to the ADIP Scheme by holding of ADIP Camps for distribution of aids/appliances to PwDs at District level throughout the country, including North Eastern Region. The Committee would like to impress upon the Department that while using the print and electronic media extensively, specific efforts should be made to ensure that the publicity material, its contents must be in local language and in simple format so that illiterate/semi-illiterate population living in the rural, remote and far-flung areas is also able to understand the benefits of the Scheme.

Reply of the Government

2.16 Before holding the camps for distribution of aids and assistive devices, ALIMCO undertakes Assessment Camps all over the country in association with local administration. Prior to conduct of assessment camps, due publicity is given to the program in all available local media through District Administration machinery so as to ensure that a large number of Persons with Disabilities (Divyangjan) turn up for such Assessment Camps. This brings desired results and the Corporation is able to conduct Mega Camps all over the country covering more beneficiaries. Furthermore, on the day of distribution of aids and assistive devices, the Department issues advertisements regarding ADIP camps in Hindi/English and local languages of the State/area where these camps are held.

National Institutes under the Department also disseminate information about ADIP Scheme prior to conduct of distribution camp, during identification and assessment camps. Posters are put up in different States at district level in local language for information of the local public.

[Ministry of Social Justice and Empowerment (Department of Empowerment of Persons with Disabilities) O.M. No.4-2 (26)/2017/DD-I dated 03.04.2018]

CHAPTER – III

**OBSERVATIONS/RECOMMENDATIONS WHICH THE COMMITTEE DO NOT DESIRE
TO PURSUE IN VIEW OF THE GOVERNMENT'S REPLY**

- Nil -

CHAPTER – IV

OBSERVATIONS/RECOMMENDATIONS IN RESPECT OF WHICH REPLIES OF THE GOVERNMENT HAVE NOT BEEN ACCEPTED AND WHICH REQUIRE REITERATION

Recommendation (Para No. 4.5)

4.1 The Committee observe that there are so many disabled persons found on the streets, especially on traffic signals. Similarly, in the backward rural and far flung areas, disabled people neither have any Certificate of Disability nor income certificate for obvious reasons. For taking benefits under the scheme, PwDs have to produce these two certificates mandatorily. The Committee, therefore, recommend that some avenues/possibilities may be explored for doing away with the requirement of these documents/certificates in such cases which appear apparent/patent.

Reply of the Government

4.2 The certificate of disability is the primary requirement for getting any benefit under the RPwD Act, 2016. The Government is in the process of implementing the UDID project which provides an online platform for issuance of certificate of disability. The project envisages grant of certificate of disability to homeless PwDs also, under the care of State Nodal Departments/other agencies. As regards the requirement of income certificate, it depends on the nature of the scheme for providing benefits to the PwDs.

In so far as ADIP Scheme is concerned, following are the eligibility conditions for availing benefits under ADIP Scheme:

- (i) 40% disablement.
- (ii) Monthly income from all sources not to exceed Rs.15000/- per month for 100% concession and Rs.15001/- to Rs.20,000/- per month for 50% concession.

(iii) New assistive device supplied only after 3 years for the same purpose. For children below twelve years of age, limit is one year.

The above conditions are mandatory for getting aids and assistive devices under ADIP Scheme. It may not be feasible to do away with the requirement of disability certificate and income certificate in order to ensure that the benefits of the scheme are provided only to genuine beneficiaries.

However, keeping in view the difficulties being faced by Divyangjan in getting aids and assistive devices under the ADIP Scheme for want of income certificate, the Department has simplified the requirement for submission of income certificate. As per the simplified procedure, Income Certificate from Revenue Agencies or BPL Card or MGNREGA Card or Disability Pension Card or Certificate by M.P./M.L.A/Councilor/Gram Pradhan are acceptable. If these could not be produced then, Notarized Affidavit of Implementing Agencies may also be accepted for providing aids and assistive devices to Divyangjan. Further, provision has also been made in the ADIP Scheme that income certificate of beneficiaries staying in orphanages and half-way homes etc. may be accepted on certification of District Collector or Head of the organization concerned.

[Ministry of Social Justice and Empowerment (Department of Empowerment of Persons with Disabilities) O.M. No 4-2 (26)/2017/DD-I dated 03.04.2018]

Comments of the Committee

(Please see Para No. 1.13 of Chapter-I of the Report)

Recommendation (Para No. 5.7)

4.3 The Committee feel that the Cochlear Implant is a device which provides life long relief to hearing impaired children. The Committee note that the revised ADIP Scheme has a provision of Cochlear Implant Surgery of 500 children per year with a ceiling of Rs.6.00 lakh per unit and the eligibility criteria is 100 per cent concession for beneficiaries with an income less than Rs. 15,000 per month and 50 per cent concession for income between Rs. 15,000 to Rs. 20,000 per month. The Committee are dismayed to note that in the last three years i.e., from 03.12.2014 to 30.11.2017, only 975 Cochlear Implant Surgeries have been conducted across the country, which is far less than the target of 500 Implant Surgeries per year. The Department needs to explain this shortfall. The Committee strongly feel that the Cochlear Implant Surgery, if performed in the early years of a hearing impaired child, it will certainly help overall development of the child. The target of 500 implant surgeries is very less for the entire country which unfortunately is also not met. As a result, waiting list of such patients keeps increasing. The Committee recommend that the target of 500 Implant Surgeries per year be increased at least to 700 besides ensuring that this target is achieved without any excuse, whatsoever.

Reply of the Government

4.4 It is submitted that apart from Cochlear Implant, funds under ADIP Scheme are utilized for providing aids and assistive devices for all types of disabilities. Therefore, number of cochlear implant surgeries each year depends upon availability of funds under the Scheme. So far, 1121 Cochlear Implant surgeries have been done across the country. The implant requirements are much more as pointed out by the Standing

Committee. In the initial period, the target of 500 implants was not met as the Department had to empanel hospitals across India and a system had to be developed for providing registration, approval of surgery & post operative rehabilitation system. Now a proper system has been put in place along with a dedicated website www.adipcochlearimplant.in. For Cochlear Implant surgery, 172 hospitals (both Government and Private) have been empanelled across the country.

Ali Yavar Jung National Institute of Speech & Hearing Disabilities (Divyangjan), Mumbai (AYJNISHD) is the nodal agency for the cochlear implant programme. The Institute has trained its own manpower as well as outsourced a few staff and is now equipped to take more caseload for cochlear implant. For the ease of monitoring, the country is divided into five Zones, namely North, West Central, East, North-East and South. Zonal Coordinators are appointed for monitoring of cochlear implant surgery and post operative rehabilitation. It is stated that the limit of 500 children per year for cochlear implant surgery is not the maximum ceiling fixed under the Scheme. As such, more than 500 cochlear implant surgeries may be undertaken in a year depending upon availability of funds under ADIP Scheme.

[Ministry of Social Justice and Empowerment (Department of Empowerment of Persons with Disabilities) O.M. No.4-2 (26)/2017/DD-I dated 03.04.2018]

Comments of the Committee

(Please see Para No. 1.18 of Chapter-I of the Report)

Recommendation (Para No. 5.8)

4.5 The Committee note that the revised ADIP Scheme contains a provision to provide Cochlear Implant for 500 children per year with a ceiling of Rs. 6.00 lakh per unit including cost of surgery and post-operative rehabilitation. The Committee feel that for a person with an annual income of Rs. 1.8 lakh to Rs. 2.4 lakh bearing 50 per cent cost of the surgery is almost impossible. As majority of the patients are in need of Cochlear Implant under ADIP Scheme come from economically weaker sections of the society, the Committee desire that the income criteria must be revised/relaxed so that benefit could be extended to more and more patients. The Committee also recommend that Department must formulate detailed guidelines to ensure (i) post surgery follow-up and functioning of implant device; (ii) speedy repair of device in case of any fault-technical or otherwise; (iii) hospitals and clinics registered for conducting the implant surgery have well trained doctors and staff; and (iv) early detection of hearing disability.

Reply of the Government

4.6 As already submitted in reply to para 5.7, apart from Cochlear Implant, funds under ADIP Scheme are utilized for providing aids and assistive devices for all types of disabilities. The cochlear implant programme under the ADIP Scheme was launched w.e.f. 3rd December, 2014. Despite limited budgetary resources under the Scheme, the Department is making all out efforts to undertake the targeted 500 cochlear implant surgeries on first come first served basis with a view to cover the poor and indigent beneficiaries as per existing income ceiling prescribed under the Scheme for availing the benefit. Raising the income ceiling will not only result in further increase in waitlist of beneficiaries but also affect the poorest beneficiaries. However, as already submitted in reply to para 2.17 of Standing Committee's 48th Report, the Department is in the process of conducting Third Party Impact Evaluation Study of ADIP Scheme. The objectives of the study include finding out the bottlenecks of the scheme, if any, and to

suggest remedial measures for improvement. Therefore, revision/relaxation in the income criteria for extending the benefit of Cochlear Implant to more and more patients may be considered based on the findings of the Study and availability of funds under the Scheme.

In the matter of formulation of detailed guidelines, it is stated that for implementation of the Cochlear Implant Programme, the Ministry has, inter-alia, notified detailed guidelines for Cochlear Implantation and procurement of Cochlear Implant vide OM No.4-2 (8)/2014/DD-I dated 20.10.2014 i.e. Annexure-II of the OM (**Appendix-I**). The guidelines, inter-alia, contain the procedure for candidate selection, procedure for pre-implant candidacy evaluation, guidelines for empanelment of hospitals and surgeons, procedure related to Cochlear Implant surgery, post-operative rehabilitation, schedule for post-operative aural rehabilitation (Mapping Schedule & AVT Schedule) and procedure for procurement of Cochlear Implant. Ali Yavar Jung National Institute of Speech & Hearing Disabilities (Divyangjan) (AYJNISHD), Mumbai is the nodal agency for Cochlear Implant surgery and rehabilitation.

Measures taken to ensure (i) post surgery follow-up and functioning of implant device; (ii) speedy repair of device in case of any fault-technical or otherwise; (iii) hospitals and clinics registered for conducting the implant surgery have well trained doctors and staff; and (iv) early detection of hearing disability are as indicated below:

(i) Post surgery follow-up and functioning of implant device:

AYJNISHD has already nominated All India Coordinator for Cochlear Implant surgery and All India Coordinator for Post-operative Rehabilitation along with Zonal Coordinator and Co-zonal Coordinators. Zonal Coordinators are in AYJNISHD, Mumbai and Co-zonal coordinators are in Regional Centers – Kolkata, Secunderabad, Noida, Janla (near Bhubaneswar) and Composite Regional Centres located at Bhopal and Ahmedabad. All cases are tracked either through phone, email or letters for post-operative rehabilitation. More than 300 professionals are also empanelled for providing post-operative rehabilitation across India. All-India Coordinator (Post-Cochlear Implant) and respective Zonal Coordinators establish and maintain regular contact with the parents of each beneficiary to ensure that they are enrolled for regular intervention.

Some of the empanelled hospitals also are enrolled for providing post-operative rehabilitation.

(ii) Speedy repair of device in case of any fault-technical or otherwise:

As regards speedy repair of device in case of any fault-technical or otherwise, for the Cochlear Implant, the present arrangement is that one year disposable batteries, one set of charger and two sets of chargeable batteries are given along with the processor. The processor warranty is for three years. Three cable cords are provided as it is likely that cable cords go out of order most frequently. The cable cord warranty is for six months. In case of lost processor, Institute is requesting the agency to provide the processor at the minimum cost.

(iii) Well trained doctors and staff in the Hospitals and clinics registered for conducting implant surgery:

AYJNISHD along with the Cochlear Implant agency periodically conducts training programs for the registered professionals involved in cochlear Implant program. One training institute from abroad i.e. Hear & Say Group from Australia had also conducted training program for the Audiologists, Speech Language Pathologists and Special Educators involved in Cochlear Implant program.

(iv) Early detection of hearing disability:

For early detection of hearing disability, awareness is being created through different short term training programs, parents' meeting, mega camps and awareness Generation programs.

(v) Warranty provision:

Procurement of Cochlear Implants is made by Artificial Limbs Manufacturing Corporation of India (ALIMCO), Kanpur. In the terms and conditions for supply of Cochlear Implants, there is warranty provision for replacement/repair of the Cochlear Implant by the supplier as indicated below:

- a) Cochlear Implant: 10 Year from the date of surgery.

- b) External components excluding cables; 03 years from the date of switching on of Cochlear Implant.

[Ministry of Social Justice and Empowerment (Department of Empowerment of Persons with Disabilities) O.M. No.4-2 (26)/2017/DD-I dated 03.04.2018]

Comments of the Committee

(Please see Para No. 1.18 of Chapter-I of the Report)

Recommendation (Para No. 6.12)

4.7 The Committee observe that out of 36 States/UTs, only 6 States namely Andhra Pradesh, Madhya Pradesh, Odisha, Rajasthan, Tamil Nadu and Uttar Pradesh have dedicated Departments/District Social Welfare Officers to look after the issues of PwDs and the remaining States/UTs have so far not taken any action in this regard even after specific instructions and advice given by the Central Government. This shows the indifference and insensitivity towards welfare of PwDs by the other State Governments. The Committee are of the considered view that the issue of having dedicated Disability related Departments and appointment of State Disability Commissioners be taken up with State Governments at the highest level. In case, this effort also fails to yield any result, then the appointment of State Disability Commissioner be made mandatory by amending the Rights of Persons with Disability Act, 2016.

Reply of the Government

4.8 Section 79 of the Rights of Persons with Disability (RPwD) Act, 2016 mandates the State Governments to appoint a State Commissioner for Persons with Disabilities. This provision is mandatory as such no amendment is required in the RPwD Act.

Further, with a view to impress upon the States to appoint independent State Commissioners, the issue was also raised in the first meeting of the Central Advisory Board on Disability (the Apex policy making body on disability) held under the Chairmanship of Hon'ble Minister SJ&E on 13.02.2018 and the States/UTs have been advised to appoint State Commissioners by June, 2018. Besides, the State Governments have also been requested at the level of Secretary, DEPwD to consider creating separate Departments for looking after the issues concerning PwDs and also regarding appointment of independent State Commissioners vide letter dated 20.03.2018.

[Ministry of Social Justice and Empowerment (Department of Empowerment of Persons with Disabilities) O.M. No.4-2 (26)/2017/DD-I dated 03.04.2018]

Comments of the Committee

(Please see Para No. 1.21 of Chapter-I of the Report)

CHAPTER - V

OBSERVATIONS/RECOMMENDATIONS IN RESPECT OF WHICH REPLIES OF THE GOVERNMENT ARE INTERIM IN NATURE

Recommendation (Para No. 2.16)

5.1 The Committee note that the actual cost of ALIMCO's motorized tricycle is Rs.37,000/- and subsidy is Rs.25,000. The difference of Rs. 12,000/- is met either by the beneficiary or by convergence with MP/MLA fund/CSR funding. More so, the Department has no proposal to meet the entire cost of the motorized tricycle i.e., Rs. 37,000/- due to constraint of funds. The Committee feel that the target group covered under the Scheme basically belongs to the deprived section of the society and is not in a position to meet the cost difference and is, therefore, deprived of the benefit. The Committee also feel that the dependence on MP/MLAs funds for meeting the cost difference is not a viable option as a large number of beneficiaries do not have access to MPs or MLAs and even if somehow they could approach the MPs/MLAs, there is no guarantee that they would get the required amount from them. Also funding from this source depends a lot on the discretion and priorities of the concerned MP/MLA. The Committee, therefore, are of the considered view that the entire cost of motorized tricycle of Rs.37,000 should be borne by the Department. For this purpose, the Ministry of Finance may be approached and convinced for allocation of more budget to meet the extra financial burden.

Reply of the Government

5.2 Funds allocated under ADIP Scheme are utilized for various activities outlined in the scheme which include distribution of aids and assistive devices, Motorized tricycle, cochlear implant etc. Meeting the entire cost of Motorized tricycle under ADIP Scheme

by the Department as recommended by the Committee, would be additional burden on the limited finances available for undertaking various activities of the scheme. Moreover, the Department is in the process of including aids and assistive devices for new disabilities included in RPwD Act, 2016 for distribution under ADIP Scheme. Therefore, more funds are required for distribution of aids and assistive devices to beneficiaries of new disabilities. It is further submitted that the Department has invited Expression of Interest from various Organizations for conducting Third Party Impact Evaluation Study of ADIP Scheme. Based on the findings of the study and availability of funds, the issue regarding meeting the entire cost of Motorized tricycle may be considered, if feasible.

[Ministry of Social Justice and Empowerment (Department of Empowerment of Persons with Disabilities) O.M. No.4-2 (26)/2017/DD-I dated 03.04.2018]

Comments of the Committee

(Please see Para No. 1.7 of Chapter-I of the Report)

NEW DELHI;

7 August, 2018

16 Shravana, 1940 (Saka)

RAMESH BAIS
Chairperson,
Standing Committee on
Social Justice and
Empowerment

**MINUTES OF THE SIXTEENTH SITTING OF THE STANDING COMMITTEE ON
SOCIAL JUSTICE AND EMPOWERMENT HELD ON TUESDAY, 7th AUGUST, 2018**

The Committee met from 1500 hrs. to 1530 hrs. in Chairperson's Chamber,
Room No. 113, PHA Extension Building, New Delhi.

PRESENT

SHRI RAMESH BAIS - CHAIRPERSON

MEMBERS

LOK SABHA

2. Shri Sher Singh Ghubaya
3. Shri Sadashiv Lokhande
4. Smt. K. Maragatham
5. Dr. Udit Raj
6. Shri Ch. Malla Reddy
7. Smt. Satabdi Roy
8. Kunwar Bharatendra Singh
9. Prof. Sadhu Singh
10. Smt. Mamata Thakur
11. Shri Mansukhbhai Dhanjibhai Vasava
12. Shri Tej Pratap Singh Yadav
13. Dr. Karan Singh Yadav

RAJYA SABHA

14. Smt. Jharna Das Baidya
15. Shri Abir Ranjan Biswas
16. Smt. Sarojini Hembram
17. Dr. Narendra Jadhav
18. Smt. Vijila Sathyananth
19. Smt. Wansuk Syiem
20. Smt. Chhaya Verma
21. Shri Ramkumar Verma

LOK SABHA SECRETARIAT

1. Shri Ashok Sajwan - Director
2. Smt. Mamta Kemwal - Additional Director

2. At the outset, the Chairperson welcomed the Members to the sitting of the Committee.
3. The Committee then took up for consideration of the following draft Reports of the Committee:-

(i)	****	****	****
(ii)	55 th Report on Action Taken on 48 th Report on 'Implementation of Scheme of Assistance to Disabled Persons for Purchase/Fitting of Aids/Appliances (ADIP)' of the Ministry of Social Justice and Empowerment (Department of Empowerment of Persons with Disabilities).		
(iii)	****	****	****
(iv)	****	****	****
(v)	****	****	****
(vi)	****	****	****
(vii)	****	****	****
(viii)	****	****	****
(ix)	****	****	****

4. The Chairperson then requested the Members to give their suggestions, if any, on the draft Reports. The Reports were adopted by the Committee without any amendments. The Committee then authorized the Chairperson to finalize these draft Reports in the light of consequential changes that might arise out of factual verification of the draft Reports and to present the same to both the Houses.

The Committee then adjourned.

**** Not related with the Report.

APPENDIX

**ANALYSIS OF ACTION TAKEN BY THE GOVERNMENT ON THE
RECOMMENDATIONS CONTAINED IN THE FORTY-EIGHTH REPORT
(SIXTEENTH LOK SABHA) OF THE STANDING COMMITTEE ON SOCIAL
JUSTICE AND EMPOWERMENT ON
"IMPLEMENTATION OF SCHEME OF ASSISTANCE TO DISABLED
PERSONS FOR PURCHASE/FITTING OF AIDS/APPLIANCES (ADIP) OF
THE MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT
(DEPARTMENT OF EMPOWERMENT OF PERSONS WITH DISABILITIES)**

	Total	Percentage
I. Total number of Recommendations	13	
II. Observations/Recommendations, which have been accepted by the Government (Paragraph Nos. 2.17, 2.18, 4.4, 5.9, 5.10, 6.11, 7.6 and 8.3)	8	61.54
III. Observations/Recommendations which the committee do not desire to pursue in view of the replies of the Government (Paragraph No. - Nil)	0	0
IV. Observations/Recommendations, in respect of which replies of the Government have not been accepted (Paragraph Nos. 4.5, 5.7, 5.8 and 6.12)	4	30.77
V. Observations/Recommendations in respect of which replies of the Government are interim in nature (Paragraph No. 2.16)	1	7.69