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Physically Challenged : Rehabilitation and Social Welfare Schemes

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ABSTRACT

Disabled people are classified into four types, Physically disabled, Visually Impaired, Deaf and Dumb and Mentally Retarded. Of which, physically disabled are deprived sections of the society, who are living in poor families and need rehabilitation. To rehabilitate, many of the schemes are formed by the Central and State Government. The paper described the social welfare schemes formed for the welfare of the physically disabled people at the national level.

KEYWORDS :

Introduction:

The loss or impairment of an organ or deformity in one's physical or mental capability is the worst that can happen to a person, whether it is because of nature's foul play or as a result of an unexpected unfortunate accident. Welfare of the disabled and the handicapped is an extremely challenging task and it can be fulfilled only when all the citizens, voluntary organizations and Government realize their responsibilities in this respect collectively (Sachdeva, 2006).

According to Akhileshwari (2008) disabled people in India are among the most excluded. Low literacy, low employment rates and widespread social stigma make the disabled one of the poorest in the country. Households with disabled members are significantly poorer than average, with lower consumption and fewer assets, according to a World Bank Report. The worst affected are children. Disabled children are four to five times less likely to be in school than children from Scheduled Caste and Scheduled Tribe families…Based on the National Sample Survey (NSS) 58th round, the World Bank report shows that nearly a third of children with mild disability are out of school, despite the fact that they need no aid or appliance to be able to attend school. Yet, irrespective of the levels of disability- mild moderate or severe- the disabled rarely progress beyond the primary school level.

The term 'Physically Challenged or physically handicapped' often used synonymously with impairment and disability. As per the classification made by the World Health Organization (1980), these terms have three separate meanings, but related to same concepts, that is 'impairment' means 'loss of function', disability means 'loss of ability to perform specific tasks' and handicap means 'social and economic disadvantage'. It is noted that all of these words given only one concept, lack of some kind of physical or mental ability, which is possessed by other compared to a person. 'In the affluent industrialized societies, occupational hazards and age are the main causes while in developing as well as underdeveloped countries, ignorance, poverty, lack of elementary medical facilities and pseudo-religious beliefs are the principal causes of disability (Lal Das, 1997). Disability is classified into four types and they include (1) Physically disabled or movement or locomotor (2) Visually Impaired (3) Deaf and Dumb and (4) Mentally Retarded.

Physically handicapped or physically disabled includes all persons who have either completely lost the use of or can make only a restricted use of one or more of their physical organs. A Physically handicapped person is a perfectly normal being except for the handicap from which he suffers. Thus, he is capable of performing all the functions of a normal person except in so far as he is limited by his handicap. They are all disabled persons because they have one or the other type of physical handicap. The normal functioning of any one part of their body has become of no use. In medical terms Physical disability means a limitation of physical function of locomotor or sensory or of special organs irrespective of the cause…sociologically, a physical handicap is a physical defect, obvious or hidden which limits an individuals capacity to work or evokes an unfavourable attitude (Singh, 1997).

Census of India, 2001 defined Physically Disabled as "a person who lacks or is unable to use the lims normally, will be considered having movement disability and code "4" will be entered here absence of a part of a limb like a finger or a toewill not be considered as disability. However, absence of all the fingers or toes or a thumb will make a person disabled by movement. If any part of the body is deformed, the person will also be treated as disabled and covered under this category. A person who cannot move herself/himself or without the aid of a stick, etc, will be treated as disabled under this category. Similarly, a person would be treated as disabled, in movement if she/he is unable to move or lift or pick up any small article placed near her/him. A person may not be able to move normally because of problems of joints like arthritis and has to invariably limp while moving, will also be considered to have movement disability". As provided in Census of India 2001, the following is the population of physically disabled people in India.

Table No. 1. Number of Physically Challenged Population with Total Disabled Population in four Classes (Census of India, 2001)

Sl.No	State	Locomotor disability	Total Disabled Population (All Types of Disability)
1	2	3	4
1	Jammu & Kashmir	37,965	302,670
2	Himachal Pradesh	46,512	155,950
3	Punjab	149,758	424,523
4	Chandigarh	3,828	15,538
5	Uttaranchal	56,474	194,769
6	Haryana	151,485	455,040
7	Delhi	64,885	235,886
8	Rajasthan	400,577	1,411,979
9	Uttar Pradesh	930,580	3,453,369
10	Bihar	512,246	1,887,611
11	Sikkim	2,172	20,367
12	Arunachal Pradesh	3,474	33,315
13	Nagaland	4,258	26,499
14	Manipur	6,177	28,376
15	Mizoram	2,476	16,011
16	Tripura	13,970	58,940
17	Meghalaya	5,127	28,803
18	Assam	91,970	530,300

19	West Bengal	412,658	1,847,174
20	Jharkhand	138,323	448,377
21	Orissa	250,851	1,021,335
22	Chhattisgarh	151,611	419,887
23	Gujarat	310,765	1,045,465
24	Daman & Diu	690	3,171
25	Dadra & Nagar Haveli	795	4,048
26	Maharashtra	569,945	1,569,582
27	Madhya Pradesh	495,878	1,408,528
28	Andhra Pradesh	415,848	1,364,981
29	Karnataka	266,559	940,643
30	Goa	4,910	15,749
31	Lakshadweep	505	1,678
32	Kerala	237,707	860,794
33	Tamil Nadu	353,798	1,642,497
34	Pondicherry	8,830	25,857
35	Andman & Nicobar	1,870	7,057

Table No. 2. Distribution of Total Population, Disabled Population and Percentage of Disabled Population to Total Population by Residence and Sex for India

Particulars	Males	Females	Total
Total Population	532156772	496453556	1028610328
Rural	381602674	360887965	742490639
Urban	150554098	135565591	286119689
Total Disabled Population	12605635	9301134	21906769
Rural	9410185	6978197	16388382
Urban	3195450	2322937	5518387
Percentage of Disabled Population to Total Population			
Total	2.37	1.87	2.13
Rural	2.47	1.93	2.21
Urban	2.12	1.71	1.93

Table No. 3. Sex-wise Physically Challenged Population in India

Rural	Males	2975127
	Females	1679425
Urban	Males	927625
	Females	523300
Total	Males	3902752
	Females	2202725

Social Welfare Schemes and Rehabilitation of Physically Disabled:

The disabled persons have an equal right to participate in social and economic activities like the rest of the community. The Central and State Governments express concern regarding the needs of the disabled through various policies and programmes. There is a need to examine the relevance and efficacy of these measures (Vaswani, 1997). On rehabilitation of the disabled people, Visvesaran (1997) stated that the attitudes of people towards the physically handicapped and mentally retarded are changing. They are no more isolated and looked upon as outcasts but are accepted as a social responsibility and efforts by various voluntary organizations and the Government is being made to make them feel very much a part of the community. It has been rightly said that emphasis should be placed on what a handicapped person has, not on what he does not have. Therefore, parents and the public are being educated on how to deal with the handicapped and help them advance towards a fuller life. The steps to rehabilitate the disabled people were done by both central as well as different state government as under.

1. Promotion of Voluntary Services:

Earlier, the services delivery for the disabled was concentrated in the voluntary sector. Social welfare services, especially in the fields of medicine and rehabilitation were undertaken by missionary activists as a part of their general programmes of social and economic development. As a result, a large number of societies in the non-governmental sectors were established, depending mainly on public support and donations, who would look after the sick and the infirm, the destitute and the disabled. In recent years these services have gained importance and government has stepped in to a make these services standardized, professional and at par with such services offered all over the world. The government has since independence been focusing attention on the prevention of disabilities, provision of physical restorative services, development of personnel and resource persons through the training of professionals, development of services through research and field trails and social and economic measures such as executive orders and enactments to ensure just distribution of the fruits of development to the handicapped population. There are over 1000 voluntary organizations in India working in the field of welfare of the handicapped. Out of these about 350 receive grants from the Government of India. The state governments have their own schemes of financial assistance to NGOs.

2. Grants to Non-Governmental Organizations (NGOs):

The Ministry of Social Justice and Empowerment has two major schemes for giving grants-in-aid to Non-Governmental Organizations and voluntary organizations. These are the schemes of assistance under which grants are given for recurring and non- recurring expenditure up to 90 per cent of the budget of the grantee organization. The grantee organization is expected to meet the balance of 10 per cent by raising its own resources. Assistance is given under this scheme for developing services for the disabled for the prevention of disability, special education and vocational training, training of resource persons, provision of therapeutic services such as physical therapy and occupational therapy, placement services, etc. Grants are also given for the construction of buildings and purchase of equipments.

The second major scheme under which grants are given to NGOs and voluntary organizations is the scheme of assistance to disabled persons for purchase and fitting of artificial aids and appliances. Under this scheme, needy physically handicapped persons are assisted in procuring durable and sophisticated standard aids and appliances to promote their physical, social and psychological rehabilitation. Aids and appliances are given to all categories of disabled persons. These include orthotic and prosthetic aids for the orthopedically handicapped, hearing aids for the hearing handicapped and educational kits such as Braille slates and Braille measuring devices. Braille writers and tape-records for the visually handicapped and carder seats and prone boards for the spastics. Tricycles and wheel chairs and orthopaedic shoes are also provided in deserving cases to physically handicapped persons. The aids and appliances are given free of cost to those persons whose income is upto Rs. 1200 per month and at 50% of the cost to those whose income is between Rs. 1201 to Rs. 2500. Aids and appliances costing between Rs. 25 to Rs. 3600 are covered under this scheme (Sachdeva, 2006).

3. Establishment of National Institutes for the Disabled:

There are four National Institutes in each major area of disability under the Ministry of Social Justice and Empowerment. They are: the National Institute for the Orthopaedically handicapped at Kolkata, the National Institute for the Visually Handicapped at Dehradun, the National Institute for the Mentally Handicapped at Secunderabad, and the Ali Yavar Jung National Institute for the Hearing Handicapped at Mumbai. These institutes have been designated as apex organisations for training of professionals, production of education materials and other aids for the handicapped, conducting research in rehabilitation and development of suitable model services for the handicapped. These institutes work in coordination with each other and other training centres in the country, leading voluntary organizations, state governments as well as international agencies to enforce standards in various institutions of the handicapped and standardization of training programmes.

Shyama Prasad Mukherjee National Institute for the Orthopaedically Handicapped (NIOH) is established in 1978 at Kolkata to work as autonomous Institution under the Ministry of Social Justice and Empowerment, Govt. of India, being the apex level organization in the country for the welfare of locomotors disabled persons, its main aim is to provide comprehensive rehabilitation to them. It offers treatment to both inpatients and outpatients and conducts research and training in the area of rehabilitation. The services and facilities of the institute include, training, research, facilitating aids and appliances to orthopedically handicapped people. The institute is specialized in providing services in specific kinds of disabilities.

Another such centre Indian Spinal Injury Centre (ISIC) is established at New Delhi which provides comprehensive rehabilitation management services to the persons with spinal cord injuries and other neuro-musculo-skeletal disabling disorders, which include surgical interventions in the form of reconstructive operations, stabilisation operations, physical rehabilitation, psycho-social rehabilitation and vocational rehabilitation services. The centre is a referral centre for the persons with spinal injuries and is recognized as the tertiary level centre for the four regional spinal injuries centres that have been sol up with the technical support of ISIC.

Apart from these institutes and centres at the national level, there are also centres at the district level- District Disability Rehabilitation Centres (DDRCs) are established to extend rehabilitation service and ensure improved coverage of persons with disabilities over 100 districts in the country have been selected for setting up of district disability rehabilitation centres. The rehabilitation services that are provided through these centres include facilitation, provision of disability certificates, assessment of need of assistive devices, provision/fitment/follow-up/ reifeir of assistive devices, therapeutical services, promotion of barrier free environment, prevention, early detection and early detection and early intervention, providing supportive and complementary services to promote education, vocational training and employment for persons with disabilities. The centres are equipped with basic facilities for assessment of disability and fitment of appropriate aids and assistive devices.

The District Rehabilitation Center scheme was launched in early 1985 to provide comprehensive rehabilitation services to the rural disabled. This was done in collaboration with the National Institute of Disability and Rehabilitation Research (NIDRR), Washington, U.S.A. A Central Administrative and Coordination Unit (CACU) for coordinating and administering the activities of DRC was set up. The aims and objectives of the DRCs include surveys of disabled population, prevention, early detection and medical intervention and surgical correction, fitting of artificial aids and appliances, therapeutic services - physiotherapy, occupational therapy and speech therapy, provision of educational services in special and integrated schools, provision of vocational training, job placement in local industries and trades, self-employment opportunities, awareness generation for the involvement of community and family to create a cadre of multi-disciplinary professionals to take care of major categories of disabled in the district. At present, 11 DRCs function in 10 States in India.

Artificial limbs manufacturing corporation of India (ALIMCO) located at Kanpur, is the largest manufacturer of Artificial Limbs, components and rehabilitation aids for the persons with disabilities in India. It was able to achieve a record turnover of Rs. 38.87 crore in 2001-2002 as against Rs. 32.70 crore in the year 2000-2001 thus registering an increase of 19% over the previous year. The turnover during 2002-03 was Rs. 33.60 crore. In the year 2001-02, the corporation manufactured 9, 13,445 components and Aids and Appliances had been distributed to 44,844 beneficiaries under ADIPP scheme in the year 2001-2002. ALIMCO is also (the nodal agency for handling gifts cargo received under bilateral agreements entered into by Govt. of India with the governments of USA, the UK, Sweden, Switzerland and Germany. The corporation had handled 38,500 MT cargo up to the end of December, 2002. The corporation plans to establish facilities for fabrication o polypropylene based prosthetic lower limb fitment at three strategic Limb Fitment Centres. The first such centre has already been made operation, at ALIMCO Prosthetic and Orthotic Centre (APOC), Kanpur. Other cen are planned to be established at Bhubaneswar, Jabalpur and Delhi. Aluminium pressure die castings for the lower limb prosthesis havl been developed and it has undertaken production/marketing of the investment casting lower limb prosthesis based on NIRTAR design which had been dedicated to humankind "International Day of Disabled Persons" on 3rd December 2002. The company has launched pilot production of a number of new products during the year 2002-2003 including Pocket Type Hearing Aids, Below Knee and Above Knee Endoskeletal Prosthetic System, Below knee and Above Knee Polypopylene Prosthetic System, Light weight floor reaction orthosis using reinforced material developed for defence research, Electric and Myo-Electric Hands and Light weight wheel chairs of different models.

The National Handicapped Finance and Development Corporation (NHFDC) was incorporated in 1997 with the objective of promoting the economic empowerment of the persons with disabilities through financing self-employment ventures and assisting beneficiaries in the upgradation of technical and entrepreneurship skills for effective management of their self employment ventures. The corporation provides concessional loans to persons with 40% and above disability and whose annual income does not exceed Rs. 1 lakh in urban areas and Rs. 80,000 in rural areas. Under Micro Credit Financing scheme, loans for starting or augmenting income generation activities such as small business/trade, tiny/cottage industries, service activity, etc. are provided. The NGOs working in the social sector, preferably for the disabled persons, are given loans up to Rs. 5 lakhs and the NGOs further disburse loans uplo Rs. 15,000 to individual beneficiaries. Self help groups are also provided assistance under this scheme. The interest rates have been brought down to 5% for amounts upto Rs. 50,000 and 6% for amount above Rs. 50,000 and upto Rs. 5 lakh for term loans. For micro-credit financing the rate of interest charged is 2% from NGOs and they can charge up to 5% from beneficiaries.

The Rehabilitation Council of India (RCI) was constituted for regulating and monitoring the training of rehabilitation professionals and personnel, promoting research in rehabilitation and special education, the maintenance of a central rehabilitation register and connected matters. The council has so far developed 87 short-term and long-term training programmes at the Master's, Postgraduate, Degree, Diploma and certificate level to meet the manpower requirement of 16 categories of rehabilitation services. Universities National Institutes and NGOs have adopted these. Visiting experts evaluate the training infrastructure of Universities/Institutions approved for running courses in the field of rehabilitation and special education, 160 institutions have been recognized so far to run courses at different levels. In order to orient medical officers working in Primary Health Centres (PHCs), towards disability issues, the council launched a training programme to disseminate knowledge about prevention, early identification, intervention and rehabilitation in all areas of disability. 11,279 medical officers had been trained by 2002-2003, in order to meet the requirement of trained special teachers, the Council, in collaboration with M.P. Bhoj (Open) University, launched the B. Ed (Special Education) through distance mode.

There are 11 District Rehabilitation centres in India. Their basic objective is to provide comprehensive rehabilitation services to the disabled persons in rural areas. These centres provide service for prevention and early detection, medical intervention and surgical correction, filment of artificial aids and appliances, therapeutical services such as physiotherapy, occupational and speech therapy, provision of training for acquisition of skills through vocational training, job placement in local industries, etc. Four regional rehabilitation training centres (RRTCs) are set up at Chennai. Cuttack, Lucknow and Mumbai for training and manpower development in the field of rehabilitation, particularly for the DRCs.

The Ministry of Social Justice and Empowerment implements a scheme entitled "Science and Technology Project in Mission Mode" with the objective of developing appropriate and innovative technological appliances for the benefit of persons with disabilities. Full funding is provided to the scientific institutions, autonomous bodies, research laboratories and R&D engineers for research and development of suitable assistive devices. The project proposals received are evaluated and appraised by the Technical Advisory Groups and finally cleared by the Apex Level Committee headed by Secretary, Social Justice and Empowerment. Some of the successes of the programme are development of modular B.K. Prosthesis, plastic aspheric lenses for persons with low vision, myoelectric hand system, etc. In 2002-03. five new projects had been sanctioned and proto-

type for low velocity wheelchair have been successfully designed along with innovative training module for fighting childhood disability and teaching and learning software for Mentally Retarded children.

There is also UNDP funded project to support the children with disabilities. The objective of the project is to sensitize, mobilize and empower the community to participate in the local school management and ensure that every child with disability in the project area has access to education in an appropriate environment. The improvement of the disabled children is one of the thrust areas of the project. The project also aims at training of teachers and achieving convergence of existing development programmes for inclusion of children with disabilities in the regular school system. The project is being implemented on a pilot basis in 10 blocks of UP (Lucknow district) and 10 blocks in 6 districts in Karnataka state (Tumkur, Chitradurga, Hassan, Chickmaglur, Davangere and Uttar Kannada). In addition NIMH, Secunderabad is undertaking some research/case studies under the project. Due to the initiatives taken under the project, 5059 children (nearly 50% of children with disability) and 4688 (64% of total CWDs) are now going to regular schools in UP and Karnataka respectively. In all 249 schools are planned to be made barrier free through improvement of infrastructure. Sensitization and training programmes were conducted through which over 3000 teachers, all village level workers, CDPOs, block Development Officers and 1500 parents have been sensitized. Efforts are also being made to arrange for home-based training for severely handicapped children.

12. Scheme of Assistance to Disabled Persons for Purchase/Fitting of Aids and Appliances (ADIP):

There is also Scheme of Assistance to Disabled Persons for Purchase and Fitting of Aids and Appliances (ADIP). ADIP scheme has a direct visible impact on the lives of indigent disabled persons through supply of durable, standard sophisticated aids and appliances. These reduce the debilitating impact of disability and enhance the possibility of learning and economic potential of the disabled persons. Voluntary organizations, Red Cross Societies, National Institutes under the Ministry and ALIMCO are provided grant-in-aid for purchase, fabrication and distribution of aids and appliances. The scheme also includes under its ambit, surgical and medical correction. The usual method of its implementation is through camps in district and taluka headquarters that are preceded by intensive surveys for screening and assessment. The camps are organized with the active assistance of the local administration. They also include ancillary activities such as issuance of disability certificates, concessional bus passes and the like. Under the scheme, 100% non-recurring financial assistance is provided to the implementing agencies. Only those aids and appliances that do not cost less than Rs. 50.and more than Rs. 6000 are covered. The aids and appliances are provided free of cost if the income of the beneficiary or his guardian is up to Rs. 5,000 per month and at 50% of the cost if monthly income is between Rs. 5,000 and Rs. 8,000.

There is also employment scheme for the disabled which is implemented through the labour Department of State Governments/UT Administrations. Central assistance is given on 80: 20, centre and state basis, in respect of special employment exchanges. 100% assistance is given in running special cells.

The Ministry has introduced the scheme of National Scholarship for Persons with Disabilities from the year 2002-2003. Awards, each for male students and female students in different categories of disabilities, are given for pursuing higher and technical education. The Awardees are also reimbursed the course fee subject to a ceiling of Rs. 10,000 per year. Financial assistance may also be given for purchase of a computer with editing software for blind or deaf graduate and postgraduate students pursuing professional courses and for purchase of support access software for cerebral palsied students. Students with 40% or more disability having monthly family income not more than Rs. 15,000 and who have passed matriculation/secondary or any higher examination with minimum 50% marks from a recognized Board/University are eligible for the scholarship. Assistance will not be available for courses having duration of less than one year.

The Government of India has been giving National awards in the field of Disability every year since 1969. The awards recognize the achievements of persons with disabilities and the individuals and organizations that are working for their welfare. The objective is also to focus public attention on the issues concerning them and to promote their mainstreaming in society. Since 1995, the International Day of Disabled Persons is celebrated on 3rd December every year as per the United Nations General Assembly Resolution No. 47/3 of 14th October, 1992, and the National Awards are also given away on this day. The scheme had been revised during the year 2002-2003. The cash awards have been introduced in the categories of employer and placement officer and amount of awards increased in the category of employee. Cash award of Rs. 50,000 for the best employer and Rs. 15,000 each for additional 17 awards in employer category, and Rs, 25.000 each for best employee in five categories of disability along with additional 20 awards of Rs. 15,000 each.

The Ministry of Social Justice and Empowerment has set up a National Information Centre on Disability and Rehabilitation (NICDR), so as to provide awareness and information about the facilities and services of the Government and Voluntary Organizations for the disabled. This Centre will collect, document and disseminate comprehensive information on facilities and services available to the disabled people, maintain a data bank of professionals and services available in the field and all other information pertaining to disability rehabilitation. The data bank will be fully computerized and provide information to anybody interested in getting this information. A biannual journal called the Indian Journal of Disability and Rehabilitation is also brought out by the Ministry of Social Justice and Empowerment. The Science and Technology Project in the Mission Mode on Application of Technology for the welfare and rehabilitation of the Handicapped has also been set up in the Ministry. The Project will examine the scope of development of Artificial Aids and appliances, hard ware and software utilizing the new emerging area of technology. The Project will adopt an end-to-end approach beginning with the identification of the disabled, their problems, development of suitable aids and appliances to improve their daily living, employability, recreation and integration in society.

The Government with a view to providing an impetus to employers, employees, placement officers, social workers and scientists in the field of the welfare of the handicapped has introduced a scheme of National Awards. These awards are given away each year by the President of India, on World disabled Day. Several, voluntary agencies have also initiated awards. Since 1973 the National Association for the Blind gives regularly R. M. Alpaiwala Memorial Awards both to professionals and voluntary workers. Similarly, the National Society for Equal Opportunities for the Handicapped, Bombay has also initiated N.D. Dewan Memorial Award Fund to present two awards every year to outstanding workers in the field of handicapped. A National Handicapped Welfare Fund with voluntary contributions from the public sector, the private sector and the general public was set up in 1983 to augment voluntary sector services for the welfare of the handicapped.

Many of the rehabilitation centres and hospitals were also set up at district level for the physically and handicapped people. Further, the national policy was formulated, so as to enable and execute the welfare policies and programmes for the disabled.

Concluding Remarks:

Apart from the above stated schemes, the Government has extended social welfare schemes in terms of monthly pension, family pension, insurance scheme, free health facilities, etc for the disabled. Due to such welfare schemes, the physically disabled people have taken benefits, but still there are many disabled, who are not aware about such welfare schemes for the disabled. For this purpose, there is need to increase the awareness of the disabled people and the society for the welfare of the disabled. In this respect, the NGOs and Government have to organize awareness camps, advertise the social welfare schemes through television, radio, newspapers, etc.

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