GOVERNMENT OF KERALA
KERALA STATE PLANNING BOARD

FOURTEENTH FIVE-YEAR PLAN
(2022-2027)

WORKING GROUP ON
SOCIAL SECURITY AND WELFARE

REPORT

SOCIAL SERVICES DIVISION
March 2022

FOREWORD

Kerala is the only State in India to formulate and implement Five-Year Plans. The Government of Kerala believes that the planning process is important for promoting economic growth and ensuring social justice in the State. A significant feature of the process of formulation of Plans in the State is its participatory and inclusive nature.

In September 2021, the State Planning Board initiated a programme of consultation and discussion for the formulation of the 14th Five-Year Plan. The State Planning Board constituted 44 Working Groups, with more than 1200 members in order to gain expert opinion on a range of socio-economic issues pertinent to this Plan. The members of the Working Groups represented a wide spectrum of society and include scholars, administrators, social and political activists and other experts. Members of the Working Groups contributed their specialised knowledge in different sectors, best practices in the field, issues of concern, and future strategies required in these sectors. The Report of each Working Group reflects the collective views of the members of the Group and the content of each Report will contribute to the formulation of the 14th Five-Year Plan. The Report has been finalised after several rounds of discussions and consultations held between September to December 2021.

This document is the Report of the Working Group on "Social Security and Welfare". The Co-Chairpersons of Working Group were Smt. Rani George IAS, Principal Secretary, Social Justice Department, and Dr. Indu. P.S, Professor & Head, Department of Community Medicine, Govt. Medical College, Kollam. Smt. Mini Sukumar, Member of the State Planning Board co-ordinated the activities of the Working Group. Dr. Bindu P. Verghese, Chief, Social Services Division was the Convenor of the Working Group and Ms. Dhanya S Nair, Deputy Director, Social Service Division was Co-convenor. The terms of reference of the Working Group and its members are in Appendix I of the Report.

Member Secretary

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CHAPTER 1
OVERVIEW OF TWELFTH AND THIRTEENTH FIVE YEAR PLANS

Social security protection is defined in ILO conventions as a basic human right. It is the protection that a society provides to individuals and households to ensure access to health care and to guarantee income security, particularly to the vulnerable groups like persons with disabilities, elderly, women and children. In Kerala, the Department of Social Justice and its allied agencies are involved in addressing the problems of social security and welfare.

In order to bring the vulnerable groups into the mainstream, various social security programmes were designed and they occupied an important place in the State's Five Year Plans and Annual Plans. The priority given to the sector is evident from the allocations provided during plan periods. On analyzing the sector as a whole, the outlay for social security and welfare increased from 6 percent in the Eleventh Five Year Plan to 7.5 percent in the Twelfth Five Year Plan.

Twelfth Five Year Plan

The social security programmes in the State are categorized into institutional care and social assistance programmes. Despite the interventions by the Department of Social Justice and line departments, there were several unaddressed areas. To bridge the gap and to overcome the shortfalls and difficulties of the past, the approach adopted during the 12th plan period were as follows

- Addressing the coverage and shortage of welfare institutions
- Special attention to gender issues.
- Attempt to empower women and prevent gender injustice
- Framing effective policy instruments to address the issues of persons with disabilities
- Rights based approach to create preventive and protective environment for children
- Implementation of State old age policy to promote health, wellbeing and independence of the senior citizens

The budgeted outlay of social security and welfare sector for the 12th plan period was Rs. 1869.62 cr,.The amount expended for the sector during the period was Rs. 4612.38 cr.

Persons with Disabilities

As per 2011 census, nearly 2.28 % of the total population in Kerala has one or other forms of disabilities. For the empowerment of persons with disabilities, the 12th plan focused on (i) Prevention of disability (ii) Early identification of disability (iii) Early intervention of disability (iv)Rehabilitation(v) Education (vi) Employment generation. Of the total allocation of the sector for the 12th plan period,about 22 percent was for the implementation of various schemes for the welfare of persons with disabilities.

Abstract of outlay and expenditure during the XIIth plan period (Rs. in lakh)

Sector	2012-13		2013-14		2014-15		2015-16		2016-17		TOTAL	
	Outlay	Exp	Outlay	Exp	Outlay	Exp	Outlay	Exp	Outlay	Exp	Outlay	Exp
Social security and welfare	34450.00	29670.25	38200.00	30554.39	46000.00	78918.09	32097.00	134348.96	36215.00	187747.20	186962.00	461238.89

Source: Planspace, Government of Kerala

Government of Kerala enacted a policy for PwDs during 2015. Participation of PwDs in developmental process, liberation for rights, protection of rights from abuse, participation and accessibility for making a positive environment and attitude for inclusive development and empowerment of PwDs were the key strategic focal dimensions of the policy.

Senior Citizens

To address the social, economical and health care aspects of the aged community, the 12th plan focused on the following.

- Implementation of state old age policy in a full fledged manner to promote health, wellbeing and independence of the old age community.
- Initiation of community based senior citizens programme at LSG level.
- Medical services of ASHA workers to be made available for bedridden patients

Some of the major welfare schemes for senior citizens during the period include Vayomithram programme by Kerala Social Security Mission, Age Friendly Panchayath Vayo Amrutham programmes by Social Justice Department.

Women Development

According to 2011 census, 52 percent of Kerala's population constitutes women. During the period, several women development programmes were implemented through the Social Justice Department. In addition, Kerala Women's Development Corporation and Kerala Women's Commission did gender based interventions and took effective measures to implement Protection of Women from Domestic Violence (PWDV)Act. With a view to endeavor women empowerment and prevent gender injustice, the thrust areas of 12th FYP were economic empowerment, improved health care systems, protection of women from violence, access to education, facilitating institutional services and so on. Gender Park, Snehasparsham, Nirbhaya, Beti Bachao Beti Padhao programmes were the key initiatives during the period. The Gender Equality and Women's Empowerment (GEWE) Policy was approved by the Government of Kerala on April 16, 2015 to strengthen gender equality and women's empowerment in the State. The results framework of the policy has three

dimensions: (i) provide security and freedom from violence (ii) strengthen women's access, ownership and control over resources and capabilities (iii) enhance the participation and voice of women in formal as well as informal social, political and economic institutions.

Thirteenth Five Year Plan

The 13th five year plan approach was designed to have a comprehensive life cycle intervention in all sectors under Social Justice Department. This Five Year Plan committed the Government of Kerala to invest in social security for the income poor, victims of social discrimination, transgender persons, persons with disabilities, the economically vulnerable, the unemployed, the elderly, the hungry and the sick. A turning point in the implementation of social sector activities was the bifurcation of the Department into Women and Child and Social Justice Department in 2017-18 . From 2018-19, the Directorate of Social Justice is functioning as a separate Directorate focusing its activities on persons with disabilities, empowering the elderly, addressing the issues of Transgender and so on.

Abstract of outlay and expenditure during the XIIIth plan period (Rs. in lakh)

Sector	2017-18		2018-19		2019-20		2020-21		2021-22	
Social security and Welfare	Outlay	Exp	Outlay	Exp	Outlay	Exp	Outlay	Exp	Outlay	Exp
	43526.00	281769.56	50711.00	37111.20	51778.00	24367.47	47987.00	48214.06	48772.00	

Source: Planspace

Services for Persons with Disabilities

Through various organisations under the Social Justice Department - National Institute of Speech and Hearing (NISH), Kerala Social Security Mission (KSSM), Kerala State Handicapped Persons Welfare Corporation (KSHPWC), National Institute of Physical Medicine and Rehabilitation (NIPMR) and State Commissionerate of Persons with Disabilities (SCPwD)- the Government has implemented development programmes for persons with disabilities.

Major Schemes during 13th FYP

Life cycle Approach :-During the 13th FYP, due importance was given to the Rights based Life Cycle approach in disability management. The scheme Anuyatra, designed as an umbrella programme, in line with the Rights of Persons Disabilities Act 2016,includespreventive initiatives, early screening, early intervention through District Early Intervention Centres (DEICs) and other health and social sector institutions, education support through special anganwadis, Buds Schools, Model Child Rehabilitation Centres, Special Schools, inclusive education and vocational training, Community based rehabilitation and assisted living projects among others.

Spectrum project, a component of *Anuyatra,* initiated during the 13th FYP aims at early

detection of autism, parental empowering programme and skill development of autism affected children. Another component of *Anuyatra* is the life approach campaign in hearing disability management called *Kathoram.* Cochlear implantation and auditory – verbal habilitation of children aged 0-5 years are done under *Sruthitharangam.* Another innovative project under Anuyatra, initiated in 2017, is M-Power under which 23 children with intellectually disability were trained in magic at the Magic Academy.

Rehabilitation Schemes :-*Athijeevanam* is an umbrella scheme, implemented during the 13th FYP, for the development and rehabilitation of persons with disabilities. The *Dementia Homeprovides* rehabilitation of 15 to 23 dementia patients every year. *Pratheeksha* scheme is for the rehabilitation of intellectually disabled persons.

Disability certificate :- A Disability Certificate is necessary to access benefits accorded under the Rights of Persons with Disabilities Act. Disability cards are distributed through Disability Certification camps. During the years 2017-18, 2018-19 and 2019-20, the number of disability cards distributed were 19143, 16245 and 325, respectively.

Scholarship/ Educational support :- The schemes to support students with disability include *Vidyakiranam, Vidyajyothi, Vijayamithram* and *Sahachari.*

Employment and skill training :-*Kaivalya* scheme, of Labour Department in collaboration with KSHPWC providedself employment loans to 7749 persons registered with employment exchanges. Scheme providing financial assistance as subsidy to lottery agents with disabilities and Swasraya, a scheme that provides financial assistance to 100 to 300 single mothers of persons with physical or intellectual disabilities also come under the category.

Financial Assistance :-*Pariraksha* scheme provides financial assistance for persons with disabilities who are in a crisis or are facing emergencies, benefitting around 1000 persons every year. *Parinayam* scheme provides marriage assistance to girls with physical disabilities and to the daughters of parents with physical disabilities. The scheme has been revamped to provide assistance to those who marry persons with disabilities (500 -800 beneficiaries per year). The schemes of KSSM – *Samaswasam,* (financial assistance to persons with haemophilia and sickle cell anaemia) and *Thalolam*(free treatment to children below 18 years suffering from cerebral palsy, brittle bone disease, haemophilia, sickle cell anaemia and so on) benefits an average of 13,000 to 20,000 children every year.

Aswasakiranam scheme provides financial assistance to caregivers, primarily women, of bedridden persons with physical or intellectual disabilities.The number of beneficiaries during 2017-18 was 1,02,952 whereas it was 1,20,301 and 1,13,717during 2018-19and 2019-20 respectively.

Assistive devices :-*MatruJyothi,* financial assistance scheme for visually impaired mothers, provides assistive devices every year to 50 to 100 persons with disabilities. *Barrier Free Kerala* project aims to make Kerala a disabled friendly State. *Subhayatra* and *Thanal,* schemes of KSHPWC provide free distribution of aids, appliances and modern equipments to persons with disability.

In addition, several institutions and departments offer programmes/schemes to address the disabilities.

- Through *Salabham,* all babies born in Government hospitals are subjected to comprehensive screening. This facility was extended to all Government hospitals during the 13th FYP.
- NISH, a premier institute in the area of disability, provides an environment for the pursuit of higher studies for persons with disabilities. From April 2017 to March 2018, NISH had attended to 194 students under early intervention programmes,17,253 cases seen/sessions given under hearing and speech language disorders programme and 12,526 cases under medical, psychology and allied services. During the periods April 2018 to March 2019 and April 2019 to March 2020, the number of students under early intervention programmes were 177 and 173 respectively. The number of cases under hearing and speech language disorders programme during these periods were 13849 and 11614 respectively and the cases under medical psychology and allied services were 3902 and 3833 cases respectively. The academic programmes conducted by NISH benefited 239 students during 2017-18, 310 students during 2018-19 and 274 students during 2019-20.
- Kerala State Physically Handicapped Persons Welfare Corporation provides economic empowerment and rehabilitation to persons with disabilities. In 2017-18, the Corporation supplied equipments like tricycle, wheel chair, hearing aid, etc. to 5,559 differently abled persons. The beneficiaries were 1898 differently abled persons during 2018-19 and 1213 persons during 2019-20.
- Kudumbasree initiated a disability programme "BUDS" school to overcome the labeling and stigmatization towards children with intellectual disabilities and to provide special schools for various categories of children.
- For providing appropriate training and remedial therapy to pre-school children with disabilities, one anganwadi in every Integrated Child Development Services project is designated as a special Anganwadi.

Empowering the elderly

The World Health Organisation has declared 2020-2030 as The Decade of Healthy Ageing. The proportion of elderly in the State has increased from 10.5 per cent in 2001 to 12.6 per cent in 2011 and is projected to rise to 23 percent by 2025. The programmes and schemes for senior citizens implemented through the Social Justice Department support old age homes, day care centres and mobile medicare units. The Department also acts as the nodal agency for the effective implementation of the Maintenance and Welfare of Parents and Senior Citizens Act 2007 in the State.

Social Pensions/ transfers

The State offers five types of welfare pensions to eligible persons- (1) Agricultural Pension (2) Indira Gandhi National Old Age Pension (3) Indira Gandhi National Disability Pension for mentally challenged (4) Pension for unmarried women above 50 years (5) Indira Gandhi National Widow Pension scheme

Welfare homes / well-being /health care for the elderly

- The government and NGOs provide old age homes for the elderly in Kerala. There are 16 old age homes functioning under Social Justice Department.
- *Sayamprabha,* an initiative by the Social Justice Department provides day care facilities and other welfare activities for the senior citizens.
- Social Justice Department, with the support of Department of Indian System of Medicine, implements *Vayoamrutham,* a scheme that provides Ayurveda treatment to the residents of Government old age homes. 813 inmates of Government old age homes were provided Ayurveda treatment during 2019-20.
- *Vayomithram,* a social safety net programme for the elderly by Kerala Social Security Mission offers free medical check-up and treatment through mobile clinics. It also provides palliative care, ambulance facilities, counselling and help desk for the old age. 2,79,635 persons were benefitted through this during 2019-20.
- The idea of *VayoSouhruda* panchayath, being implemented by Social Justice Department under the State Old Age Policy, 2013 is to transform all panchayaths in the State into old - age friendly panchayats.

CHAPTER 2
BACKGROUND

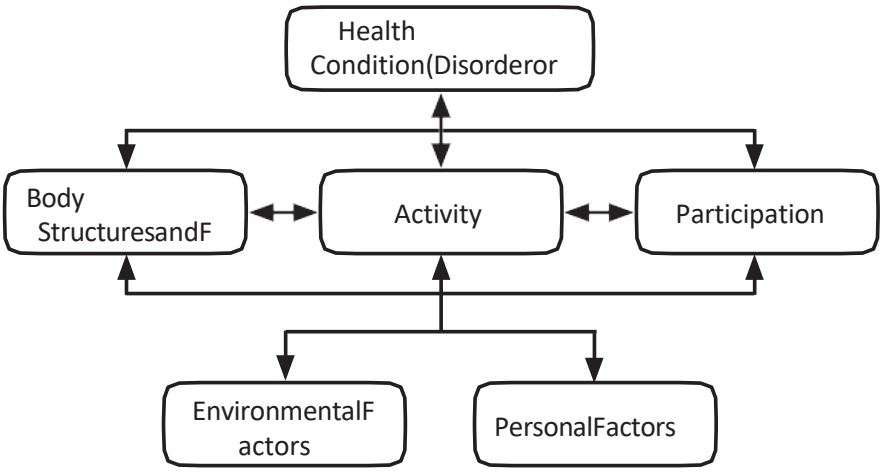
Care of the Persons with Disability

Disability is part of the human condition. Almost everyone will be temporarily or permanently impaired at some point in life, and those who survive to old age will experience increasing difficulties in functioning.

According to the World Health Organization, disability has three dimensions:

1. **Impairment** in a person's body structure or function, or mental functioning; examples of impairments include loss of a limb, loss of vision or memory loss.
2. **Activity limitation,** such as difficulty seeing, hearing, walking, or problem solving.
3. **Participation restrictions** in normal daily activities, such as working, engaging in social and recreational activities, and obtaining health care and preventive services.

Disabilities may be visible or invisible, and can be congenital or acquired. Over the last several years, there has been a shift in perspective from a 'bio-medical model' to a 'social model'. The bio- medical model links disability to a person's body, whereas according to the social model people are being disabled by the society rather than by their bodies. The medical model and the social model are often presented as dichotomous, but disability should be viewed neither as purely medical nor as purely social. A balanced approach is needed where different aspects of disability are considered and given appropriate importance.



Accordingly,the WHO came up with a revised policy document in 2003, 'The International Classification of Functioning, Disability and Health'(WHO publication, ICF, 2003).The idea is that though a medical condition might be at theoriginofthespectrumofdisabilityexperience,aperson'sdisabilitystemsfromtheinterplayofmultiplefactorsoverwhichshe/hehasnocontrol. Thus disability is understood as a dynamic interaction between health condition and contextual factors, both environmental and personal.

From a bio-medical model and later on to a social model, we have now moved towards a rights-based model of viewing disability, more so with the coming into force of the United Nations Convention on the Rights of Persons with Disabilities.

Global Scenario:
As per the World Health Organization estimates, the total global number of people with disabilities has already surpassed one billion, making them the world's largest and one of most neglected minorities spread across all countries and communities. Eighty per cent of persons with disabilities live in developing countries, according to the UNDP.

The UN Convention on the Rights of Persons with Disabilities (UNCRPD) 2013 is the first international legally binding instrument setting minimum standards for the rights of people with disabilities.1An estimated15 per cent of the world's population live with some form of disability, of whom two to four per cent experience significant difficulties in functioning(WHO 2011). The global commitment for the 2030Agenda for Sustainable Development recognizes the promotion of the rights, perspectives, and well-being of persons with disabilities in line with the UNCRPD towards a more sustainable and inclusive world (UN 2019).2 Disability was referenced in five goals related to education, growth and employment, inequality, accessibility of human settlements, and as well as data collection and monitoring of Sustainable Development Goals (SDGs).

The UN Convention on the Rights of Persons with Disabilities (UNCRPD) is the first international legally binding instrument setting minimum standards for the rights of people with disabilities. It aims to protect the rights and dignity of Persons with Disabilities (PwD). The purpose of CRPD is to promote, protect and ensure full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities". An estimated15 per cent of the world's population live with some form of disability, of whom two to four per cent experience significant difficulties in functioning (WHO 2011). The global commitment for the 2030 Agenda for Sustainable Development recognizes the promotion of the rights, perspectives, and well-being of persons with disabilities in line with the UNCRPD towards a more sustainable and inclusive world(UN, 2019). Disability was referenced in five goals related to education, growth and employment, inequality, accessibility of human settlements, and as well as data collection and monitoring of Sustainable Development Goals (SDGs).

India, having ratified the CRPD, has enacted the Rights of Person with Disabilities (RPwD) Act,2016

Indian scenario:
The 2011 census estimate for India, which is based on a narrower (medical) definition of disability, indicates that the total population with any kind of disability is 26.8 million, which implies that 2.21% of the total population of India is disabled. This figure is many magnitudes lower than the 15% reported for the world. This leads us to believe that in the Indian context, there is gross under reporting of the disabled population.

However, the recently enacted comprehensive Rights of Persons with Disabilities (RPwD)

Act, 2016, has a much broader umbrella of disabilities expanded to 21 types compared to the earlier seven types (under the PwD Act 1995). In India, poor availability of desegregated government data and programs for inclusion and empowerment of PwDs at the panchayat level/ municipality level is one of the primary reasons which deprives and isolates PwDs in the community.

Laws and Legislations

The Rights of Person With Disabilities (RPwD) Act, 2016

The Rights of Person with Disabilities (RPwD) Act, 2016 replaces the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act 1995. Central Government rules have come into force with effect from15June 2017.

Guiding principles of the Act include:

- Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons,
- Non-discrimination,
- Full and effective participation and inclusion in society,
- Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity,
- Equality of opportunity,
- Accessibility,
- Equality between men and women, and
- Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve the identities.

Salient features of the Act are:

- The number of specified disabilities as per the ACT has been enhanced to 21 from 7 in the previous Act. As per the present Act, the specified disabilities are

Physical Disability

a Locomotors disability which include leprosy cured persons, cerebral palsy, dwarfism, muscular dystrophy, acid attack victims.
b Visual impairment which include blindness and Low Vision.
c Hearing Impairment which include deaf and hard of Hearing
d Speech and language disability means a permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes.

Intellectual Disability

a. Specific Learning Disabilities
b. Autism Spectrum Disorders

Mental behavior

a. Mental illness

Disability due to

a. Chronic Neurological conditions: Such as multiple Sclerosis and Parkinson's disease

b. Disability due to Blood disorders: Such as Haemophilia, Thalassemia, Sickle cell disease

Multiple Disabilities

More than one of the above specified disabilities, including deaf blindness

- Persons with benchmark disabilities are defined as those with at least 40% disability.
- The Act provides for access to inclusive education, vocational training, and self-employment of PwDs without discrimination. It also envisages buildings, campuses, and various facilities be made accessible to the PwDs and their special needs are to be addressed. Standards of accessibility in physical environment, different modes of transports, public building and areas are to be laid down which are to be observed mandatorily and a 5-year time limit is provided to make existing public building accessible. While existing establishments must comply with the prescribed standards of accessibility within 5 years, new establishments must comply with them from formation. Appropriate healthcare measures, insurance schemes, and rehabilitation programmes for the PwDs are also to be undertaken by the Government.
- All Government institutions of higher education and those getting aid from the Government are required to reserve atleast 5% of seats for persons with benchmark disabilities.
- Four per cent reservation for persons with benchmark disabilities is to be provided in posts of all Government establishments. One per cent each shall be reserved for persons with benchmark disabilities in the following categories a) blindness and low vision b) deaf and hard of hearing c) locomotors disability d) intellectual and learning disability and mental illness and multiple disabilities. The Act mandates the government to undertake periodic review of the identified posts at an interval not exceeding three years.
- Incentives to employers in private sector are to be given to those who provide 5% reservation for persons with benchmark disability.
- The Central and State Advisory Boards on disability are to be constituted to perform various functions assigned under the Act. District level Committees are also to be constituted by the State Government.
- State Commissioners for PwD are to be appointed by the State Governments. National Funds for PwD and State Funds for PwD have to be constituted.
- The Act mandates to "induct disability as a component for all education courses for schools, colleges and University teachers, doctors, nurses, paramedical personnel, social welfare officers, rural development officers, asha workers, anganwadi workers, engineers, architects, other professionals and community workers."
- Designated special Courts have to be set up in each district to try offences under the Act. The State Government may, by notification, make rules for carrying out provisions of the Act, not later than sixm onths from the date of commencement of the Act

Mental Health Care Act 2017

The Mental Health Care Act 2017 is an Act to provide mental healthcare and services

for persons with mental illness and to protect, promote and fulfill the rights of such persons during delivery of mental healthcare and services. Salient features of the Act are:

- The Act guarantees every person the right to access mental health care and treatment. This right includes affordable good quality care and easy access to facilities such as minimum mental health services in every district. Persons with mental illness have the right to equality of treatment, and protection from inhuman and degrading treatment. Person with mental illness admitted in a mental health establishment shall have a right to safe and hygienic living environment, proper sanitation and facilities for leisure, recreation, education, religious practices and privacy. The Act also requires that every insurance company shall provide medical insurance for mentally ill patients on the same basis as is available for those with physical illnesses.
- The Act casts duty on the Government to plan, design and implement programmes for the promotion of mental health and prevention of mental illness. It also casts duty on the Central and State Governments to establish Central and State Mental Authority as well as Mental Health Review Board.
- The Act has additionally vouched to tackle stigma of mental illness and has outlined some measures on how to achieve the same. Responsibilities of other agencies such as police with respect to people with mental illness have been outlined in the Act.
- The Act includes provisions for the registration of mental health related institutions and regulation of the sector.
- A person with mental illness shall have the right to live in the community and be part of it and not segregated from society. Where it is not possible for a mentally ill person to live with his family or relatives, or where a mentally ill person has been abandoned by his family or relatives, the Act casts duty on the Government to provide support including legal aid and to facilitate exercising the right to family home and living in the family home.
- The Act empowers the individual to make decisions concerning her/his mental health-care or treatment. The Act provides every person, except a minor, with a right to make an 'Advance Directive' specifying the way the person wishes to be cared for and treated for mental illness and also to appoint a nominated representative, who is entrusted with the task of protecting the interests of the person suffering from mental illness.
- The Act aims at decriminalising the attempt to commit suicide. It states that whoever attempts suicide will be presumed to be under severe stress and shall not be punished for it. Individuals who have attempted suicide should be offered opportunities for re-habilitation by the government as opposed to being tried or punished for the attempt.
- Government shall notify a list of essential drugs and all medicines in the list shall be made available free of cost to all persons with mental illness at all times at health establishments from Community Health Centres and upwards in the public health system.
- The Act has restricted the usage of Electroconvulsive therapy (ECT). It should be used only in cases of emergency, and only along with muscle relaxants and anaesthesia. ECT should not be performed on minors. In exceptional cases, it may be done after getting

informed consent of the guardian and prior permission of the Board.

- The Act prohibits chaining a person with mental illness, in any manner or form. Seclusion and solitary confinement are banned. Physical restraints shall be used sparingly, only when absolutely needed, and are deemed as the least restrictive method.
- The act has provisions to ensure treatment of Prisoners with mental illness

National Trust Act 2018

- The National trust Act sets up a National Trust for persons with Mental Retardation, Cerebral Palsy and Multiple Disabilities. The objects of the Trust are
- To enable and empower persons with disability to live as independently and as fully as possible within and as close to the community to which they belong
- To strengthen facilities to provide support to persons with disability to live within their own families
- To extend support to registered organisations to provide need based services during period of crisis in the family of persons with disability
- To deal with problems of persons with disability who do not have family support
- To promote measures for the care and protection of persons with disability in the event of death of their parents or guardians;
- To evolve procedure for the appointment of guardians and trustees for persons with disability requiring such protection
- To facilitate the realisation of equal opportunities, protection of rights and full participation of persons with disability
- To do any other act which is incidental to the aforesaid objects

Overview of Disability in Kerala

In 2015, the Social Justice Department through Kerala Social Security Mission (KSSM) conducted disability census of persons with disabilities in Kerala. It was one of the first surveys of its kind in India, covering 22 types of disabilities, excluding acid attack victims and Parkinson's disease (included in the Rights of Persons with DisabilitiesAct, 2016). At the same time kyphosis and epilepsy were covered.3

Demographic characteristics of persons with disabilities

The census identified 7,93,937 persons with disabilities in Keralaconstituting2.3per cent of the State's population, which according to many experts is gross undercounting. 55.3 per cent of the identified Persons with Disability were male, 44.55 per cent were female and 0.015 percent were transgender persons. The highest percentage of persons with disabilities was from Malappuram District (12.2percent)and the lowest was from Wayanad and Idukki districts (2.9 per cent and 3.3 percent respectively). Age-wise, almost 41 percent were in the age group of 35-59 years and16.5percent were children. Notably, more than half, almost 52 per cent of persons with disabilities did not have a disability certificate. Among those who had the disability certificate, 2.8 percent had1to 40 percent disability, 36.7percent had 40to79percent disability, and 8.6 percent had 80 to 100 per cent disability. Among all the persons with disabilities, 51.5 per cent were married and 2.5 per cent were either divorced or separated from their spouses. Further, 0.8 per cent of persons with disabilities were bed-ridden.

About half the persons with disabilities either did not go to school or dropped out in primary school. In the working-age group, 20-59 years, about 37 per cent were employed and the majority was daily wage or temporary workers. Only 3.7 percent were in the public sector (2.9percentwere permanently employed).

Types of disabilities

The major disability identified among male, female, and transgender persons was locomotor disability (32.89percent) and the least prevalent were multiple sclerosis (0.06 per cent) and thalassemia (0.07 percent).Multiple disabilities except deaf blindness was 17.31 per cent while deaf blindness was found in 0.11 per cent, mental illness in 12.72 per cent and intellectual disability in 8.68 per cent of the total number of persons with disabilities.

Table 1: Disabilities based on the Categories (Disability Census, Kerala 2015)

Sl No	Disability	Number				%
		Male	Female	TG	Total	
1	Locomotor Disability	155836	104922	329	261087	32.89
2	Muscular Dystrophy	1359	913	8	2280	00.29
3	Chronic Neurological Disorders	2052	1575	6	3633	00.46
4	Multiple Sclerosis	282	232	1	515	00.06
5	Kyphosis	2044	2835	8	4887	00.62
6	Short Stature/ Dwarfism	2488	3577	14	6079	00.77
7	Blindness	11361	9094	22	20477	02.58
8	Low Vision	33907	27916	77	61900	07.80
9	Learning Disability	5257	2805	12	8074	01.02
10	Speech Language Disability	13152	9443	53	22648	02.85
11	Intellectual Disability	38245	30546	143	68934	08.68
12	Mental Illness	48429	52423	131	100983	12.72
13	Autism	2179	950	6	3135	00.39
14	Hearing Impairment	28771	32093	61	60925	07.67
15	Leprosy Cured	679	494	2	1175	00.15
16	Haemophilia	1048	394	3	1445	00.18
17	Thalassemia	269	300		569	00.07
18	Sickle Cell Anaemia	461	544	1	1006	00.13
19	Cerebral Palsy	3781	2597	7	6385	00.80
20	Epilepsy	10839	8637	36	19512	02.46

21	Deaf Blindness	432	408	2	842	00.11
22	Multiple Disability	75982	61197	262	137446	17.31
	Total	438853	353895	1189	793937	100

Aetiology – Congenital and Acquired

An interesting feature of the survey was that a higher proportion, 57 per cent of persons with disabilities, had acquired-disability as against congenital occurrence, and the factors that led to disability included childhood illness(12.0percent), burns(0.6percent),accidents(10.7percent),and head injury(2.0percent).Among all persons with disabilities,42.9 per cent were born as disabled (disabilities including cerebral palsy, intellectual disability, autism spectrum disorder, locomotor disorder, hearing impairment, and multiple disabilities).

State Initiatives for Persons with Disabilities

Kerala is one of the leading States in the country when it comes to services offered to persons with disabilities (Newzhook 2019) 4. TheState Planning Board shares the view that it is "the responsibility and duty of the Government and society to create an environment where the disabled can exercise equal rights, develop their talents, and live with dignity."

During the 13thFive-Year Plan period, budget allocations for Persons with Disabilities have increased substantially.

The social protection system for Persons with Disabilities at various levels of Governance in Kerala can be enlisted under two major headings.

A. Institutions and establishments (including departments, agencies, institutional networks, institutions and Govt organizations) catering to the needs of the PwDs. And

B. Social Security/Assistance Programmes.

As a detailed analysis of roles and programmes of each of the departments, institutions and other stakeholders concerning PwDs, is beyond the scope of this document, an effort is made to tabulate the major programmes and projects (though not exhaustive) of these departments, institutions and organizations(Annexure 1).

Organisations and Agencies in disability Sector under State Government

Directorate of Social Justice

The Directorate of Social Justice under the Department of Social Justice is the nodal agency for implementing the social welfare schemes of the State Government and various welfare schemes of the Government of India.

Through various organisations under the Social Justice Directorate — National Institute of Speech and Hearing (NISH), Kerala Social Security Mission (KSSM), Kerala State Handicapped Persons Welfare Corporation (KSHPWC), National Institute of Physical Medicine and Rehabilitation (NIPMR), and State Commissionerate of Persons with Disabilities (SCPwD)—the government has implemented development programmes for persons with disabilities.

State Commissionerate of Persons with Disability (SCPwD)

State Commissionerate for Persons with Disabilities is a statutory body constituted under the Central Act of Persons with Disabilities 1995. The main function of the Commissionerate is monitoring the implementation of the Persons with Disabilities Act in the State. The Commissionerate is a Semi Judicial Body that can exercise the power of a Civil Court under Section 63 of the Act for the redressal of the grievances of the Persons with Disabilities. The Commissionerate for Persons with Disabilities functions with a single tier mode, i.e. only at the State level.

The Commissionerate monitors various programmes and schemes designed for the benefit of People with Disabilities

Kerala Social Security Mission

Kerala Social Security Mission is implementing various programmes for Persons with disabilities under a common banner named as ANUYATRA since 2017. A rights-based life cycle approach in disability management approach is adopted under Anuyatra and the projects are designed and implemented accordingly. It is crafted in line with the Rights of Persons with Disabilities Act, 2016 and the projects are implemented in a phased manner through State Initiatives on Disabilities of KSSM.

IEC Activities, Newborn screening of disabilities at delivery points, Hearing Screening of new born babies, Regional Early Intervention Centres, Mobile intervention Units, Support to District Early Intervention Centres, MCRCs, Special Anganwadies for pre school children with special needs, Strengthening State and Regional Public health Lab for prenatal disability screening, Strengthening of Regional Institute of Ophthalmology for early screening of Retinopathy of Prematurity and Congenital Cataract, Help Desk for persons with disabilities, Parental empowerment programmes, innovative projects like Horticulture Therapy, Auditory Verbal Therapy centres, Injury related disability management training programmes, issue of UDID cards etc are some of the first phase projects of Anuyatra under implementation. KSSM associates with other institutions like Medical Colleges, NIPMR, CDC, IMHANS, NIPMR, NISH etc in project implementation

Spectrum is another project implemented as component of Anuyathra, initiated duringthe13thFive-Year Plan is aimed at providing support services to Children with Autism Spectrum Disorder. Under this autism centres are established in Government Medical Colleges, Regional Autism rehabilitation and Research centre at NIPMR, professional training programme in Autism management, parental empowerment programmes are done. , Autism centres are established at six medical colleges with the service of a physiotherapist, clinical psychologist, occupational therapist, speech therapist, and other specialized doctors. In National Institute of Physical Medicine and Rehabilitation (NIPMR) a Regional Autism Rehabilitation and Research Centre is functioning with modern therapy fecilities and educational support.

Kathoram is another sub project of Anuyatra for hearing disability management with It is a life cycle approach in Hearing Disability Management with a 1,3,6,18,42 month time line interventional approach. Cochlear implantation and auditory-verbal habilitation of

children 0-5years are done under Sruthitharangam.

Every year 5 to 6 lakh children benefited through the above projects (Economic Review 2016 to2 019).

Innovative projects like M Power by which 23children with intellectually disability were trained in magic at the Magic Academy has been implemented. After three months of training, the children performed faultlessly in front of Dr Hamid Ansari, then Vice-President of India, who launched M-Power in June 2017. They were declared as ambassadors of Anuyatra. KSSM associate with magic academy in establishing Different Art centre for children with disabilities and also with K DISK in talent hunt programme of Youth with Disabilities.

The scope of the above initiatives requires expansion for benifitting more and more children with disabilities

National Institute of Speech and Hearing (NISH)
NISH is a premier institute in the area of disability for disability studies and rehabilitation sciences. It is an institution of national repute with international connections, working in several areas of disability and rehabilitation, including early intervention, education of persons with disabilities, disability and rehabilitation services and capacity creation.It also provides an excellent environment for the pursuit of higher studies for persons with disabilities.

National Institute of Physical Medicine and Rehabilitation (NIPMR)
Although National Institute of Physical Medicine and Rehabilitation (NIPMR) is the most recently established Institution in Disability sector in the state, it is the first to be declared as the centre of excellence in disability management and Rehabilitation by the Honourable Chief Minister of Kerala. The institute along with its routine activities including early intervention, therapy and academic programs also runs numerous projects with other stakeholders including LSGIs, KSSM, SJD and Education Department.

The organisation has various therapeutic departments and units for providing Medical and Therapeutic services on par with international standards like Department of Physical Medicine and Rehabilitation, Department of Developmental and Behavioural Paediatrics, Department of Physiotherapy, Department of Occupational Therapy, Department of Audiology and Speech Language Pathology, Department of Psychology, Department of Social work, Department of Nutrition and Dietetics, Department of Developmental Therapy, Department of Prosthetics and Orthotics and Special transition school and an IT wing. The inpatient Spinal Cord Injury Rehabilitation Unit caters to 8 patients at a time. Special Training and Empowerment Program for Parents (STEPS) is another program under the Department of Developmental and Behavioral Pediatrics with the aim of early intervention and empowering parents of children with disability. NIPMR has state of the art facilities like Hydrotherapy unit, Instrumented Gait and Motor Analysis lab, Virtual reality based motor rehabilitation system, a separate wing for Neurological Physiotherapy, sensory garden, sensory park, Virtual Reality Unit, Simulation kitchen and ADL room, Artability centre, Pottery and ceramic unit. Rehab on wheels is a mobile outreach programme run by

NIPMR which aims at providing assessment, health care and assistive solution at field level using specially designed low floor buses for the same. The camps for these are conducted with the help of the LSGIs. Wheel Trans project for the transportation of People with disabilities is another highlight. As per GO (Rt)No.1701/2020/LSGD dated 22/09/2020, the Local Self Government Department authorized NIPMR as an approved centre for the purchase of P & O Equipment and Materials without observing Store Purchase Rules. The Centre for Mobility and Assistive Technology (C-MAT) is a wing under NIPMR that aims at manufacturing and distributing mobility assistive solutions to people with disabilities. All the products delivered will be assessed by a clinical team for need, customization, suitability and acceptability by the beneficiary and outcome.

The Academic Programmes by NIPMR includes the Bachelor of Occupational Therapy (BOT) course affiliated to the Kerala University of Health Sciences (KUHS) and Rehabilitation Council of India (RCI) approved Special Education Diploma Courses, D.Ed. Special Education Cerebral Palsy and D.Ed. Special Education Autism Spectrum Disorders. NIPMR also boasts of a huge technical Library.

The Kerala State Handicapped Persons' Welfare Corporation (KSHPWC)

The Kerala State Handicapped Persons' Welfare Corporation (KSHPWC) is a Public Sector Undertaking under the State Government, established in the year 1979 with its Head Quarters at Poojappura, Thiruvananthapuram. The main aims and objectives of the Corporation are to formulate, to promote and implement various welfare schemes for the rehabilitation / improvement of the living conditions of the visually impaired, hearing and speech impaired, people with locomotor disabilities and persons with intellectual disability and also to provide financial/technical assistance to the People with Disabilities, group of such persons and organizations involved in activities on the rehabilitation and welfare of such persons.

Recognitions Received During 2016-2020

1. On the occasion of the International Day of Persons with Disabilities on December 3, 2019, the Ministry of Social Justice and Empowerment awarded Kerala the best State in promoting empowerment of persons with disabilities.
2. In 2018-19, the Kerala State Handicapped Persons Welfare Corporation received the award for best Channelising Agency of National Handicapped Finance and Development Corporation and also incentive for higher turnover.
3. In the World Hearing Forum of the World Health Organisation, Kerala also got selected to bea participant. The ENT Department of the Kozhikode Medical College has received membership in the World Hearing Forum.

Care of the Elderly

A scientific definition of aging can be "the time-related deterioration of the physiological functions necessary for survival and fertility". [1]"Aging of population" is defined in terms of the proportion of persons aged 60 years and over in the total population.[2]As per WHO, the number of people aged 60 years and above in the world will increase to 1.4 billion in 2030 and it is expected to become 2.1 billion by 2050.[3]This phenomenon of population aging has become a concern among policymakers all over the world.In India, according to the population census 2011, there are around 104 million elderly persons aged 60 years or above; which forms 8.6% of the total population.[4]There is a significant increase in the elderly population in India over the past 50 years. From 5.6% in 1961, the percentage of elderly in the total population has increased to 8.6% in 2011.While the growth of the general population in India between 2001 and 2011 increased by 18%, the elderly population shot up to 36%. Considering the state-wise data, Kerala has the highest proportion of elderly people which is 12.6% of its total population followed by Goa (11.2%) and Tamil Nadu (10.4%).[4] The growth in the elderly population and the highest life expectancy at birth (71.8 years) of the population in Kerala has been attributed to the high quality of life and healthcare facilities of the state.[4] As per the 2011 census, there are 7.4 million elderly people (aged 60 years or above) in Kerala.[5]

Kerala has a higher pace in population aging which makes it an aging society.As per an article by Gulati and Rajan in 1999, the higher proportion of elderly in Kerala can also be a result of high levels of out-migration from the state.[6]Kerala is aging faster than the rest of the country as a result of the drastic demographic transition. Increasing longevity and declining fertility and mortality have contributed to this along with higher age at marriage and high female literacy rate in Kerala.[7] But this phenomenon comes with wide-ranging and complex health, social and economic challenges. There have been many initiatives in Kerala to address this including the senior citizen policy which is the first of its kind in India. But the infrastructure and facilities thus planned cannot effectively cater to the needs of the aging community without considering the changes brought by this demographic transition.

1. Issues faced by the elderly population in Kerala

The index value of aging in India increased to 21 elderly persons per 100 children during 1961- 2001, while in Kerala, the index value during the same period i.e., ratio of elderly to children was about 14 elderly persons to 100 children in 1961 and 2001, it increased to 40 older persons for every hundred young children. Statistics based on the 2001 census show that this will rise to 97 older persons for every 100 children in Kerala by 2026.4Despite this change in demography, our system, its infrastructure, and all services continue to be targeting mainly the children and the younger generation. While we expect that 25% of our population will constitute of elderly shortly, we have to prepare the state or its system to accommodate that change.

Old age is characterized by a broad spectrum of health conditions. It includes chronic diseases, mental health issues, mental and physical health issues arising from senility, physical disabilities, and other comorbidities. Since the majority of the elderly population

experiences health issues, it adds to the major challenges. At the same time, the declining psychosocial and emotional support from the family and society as a result of the evolution in family structure, financial insecurity and increasing dependency, and increasing cases of elderly abuse are also growing concerns.The National Sample Survey of 1991 found that one of the major problems faced by the elderly in India is loneliness.[8]

One of the major challenges faced by the elderly population is the lack of social support as age advances. A relatively convincing definition of social support has been given by Cobb. S in 19829 as 4 classes of support; 1) Emotional support (empathy, care, love, trust, concern, etc.) 2) Instrumental support (aid as Money, labor, time, and materials) 3) Informational support (Advice, suggestions, directives, and information to cope circumstances) 4) Appraisal support (Providing affirmation, feedback, social comparison, and self-evaluation). These 4 classes of social support are not just relevant for a single age group. While every human has the right to such treatment, we often ignore the needs of the elderly population and focus it more on nutrition and healthcare. According to a survey conducted in India by the Age well foundation in 2015, a few of the prominent issues faced by elderly persons are lack of gainful engagement opportunities, declining health status, lack of respect in family/society, loneliness/isolation, psychological issues, financial problems, legal issues, and interpersonal problems.10In India studies show that around 32% of the old have suffered from at least one insult in their old age and as many as 28% have suffered multiple cases of abuse in their life. Abuse takes different forms- economic or financial abuse, physical abuse, psychological or mental abuse, and sexual abuse.

While population aging is a significant factor, another concern is that the older population itself is aging.To get a more comprehensive idea about these intersections in the elderly population, we need to consider the nuances in the aging process itself.

The aging process can be recognized by two crucial points with factors influencing it.[11]

1. The socio-economic and cultural context in which aging takes place influences and defines the problems experienced by the elderly belonging to each stratum of it.
2. The events and conditions along the life course of an individual influence the aging process they undergo and reflects in their experiences.

When the aging process is approached with this perspective, it is clear that the political economy perspective and the life course perspective on aging, and the interaction of the biological processes with the social context of old people determines their quality of life. Therefore it is crucial to understand the demography of aging in Kerala, the factors influencing their health, disability, living arrangements, and economic independence to form a strategy to address the problems they face. This perspective makes it clear that the elderly population is not a homogenous group. There are many intersections to be considered such as specific needs and challenges faced by those above 80 years of age, widow/unmarried/childless women, persons with disability and weak, those with no living immediate relatives, those living alone, destitute, and those who suffer from serious and deadly illnesses

According to a study conducted in 2011 by UNFPA, the morbidity load of the elderly in Kerala is comprised more of non-communicable diseases than communicable diseases.[5]

Among the elderly community in Kerala, the proportion of women are 20% higher than that of the whole nation.[6] With this visible gender gap in the mortality pattern, the woman often becomes a widow in her early 50s and it hinders all the opportunities/choices of the woman including financial security, sexual needs, social interactions, entertainment, education including immediate healthcare. This greater incidence of widowhood is due to the larger spousal age difference and the difference in the male and female life expectancy.

Along with the social norms that the female becomes the obvious caregiver, the elderly men will be mostly taken care of by their spouses while a large number of elderly widows remain vulnerable. Their dependency keeps increasing and is largely influenced by their health and functional abilities, relationship with the adult children and relatives/caretakers, social norms, and state policies. This feminization of age should bring about an emphasis on the need for gender-sensitive elderly policies in the state.

Although the mainstream among the elderly faces several issues, the intersections among them experience these issues in varying degrees and it has a higher impact especially on the marginalized sections.The characteristics of the marginalization reflect a varying degree of vulnerability and lead to specific challenges.

Census 2011

The problems faced by the elderly population among the marginalized communities are broad and diverse. Among them also, some groups are not visible in the mainstream population. They include persons with multiple deprivations, transgender persons, persons belonging to SC/ST communities, persons with disabilities and persons who belong to these multiple groups. There is a social justice dimension to the aging of these groups. Those having lifelong disabilities, widows, deserted and unmarried women, people belonging to disadvantaged communities, those living in old age homes, in poverty, older persons who are caregivers of adult children with disabilities, previous sex workers, and sexual minorities also belong to this unfair environment. For many groups such as transgender and intersex persons, the discrimination from the society and trauma following it persists in their old age as well from childhood and it worsens with further marginalization due to aging.

Though aging has a major impact on psychological wellbeing, it also varies according to the living status and circumstances of the aged person. The existing social norms and stereotyping have a greater influence on this sense of wellbeing and active aging. According to different studies, elderly persons currently living with their spouse enjoys better psychological wellbeing than those who lost their spouses and unmarried elderly persons. The societal norms regarding many such concepts on elder persons especially those who lost a spouse and related gender norms remain a challenge for the cultivation of a healthy aging

Gender inequalities and its social causes impact elderly women's health and economic conditions. Gender inequality in India is a multifaceted issue that concerns younger and older women alike. Elderly women remain at receiving end due to gender discrimination

As per the 2011 census of India, around 31.5% of the elderly in India are widowed compared to the 4.6% from the general population. Also during 2011, when 82.1% of the elderly men were currently married, only 49.6% of the elderly women were then married.

perspective among the community. Deconstructing this image has a major role in promoting healthy aging and positive aging concepts among the general population as well as the younger generation. This has a significant effect on the life of gender minorities, persons with physical disabilities and persons with mental disabilities, and other groups who are prone to inherent stigma and discrimination in the existing scenario. Aging will magnify their vulnerability and isolation. Though Kerala is one of the first states to have its policy for persons with disabilities and transgender persons, to what extent we are equipped to address the needs of the elderly among them is still questionable. These gender norms are explicit in the work participation rate of the elderly. Among elderly men in India, the work participation rate is influenced by economic stress where for women it is low due to the influence of social and cultural norms, marital status, number and age of children, and work opportunities.

Accidents are the fifth leading cause of death in older adults. Falls account for 2/3 of these accidental deaths. 5% of these falls result in a fracture or hospitalization. Mobility abnormalities affect 20-40% of adults over 65 and 40-50% of adults over age 85. 10-25% of falls induce fractures in this population and hip fractures are more common after the age of 75 years. Incidence is higher in certain populations (e.g. institutionalized elderly, diabetics, Parkinson's disease, post-stroke, etc.). The quality of life of the senior depends on mobility and fallsare a major factor that affects mobility which affects active aging.

Quality of life significantly affects the physical and mental well-being of elderly persons. The current scenario of challenges and consequences created by the pandemic has made the social exclusion of elderly persons an important concern. While there are efforts to address their needs as a priority, the sudden changes in the lifestyle, material and emotional needs of the general population created by the health emergency have influenced the elderly as well. A problem thus arising is the struggle of the elderly persons to remain mainstream being digitally illiterate and unskilled. While the definition of service delivery and accessibility has highly translated in terms of digital facilities, the elderly population remains further isolated and deprived by this digital divide.

While an age-friendly environment is advocated as a basic right this has to apply to the changing technology and service delivery mechanisms without limiting to the mere modifications in infrastructure. This digital illiteracy further increases the marginalization of older persons. Since the approach towards financial management and ways of banking, shopping, and other financial transactions has been converted to digital mode, it also adds to the lack of proper social and financial security of the elderly population in the fast-paced technology-driven society.

An age-friendly environment is not just an accessible infrastructure. Physical, social, and

As per 2011 census, elderly (60+ years) persons with disability constituted 21% of the total PWD at all India level. Among the disabled males, 18% are elderly (above 60 years of age) whereas 23% of female disabled are elderly. This further increases the vulnerability of elderly women.

The elderly persons form negative age identity, which is significantly shaped through elderly persons' internalization of age related behaviours and social meaning attached to ageing.

economic environments are important determinants of healthy aging. In the United Nations campaign for the decade of healthy aging, an age-friendly environment is one of the four areas for action. According to them, age-friendly environments are better places in which to grow, live, work, play and age. They are created by removing physical and social barriers and implementing policies, systems, services, products, and technologies that address the social determinants of healthy aging and enable people, even when they lose the capacity to continue the things they value.14 To actualize this we need a collective action at all the levels of governance.

2. Why aging in Kerala is complex?

Kerala is going through an advanced stage of demographic transition. It leads to population aging which indicates the efficiency and advancement in the healthcare system and socio-economic developments.But this has an impact on the increasing chronic and non-communicable diseases status ofKerala. Kerala has the highest incidence of Non-communicable diseases in India. [15] The increasing elderly population is one of the major reasons stated for this other than the rise in the sedentary lifestyle.[16] Kerala has got the highest life expectancy at birth of 72.5 years and 77.8 years for males and females respectively as per the SRS Report 2013-17.[17]As the age advances, chances of physical disabilities from chronic conditions are high and the multiple comorbidities make it worse. This demands constant care and in a society that often stigmatizes extra-familial care, there should be an emphasis on the role of family, society, and institutional care in the elderly care initiatives.

As the state had extensive population growth, there was an initiative to replace the level of fertility rate. Thus the fertility rate decreased resulting in around 30% of the couples in Kerala having only one child. The effect of this change was reflected in the elderly population as the number of elderly in the state crossed the number of children in the following years. While each child of the state has to take care four elderly persons, the state and the society should be equipped to face such a dilemma.

Among the states in India, Kerala has the highest old-age dependency ratio (19.6%) according to the 2011 census where the overall ratio of India is 14.2%. (Old age dependency is the ratio of persons aged 60 years and above to the working-age population).[15] The surge in healthcare needs and dependency of the elderly population has caused a rise in the burden of out-of-pocket expenditure which has implications on the status of poverty and financial insecurity of the community.[18] According to the Kerala Ageing Survey of 2013, only 36.44% of the elderly receive a pension from the government. There has been an overall decline in support to the elderly in the past few years.[8] While the elderly person who is financially well/ productive is treated with dignity, the bed-ridden and dependant old age people are most often considered as a liability.

Kerala is most advanced in terms of the epidemiological transition and also holds the highest

Kerala is considered India's first digital state, with the highest percentage of households with computers (24%) and the internet (51%) in India, 95% mobile phone penetration, 62% smartphone penetration and 75% digital literacy. Technology use has been a cornerstoneof Kerala's response to the COVID-19. There has also been appreciable and effective efforts to spread awareness on elderly care and reverse quarantine through digital mediums. But the digital illiteracy and lack of accessibility of elderly to technology remains a challenge

prevalence of most of the non-communicable diseases in India.[19] As per the NSSO survey 2004, the non-communicable diseases turn dominant mainlybeyond age 45 years and it increases gradually with the increase in age. In India, the prevalence of non-communicable diseases among the elderly (65+) is also highest in Kerala followed by Andhra Pradesh.[20] It is also the diabetic capital of India.

Family is considered the most conventional social institution in India as well as Kerala. It is the most significant non-formal social security for the elderly. The shift from joint families to nuclear families is followed by the increasing number of out-migrating youth in Kerala; many elderly are prone to loneliness. In recent years there has been an increase in the proportion of elderly living with their spouse alone. This can be attributed to the increasing male life expectancy. Though the decline of joint families is regarded as the central narrative of Indian gerontology, many studies are stating that the joint family system was not always a representation of the high-quality living arrangement of elderly persons. This joint family system was less prevalent among the poor in the Indian context as it requires more wealth. Also, there were contradicting theories that the joint families among the poor were not attributed to the intergenerational solidarity but from the increasingly high cost of living. Though there are rising intergenerational conflicts and the children moving to other places in search of opportunities and better living, it cannot always indicate a decline in the quality of life of the elderly.

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According to the Dementia India Report2010 of Alzheimer's and Related Disorders Society of India (ARDSI), it is estimatedthat by 2021, Kerala will have 0.2 million persons with dementia. [20]

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Though India continues to be the largest country of origin of International migrants, recent trends from Kerala show that emigration from Kerala is falling, and return migration is on the rise.Still, a larger proportion of the elderly in Kerala lives with their family members.The kind of support and care experienced by the elderly depends on theliving arrangements of the elderly, but the well-being of the elderly cannot always be judged by the living arrangement they prefer. The growing economic inequality, urbanization, modernization, increasing individualism and consumerism, and availability of caregiver has also contributed to the change in living arrangements of the elderly.[21] The increase in international migration from Kerala has made significant positive changes in the development of the state. As per the Kerala migration surveys, since 1998, there has been a larger migration of the young population of the state for education and employment. Eventhough currently the state is witnessing a higher in-migration to balance this, the lack of human resources had affected the elderly care within families largely. The declining fertility rate and higher migration lead to a state that there is a higher concern for the need of caregivers for the increasing volume of the elderly population.

As per the 60th round of the National Sample Survey Organization (NSSO), the living arrangement of the elderly shows that the majority of elderly in Kerala stay with either the children (35.6%) or with spouse (45.5%). Also considering the marital status of the elderly, nearly one-tenth of the men are widowers where 58.7% of older women are widows.4With the increasing cost of living and cost of bringing up and educating children along with pressure for the gratification of their desired needs results in depreciation of transfer of the share of income for the care of elderly at home. When it's the case of a single elderly, especially women,l ife is difficult, as few persons are willing to take care of non-lineal relatives. So also is the situation of widows an overwhelming majority of whom have no independent source of income, do not own assets, and are dependent.

As the widely accepted gender norm naturally shifts the burden of caregiving responsibilities to the women of the family, this unpaid work has contributed to the social and economic segregation of women from the mainstream economy. When the state promoted the nuclear family norm as a strategy to control population explosion and to effectively utilize

Elderly women and the rural elderly seem to have higher levels of psychological distress. Clearly age is a function of mental health status in Kerala. As age increases, the mental health status of the elderly appears to decrease. Almost 33 per cent of the elderly belonging to the age group 60-69 years suffer from certain levels of psychological distress whereas this proportion is 57 per cent for elderly who are above 80 years of age. [5]

the available resources, the state has the responsibility to support the older generation facing the gap in caregiving services as a result of it. This can be done by collective action. Keeping in mind that the elderly population in Kerala is a highly diverse group, the strategy to address their needs should also be specific and intersectional. So both community-specific and individual-specific strategies can be adopted. The elderly population has to be considered as valuable resource persons despite the welfare approach taken in the previous years. To inculcate that perspective to society, a comprehensive and integrated development intervention is essential. To achieve that goal, the decentralized governance system as well as every development sector of the state has to follow a cross-cutting approach towards the rights and welfare of elderly persons in Kerala.

Existing services for the elderly in Kerala

The government of India drafted the National Policy on Older Persons (NPOP) in 1999 even before the Madrid International Plan of Action on Ageing (MIPAA) in 2002.5Kerala was the pioneer in India to implement a senior citizen policy of its own. It was in 2006, the state social justice department introduced the policy for senior citizens. It was later modified and implemented in 2013 as State old age policy. Though the policy had a right-based approach towards the needs of the elderly than a welfare perspective, most of the initiatives followed were focused only on healthcare and nutrition of the old age. According to the policy, though the Social Justice department was considered as the nodal agency to supervise the implementation process, various departments were expected to take part in it.

The local self-governments were entrusted with the implementation of nutritional diet through ICDS, construction of elderly-friendly infrastructure and amenities, ensuring the participation of senior citizens in local governance through elderly gramasabhas, and the coordination of home care facilities in palliative care project.The Social Justice Department and Kerala social security Mission organize various initiatives for the welfare of the elderly in Kerala in association with various organizations. Currently, there are 16 Government old age homes under the control of the department of social justice.15From these 11 were later transferred to local self-government. Apart from these, the local self-governments are in charge of the day-care centers for old age with dedicated facilities to cater to their needs.

Programs and schemes targeting Elderly persons in Kerala

A few of the programs formulated for the welfare of elderly persons in Kerala;

Sayamprabha - a comprehensive package for the creation of an old age-friendly environment facilitating aged people to withstand the challenges and achieve overall physical as well as mental health in the most meaningful way in a sustainable manner.

Following programs are implemented under the Sayamprabha umbrella scheme.

a. **Model Sayamprabha Homes** (Multi-Service Day Care Centre for Elderly)- The up-gradation of Daycare centers functioning by the Local Self Government Department by providing some extra facilities to senior citizens like care provider, Yoga, Meditation classes, Entertainment facilities, furniture like Easy Chair, Sitting chair, cots, wheelchair, etc.Currently, Now 82 daycare centers are running as Sayamprabha Homes under the social justice department.

b. Vayoposhanam – To provide nutritional kits to the elderly persons registered at the sayamprabha homes.

c. Mandhahasam (Smile) Project - This project aims to give free implantation of dentures to senior citizens over the age of 60 under the BPL category.

d**. Vayoamritham Project -** Vayoamritham Project implemented in co-operation with the Indian system of medicine for Ayurveda treatment of inmates of Government Old age homes.

e. Psycho-Social Care in Old Age Homes - In association with NIMHANS, Bengaluru implement the project to provide technical support towards incorporating psycho-social care in the existing servicer for the elderly in the old age homes through the programs of psychosocial care for the elderly in old age homes in Kerala.

f. Vayo Madhuram (Glucometer) - A new project was launched in the 2018-19 financial year and inaugurated by the Minister of Social Justice which provided Glucometer for free of cost for old age people under BPL category to observe their sugar level in the blood regularly.

g. Music Therapy in Old Age Homes - Music Therapy Programme is conducted in all old age homes to provide better mind refreshment, physical and mental stability.

h. Yoga Therapy in Old Age Homes - The yoga Therapy program is conducted in Old Age Homes by the State. Two Yoga classes were provided every week to the inmates of the Care Homes.

Vayomithram

Vayomithram project provides health care and support to elderly above the age of 65 years residing at Corporation/Municipal Areas in the state. Currently, Social Justice Department is implementing Vayomithram Project which provides free medical consultation, free medicine, Palliative care through a mobile clinic and help desk to the elderly, through Kerala Social Security Mission. This project started its function in 2010-2011. From 2012-2013 onwards, the Vayomithram project become a scheme and was included in the Budget Provision. Novel projects are being taken up to mitigate Elderly diseases. There are earmarked facilities for geriatric patients in every district hospital duly headed by a medical officer with experience in geriatric care. Currently,95 vayomitram units are functioning effectively in the state as per the data from Social Security Mission. Vayomitram services were helpful during the lockdown and crisis from covid19 to deliver the medicines at the right time to the elderly at their home. It also facilitated the vaccination processes for the elderly.

There are a few more projects implemented by the department of social justice such as assistance for Sabarimala pilgrimage for senior citizens and persons with disabilities and projects conducted in cooperation with The Kerala State Handicapped Person" s Welfare Corporation, such as;

- Saphalyam Project: A home for destitute persons with disability
- Distributing assistive devices to old age people in the State free of cost by conducting medical camps

Age-friendly grama panchayats

It was the Centre for Gerontological Studies, Thiruvananthapuram along with the

representatives of manickal grama panchayat, that developed the concept of the Age-Friendly Gram Panchayat Project inspired by the WHO standard of age-friendly cities. They collaborated with the government of Kerala and introduced it in seven grama panchayats in Trivandrum and Palakkad districts.Under the project, at the Panchayat level, the entire staff and infrastructure were made age-friendly. The Panchayat also ensured that all the offices working under it or within its area are persuaded to follow the age-friendly pattern. The following organizations working in the Panchayat were brought under its scope to modify its process according to the age-friendly practices.

- Primary Health Centres/ Community Health Centres - ASHA workers
- Integrated Child Development Services/ Anganwadi- Vayojana Sabha/ Vayojana Council
- Public Works Department, Police, Schools

Dementia care program - Smruthipadham

Cognitive impairment during old age is a major challenge faced by the elderly in Kerala. In Kerala, 4.86% (3.83%-5.89%) of people aged above 65 years in Kerala have dementia. The State has undertaken several initiatives to tackle the rising problem. The Kerala State Initiative on Dementia has initiated a program called 'Smruthipadham'. The initiative is undertaken by the Social Justice Department and Alzheimer's and Related Disorders Society of India. Under the project, a day care facility is available at Kunnamkulam and a Full-time day care center at Edavanakkad, Ernakulam. The Alzheimer's disease and Related Disorders Society of India (ARDSI) has dementia respite care centers at Kozhikode, Thrissur, Kochi, Kottayam, Pathanamthitta, and Trivandrum. Kerala based dementia helplines are present and IEC materials are available in the local language.

Role of state government in Elderly care

The role of state government in the welfare of the elderly population can be briefed as;

1. Planning, policy-making, and formulation of programs
2. Implementation of the Maintenance and Welfare of Parents and Senior Citizens Act
3. Social security pension schemes

The role of state government is visible predominantly in the policy-making process. The state has an active role in addressing the issues of the elderly by ensuring the provisions for old-age pension schemes, managing old age homes, and in the formulation of many programs.

Around 630 Old Age homes have been registered under Orphanages and other Charitable Homes Act, 1960 which are functioning according to the provisions of the State Government rules and regulations. A government grant is being released at Rs.1100/- per month per inmate. A committee is constituted by Government to study the conditions of the NGO-run old age homes and to make suitable recommendations for providing right-based services.

The state government constituted Appellate Tribunal for each district and appointed the District Collectors as presiding officers of such Tribunals. Actions are taken by the Police Department to build a Comprehensive Action Plan for protecting the life and property of

senior citizens with the help of various social institutions, Resident's Associations, NCC, etc. Monthly visits of civil police Officers to the house of senior citizens are arranged under the jurisdiction of each Police Station. Also, the Social Justice Department took initiative to conduct Medical Camps cum disposal adalaths of Maintenance cases.

The social security and social protection schemes for the elderly population also fall under the responsibility of the state government. This has been managed with the assistance of the Social Justice Department and the Kerala Social Security mission.The state has been celebrating important days to spread awareness among the elderly and the general population.

Such as;

- Elder Abuse Prevention Day – July 15
- Alzheimer's Day-September 21
- Old Age Day - October 1

The state government provides the necessary technical assistance and financial support for the local self-governments to implement the projects addressing the elderly population of the region.

Maintenance and Welfare of Parents and Senior Citizens Act, 2007

The state acts as the regulatory to form the rules and acts for the protection of the elderly. Maintenance and Welfare of Parents and Senior Citizens Act, 2007 was enforced in the States/Union Territories by the date of 24.09.2008. According to this Kerala government formed Rules, in exercise the powers conferred by section 32 of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 and it came into force by the G.O (P) No.38/2009/SWD dt.28.08.2009 called The 'Kerala Maintenance and Welfare of Parents and Senior Citizens Rules, 2009.[22]

Based on the Act and the Rules, Government has constituted Maintenance Tribunalsat the revenue division level and Appellate Tribunals at the district level. Revenue Divisionalofficers (RDO)/ Sub- collectors are the presiding officers of the Appellate Tribunals. District Social Welfare Officer is designated as the Maintenance Officer under the Act at the district level. Implementation of the Act has helped the senior citizens in a major way to establish their right to proper maintenance. A study on the effectiveness of the implementation of the act in five stages by HelpAge India found that Kerala was better in terms of the system of filing of petitions and disposal of cases in Maintenance Tribunals constituted under the Act. The V.K. Beeran Committee appointed by the Government of Kerala observedthat there is a need to improve the effectiveness of the implementation of different provisions ofthe Act.The Committee also observedthat many of the tribunals set up foradjudicating and deciding the issueof maintenance to senior citizens arenot functioning properly, causing longdelays even in taking up petitions. Another major drawbackin the implementation of the act is that there is very limited awareness among the public about the act. Also, there is a lack of a proper system for monitoring and evaluation of the implementation processes. This has to be addressed by a cross-cutting strategy with a dedicated structure for the implementation of the act.

Social security schemes under the state government

Kerala has the most comprehensive safety net in the country for vulnerable sections in society. Kerala was the first state to have introduced agriculture workers' pensions. 3.6 million people are benefited from different pension schemes. A sizeable amount of these programs have been transferred to local governments. Poor administration of the social welfare pension programs has resulted in substantial delays in payment of pensions, and complaints of duplications, defalcations also come up regularly. So the state government introduced the Sevana Pension online application, a web-based application developed and supported by the Information Kerala Mission for the distribution of social security pensions to beneficiaries of Kerala.

The local governments are entitled to find the eligible beneficiary for the pension schemes. Currently, six types of social security pensions are being distributed through local bodies (Grama panchayats, Municipalities, and Corporations).[23] They are;

- National Old Age Pension
- Widow Pension
- Pension to Unmarried Women above 50 years
- Pension to the Persons with a physical disability
- Pension to the Persons with mental disability
- Agriculture Labour Pension
- Unemployment wages (Previously handled by Training and Employment Department)

Local self-government in elderly care

- Providing support for primary health centers and ensuring that they cater to the healthcare needs of the elderly of the panchayat.
- Recruitment and training of volunteers for the home care visits for the bedridden elderly persons and other activities.
- Implementation of Vayomitram project under all panchayats.
- Coordinating the special food distribution program for the elderly through anganwadis and ICDS.
- Ensuring the infrastructure and processes under the local self-governments confirm the central PWD guidelines to make all constructions elderly and disability-friendly.
- Management of the community-come-day care centers under each panchayat.
- Update the statistics on persons above the age of 60, identify and endorse those who are eligible for old-age pension, provide pension to those eligible, supervision and coordination of day-care centers, community centers, and all other facilities arranged for elderly of that region.
- Earmark at least 5% of the plan fund every year for the welfare of elderly persons.
- Ensure elderly persons participate in the gramasabhas and their helpful suggestions are given respectable consideration.

Role of Self-help groups in elderly care

Various community-based programs are operating all over Kerala for the welfare of senior citizens such as Elders Self Help Groups (ESHG), pensioner's unions, senior citizen's

association, and community policing.In Kerala, the Elderly Self Help Group is a community-based program forthe elderly above 60 years aimed at improving living conditions for the elderly. It is usually a group of 10 to 20 active elderly who organize themselves. These groups have office bearers who were elected members to look after the day-to-day activities of the group. The groups meet four times every month and unite for the care and support of their members. ESHG ensures the mechanism for social support in the community through facilitating activities and delivering services for sustainable livelihood.The major functions of ESHGs include 1) Income generation activities 2) Health care services 3) Observing special days 4) Adopting a granny and 5) Visiting and pilgrimages.

Similarly, several NGOs and charitable organizations are at the forefront to serve elderly people with dementia and palliative care services. Although the number of organizations that provide elderly care is increasing, the availability of reliable and trained persons in elderly care is a matter of concern. It would be a more sustainable option if an integrated approach is applied to bring these platforms together for a comprehensive geriatric care program.

The LSG-Kudumbasree Interface in elderly care

Kudumbasree is a community-based poverty reduction and women's empowerment initiative in Kerala that has played a significant role in initiatives that has direct and indirect benefits to the elderly. Kudumbasree actively functions recognizing the importance of care for the elderly, through its involvement in (i) elderly inclusion program, (ii) destitute rehabilitation program (Asraya), and (iii) palliative care. Neighborhood groups have a pivotal role in bringing together the elderly of the region and building an inclusive environment for them.

a. Ashraya scheme

Ashraya is an integrated project aimed at the identification and rehabilitation of destitute families. Started in 2002 as a follow to the Kudumbashree initiative to identify the families that had been left out even from the outreach of decentralized planning and poverty alleviation programs.According to the 2001 census, 31.4% of the destitute population in India are above 60 years of age.24 In Kerala also a large number of destitute population is comprised of elderly persons and the Asraya program has supported them largely. The scheme requires every Grama Panchayat to prepare separate micro-projects for each destitute household identified. These micro-projects are then integrated with the annual plans of the Grama Panchayats. The scheme is financed by combining plan funds of the Grama Panchayats, contributions by Block and District Panchayats, centrally sponsored schemes, and State government funds.During the first year of implementation, 101 Grama Panchayats in the State came up with projects, involving rehabilitating 8233 destitute families. The Grama Panchayats had been able to ensure institutional systems for the simultaneous implementation of multiple micro plans in the field.Ashraya has been implemented in 890 GramaPanchayats and 32 urban local bodies of the State by 2015. A total of 72,116 families have been identified and projects worth Rs.4107.6 million have been prepared. Hundreds of projects are under implementation across the State.Destitute rehabilitation under Ashraya has been process-oriented. With the community organization

of Kudumbashree playing a pivotal role, the scheme has been able to generate several success stories.[25]

b. Palliative care program

The palliative care program in Kerala was initiated at the local government level with the support of Kudumbasree. As many Age-Related Diseases need palliative care due to their incurable nature and prolonged survival rates, the majority of the beneficiaries of palliative care in Kerala are elderly persons.26 In the initial phase of the palliative care program, the candidates for palliative care nursing were selected from Kudumbasree and the cost of their training and support was also undertaken by the Kudumbasree mission. Now the Kerala state has incorporated palliative care services to its primary health care centers and is coordinated by the local self-government.This program operates at three levels: home-based primary care, hospital-based secondary care, and tertiary care. According to the Ministry of Health and Family Welfare, in 2012, 841 among the 908 palliative care services in India belongs to Kerala.7 The palliative care projects were launched under the National Rural Health Mission (NRHM) in all 14 districts in 2008.The existing palliative care network in Kerala is very broad and it is sustained by a large network of stakeholders apart from the government structures. It includes many voluntary organizations, spiritual organizations, political organizations, religious organizations, co-operative societies, local arts and sports clubs, residence associations' private hospitals, and non-governmental organizations. They have done an exceptional performance at the local level in many regions. Such organizations and movements have helped elderly persons to a large extend.

c. Saanthwanam program

Saantwanam is a concept rooted in the philosophy of taking health screening to the people. Adequately trained and competent lady health personnel will reach out to every home in the villages and towns of Kerala and take the message of health to them. Individuals will be screened for the presence of dominant risk factors and diseases. Those who are already suffering from these conditions and are under treatment can be monitored regularly to assess the progress of treatment. This program was conceptualized by Health Action by people (HAP) and launched in 2005 in collaboration with Kudumbasree. Since the majority of the elderly persons present with comorbidities, this program has helped in early detection and screening of conditions which helped in reducing further complications and the catastrophic hospital expenditure.During the last 5 years, the Caregivers have screened over 397,000 persons for diabetes and 450,000 persons for hypertension. They detected diabetes in over 35,000 subjects, hypertension in 50,000 subjects. All the subjects were referred to local physicians.27

d. Harsham Geriatric Care

Harsham Geriatric Care is a project designed as an enterprise to address the issues of the aged across the state under Kudumbasree in association with Non-governmental Organizations. The care providers under this project help the elderly by running routine errands and providing a helping hand with the everyday tasks that they are unable to perform on their own, thereby bringing companionship and a sense of purpose back into the lives of old people. As part of the program, trained caregivers are advised to visit the homes of older persons

to check blood pressure levels and sugar levels and provide care after hospital admission. Moreover, homecare services include bathing, bed making, helping with common exercises, and providing physiotherapy, wound dressing, and oral administration of drugs.[7]

Needs and limitations of the existing elderly care schemes in Kerala (TABLE 1)

Need/Issue faced by the elderly population	Existing scheme	Limitations
Health • Physical • Mental	1. Sayamprabha 2. Mandhahasam (Smile) Project 3. Vayoamritham Project Vayoamritham Project 4. Psycho-Social Care in Old Age Homes 5. Vayo Madhuram 6. Vayomithram	-Schemes to provide concessions in medical expenses are not adequate considering the growing out-of-pocket expenditure. -Health services are not equally affordable to every senior citizen. -Lack of effective programs to ensure availability of medicines. - -Separate O P, Geriatric Ward is not available in every hospital. -Lack of skilled health workforce in geriatric care. - The program Vayomitram is predominantly addressing the urban population. It is mostly focused on the provision of medicines and does not carry a holistic approach. The program is not independently managed by the local self-government which is a major limitation.
Isolation • Natural isolation (out-migration of children for work) • Destitution	1. Model Sayamprabha Homes (Multi-Service Day Care Centre for Elderly) 2. Old age homes 3. Asraya project 4. Second Innings Home project	-Not everyone is willing to leave their home. -Inmates of the old age homes face difficulty in availing themselves of health care services. -Staff of the old age homes are often inadequate in number and skills. - Low coverage of the schemes is a major limitation.
Nutrition (geriatric food)	1. Vayoposhanam 2. Public distribution system (PDS) 3. Annapurna Scheme	-Not always sensitive for different groups. -Need to be specific according to the health condition, capability to cook, and mobility.

Financial security	1. Old age pension schemes 2. Sensitive taxation policies 3. Health insurance schemes 4. Fare concessions in all modes of travel	-Employment opportunities are less due to decreased productivity. -Social pension and other similar benefits are not frequently available to the elders. -Retirement and pension benefits are negligible for Unorganized and low-paid workers and those from the economically backward sections. -The proportion of the elderly covered under government-assisted health schemes, private and other health insurance schemes are 4.4, 0.9, and 0.3 percent respectively.
Physical security	Janamaithri Suraksha Project by Kerala Police in 2008	Lack of accessibility and awareness
Entertainment/ Social activity	1. Self-help groups 2. Grama Sabha 3. Civil society Organizations	-Social life, productivity, and interaction are low during old age. -
Basic Infrastructure	-Preference in the reservation of seats and earmarking of seats in local public transport; -Modifications in designs of public transport vehicles for easy entry and exit. -The separate queue for older persons in hospitals for registration and examination. -Wheelchairs, ramps, specially designed handrails, toilets, etc.	The majority of the existing systems, infrastructure, and service delivery are targeted at children and the younger generation currently.
Legal support	Maintenance and Welfare of Parents and Senior Citizens Act	-Lack of legal awareness among the elderly. -Clogging of property cases in Maintenance Tribunals. -Delay in disposing Cases.
Acceptance, respect	Vayosreshta Samman award (Awards distributed on international day of elderly to facilitate and recognize the contribution of the elderly to society)	More comprehensive and community-oriented programs are needed to utilize the potential and expertise of elderly persons instead.
Support for the persons with disabilities and bedridden	1. Palliative care 2. Aswasakiranam (Income security for Persons with	-Not accessible/eligible for elderly of all socioeconomic classes. - No available mechanism to monitor

	physical disability, persons with mental disability, bedridden Patients)	and evaluate the coverage of the programs.
Gender discrimination Feminization of Ageing	Pension schemes for widows.	-Transgender aged community who experience multiple vulnerabilities is not given adequate preference in policy decisions. -Lack of gender-sensitive approach in programs as the problems faced by women and other gender minorities are diverse and complex.
Increasing digital illiteracy among the elderly and the exclusion caused by the digital divide.	There are technology-supported awareness programs on elderly care. Assistive devices using digital technology are distributed in a few events.	- No efforts to address the digital illiteracy of elderly persons.

This table illustrates a huge gap between the needs of the elderly persons in Kerala and the existing services provided to them.

Findings from the review of the data on coverage of the existing schemes

According to the 2011 census, there are 7.4 million people who are above 60 years of age in Kerala. Among them, 3.3 million are males and 4.1 million are females. This population itself has different layers and characters. From the available data on the coverage of the existing schemes for the elderly in Kerala, many limitations can be pointed out. The major limitations are,

1. Inadequate coverage of the schemes – Most of the programs formulated for the elderly persons are benefitted largely by the inmates of care homes/ destitute or BPL persons. A contradiction to this is the social security pensions. The social security pension schemes are covering a considerably large population and the data are more transparent and schematic.
2. The existing programs and schemes should be constantly monitored and improvised to benefit the growing old-age population of Kerala.
3. A wide gap in Human resources to address the needs of the diverse population. This gap in HR exists in two perspectives.

a. Human resources to make the plan
b. Human resources to provide the service according to the plan.

(Available data is included in the appendix)

Limitations of the existing Information and Monitoring System

After reviewing the data available on the coverage of programs and schemes for the elderly, the most critical gap in our state is the lack of an Information and Monitoring system to assess the needs and plan strategies accordingly.

The first step in planning a scheme for elderly persons should be making a better understanding of the existing situation. This situation analysis can provide a larger picture of

the existing condition. But as many schemes are targeting the population, it is necessary to know if these schemes are benefitting them and to what extent. Towards these goals, we need an efficient monitoring and evaluation mechanism of the programs and schemes. Thus the situation analysis and the monitoring and evaluation mechanism has to be always equipped to answer the following questions with updated data;

1. How many are the target population
2. What are the diverse characteristics of the population
3. How many are marginalized sections and the sections need special attention
4. What are the specific needs of each group
5. What are the challenges they encounter now
6. What all benefits do they receive currently from the system
7. What is the coverage of the existing schemes and programs
8. Which all sections are not benefitting from programs
9. Need for expending the services
10. Emerging issues and outline of potential solutions

The elderly population is growing each day and the problems faced by such an expanding group need to be addressed using a more innovative and sustainable solution. To effectively plan the strategy, there has to be a reliable and updated database on the characteristics of the population. This database can be updated from the grassroots level (for eg. Through the Anganwadi worker) and it should be connected through all levels of governance and the agencies involved in the elderly care activities. Such a database would make the convergence of various departments in this sector more effective and it would lessen the communication issues. Making the data on schemes available on the public platforms through dashboards and different visual representations would increase the transparency and accountability of the system. (eg. A dashboard on the details of coverage and fund allocation-expenditure of social security pension schemes is currently available on the sevana web portal by the state government).28 A strategy for the management of data and information has to be adopted before implementing other recommendations.

Limitations of existing systems and services

The State old age policy, 2013 was envisioned to implement solutions to the problems faced by the elderly in Kerala using an integrated approach with the involvement of government, non-governmental organizations, voluntary organizations, and families. Though decentralized governance has contributed to changing the perspective towards the need for prioritization of elderly care, it was comparatively a recent development. Even though many initiatives were targeting the welfare of old age, there was rarely convergence among these departments and initiatives. One of the responsibilities of the social Justice department is to direct the actions of local self-governments. Though the policy was prepared, to put that into action, the nodal agency must be more equipped and coordinated. Though the government-appointed Technical Assistants on a contract basis to assist the Revenue Divisional Officers since 2017-18 financial year, to address the issues relating to the welfare of the senior citizens and periodical review of the same except for certain aspects such as old-age pensions, many of the provisions of the policy didn't come into practice. Also, most of the

policies are aimed at older people in the below poverty line (BPL) category. While financial support in the form of pension is essential for this category of aged persons, many other support services are required for all the older population groups.

The changes in the service delivery system and infrastructure couldn't effectively cater to the needs of the elderly population in Kerala. When healthcare and nutrition were made a priority, there were other needs of the elderly population similar to that of the general population which required attention at the same level. There were many innovative projects initiated for elderly care at the state level and local level. This might be due to the developmental focus on the needs of children than that of other vulnerable groups including the elderly. Another issue is the inadequate analysis of the older population regarding the large variation in their social, cultural, and economic& resources endowment, health, and professional/technical capabilities. The support provided does not take into consideration the variations in needs of older people. It assumes that all older people require similar services.

While social security is a major concern, though the rural-urban distinction is recognized in the national policy statements of 1999 & 2011, the programs and implementation mechanisms are still urban-oriented - except the pension and PDS programs. The pension offered is low to adequately meet the needs of the poor. Though Kerala claims to be the foremost in education and health among other states in India, it is not yet in a position to be assured as age-friendly. The hospitals are not equipped with health workers skilled in geriatric care.

Although several innovative projects are focusing on elderly care at the local level as well, there rises a concern on the need basis of these programs. The national and state policy has mentioned that the older population is an important resource and expert group, but there is no adequate mechanism to utilize that. The participation of elderly people in the decision-making process of the program is inevitable in rectifying the developmental gaps at the local level. The elderly persons are experienced and skilled in various fields and they should be considered as resource persons. Irrespective of the professional qualifications, lifelong experiences and expertise have to be made of use in the developmental activities of respective areas.This approach was practiced during the People's planning campaign through Voluntary Technical Corps. With the dissolution ofVTC (Voluntary Technical Corps), there was a lost opportunity to utilize the expertise and experience of our elderly in the developmental processes.Such a platform should be brought back in a better and sustainable form. There has to be a more comprehensive strategy to enroll the expert persons as valuable human resources.

How should a civilized society address its aging community?

A civilized society should be equipped to cater to the needs of its vulnerable communities equitably. The elderly population in a society should be treated with dignity and care like any other age group. The specific needs of each section within the community should be studied in-depth and the solutions must be prepared with the help of domain experts. All the governance and developmental processes should be inclusive to the elderly community. As the state old age policy directs, the society should be able to empower the elderly and enable them to have a productive and effective part in the society by easily adapting to

different age groups. It has to remove the barriers in experiencing equal rights that of other sections in society by introducing a program ensuring freedom, protection, dignity, participation, and self-fulfillment according to the United Nations guidelines.

The United Nations has declared 2021-2030 as the decade of healthy aging. This global collaboration is aligned with the last ten years of the Sustainable Development Goals that brings together governments, civil society, international agencies, professionals, academia, the media, and the private sector to improve the lives of older people, their families, and the communities in which they live. This is envisaged to be addressed through 1) Age-friendly environments 2) combatting ageism 3) Integrated care for older people without causing financial hardship and 4) Ensuring access to good-quality long-term care.14 There are global models such as Sweden and Switzerland with a long tradition of decentralized governance, incorporating elderly care initiatives effectively with local governments and the private sector.14, 15

When age-friendly/barrier-free environment is proposed, there have to be certain standards confirming that definition. WHO to improve the health and living of older people, approached this problem through different angles; healthy aging, happy aging, productive aging, positive aging, and active aging. As per WHO, over 400 cities around the globe have converted themselves to age-friendly cities.The WHO Global Network for Age-friendly Cities and Communities was established in 2010 to connect cities, communities, and organizations worldwide with the common vision of making their community a great place to grow old. As a response to global population aging and rapid urbanization, it focuses on the action at the local level that fosters the full participation of older people in community life and promotes healthy and active aging.

WHO has laid down 8 principles for an Age-friendly city which are mentioned below -
1. Outdoor spaces and buildings
2. Transportation
3. Housing
4. Social Participation
5. Respect and Social Inclusion
6. Civic participation and employment
7. Communication and Information
8. Community and health services

The elder citizens of society have been active contributors to the development of the state. The retirement age in Kerala is around 56 years to 60 years. The process of aging lowers their productivity to an extent.It is the responsibility of the state to give a meaningful deployment of this experienced human power which has the potential not only to enhance economic activity, but also help to keep the elderly busy, giving them a feeling of social relevance

Out of the box thinking

Since Kerala has the highest proportion of the elderly in the country, there are several issues and challenges which require immediate attention. Though there is a state policy and

programs dedicated to the welfare of senior citizens, there are major gaps that need to be addressed from a sustainability standpoint. To apply a more sustainable solution to these issues, we shall consider a strategy focusing on the population as two groups.

1. The population aged 60 years and above (to address the issues they face currently/ curative approach)
2. The younger population (to intervene with measures for healthy aging of society/ preventive approach)

Addressing the problems faced by the first group would ensure better facilities and inclusive measures to include the senior citizens and the need for their care as a priority to the mainstream society. On the other hand, the approach towards the second group can be considered as a pragmatic approach towards sustainability. Everyone has the right to healthy aging. But if the environment and awareness to healthy aging are introduced during the younger age itself, there are lesser chances for them to face the challenges faced by the current older generation in the same intensity. This would ensure the sustainability and improvisation of the measures introduced for the first strategy in the long run. As Kerala is moving towards an elderly society each day, there needs to be more effort to prioritize the concerns of old age. This can only be achieved effectively through community-centric programs. There are a few recent efforts to introduce the concept of "old age Villa". This is a project undertaken by some business groups where those who can afford will be able to stay in villas dedicated for elderly persons with special facilities catering to their needs. These villas will in turn act as active and interactive communities which will help senior citizens without concerns about isolation and caregivers. However, the sustainability of this project is debatable and it can only be considered as a choice for upper-middle-class families who can afford it as of now.

B The most effective and sustainable strategy is to work towards making geriatric care an integral part of society irrespective of socioeconomic class differences. This can be planned and implemented by the state and local governments. The state can take up specific responsibilities such as the management of institutions for the destitute and legal enforcement. The authorities of each district can make sure that the directives of the state are implemented

Elderly Friendly Karimba Gram Panchayat, Palakkad District, Kerala

Karimba GP has an elderly population of 3612 based on survey conducted in 2019. Other than the special elderly Gram Sabha, the GP has also organised geriatric clinic every Thursday. The ASHA worker provides palliative care assistance to bed ridden elderly of the GP. Mental healthcare is being provided to elderly who live on their own. Health camps are organised frequently. Initiatives are taken to organise 'Vayosabhas' in every school of the Panchayath with an objective of bridging the gap between the young and old closer, inculcating to a sense of social responsibility. To promote a platform for interaction, participation in Kudumbashree SHG network is encouraged and also programmes like Snehitha Calling Bell is initiated. Gram Panchayat has taken steps in understanding needs of the elderly and building context specific solutions.

and they can facilitate the linkages. Among the three tire panchayats, the grama panchayat and municipality have more impact over the rural and urban population respectively. These local governments thus need to have a comprehensive geriatric care plan involving all the components mentioned in table 1.

For example, there can be daycare centers and short-stay home facilities implemented in a village. The concept of "Ageing in Place or aging in own home has been upheld by National and state policies. In that case, the thrust of the policy would be preventive rather than curative. Institutional care will be considered as the last resort. So that even if the family needs to travel for a few days, this daycare center and short-stay homes can act as community supports where they have facilities for entertainment, creativity, food, companionship, and shelter. This can only be sustained through a community initiative under the local government. It is essential to develop an age-integrated society that endeavors to strengthen integration between generations to facilitate two-way flows and interactions to strengthen bonds between the young and the old. Towards the goal, individuals, families, communities, and institutions of civil society need to join hands as partners.

To plan and effectively implement these programs, it is essential to have an integrated approach among different levels of governance and departments as well. Every layer of governance and systems should be able to transform into an age-friendly environment. While the

Initiatives undertaken by Kudumbashree women's collective of Mulanthuruthi Gram Panchayat

In Mulanthurathi Gram Panchayat, with an elderly population of 6400, the Kudumbashree's women's collective has taken up several initiatives to better elderlies quality of life. 118 Neighbourhood Groups have been formed. These neighbourhood groups are federated at ward and Panchayat level. This ensures that the demands and needs of the elderly are reaching the Panchayat and also the elderly are getting a platform to engage with each other. The federated network has also provided financial assistance to the elderly in terms of micro loans etc and encouraged them to undertake income generation activities by joining joint liability groups or starting enterprises. 45 micro enterprises have been promoted. Special Ward Sabhas are being twice every year to place their demands. Apart from this, monthly legal aid clinics are set up, legal and medical counselling is given and medical camps for cancer, eye care etc are organised. The elderly are also included in working group committees while preparing the annual action plan. The Kudumbashree network has started several programmes like 'Hrudayrogyam'- provides medical care is given at their home, 'Alivu' - provides free dyalisis for kidney patients, 'Snehasanjeevani'- free glucometer to the elderly. An initiative called the '3 G' Aaganwadi has been conceptualised as a meeting place for 3 generations (children upto 3 years, teenagers and elderly). Day Care Centre has also been set up which provides assistance to 32 members as of date. Annual Functions for the elderly such as 'Vayojana Varshikam' , 'Vayojana Dinam' are organised and celebrated. The elderly are taken for day trips and excursions. Kudumbashree network has worked towards making the elderly of the Gram Panchayat included and their rights acknowledged. They work with the local governments to make the implementation of various programmes successful.

local governments come up with need-based and projects effectively addressing the specific target groups in the elderly population, the government should be able to provide adequate technical support for this. Kerala Social Security Mission and Department of Social Justice can be converted to agencies that provide technical support utilizing expert committees. Here the responsibility of planning and implementation of programs is vested with the local governments which will, in turn, make them more accountable and transparent to the community. Similarly, the health department should be able to help the local governments to plan a comprehensive geriatric healthcare plan and implement it. Health Services at the same time should be vested with the responsibility to prioritize the need for geriatric care in the medical curriculum and the entire health workforce should be trained and prepared to provide geriatric care. The elderly population does not present with their symptoms in the early stage of the disease, so, they require more physician time, continued care, and senior-friendly health facilities. They require a multidisciplinary approach with a focus on functional independence, horizontal co-operation with a physiotherapist, visiting nurse, social worker, health worker, and family counselor, and vertical co-operation with specialists and others at secondary/tertiary levels. Providing standard and quality health service for the elderly population is also about ensuring if the services are accessible (geographical access, transport access, social access, and influenced by other determinants), if they are aware of the services, if they can afford the services, is the system equipped to serve and if the health system is accountable to the elderly persons. While in the scenario of Kerala where the health system act at the macro level and family at the micro level, the disconnect between these two can be bridged by the community acting at the meso level. A compassionate community is essential for a responsive health care system.

Considering the excellent health condition of most professionals, researchers, educationists, andtechnologists, who constitute a very high-quality human resource, it is necessary to utilize theirservices not by increasing retirement age but by engaging them on a contractual basis – as consultants, advisors, mentors, and counselors to the younger employees - in Government, public and private sectors. This applies to every person involved in their respective professions so that they can be re-employed and self-sufficient if they are willing to.

Elderly Friendly Arimpur Gram Panchayat, Thrissur District, Kerala

In Arimpur GP, 5261 individuals which accounts to 15 % of the total population are elderly. The Gram Panchayat strives to ensure an elderly friendly space within their home. The Gram Panchayat has taken initiatives to conduct special ward sabha, form clubs, and started day care for the elderly in collaboration a NGO. The Panchayat takes initiatives to address gender related issues and has formed Jagratha Samitis exclusively for the elderly. The issues of the elderly are also taken up in development seminar and included in the annual action plan of the Panchayat. For the development seminar, 278 delegates were invited. Issues were discussed and proposals were placed in front of the committee. Funds have been allocated for the various proposals based on this meeting. The Panchayat plans on taking up several more activities in the upcoming year and bring about attitudinal changes in people as well.

Another challenge faced in protecting the rights of the elderly population was the failure in effectively implementing the Kerala state Old age policy. While the Department of Social Justice was considered as the nodal agency for implementation, there was no effective system to coordinate the process of implementation. To address this a mechanism can be suggested. A committee dedicated to ensuring the implementation of the act should be constituted at various levels of governance.

This committee should necessarily have a designated officer for the protection of the elderly at each level of governance. The committee must have the active participation of the representatives of senior citizens, local self-government institutions, and Elderly self-help groups. These committees can also be entrusted with providing legal assistance to the community regarding the rights and welfare of senior citizens by including an elder law attorney if necessary.

Incorporating such a change in perspective and lessons from a few of the model elderly care settings in Kerala, a new strategy to overcome the gaps in the existing elderly care approach is proposed below,

Need for a strategy to address the gaps in the existing elderly care system in Kerala

The first step in addressing the elderly population is to be informed that it is not a homogenous group. There are different types of vulnerability and deprivation existing in our society. This already deprived population getting older will multiply the problems and result in unequal access to their rights. They being the unseen, unheard, and the voiceless is a cause of various psychosocial issues they face. To overcome this challenge, there should be comprehensive and segregated data available on the population and its characteristics up-to-date.

A few diverse groups among the elderly can be classified as;

Economic group	Social group	Gender	Age group	Ability based	Persons with disability
• Rich • Middle • Poor • Absolute poor	• Scheduled Cast • Scheduled tribe • Coastal • Plantation	• Female • Transgender • Others	• 60-69 • 70-79 • Above 80	• Skilled • Unskilled	• Persons with physical disability • Persons with mental disability • Other categories

Each of these groups has different vulnerabilities and thus different needs. So a single strategy cannot be suggested for the welfare of the elderly population. Problems of each specific group and its magnitude should be studied and only after analyzing that data, efficient strategies can be suggested.

The approach towards elderly care should shift from a welfare approach to a rights-based approach. There should be more inclusive and self-help-based initiatives in all development decisions regarding senior citizens. When it is said right based, the basic rights of every human being, ie, shelter, medicine, health and care services, and food and nutrition should be made available for the elderly persons without any discrimination.

The plans prepared using such segregated data should necessarily be bottom-up plans.By adopting bottom-up planning, a certain level of subsidiarity can be applied. The problems can be identified at the local level through a situation analysis. Appropriate solutions can be planned at the same level of governance. So, what can be done best at a particular level should be done at that level itself, only the residual will get transferred to the higher level.

In planning it can be considered that there are 4 Fs for dealing with the question of aged sensitivity:

1. Fund for the aged through Local governments.
2. Functions include Institutions for the aged,
3. Functionaries for the aged
4. Fraternity system for the aged.

Transgender, Probation and Aftercare, and Institutional Rehabilitation Services

Overview

The vision of the Department of Social Justice is to enhance the quality of life of the most needy and vulnerable in society viz.persons with disabilities, senior citizens, transgender, social deviants,destitute and other vulnerable sectionsthrough meaningful interventions. Accordingly, the Department endeavours to initiate and implement effective schemes addressing their needs and well being.

The Social Justice Department was established on the 9th of September 1975, vide GO (P) 223/75/LA&SWD, for ensuring justice to the disadvantaged sections of the society and for the implementation of social welfare programmes and services in Kerala. The Directorate is the State Government machinery which acts as the nodal implementing organisation for all related programmes of the State Government and Central Government. The Department strives towards methodical implementation of relevant social welfare legislations and various financial assistance schemes in the State. The Social Welfare Department was bifurcated in the year 2019 into the Social Justice Department and Women and Child Department. Consequently, the Social Justice Department has been left with 539 staff, all inclusive, to implement the schemes for the most weak among our society.

The prevalence and persistence of problems of crime and deviance have been a matter of serious social concern in our State. When these problems cross the threshold of social

tolerance, interventionist mechanisms by governmental and non-governmental organisations, agencies and institutions, consisting of prevention, control, reformation, rehabilitation and reintegration are desired. The probation and aftercare schemes formulated by the Department are aimed towards this end.

The Department has always considered the welfare of transgender as a priority alongside the diverse initiatives and schemes it executes for other marginalized sectors. Under the aegis of Kerala State Transgender Policy, the 'Mazhavillu' scheme has empowered many Transgender individuals in inter-personal, educational and socio-economical aspects and has laid out a strong foundation for further initiatives to be envisioned in future. Although the schemes executed during the 13th plan period are largely successful, the Department has experienced some major challenges that include decreased efficacy of schemes at grassroots levels, health oriented concerns, unemployment and basic infrastructural limitations that the Transgender community have to endure over a period of time. The 14th plan period should aim towards bridging gaps and bringing in greater efficacy in the existing and forthcoming initiatives in alignment with the State Policy and the Transgender Persons and (Protection of Rights) Act 2019.

Kerala is a role model to other States in the arena of institutional care. Though we adopt the policy - "institutional rehabilitation is the last resort", providing institutional care to the needy seems to be an inevitable necessity and boon in the rehabilitation process. State Government as well as NGOs and voluntary organizations provide institutional support to weaker sections of the society. Subsequent to the formation of a new department, 35 welfare institutions under the Jail Department were transferred to the newly formed Social Justice Department. Though there are many Government homes and NGO-run institutions functioning under the Department to address the institutional rehabilitation needs of the destitutes and the abandoned, rehabilitation of destitutesliving in the streets still remains a major problem faced by District administration and Social Justice Department in the State. Increasing demand for the institutional care of the elderly has led to the mushrooming of a large number of old age homes both paid and unpaid. Proper mechanisms have to be put in place for the monitoring of these institutions to protect the rights and welfare of the elderly. The newly introduced Rights of Persons with Disabilities Act 2016 demands more concerted action in the institutional care of the differently abled.

I. Probation and After Care

The progression in the development of Probation System

Probation is considered as a reformative intervention, developed as a non-custodial alternative which is used by the judiciary where the guilt of offender is established but, it is considered that imposing of imprisonment would have drastic effects as it decreases the offender's capacity to readjust to normal social life after release and association with regular hard core delinquents who are undergoing imprisonment, often has undesirable effects.

In the year 1990 the United Nations adopted a set of Standard Minimum Rules (also known

as Tokyo Rules) with a larger objective of promoting use of alternatives to imprisonment among the member states. These Rules are intended to promote greater community involvement in the management of criminal justice, specifically in the treatment of offenders, as well as to promote among offenders a sense of responsibility towards society. Probation and judicial supervision are the key sentencing options prescribed in the Tokyo Rules.

In **1958, the Probation of Offenders Act** was enacted in India, which lays down for probation officers to be appointed who would be responsible to give a pre-sentence report to the Magistrate and also supervise the convict during the period of his probation. Section 4 of the Act provides for release of certain offenders of good conduct on probation. Section 6 of the Act lays special onus on the Judge to give reasons as to why probation is not awarded for a person below 21 years of age. The Court is also to call for a report from the Probation Officer before deciding not to grant probation. Besides these two enactments, the **Juvenile Justice (Care and Protection of Children) Act,** 2015 also provides for the release of children who have committed offences to be released on probation.

The All India Committee on Jail Reforms (1980-83) (Mulla Committee) recommended that the Probation of Offenders Act, 1958 should be fully implemented in every district of each State and Union Territory. **The Committee on Reforms of Criminal Justice System (2000) (Malimath Committee)** taking note on the report of 142nd Law Commission reiterated that it would be desirable to infuse life into reformative provisions embodied in Sec.360 CrPC and the Probation of Offenders Act, which are remaining unutilized. Prof. N R Madhavamenon chaired committee submitted **a draft National Policy on Criminal Justice** in the year2007 reiterating the importance of strengthening the social defence system and non-custodial measures in our country for further development in India.

As per **The Kerala prisons Rules,** the State Government may release certain life prisoners from prison through an executive order and order to the concerned Probation Officer under the Social Justice Department for supervising the convict for a stipulated period. The probation officer observes his/her daily living pattern and helps the person to reintegrate in the society as well. This system is called executive probation in Kerala.

Over the years, the centrality of the role of the probation in the correctional and rehabilitative context has been compromised by the Adult criminal justice system. The potential of the Probation of Offenders Act and other correctional laws, as well as the tremendous scope of the judicial and executive probation in reducing custodial populations and rehabilitation has been tragically undermined. An inclination towards custodial treatment of convicted offenders consequently downgraded the welfare and rehabilitation goals within the criminal Justice System. Probation officers across the country feel marginalized in this system and do not have a space to bring the concept of probation back at the centre stage of the correctional process.

Drug Abuse Problem

In Kerala, drug abuse is no more a chance incident; it has exploded in nearly every corner of the streets and households. The once silent killer is claiming more victims than ever before and in horrific manners. Sadly, drug abuse has been spreading rapidly, often causing

a far-reaching impact on several adolescents making them unstable, unhappy and unproductive in life. According to the Excise department, nearly 70% of children in Kerala are vulnerable to the use of drugs. In the first six months of 2016-17, Kerala registered 4045 cases related to drug activity. A study conducted among college students in Thrissur district revealed that 31.8% had the habit of substance abuse of which 27.4% consumed alcohol and 98.3% acquaintances of the students had one or the other habit of substance usage. Alcohol is the most commonly used drug abuse in Kerala (50.8%), second most commonly is cannabis (16.9%) and the third commonly used drug is Minor Tranquilliser (5.35) .

Street Dwellers and Beggars pose a major challenge to the State. Majority of them are from other states and often, they are mentally and physically challenged. Care and protection and rehabilitation of this group is often very taxing and itis a huge burden on the state exchequer.

Statistical Analysis of the Sector

Total number of judicial probationers (adult) during the period 2015 to 2021.

Table 1: Distribution of total probationers in kerala, last five years

Distribution of Probationers	Number of Probationers
present Probationers (as on 1st jan 2021)	160
Sentenced to Probation Without supervision	3
Past Probationers (from 1st Jan 2015 to 31st Dec 2020)	412
Total	575

The total number of probationers is 575 across 16 probation offices in Keralaof which, 160 are current probationers while 412 are past probationers. Three probationers are sentenced to probation without supervision.

Table 2: Distribution of Sex of Probationers

Sex	Existing Probationers	Past Probationers
Male	146	365
Female	14	47
Total	160	412

Probation can be a mechanism by which many issues can be handled in a humane manner. There already exists legislation and related systems to implement it. One concern that emerges is about what the future holds for probation as a system of non-institutional treatment of the offender population. Given the established fact that non-institutional treatment systems such as probation and community service are a more humane, and also more cost-effective methods of sentencing, this question assumes significance in the context of a growing crime rate in society and a growing trend of 'custodialisation' of offender groups by the State as a solution to the problem of crime. In short, strengthening the probation system in the State seems to be equated to decreasing the number of prisons and prison

population in the State.

Approach and Outcomes of 13th Five Year Plan

Crime rate in Kerala is very high compared to the other States in India. Majority of the accused persons are first offenders who engaged in non-serious crime under a sudden provocation. Generally, their socio-economic background is also highly vulnerable. An integrated approach is urgently required to deal with the problem of first offenders in the state. There is an identified need to provide an opportunity for the young (18-30 age group) first offenders, with the support of various stakeholders, an opportunity to transform their vulnerable life utilizing psycho-social care and support systems. It shall help us decrease recidivism as well as our crime rates.

The Social Justice Department, with the help of a NGO, conducted a survey among 100 young offenders in the financial year 2020-21. Major findings of the quantitative study is given below:

- The respondents engage in Hurt, Theft, handling explosives, POCSO, NDPS, sexual assault, PDPP, SC/ST atrocities. 35% are engaged in 'hurt / attempt to murder'.
- 62.5% of the respondents reported that their friends had committed or had been involved in offenses. It shows the possibility of repeating the crimes because of the group's influence.
- Unmarried individuals between the age group 20 – 23 are found to be prone to repeat the crime.
- Majority of the respondents have a family setting and have a very good relationship with family members, as reported.
- The economic status of the respondents shows that 69% belong to BPL and 31% belong to APL category. So, it can be interpreted that financial constraints may also be a driving factor for engaging in crimes.
- Majority of the respondents have qualified at least SSLC, and the data shows that the people below HSE engaged in the crimes more.
- 82% of the respondents are working, 10% of them are students whereas 8% of the respondents are unemployed.
- 36% of the respondents have attended formal and informal vocational skill training that supports their job.
- 19% of the families of the respondents have a criminal history.
- The impact of the cases on an individual level shows that most of the respondents (68%) were highly affected by psychological, economic, and social problems following the case.
- The families of the respondents are also affected in the areas - economic and social life (62%).
- 31% of the respondents and 13% of their family members have mental health-related issues such as anxiety, excessive anger, mental stress, fear, sleeplessness, ADHD & depression.
- Majority of the respondents (82%) use substances like alcohol, drugs, cigarettes, etc.

and 36% use almost all the substances. These habits are also found in family members (57%).

- It is found that 45% had a perception that there exists a possibility for committing the crime in future and the rest are not anticipating (55%).

Nervazhi Project

The Nervazhi project is being implemented in the State from 2017 to rejuvenate and modernize the probation system in Kerala. The programme aims to reduce recidivism, reintegrate the offenders back into mainstream society, reduce overcrowding in prisons and increase the efficiency of the criminal justice system through in-depth psycho-social intervention. Probation assistants who are appointed on contractual basis in each district are the main proponents of the programme. Major beneficiaries of the project are offenders between the age group 18 and 21 who have not committed serious offences, under trial persons, remand persons, young offenders released on bail, first accused between 18 to 25 years, ex-prisoners and family, Borstal school residents and family members, and children of prisoners. Now, 725 persons and their family members are beneficiaries of the project in the State.

Drug Demand Reduction Programmes

The Department of social justice is the implementing agency for the GOI project under the National Action Plan on Drug Demand Reduction(NAPDDR). State action plan was prepared and it is being implemented. Awareness programmes, peer education training programmes, training and capacity building of school counselors, research study on the prevalence of substance abuse problem in children and setting up of de-addiction treatment services exclusively for the children and women have been initiated as part of the state action plan for drug demand reduction under the NAPDDR project. 22 government of India funded de-addiction treatment centers are functioning in the state for the deaddiction treatment of adult men .

Perspective Plan for the 14th Five Year Plan

Proposed Activities in the Sector
Probationers, Ex-convicts and victims of crime

1.Amendment of state probation rules 1960

Amendment of state probation rules 1960 for the effective implementation of the Act is the most urgent need. A preliminary study is proposed to be conducted for the above purpose.

2. Initiation for the state community service Act

Introducing the CommunityService Act for the rehabilitation of non-serious young offenders as envisaged in the Kerala Juvenile JusticeRules can also be introduced on a pilot basis.

3. Reduce jail population and Increase probationers

Department aims to bring a 50% increase in the number of judicial and executive probationers under supervision thereby decreasing the jail population. For this purpose, collaborative efforts will have to be made with Judiciary and other stakeholders. A high court level monitoring committee formulation shall help us to coordinate these objectives.

4. Sensitisation programmes

Awareness creation among various stakeholders and general public about social defense policy, probation system, vision mission and guidelines of probation is a need of the hour.

5. Kaval model Integrated bio-psycho-social rehabilitation system for first offenders, victims of crime, dependents of prisoners and ex- prisoners

Special preventive and early intervention programme can be devised for the Psycho social support of young offenders and those who are vulnerable with the technical support of reputed psychiatric social work institutions. Grass root level implementation of the projects can be done with NGO tie ups. Judiciary, KeLSA, and other stakeholder departments are also to be roped in for successful implementation.

6.Probation home

Based on the Probation of Offenders Rule 1960 (20) (c)a probation home namely "THANALIDAM" has been started in Kollam District for accommodating probationers, released prisoners,first offenders and prisoners on parole who do not have fixed place of abode. Similarly, a second probation home should be started in Northern Kerala.

7. Rehabilitation of Mentally ill prisoners

Rehabilitation of Mentally ill prisoners languishing in mental health centers is another major concern. Steps have to be taken up to determine the number of such cases delayed due to poor mental health along with rehabilitation measures for eligible persons with the assistance of NGOs.

8. Integrated rehabilitation system for women ex-prisoners

An integrated rehabilitation programme for women ex-prisoners needs to be formulated to take care of various aspects of their wellbeing such as economic stability, social justice in terms of inclusion and acceptance and fulfilment of basic needs towards developing individual independence. Institutional integration with women shelter homes and non-institutional mechanisms are important for rehabilitation of the women ex-prisoners in Kerala.

9. Vocational and life skill development of probationers, first offenders, victims of crime, dependents of prisoners and ex- prisoners

Vocational skill building and life skill education are two important aspects for community reintegration of probationers, first offenders, victims of crime, dependents of prisoners and ex- prisoners. That type of intervention may help reduce recidivism in our society. Proper placement is an essential component of the programme

Human Trafficking

- Organizing an extensive campaign against human trafficking in specific areas
- Work on Mental Social Care Scheme for Survivors of Human Trafficking
- Providing legal aid to victims of human trafficking through probation

Rehabilitation of street dwellers and beggars

- Preparing accurate statistical data of beggars and destitute in the street
- Provide shelter, security , physical and mental treatment to the identified persons and

proper rehabilitation has to be planned in consultation with LSGD/NGO

- Since majority of them are from other states we need to have an active mechanism to repatriate them
- Introducing rehabilitation homes jointly with Voluntary organizations in all the districts is a need of the hour. Replication of the NGO tie up project for the abandoned people in the street that is operational in two districts under the social justice department currently can be extended to more districts with substantial increase in its budget provision since the current provision of Rs 1500 per inmate per month is not sufficient to give quality care and rehabilitation to the street dwellers.

Programmes to address the Drug Abuse Problem

Appropriate state level programmes have to be devised to address the increasing drug abuse problem with special focus on vulnerable groups like children , migrant laborers, tribal groups etc.

State Action Plan Preparation

A comprehensive action plan has to be prepared with clear guidelines about the roles and responsibilities of each stakeholder department in the prevention , treatment and rehabilitation of drug abuse problems based on which a joint action can be prepared for the state as suggested by the National Child Rights Commission.

Preventive Interventions in School Setting

School based preventive interventions have to be made part of the curriculum of school and college education .Life skill education programme to address the drug abuse in children and such other evidence based practice models which are culturally relevant has to be developed in collaboration with reputed mental health professional institutions.

2.Deaddiction and treatment

More treatment facilities have to be opened for children and prisoners. Now, most of the de-addiction treatment centers are treating alcohol addicts only, as treating other substance abuse persons needs more technical expertise which is lacking. Capacity building of the existing de-addiction treatment centerstaff to address the issues of those who are abusing cannabis and opioids and such other addictive substances etc has to be started.

3. Awareness Generation in community

Large scale awareness campaigns in the community, in work places and among vulnerable groups have to be planned. LSGDs have to mandatorily take up preventive intervention programmes at the grass root level through school protection groups, awareness programmes and community level vigilance groups.

Transgender Sector

Transgender: Inclusion and Development

In Kerala, Transgender welfare has taken a significant transformation from a visibility perspective to inclusion at a larger level. Education, employment, and individual welfare have begun to take shape. With successful implementation, various measures have opened up opportunities to Transgender community persons to be more than being in a survival stage

and to lead a life without extortion and bullying. The 13th Five Year Plan saw the dawn of transgender prominence in mainstream aspects, increased entrepreneurial motives and comparatively increased self-sustenance through welfare schemes. Transgender Shelter homes of Kerala gained national prominence as a pioneer program accommodating Transgender individuals during life crises and providing them shelter, food and emotional support to ensure their wellbeing.

Many developed countries have taken proactive and sincere measures to support Transgender inclusion:

1. The United States of America has various state-level policies to protect Transgender citizens.

Eg: The District of Colombia has specific policies to protect Transgender students from harassment and discrimination.

2. In 2012, New Zealand gave its Transgender citizens a new gender category with "X", meaning unspecified or undetermined. Citizens can change their gender to "X" with a declaration.
3. In 2012, Argentina's Senate unanimously approved the Gender Identity Law, making sex-change surgery a legal right. The procedure is even included in both public and private health care plans.
4. In 2015, Malta's government adopted the Gender Identity, Gender Expression and Sex Characteristics Act.

Statistical Analysis

A survey was conducted in the State through an agency called Sangama to understand the educational, socio economic status of Transgender individuals in the State. The gravity of the issues faced by Transgender people was reflected in the results of this survey conducted amongst more than 4000 Transgender individuals. The survey results provide a broad indicator of the issues as well as the status and problems of Transgender population in the state.

Major findings of the survey are listed below.

a 95.98% of the total Transgender population participated in the survey are below 45 years.

b In terms of educational attainment, 58% of Transgender students drop out before completing tenth grade (24% drop out even before completing ninth standard).

c The universal declaration of human rights asserts the rights of individual to work in a job of their choice, receiving equal pay for equal work, without discrimination. Yet far too often, Transgender people are denied these basic human rights. It is seen that only 11.6% have regular jobs.

d 41% of the transgenderlive alone.

e 23% of the Transgender population have to shift to other Districts due to gender related issues, when their gender identity is revealed.

The Department has been issuing identity cards to Transgender individuals as part of the implementation of Transgender policy in the State. Applications received online are sent to District officers concerned for screening process after completing the initial verification. A

total of 1350 applications have been received for this.

The amount of funds allocated for projects and activities implemented in the State for Transgender welfare and the number of beneficiaries from the financial year 2018-19 to 2021-22 is given below:

Sl No.	Schemes	Amount Spent				No. of beneficiaries
		2018-2019	2019-2020	2020-2021	2021-2022	
1	Scholarship for Transgender Students	2,90,000/-	3,80,000/-	4,80,000/-	----	64
2	Financial Aid for providing hostel facility to Transgender students	4,00,000/-	3,60,000/-	------	5,28,000/-	42
3	Financial aid to Trans genders for Sex Reassignment Surgery	19,88,630/-	36,68,364/-	78,20,345/-	66,52,475/-	191
4	Financial aid to Transgenders for further treatment after SRS	4,59000/-	12,39,000/-	25,35,000/-	19,05,000/-	47
5	Marriage assistance for legally married Transgender couples	----	------	2,40,000/-	----	8
6	Self-employments	20,20,000/-	-------	-----	----	62
7	Economic hub for Transgender persons	------	------	3,23,800/-	-----	62

8	Saphalam scheme for Transgender students pursuing Professional courses	----	-----	1,00,000/-	-----	1
9	Samanwaya' continuing education programme for Transgenders	10,71,000/-	----	----	------	100
10	Self-employment scheme for Transgenders (sewing machine)	5,50,000/-	---	-----	--	36
11	Driving	5,95,000/-	---	---	--	70
12	HIV Zero surveillance	29,53,400/-	---	---	--	248
13	Transgender friendly toilet	2,60,000/-	--	---		2 Colleges)
14	Care home/short stay home for transgender	---	---	20,89,300/-	--	22
15	Socio Economic survey	--	---	11,84,645/-	--	602
16	Covid 19 assistance for Transgender individuals first stage	---	---	2,62,756/-	----	1000
17	Covid 19 assistance for Transgender individuals Second stage	---	---	---	7,00,000/--	1000
18	One time Financial assistance	---	----	----	4,09,000/-	409
19	Hormone medicine	---	----	----	35,000/-	96

Approach and Outcomes of 13th Five Year Plan

Extensive initiatives under various aspects were implemented for the welfare of the Transgender community during the 13th Five Year Plan. Various aspects were taken into account while devising the plan that includes educational, socio-economical and health dimensions of the Transgender community. The outcome has resulted in sustainable development practices to create visibility to the transgender community at various levels of society and foster an inclusive environment.

A. Educational Assistance:

1 Scholarship for Transgender students.
2 Hostel facilities for Transgender students.
3 'Samanwaya'- continuing education scheme through State literacy Mission.
4 'Varnam'- Financial assistance to Transgender Students who continues their study through the distance education system.
5 'Saphalam'- Financial assistance to Transgender Students for professional Courses

B. Socio-Economic empowerment:

6 Transgender Helpline.
7 Self-employment assistance to Transgender individuals.
8 Sewing machine distribution scheme.
9 Short stay/shelter homes in co-operation with Community based organizations in TVPM, Kottayam, Ernakulam& Kozhikode.
10 Awareness programmes in schools/colleges, various officials, elected representatives, etc.
11 Provides Transgender friendly toilet in Ernakulam Maharajas College.

C. Health related interventions:

12 Established HIV Zero Surveillance centre for Transgender individuals with the support of KSSWB.
13 Financial assistance to SRS surgery.
14 Financial assistance for further treatment after SRS surgery.

D. Skill Development Initiatives:

1 Driving Training programme.
2 Beautician training course.
3 Entrepreneurship development programmes.

III. 4. Perspective Plan for the 14th Five Year Plan

While the initiatives remain largely successful, there are hurdles that need to be eliminated to ensure the continuum of the success rate and fill the gaps with the right measures. Following are the gaps observed over a period of time while executing the welfare schemes. Certain measures are proposed as follows to counter the problems and ensured sustained practices that could benefit the Transgender community in the long run.

Identified Gaps	Proposed Measures
Lack of effectiveness of the ontgoing welfare activities implemented by the Department.	An in-depth study is proposed to be conducted by an agency who is working for the welfare of Transgender persons.
a) Post SRS health issues and related health concerns. b) Absence of adequate health facilities	a) A research study can be done through a Medical Research Organization /Centre in the State and adequate changes may be implemented after the study for improving health status of the Transgender persons. b) Setting up of adequate facilities and services in Government sector c) streamlining the facilities offered in the private sector
Unemployment among Transgender Community members.	a) An integrated effort may be initiated to provide maximum job placements in both Government and Private sector. b) to improve self-employment opportunities
The non-availability of a permanent place of abode.	To introduce housing project which provides financial assistance for the needy Transgender individuals.

Though the Department has already initiated steps to conduct a survey to gather relevant information about the transgenders, this has not been met with areciprocal enthusiasm from the part of the community, owing to their peculiar circumstances. It is fundamental that the Department completes this process as this data is required to devise appropriate schemes for the community. As Transgender welfare progresses, new initiatives should bring in new perspectives and tap the potential of unidentified sectors. Following are the newly proposed set of initiatives that could bring greater meaning to the existing inclusive approach:

I. Socio-Economic empowerment:

1. Individual Micro Development Plan:

To improve the quality of life of a transgender person, an individual micro development plan needs to be formulated to take care of various aspects of their wellbeing such as economic stability, social welfare in terms of inclusion and acceptance, sustenance, and fulfilment of basic needs towards developing individual independence among transgender individuals.

2. To improve employment prospects:

It is important to encourage Transgender recruitments and reduce unemployment among skilled/qualified Transgender individuals. Transgender inclusive jobs by different organizational sectors (both Public & Private) can be honored by the Government with awards for promoting Transgender inclusion. It aims to increase the chance of employability of Transgender persons with various private and public sector organizations.

3. A web portal for Transgender people:
Transgender persons with limited employment opportunities can register on this portal for employment on the basis of their educational qualifications and various skills. For Contract/Daily wage appointments to various Government Departments, Agencies and Corporations, a fixed percentage of vacancies can be given to Transgender persons registered on the portal. This requires the coordination of other Government Departments.

4. Change in education curriculum:
Transgender inclusive school spaces, inclusive educational topics need to be created in the State education curriculum to inculcate an inclusive environment from a young age. Various infrastructural facilities and modifications need to be implemented to accommodate transgender students in schools.

II. Health related interventions:

1. Setting up of units for Sex re-assignment surgery in Government sector:

1. It has been noticed that the options available in private sector alone for Sex reassignment surgery and hormone therapy is neither adequate nor satisfactory. The incidences of transgender individuals experiencing post-surgery medical issues and consequent trauma are also not rare. In this context, the possibilities of providing facilities for Sex reassignment surgery in Government medical colleges or other hospitals have to be explored.
2. Emergency assistance to Transgender people, including medical assistance:
3. There is a situation where Transgender individuals who are evicted from their homes in the name of existence, go through many crisis. A scheme can be implemented in the districts to provide emergency assistance to Transgender persons who are left destitute.
4. Regarding the preparation of protocol for Sex re-assignment surgery:
5. A comprehensive guideline covering health issues of Transgender individuals and protocol for Sex reassignment surgery can be prepared in collaboration with Department of Health.
6. Regarding Development programs that prioritize the mental health of Transgender individuals

The Department can organize awareness programs, study classes, workshops and counseling camps on the basis of mental wellbeing and challenges of Transgender individuals with the help of Experts.

III. Social Security & Awareness

1. Pension scheme for Transgender persons undergoing Sex Reassignment Surgery:
Individuals, who have undergone Sex reassignment surgery go through a variety of health problems. To address health issues and ensure health security of Transgender persons, a social security assistance programme can be introduced through which a monthly assistance is paid to those who have done SRS every month after surgery in the form of pension .This can be implemented in co-ordination with LSGD.

2. Housing schemes for Transgender individuals:

A housing scheme may be developed in collaboration with the Local Self Government Department, taking into account the special circumstances of transgender individuals living in isolation, away from their families.

3. Crisis Intervention Centers can be set up for Transgender individuals:
There are two transgender care homes operating in the State through NGOs. These homes can be turned into Crisis Intervention Centers and 24*7 helpline system can be ensured. Shelter Homes / Short Stay Homes for Transgender Persons in Districts can be implemented through the District Panchayat concerned. The monitoring of the institution can be done at LSGI level.

4. Medical intervention officer in Taluk/District hospitals
It is important to designate an intervention officer in everyTaluk/District Government hospital. The medical intervention officer should be aware of the sensitive issues that are faced by the Transgender individuals, to maintain a Trans friendly atmosphere in every public hospital. It could be a Resident Medical Officer (RMO)/any higher officer who is ranking the same as RMO to ensure timely medical treatment, grievance redressal, monitor and ensure gender justice.

5. Financial assistance to the parents of Transgender/Intersex/Gender non-conforming children
Parents need to be aware of the dangers of intimidation and other forms of violence against Transgender children outside the home. Parents of children can be financially supported to successfully raise their children against the stigma, discrimination, and violence of social intolerance. This program will help parents to confirm the gender identity of a Transgender child as he or she experiences increasing stress and discrimination and to move forward with care and love in the family environment.

6. Empowerment of Transgender individuals by raising awareness.
Awareness campaigns are being conducted in the State as part of the welfare activities being implemented by the Department. In addition, awareness programs for various sections of the officials involved in the community building process, transgender individuals can also be sensitized on the following topics:

1 Education
2 Health and SRS
3 Employment
4 Life Skill
5 Legal
6 Policy &Act
7 Welfare Schemes & Activities

7. Constitution of Transgender Protection Cell
As per the statutory provision of the Transgender persons (protection of rights) Act 2019, State Governments shall set up Transgender Protection Cell to monitor cases of offences against Transgender persons and to ensure timely registration, investigation and prosecution

of cases under section 18 of the Act. It is necessary to set up Transgender Protection Cell in the state and district level under the charge of the District magistrate in district level and Director General of Police in the state level.

III. Institutional Rehabilitation

1V .1.Introduction

The changing socio economic situation necessitates institutional care to the abandoned, destitute and sick individuals as unavoidable reality and at times, a more suitable method to plan better rehabilitation programmes for the above mentioned vulnerable groups, even though non-institutional support mechanism is accepted as the first and the most effective care strategy for the elderly and the differently abled. This being the situation, if we do not take a more comprehensive and scientific approach in the management of the institutions, the very same institutions may become a bane to the society than a blessing. Poorly managed institutions will make lives miserable for its inmates. Newer challenges are coming up every day in the institutional care setting due to the emergence of or the increase in the number of chronic and debilitating conditions/cases every year. Hence our annual plans, programmes and projects need to be geared up to meet the newer challenges that are arising every day. It is the responsibility of the Government to strengthen the management of the institutional care services and pave the way for better care arrangements for the most neglected and disadvantaged in these institutions.

1V .1.a.Elderly Sector

Kerala, with 48 lakh people aged above 60 years, has the highest proportion of elderly population (12.6 percent) in the country vis-à-vis eight percent at the all-India level. It is estimated that, by 2025, one in every five persons in the State will be above 60 years of age, increasing the strain on the social security system in the state. Among the aged, women outnumber men on account of their higher longevity; and a majority of them are widowed. The fastest growing group among the aged is those aged above 80 years, who now constitute 15 percent of the elderly population. The number of those who are living with chronic diseases and without any support from the family is increasing every day. In the above said context, strengthening institutional care is a need of the hour in the elderly sector.

1V .1.b. Differently Abled

As per Census 2011 (which is based on a narrower-medical definition of disability) the total population with any kind of disability is 26.8 million, which implies that 2.21% of the total population of India is disabled. This figure is far less than the 15% disabled population reported for the world. In 2015, the Social Justice Department conducted an exclusive State wide census of persons with disabilities and identified 7,93,937 persons with disabilities, constituting 2.3 per cent of the State's population. The newly introduced RPWD Act 2016 necessitates right based care and support to 21 categories of disabilities in the area of early detection and intervention, different kinds of therapeutic services, vocational training and skill development and to provide adequate livelihood avenues enabling an independent living. The existing institutional rehabilitation programmes have to be revamped to address the above.

1V .1.c.Other categories

Short term institutional support to the homeless, disaster affected, street dwellers, transgenders, ex-convicts and such other categories also have to be planned till they are appropriately rehabilitated .

IV.2. Statistical analysis

Existing Mechanism of service delivery through the institutions are through two different modes (1) Government run institutions (2) NGO run institutions. The details of the number of institutions under the two categories are listed below.

Under the aegis of the Social Justice Department, 29 Government rehabilitation institutions are functioning in the State for the care, protection and rehabilitation of Differently abled, and aged

Government Run Welfare Institutions in the State under Social Justice Department

Category	Type	Number of Institutions	Total Number of Inmates
Cured and Controlled Mentally ill persons	AshaBhavan (Men)	03	152
	AshaBhavan (Women)	03	281
	Children	02	42
	Others	05	218
Senior Citizens	Women	01	28
	Others	14	671
	Dementia care centre	01	19
		29	1411

Among these, 17 Institutions were transferred to local bodies under the Panchayath Raj Act. This leads to greater involvement of LSGDs and civil society in the running of institutions which has, in turn, resulted in drastic improvement in their functioning.

There are nearly 960 welfare institutions run by NGOs and voluntary organizations registered under Orphanage Control Board for the elderly, differently abled, beggars etc. details of which are furnished below:

No of Institutions Registered under Orphanage control board under Social Justice Department

Sl No	Category	Number of Institutions
1	Old Age Home	619
2	Institution for Differently Abled	285
3	Beggar Homes	16
4	Others	40
	TOTAL	960

Several concessions and schemes are in operation for the assistance of the inmates of NGO run institutions. All the inmates are included in the BPL Category. Government gives maintenance charges to eligible institutions which was enhanced to 1100 per inmate per month. Annual income ceiling for admission was enhanced from 22,000 to Rs.1,00,000/-. Financial assistance for higher studies of residents of Orphanages, marriage assistance for women inmates were also introduced. All the residents who pass SSLC will get admission for plus two in desired courses in the desired institution irrespective of percentage of mark.

IV. 3. Approach of 13th plan

13th Five Year Plan is the period of transformation in institutional rehabilitation from charity oriented services to right based services. Some efforts were made to transform the Government run institutions as model homes in collaboration with agencies having expertise in the area, viz., Second Innings Home at Kannur, Malappuram, Kollam and PunyaBhavan (Home for Children with Intellectual Disabilities) at Kozhikkode. Efforts were also taken to provide therapeutic interventions in the rehabilitation institutions with the help of professionals. However, more focus is required to transform the institutional set up of Government run institutions with the aim to make the lives of those living in these institutions more meaningful and dignified.

Efforts were also taken to provide therapeutic interventions in the rehabilitation institutions with the support of professionals. Yoga, music therapy, Ayurveda treatment to all the inmates of old age homes, psychosocial care to the inmates with the support of mental health professionals were piloted during this period.

After the implementation of RPWD Act 2016, in addition to residential care and protection, the Department is more focused on institution based service delivery to the differently abled individuals as mandated in the statute. Since registration of institutions providing any kind of services to PwDs are mandatory and coming under the direct control of the Social Justice Department, the process of fixing minimum standards for PwDs institutions is initiated. This is expected to bring in meaningful Government-NGO partnership for better service delivery to the beneficiaries. Better monitoring of the institutions is also possible through this.

Social Justice Department has implemented a project "Athijeevanam" which is an umbrella scheme for the development and rehabilitation of Persons with Disabilities which give assistance to (a) voluntary organizations for implementing Vocational Training Centre for PWDs (b) Day care centres for PWDs (c) Empowerment of PwDs through ICT based training (d) Assisted Living Projects for support and rehabilitation of Adult mentally challenged persons (e) Other innovative projects for the skilling and main streaming of PWDs. As a novel initiative, the Department of Social Justice has formulated a scheme called 'Prathyasha' scheme in which NGOs are given assistance to repatriate the other State residents of Psychosocial Rehabilitation centers (who constitute nearly 60% of the inmates) to their native states. A scheme for giving financial assistance to NGOs which are interested in accommodating and taking care of the mentally challenged persons was also implemented.

Community Disability Management and Rehabilitation Programme (CDMRP) is a

flagship project which is jointly implemented by the Department of Psychology, University of Calicut and the Social Justice Department, Government of Kerala. CDMRP aims to provide comprehensive, evidence-based disability management and rehabilitation services to children with developmental disabilities (including Prevention, Early Intervention, Treatment and Psychosocial Rehabilitation) through Community approach. CDMRP also acts as an authentic platform to conduct Need based Trainings and Awareness programs in the area of disability and rehabilitation.

Mobility Mission Kerala is another noval initiative during this plan period whereby his scheme is aimed at identification and correction of disabilities at early stage and development and rehabilitation by providing various therapy services and assistive devices. Under this scheme CWDs with cerebral Palsy having physical impairments have been identified and they will be given corrective surgery so as to enable them to have inclusive development.

Early screening, early identification and early appropriate Intervention is one of the internationally accepted protocols in Institution based disability management. Keeping this in view KSSM, NISH and NIPMR jointly initiated programmes for establishing full fledged permanent District Early Intervention Centers with all modern facilities at State level and in all districts for ensuring early screening of disabilities and for providing appropriate services.

Major lacunae in service delivery in the institutional care sector

In the elderly care sector there is a boom in the number of paid old age homes in the state and we still lack proper standards for registration and monitoring of these homes. Although the number of organisations that provide elderly care is increasing, the availability of reliable and trained persons in elderly care is a major concern. Specialised care facilities for dementia patients, bedridden, elderly and for those with high support needs are still lacking. Government has taken concerted efforts to improve the service delivery to the elderly in government run old age homes through NGO partnership which is progressing in a phased manner. But we still lack a complete professional approach in the service delivery to all our institutions.

Lack of accessibility of Persons with Disabilities especially for the children with Disabilities for availing therapy services was a critical gap among the economically weaker groups. In the area of skill development and employment though different vocational training programmes were being implemented through Government Institutions and also through NGOs with Government support, these programmes are inadequate to enable the PWDs to have decent employment opportunities and to engage in income generation activities.

CHAPTER 3
PERSPECTIVE FOR 14TH FIVE YEAR PLAN CARE OF THE PERSON WITH DISABILITY

Empowering Persons with Disability: A Vision for Kerala

Over the past decades, Kerala has been a pioneer in spearheading projects for persons with disabilities. However, there are still gaps to be filled. The 3rd report of the Administrative Reforms Commission, Government of Kerala, has also identified many gaps.

Situation Analysis

Even after a decade of advocacy for the rights-based model envisaged by the UNCRPD and the RPWD Act (Rights of Persons with Disabilities Act) the tendency to follow the charity and welfare model, which is easier to plan for and implement, largely persists in the disability sector. Charity model of disability interventions follow a conventional perception of considering the PWDs as objects of sympathy and charity or as sick people in need of compassion or as unfortunate victims of fate. This model considers PWDs just as long-term recipients of support and welfare, which is contrary to the concept of empowerment. This approach perpetuates a sense of dependency for the PwDs. This is a significant factor because this perception systematically inhibits social inclusion of PwDs at all levels.

The critical constraining factors in service delivery to the Persons with Disabilities are discussed below and the recommendations of the committee are given.

SL. NO	SERVICE	GAP	RECOMMENDATIONS
1.	**Dynamic registry**	We lack a directory of all the centres that cater to the needs of the disabled	Publish a directory of all centres and rehabilitative services that cater to People with Disabilities and update in annually
		A database of people with disabilities is lacking, especially the data on people with newly added disability in the RPwD act. The numbers currently available from the Disability census 2015 are disputable.	To arrive at a somewhat accurate figure a fresh survey on a digital platform is needed. Given that there are many new conditions listed in the RPwD Act, the enumerators engaged in the exercise need to be trained rigorously and made sensitive. The existing disability census done by KSSSM in 2015 can be converted to a digital registry of the State to make the disability data live and dynamic. This digital Registry is to be shared with all Local Self Government Institutions with provision for addition and deletion to make it live data and also can be used by the LSGIs for their project planning
		Disability arising from occupational hazards like fall from trees, constructional sites, COPD etc. and road traffic accidents are not being recorded systematically	There should be a mechanism to report disabilities arising from Occupational hazards. Hospitals should be mandated to report such cases to the respective local bodies
2.	**Disability Prevention**	There is a lack of system for sensitisation regarding acquired and congenital disabilities Vaccine hesitancy among the general public leads to congenital and acquired disabilities later in life Laxity in enforcement of the traffic rules and the tendency of the general public to skip regulations lead to acquired disability Reluctance to use safety measures like helmets, harnesses and other safety devices and non-provision of these measures at work place by the	LSGIs and other stakeholders should be more vigilant and take measures to ensure that there is no increase in disabilities, as around 50% of disabilities are acquired. These activities can include the following: Conduct campaign for promoting MR (Measles and Rubella) Vaccination Premarital and eligible couple counselling Campaigns to prevent Child injuries Promote road safety and ensure safety guidelines during the construction of local

		public is another gap identified	roads. Promote, advocate, enforce and encourage safe workplace and public environments. Apart from this, the "injury prevention campaign" at the local level can include other causes of injuries that cause long-term disabilities, like domestic violence and alcoholism Pre- natal, perinatal and genetic screening should be mandated at all maternity hospitals. Strict enforcement of legal provisions in Motor Vehicle act, Factories act, Fire and safety rules etc. should be done. Sensitization Programmes should be carried out regularly targeting all segments of the society
3.	**Early Identification**	Neonatal screening and developmental screening is not being done in all maternity and Paediatric Hospitals. The RPwD Act mandates early detection & intervention. Sec. 17 calls for survey of all school going children, every five years for such identification. The first such survey was to be conducted within two years from the commencement of the Act which is not yet undertaken	Neonatal screening should be made mandatory at the time of child birth. Developmental screening should be done at the time of immunization and when the child is enrolled to the school and at regular interval intervals. A survey of school going children needs to be conducted at the earliest.
4.	**Early Intervention and Need Based Therapy services**	Out of the 7,93,937 persons with disability identified in the Disability census, more than 2,00,000 PwDs require regular rehabilitation services. Apex institutions like NISH, NIPMR, IMHANS, ICCONS, REICs and regional centres in Government Medical Colleges cannot reach this huge population and neither all PwDs who require therapy services can access the services provided by these institutes.	Set up of block level therapeutic facilities with the support of local bodies. The responsibility of infrastructure facilities can be given to the local bodies and support with regard to human resources can be given to organisations like KSSM and SID. Services of Physical Therapists, Occupational Therapists, Speech Language Pathologist and Audiologist and Clinical Psychologist should be mandated at these

		Lack of rehabilitation professionals is another impediment. Once a disability is identified and rehabilitation protocol, which includes training and Therapy, is prescribed, it shall be done as prescribed without interruption. This is very much important in case of children with disabilities. Though this is adhered in initial days, gradually parents abstain from availing rehabilitation services. This is mainly because of the hardship faced by parents in transportation of children with Disabilities to rehabilitation centres located in distant places frequently. In case of families belong to low income groups financial factors also desist them from availing therapy services. These situations negatively affect the benefits of rehabilitation services and cease the expected positive benefits.	centres and in DEICs, REICs, and Bud Schools. Adequate professional to persons with disabilities ratios should be ensured. An ideal ratio would be 1: 8 Rehabilitation Services need to be decentralised to the maximum extent possible. The LSGIs are to be given a key role in establishing Therapy Services. Block Panchayats are the ideal unit for establishing such centres in Rural Areas. More Mobile Intervention Units can also be established. This can be done by the District Panchayats
5.	**Community Based Inclusion and Rehabilitation (CBIR) services**	There is no system in place to provide therapy services to PwDs with high support needs, especially young PwDs with acquired disabilities and who belong to the weaker sections of the society	The newly proposed CBIR model envisages working holistically for all types of PwDs as per their need and context. CBIR shall be implemented through the combined efforts of people with disabilities themselves, their families, organizations and communities, all the relevant public and stakeholders and all the concerned departments and agencies of the Government at various levels, effectively converging at the local level. The Technical support for this can be provided by a state-level team through trained district resource persons. KILA (Kerala Institute of Local Administration) can take a pioneering initiative in this regard. It is essential to identify a "CBIR Promoter" of "CBIR Coordinator" at the panchayat

			level who will be catering to 600 to 900 households of PwDs (Given the prevalence of disability in the State). The geographical mapping of persons with disability should be done in order to implement successful community-based rehabilitation at the local government level. Mobile rehabilitation services should be introduced with the support of local bodies to deliver door step rehabilitation services
6.	**Education**	Education of childrenwith disabilities is burdened by issues related to poor efficacy, infrastructure and implementation. The idea of inclusive education has become popular since 2000.But its success in terms of retention of students and educational outcome measures seems wanting. Casual studies have shown that illiteracy and social backwardnessco-exist.Thiscontextputspressureonaccesstoeducationforchildrenwithdisability and this can be inferred from the fact that 33.1% of PwDs remain illiterate even in a high literacy setting like Kerala. Whileregularschoolsareadmittingstudentswithdisabilities,thequality of education imparted to them needs to be improved. Teachers need to be sensitised about the needs of children with disabilities. It has been pointed out that majority of schoolsinthestatearenotbarrierfree.Barrierfreeaccesstoclassrooms, laboratory, library, toilet and play ground is necessary. There is shortage of special educators in schools. There source teachers are working at Block level and a teacher is in charge of about ten schools. Many of the schools do not have resource rooms/resource centres. As per the response of the Director of Public Instruction, therapeutic	Sec. 16 of the RPD Act lays down that "The appropriate Government and local authorities shall endeavour that all educational institutions funded or recognised by them provide inclusive education to all children with disabilities....." Various other provisions of the Act laid down in the Chapter on Education, including but not restricted to individualised support, reasonable accommodation as also modification in curriculum and examination systems should be endeavoured for. Both the Right to Education Act as also the Rights of Persons with Disabilities Act, promote inclusive education. While the ultimate aim should be of inclusive education, it can be initiated in a phased manner. "Buddy systems" should be promoted and implemented at all schools. It is procedure in which two individuals, the "buddies", operate together as a single unit so that they are able to monitor and help each other. Every mainstream school, in both Government and public sector, should have a special education and therapeutic wing. As part of educational mainstreaming,

		centres are not functioning since 2016-17duetoshortageoffunds,absenceoftherapists,andshortageofnecessaryequipment.Sufficientnumber of braille books is also notavailable.The State Commissionerfor Persons with DisabilitieshasbroughttothenoticeoftheCommissionthatmanyschools,both government and private, areengagingteacherswithoutrequiredqualificationtoteachchildrenwith disabilities. Inadequacy of teacher training institutes in the sector was also pointed out. There is no system in place to monitor whether the private schools in the state are extending inclusive education. There are 46 Special schools for hearing impaired and blind children in the state which are in the government and aided sector. Inaddition,315special schools, managed by NGOsor individuals, for the mentally challenged children are registered with the Director of Public Instruction. There is urgent need to improve the quality of education imparted in the special schools. The RPWD Act mandates that all higher education institutions should reserve 5 per cent of the seats for persons with benchmark disabilities. However, this mandate is not always followed.	special education should be made part of the general education with adequate therapeutic as well as accessibility features incorporated in the system. Redefine the role of BUDS schools Emphasis should be given for Life skills development for children with disability. Mechanisms should be in place to ensure that the schools are accessible to children with disabilities. Private schools should also be monitored and support should be given to these schools to promote inclusive education. 5% reservation in institutions of higher learning is a mandate of the RPwD Act. This should be strictly implemented. Schools denying admission and ousting students from the school without adequate reasons shall be prosecuted under the relevant provisions of the RPwD act All Anganawadis should be made inclusive. As an initial phase at least one inclusive Anganawadi should be set up in each Panchayat/Minicipality/ Corporation Online education and tele-rehab services for children with disabilities need to be strengthened: District Panchayats and corporations shall conduct a talent hunt for Children with disabilities.. The identified talents from these are to be longitudinally followed up to make a living out of this talent if possible.
7.	**Skill**	There are inadequate provisions for need based	As part of disability mainstreaming, all

	training	and skill based training in employable vocations for PwDs	technical training institutes should have facilities for training People with disabilities based on their aptitudes and capacity. Systems should be in place to identify trainable skills and to providing facilities to train in suitable vocations to promote capacity building and sustainable employment. Vocational Training institutes, Engineering colleges, Agricultural colleges, Krishi Vigyan Kendras will all come under this mandate. In each district an institution may be designated as Nodal Centre for aptitude identification and skill development of Persons with Disabilities.
8.	**Employment**	There are few opportunities in the State for skill development of PwDs and for assuring their livelihood. As per the data provided by the National Employment Service (Kerala), 12398 PwDs are registered in Special employment exchanges and 53976 PwDs are registered in other employment exchanges. The reach of programmes like *Kaivalya* implemented by the Department of National Employment Service is quite low. Government of Kerala has decided to increase the reservation for PwDs to 4 per cent as per the new Act. However, due to the lack of statistical data it is difficult to determine whether this mandate is being followed.	All backlogs of posts for people with disability in government establishments should be filled with the launch of a special recruitment drive. Advocacy campaigns shall be conducted to ensure and encourage employment opportunities for PwDs in the private sector. Self-help groups and cooperatives of disabled persons need to be promoted. Manufacturing of certain products may be reserved for such enterprises or alternatively, the state government can designate them as the only source for purchase of such products. Linkages can be established with Kudumbashree as also the proposed Assisted Living projects. The assistance given for self-employment under various heads and schemes need to be augmented and their reach widened. Some of the new initiatives that were

			planned during the 13th Plan period by the Kerala State Handicapped Persons Welfare Corporation included establishment of medical stores, physiotherapy equipment stores, and cultural hubs for the people with disabilities. These need to be pursued. Tie- up with placement agencies, both in private and public sector for providing sustainable employment. Establishing sheltered workshops and half-way homes for people with disability under Social Justice Department, LSGIs and philanthropic organisations Public Private Partnership Model can be promoted. Service of reputed NGOs may also be utilised. As in case of skill Development one or two agencies may be designated as Nodal Institutions for employment and placement.
9.	**Assistive Solutions**	As per Section 24 of the RPwD act, provisions should be made for availing free aids and appliances. Many persons with disabilities do not get access to appropriate assistive technology as per their unique needs. The responsibility of the agency/department giving these aids/appliances should also be extended to maintenance of the same. Batteries for Cochlear implants are costly and many are unable to afford it. Same is the case with other accessible devices that are provided. Currently there are two agencies involved in the production, procurement and supply of assistive devices, namely the National Institute of Physical Medicine and Rehabilitation (NIPMR)	As there are multiple stakeholders involved in the development, manufacture and distribution of Assistive Technology on one end and in assessment, procurement and utilization on the other end with marked information asymmetry, there is a need for developing a comprehensive Assistive Technology Policy and Action plan with particular focus on the opportunity provided by the provision for procurement of Assistive technology equipment by the LSGIs. Once incorporated in the proposed Disability Registry (as discussed above), the Individual Care Plans (ICPs) would give

		and the Kerala State Handicapped Persons Welfare Corporation (KSHPWC). But there is not co-ordination between these two agencies.	a basic idea of the unmet need for assistive Technology Solutions and avoid duplications and misuse. Since, in the last decade, there has been tremendous technological advancement in Assistive Technology, the LSGIs members, the assessment teams, the local functionaries and the CBIR coordinator (see above) should be sensitized about these options. The Centre for Mobility and Assistive Technology (CMAT) at NIPMR and Centre for Assistive Technology and Innovations (CATI) at NISH shall provide technical support for KILA in providing this sensitization through online and offline mode. The guidelines for procurement of Assistive Technology equipment by LSGIs needs to be modified sensibly to accommodate the technology advancement in this field. There should be a paradigm shift from bulk procurement of "one thing fits all" to providing customized Assistive solutions as per the critical requirement of the person with a disability. Timely access and provision for appropriate higher end assistive devices for education, employment, athletic and sporting requirements and entrepreneurship purposes should be made available. Strengthen R&D in assistive technology through National Institute of Physical Medicine and Rehabilitation (NIPMR),National Institute of Speech and Hearing (NISH) and Kerala State Handicapped Persons Welfare Corporation

			(KSHPWC). There should be adequate co-ordination between the National Institute of Physical Medicine and Rehabilitation (NIPMR) and the Kerala State Handicapped Persons Welfare Corporation (KSHPWC) in production, procurement and supply of assistive devices to/through all Government agencies. Provide adequate infrastructure and manpower support for strengthening the Centre for Mobility and Assistive Technology (CMAT) already established at National Institute of Physical Medicine and Rehabilitation(NIPMR). To avail the quality and need based assistive devices to People with Disabilities, a manufacturing centre of assistive devices and a showroom of assistive devices may be initiated in each district.
10.	**Accessibility**	***Accessibility of public building***: There are significant gaps concerning accessibility in terms of necessary infrastructure support for persons with disabilities: Even though the Accessible India Campaign and Barrier Free Kerala Initiative has made a significant difference, a large proportion of Government buildings, public and private places, roads and transport facilities are not accessible for the persons with disabilities. And there is also a gap in understanding the barriers as barriers often rectified are just physical barriers. Just retrofitting ramps does not make a place "barrier-free". It only improves the access for people on a wheelchair that too only if done with appropriate slope.	Projects should be formulated to make all public buildings and public facilities like parks, beaches etc. accessible to the aged and people with disability, not limited to physical disabilities but also including adequate signages, tactile pathways, sensory corners, auditory warning system etc. As a first phase, within a period of 3 years, all 14 Civil stations have to be made barrier free so that People with Disabilities can have free access to the district administration. All offices of held by the local bodies should also be made accessible. Houses are constructed not considering the accessibility needs of the People with Disability. Additional provision should be set apart for providing accessibility features

		However, the building or the place remains inaccessible for people with other disabilities. Moreover, Section 44 of the RPWD act clearly states that *"No establishment shall be granted permission to build any structure if the building plans does not adhere to the rules formulated by the central government"*. Following this, the central; Government released the *"Harmonised Guidelines and Space Standards for Barrier-Free Built Environment for Persons with Disability and Elderly persons"*. However, these guidelines are seldom advocated if not enforced primarily at the local governance level. "Barrier", as defined by section 2c of the RPWD Act, means "*any factor including communicational, cultural, economic, environmental, institutional, political, social, attitudinal or structural factors which hampers the full and effective participation of persons with disabilities in society."* However, any factor beyond structural/physical barriers is seldom considered for rectification. ***Public transport***: Public transport, with exceptions, continues to be inaccessible. ***Public space***: At present, roads and traffic signals are also not PwD friendly. ***Recreational facilities***: Recreational facilities like play grounds, parks, beaches etc. continue to be inaccessible ***Accessibility to living space***: Most often the living spaces of PwDs are not accessible leading	like ramp, accessible toilets in Life Mission houses and other Government funded Housing Schemes. Accessibility features should be incorporated in all railway stations, bus stations and port. Accessible public and private transport system should be in place by adequately modifying existing public transport services. **Voice Enhanced Signal System:**-In all traffic signals, there shall be a voice enhanced commanding system to be installed in order to assist the visually impaired persons to recognize the status of traffic signal while they are to cross the roads All infrastructure in Recreational facilities like playgrounds, public parks, beaches etc. should be modified so that these facilities are easy accessible for PwDs. Attitudinal and socio-cultural barriers should also be addressed through sensitization programmes. There should be a gradation in awareness building through appropriate curriculum and syllabus modifications. All academic programmes should have a subject on disability, right from primary education to higher education including technical education There should be guaranteed access to bank loans and micro-finance for start-up businesses at interest rates that take into account the additional costs related to disabilities (UN, 2020). Access to information and communication technology is also part and parcel of the

		to dependence and poor Quality of Life. ***Attitudinal Barriers:*** Attitudinal barriers continue to be strong and silent impediments to disability governance. ***Accessibility to services***: There is a huge lacuna in accessibility to free healthcare and other services.	right of accessibility. All government websites should be made fully accessible for persons with disabilities. A scheme has to be framed for implementation of various devices for easy access to electronic media by providing audio technology, description, sign language interpretation, closed captioning etc. There should be a special arrangement to cater to the need of PwDs in every Government offices/ service centres like separate queue, seating facility, accessible counters, sign language interpretation etc. Procurement and supply can contribute immensely to achieving disability inclusion as also the Sustainable Development Goals. Procurement policies should ensure that relevant goods and services acquired are accessible or do not create new barriers.
11.	***Assisted living***	"What happens after me?" is the eternal worry among the parents of persons with disabilities. The report of the expert committee (on assisted living with a model programme proposed) in 2015 has not been pragmatically implemented or timely reviewed. There have been some attempts by parental collectives like Nish-Chintha to implement these ideas but due to resource constraints and lack of adequate government support, the projects have not attained completion and full utility. Though some scattered initiatives have emerged from various parts of the State, this issue remains a grossly unaddressed area.	Assisted living is still a grossly unaddressed area in the disability sector in the State. As discussed earlier in this document, "What happens after me?" is the eternal worry among the parents of persons with disabilities. The report of the expert committee (on assisted living with a model programme proposed) in 2015 has not been pragmatically implemented. However, currently in the wake of new shreds of evidence, the conceptual framework presented in the report should be reviewed and modified accordingly. Assisted living also forms an integral part of the CBIR campaign detailed earlier in this document. Some of the significant policy intervention to enable practical implementation of much needed

			Decentralized Assisted Living Network includes the following. **State and District Level Registered Societies for assisted living:** Registered charitable societies shall be established at State and District Level exclusively to set up, operationalize, and monitor the assisted living facilities. This allows parents of the PwDs who are financially sound yet worried about handing over their son/daughter to a trustworthy hand once they are physically unable to take care of them. This has been a long-standing demand of these parents. Many parents are ready to contribute to a corpus if a standard set of facilities and appropriate care is ensured for assisted living. Moreover, philanthropists, companies (through their CSR) and individuals can contribute to this accountable society, thus enabling the society to provide decent care and facilities to all the needy. The state government shall draft a uniform bylaw detailing each functionaries' roles and responsibilities for this. **Strengthening Daycare facilities for Adults with Disabilities:** Even before establishing such an organized network of Assisted living facilities as discussed above, the existing Buds Rehab Centres in the LSGIs can form daycare centres for adults with disabilities. However, that can't substitute residential Assisted living facilities within the societies. The guidelines of the BRCs needs to be

			modified, and enough flexibility and technical support to be provided to LSGIs for strengthening BRCs to provide systematic ADL training (Activities of Daily Living) and vocational rehabilitation. These BRCs can thus form halfway homes before assisted living. Thus, serving as preparatory Centres for such children, focusing on making them independent and training them to develop acceptable behavioural patterns so that they could blend well into the Assisted Living facilities' atmosphere when their parents are no more and none to care for them. The model programme of Assisted living proposed needs to be studied and aligned with best practices the world over, suitably adapted to Kerala conditions. Jilla Panchayats shall be encouraged to establish Model Assisted Living Homes as a joint project of other Local Bodies of the District Support should be extended to institutions managed by philanthropic individuals/organisations– e.g., different art centre Supporting initiatives of parent collectives/ therapeutic communities - e.g., Nish-chintha, is another recommendation To overcome the financial constraints of such initiatives government may consider to issue '***Social Security Bonds'*** to fund philanthropic individuals and parent collective. Income tax exemption should be given to such financial instruments.
12.	**Respite care**	Caring for PwDs is not a one-time affair. Most often the primary caregivers of Persons with	Establish need based day care centres for people with disability with high support

	facilities- Care for the care givers	Disabilities are unable to find time to avail medical services or to attend other personal or social needs because of lack of respite care services for the carers, leading to burn out and great physical and mental distress which in turn affects PwDs	needs and people diagnosed with dementia and others who require palliative care for a short duration so that the caregiver can be relieved occasionally to avail medical services or to attend other social/ personal needs. Local bodies can run such centres, even charging a fee (based on income) to meet the day today expenses of such centres including engaging in adequate manpower.
13.	**New Disabilities in the RPwD Act**	RPWD Act and its provisions are applicable for 21 identified disabilities. However, most of the programs in the State under various departments and agencies currently fails to include some of these disabilities, mainly because as per the earlier acts, i.e. PWD Act and the National trust act, few of these newly identified disabilities are not included in it. E.g., There are very few special services, schemes, financial assistance, or pension for persons with disabilities like Parkinson's disease, muscular dystrophy, blood disorders and multiple sclerosis.	The RPWD Act covers 21 types of disabilities.Fourteen of them are new.Stategovernmentshouldensurethatpersonsunderthecategoriesnewlyaddedtothelist of PwDs are also able to access their rights. Necessary guidelines for their inclusion should be developed by the state government. Guidelines are required to ensure that they get all eligible benefits. Specialised care centres/ support services should be set up for new disabilities added in the RPwD act Special therapy units for blood disorders should be established at least at the district level Research should be undertaken to study the implications of these disabilities and the provisions to made to provide need based care, support and socialisation
14.	**Mental Health**	The majority of those who need mental health care state-wide lack access to high-quality mental health services. Human resource shortages, fragmented service delivery models, lack of research capacity for implementation, the political (policy perspective), social (stigma, discrimination, and gender), cultural (beliefs, explanations, and	Mental health treatment should be made accessible in primary care and pharmacological & non pharmacological therapy should be readily available. Shift care away from institutions and towards community care. Public awareness programmes on mental health should be initiated

		help-seeking behaviours), and economic (direct and indirect costs of treatment) factors have long impeded mental healthcare. The treatment gap causes substantial losses to individuals, families, society, and the nation. Innovation and capacity building are necessary to develop and implement locally relevant, feasible, and effective community-based mental healthcare models. There are no dependable mechanism for reintegration of such individuals to the society, similar to the model followed by the Banyan foundation	Involve family and communities in Mental health Rehabilitation. Establish state level mental health programmes. Increase and improve training of mental health professionals. Increase links with other governmental and non-governmental institutions. Provide monitoring of the mental health system with quality indicators. Support more research in the field of mental health. An Integrated Framework for Prevention of Mental Disorders should be pursued Start E–mental health services across the state Tele counselling (tele therapy, discussion) should be made readily accessible 24 x 7 mental help line should be established with trained professionals Scaling up of sustainability & policies Vocational rehabilitation of people with mental health disorders should be emphasised. Establish sheltered workshops and half-way homes to prepare these individuals and to reintegrate them back to the society, modeling Banyan Foundation
15.	***Disability Pension and Scholarships***	The Rights of Persons with Disabilities Act, 2016, Sec. 24 (1) mandates that the *"quantum of assistance to the persons with disabilities under such schemes and programmes shall be at least twenty-five per cent higher than the similar schemes applicable to others".* While framing social welfare measures, the additional expenditure that disability entails like health	Ensuring timely dispersal of disability pension/scholarship through LSGIs/ at the grass root level and the entire fund for giving such pension/ scholarship shall be directly released through dispersing LSG Quantum of assistance should be increased as per the mandate of the RPwD Act.

		care, transport, aids, appliances and assistive devices (as also their maintenance) etc. are not factored in. Local governments are made responsible for the implementation of scholarship scheme for children with disabilities. Responses received in the public hearings as well as representations from various organisations indicate that many of the children with disabilities are not getting the amount fixed by the state government as scholarship due to inadequacy of funds earmarked for the purpose by the local governments. There is also a need to enhance the assistance given as caregiver allowance. In most cases the caregiver has given up a job to take care of the disabled person. With exceptions, they are women.	
16.	**Socio-cultural Development**	There are no provisions/ facilities in government schemes to enhance/encourage the creative potential of the PwDs.	Local body level collectives of PwDs having artistic skills should be formed and necessary training has to be imparted and facilitate them to perform in public events so that they will get a steady income through such performances. (“***Bhinnasheshi kalasangham”)*** **Different Art Centers** are to be established in all districts by Jilla panchayat as a joint project of Block Panchayats and Grama Panchayats
17.	**Mainstreaming Disability**	Lack awareness and social apathy of PwDs prevailing in the society is a social and mental barrier for development of PwDs	For effective implementation of RPwD act and other developmental initiatives for the disabled, every stakeholder should be sensitive to the issues of the people with disability. So sensitisation programmes should be undertaken for officials, elected representatives, teachers, health

			professionals, beneficiaries and general public. As part of disability sensitisation, all HR trainings conducted by Government institutions should cover Disability Gradation in awareness building through appropriate curriculum and syllabus – All academic programmes should have a subject on disability, right from primary education to higher education All branches of Technical education should include disability and assistive technology in their curriculum Elderly population should be sensitized about healthy aging to aid in the prevention acquired disabilities.
18.	**Gender mainstreaming**	Most often, women have to bear the brunt of managing PwDs. Majority of the caregivers of PwDs are also women. The responsibility is not adequately shared by other family members especially their male partners. The problems of Women with Disability are not adequately addressed by the family members and society. It is estimated that the incidence of sexual and domestic violence against girls/women with disabilities is higher when compared to non-disabled women. Women with disabilities have less education and employment opportunities compared their male counterparts	Plan and implement projects and programmes for people with disability to reduce gender disparity Mainstream all the activities in gender perspective Create more education and employment opportunities for women with disability. Establish need based day care centres for bedridden patients, people with disability and people diagnosed with dementia and others who require palliative care for a short duration so that the caregiver, usually women, can be relieved occasionally to avail medical services or to attend other social/ personal needs.
19.	**Emphasis to vulnerable sections**	Because of educational and social backwardness and geographical remoteness in accessing services, PwDs in SC, ST and fisher communities are prevented from availing rehabilitative services and Government Schemes.	Special campaigns to identify PwDs in the vulnerable sections like SC, ST and fishercommunities should be initiated with the support of SCST and Fisheries department. Plan and implement outreach programmes

			to provide adequate therapeutic services and assistive devices for the needy.
20.	**Care homes for Orphaned People with disability**	At present there is no arrangement to take care of Orphaned people with Disability in government sector	A person with disability who has lost both their parents shall be adequately protected. Support and supervision should be provided to the extended family, which is willing to take care of the orphaned PwD wherever possible. Special care homes shall be set up, at least regional wise, to provide care, protection and development of such individuals. But this should not lead to isolation or ghettoization of such individuals. The care facilities thus created should be in such a way so that it ensures social living of individuals similar to the set up like SOS children's village
21.	**Para sports**	Section 30 of the RPwD Act elaborates on the measures that have to be undertaken to ensure sporting rights of Indians with disabilities. It mandates restructuring of courses and programmes to ensure access, inclusion and participation of persons with disabilities in sporting activities; redesigning infrastructure; developing technology to enhance potential and talent; allocation of funds, etc. providing accessibility to all sporting facilities on an equal basis with others. Despite having a huge pool of talent, Kerala has not been able to explore or exploit this potential.	Special sports and games training should be incorporated in the syllabus right from the school to higher education institutions for people with disability so as to train them in state, national and international sports and games events including Paralympics. A ***sports academy*** for people with disabilities can be established. Para sports events should be conducted along with 'Keralolsavam' at local body level. Mechanisms should be in place to identify and train people with disabilities for these sporting events in every Panchayat/Municipality/ Corporation. Provisions should be made for accessible play grounds and tracks, assistive sport equipment and Professional physical trainers, specialised in training people with disability Establish professional courses to train

			Physical trainers specialised in training people with disability.
22.	**Disability certification and UDID**	Many PwDs have reported delay in getting disability certificates. Sometimes Persons with Disabilities are asked to produce a new disability certificate each time they submit an application. This puts a great amount of physical and mental strain on PwDs and their care givers.	The present arrangement for disability certification should be more people friendly so as to reduce the hardships faced by PwDs and caregivers involved in such process. The present hitches in issuing UDID should be sorted out A medical Officer should be appointed to assist DMO for the timely approval of UDID Provide necessary facilities/ manpower to district medical officers for approving UDID Mobile Assessment Units need to be established in each district for disability assessment and certification of PwDs with high support needs, inmates of disability rehabilitation institutions etc.
23.	**Legal Framework**	Even after a decade of advocacy on Right based model envisaged by the UNCRPD (United Nation's Convention on Rights of Persons with Disability) and the enactment of the RPWD Act (Rights of Persons with Disabilities Act) the tendency to follow the charity model largely persists in many non-governmental and even in Govt Sector. The charity model of disability follows a traditional perception, sees PWDs either as objects of sympathy and charity or as sick people in need of compassion, as victims of circumstance. This model considers PWDs as just long-term recipients of support and welfare, which is against the concept of empowering them, instead perpetuates a	***Enforcement of RPwD act***: The recommendations of the Administrative Reforms Commission that there should be district level offices for the State Commissionerate for Persons with Disabilities may be implemented without any inordinate delay. As part of its implementation, as an adhoc measure, at least 4 regional offices of the Commissionerate may be established at Kollam/ Kottayam, Ernakulam/ Thrissur and Kozhikode and Kasaragod before 31/12/2021. For strengthening the system and speeding of the disposal of grievances, augment staff adequately in consultation with the State Commissionerate before 31/12/2021. Engage

		sense of dependency on PwDs in the community. This is a significant factor because this perception systematically inhibits the social inclusion of PwDs at all levels. There is a huge lacuna in implementing the RPwD act, 2016 due to lack of adequate human resources. Office of the State Commissionerate for Persons with disabilities is not accessible to PwDs, due to the centralised nature of the administrative establishment. The Commissionerate for Persons with Disabilities functions with a single tier mode, i.e. only at the State level. The areas of operations are extended to the whole State of Kerala. No Sub Offices are in the District/Regional level in the State. People with Disabilities find it difficult to avail the services of the Commissionerate, especially from far way districts from the state headquarters. The Commissionerate faces severe administrative difficulties due to the lack of regular staff to discharge the functions assigned to it as per the act. National Trust Act: Only 3 disabilities namely, Autism, Cerebral Palsy and Mental Retardation, is included in this act. So, the provisions of the act could not be utilised for the benefit of persons with other disabilities included in the RpwD act. Section 3 of the RPwD act mandates the right to equality and non-discrimination. But due to lack of clear guidelines in the Motor Vehicle Act and lack of authorised Driving schools/agencies to	regular disability sensitive supporting staff in the State Commissionerate of Disabilities. Both online & offline grievance redressal mechanisms should be established. A designated day in a month can be fixed for interacting with persons who have complaints with regard to delivery of services or such complaints regarding schemes etc. in person, at the district/panchayat level. ***National Trust Act*** Awareness building regarding legal provisions of trust act especially with respect to legal guardianship should be initiated. Ensure property rights, both land and otherwise, of people with disability and to prevent exploitation and expropriation by near relatives as well as legal guardians The State/ Union Government may take appropriate steps to extend the provision of Legal Parenting to other categories of PwDs included in the RPwD act, which are not included in the National Trust Act. So, the National Trust Act should be suitably amended to include these provisions. ***Motor Vehicle act*** Suitable amendment to Motor Vehicle act to facilitate easy issuance of driving license to eligible persons with disability should be made Set up authorised training centres having adequate expertise in training people with disability to get proper training in driving. Set rules and regulations for eligibility for getting driving license for the people with

		train Persons with Disabilities, most people with disabilities are not able to get a driving license. Lack of sensitiveness in use of terminologies like 'differently abled' plays a big role in society's attitude towards the disabled.	disability ***Terminology:*** In the process of adopting a rights-based framework, use of terms like "differently-abled", "handicapped", "special needs" etc. should be discontinued.
24.	**Life cycle approach**	When we take a Life cycle approach, different agencies and departments have to cater to the needs of the PwD at each stage. But, we can see that multiple departments and agencies are providing the same type of service with minimum or practically no convergence. There is no focal point in the periphery where all PwDs can avail the services and schemes which they require. Most of the time, even departments and agencies working in the disability sector are unaware of the projects and programs of other departments and agencies. The absence of dedicated field staff for the social justice department after the bifurcation of the department to SJD and WCD adds to this issue in the periphery. Interdepartmental coordination is a pre-requisite for a right based approach and for service delivery on each stage of an Individual's life	There is a need for a cell that can coordinate various activities for persons with disabilities in the departments such as Social Justice, Health, Education, Labour, LSGD and Law enforcing mechanisms. This cell shall also oversee the implementation of disability rights. There must be multilevel co-ordination mechanisms right from LSGD at the grass roots (Grama Panchayat, Muncipality and Corporation. There must be block level co-ordination mechanism as a second tier. The third tier should be at the district level headed by the Chairman of the District Planning Committee. And the State level should be headed by the Chief Minister.
25.	**Research and Development**	There is a lack of research on PwDs from the context of Kerala. Such gaps are noted in areas like aetiology, service delivery and management. The management practices which are followed in other nations cannot be simply copied to our context.	Encourage and enhance research on issues related to disability management in Kerala context. Research should also be undertaken in the areas of Disability and Economics and Legal Studies. Research should be encouraged to Develop diagnostic and screening tests for various disabilities. Centres such as the National Institute of Speech and Hearing (NISH) and the National Institute of Physical Medicine and Rehabilitation

			(NIPMR) should collaborate to develop model intervention programmes through research and should develop training modules for teachers and parents in video, audio and text format. Strengthen R&D in assistive technology through National Institute of Physical Medicine and Rehabilitation (NIPMR) and National Institute of Speech and Hearing (NISH). Provide adequate infrastructure and manpower support for strengthening the Centre for Mobility and Assistive Technology (CMAT) already established at National Institute of Physical Medicine and Rehabilitation (NIPMR). Encourage interdisciplinary and inter institutional research in rehabilitation sector
26.	**Institutional/ Organisational Building**		
	National Institute of Speech and Hearing		
	Item	Present status	Future
	Awareness and dissemination	-NISH- NISH Online Interactive Disability Awareness Seminar (NIDAS)	1.With an increase in the aging population and prevalence of dementia a comprehensive project needs to be initiated on Healthy aging. 2.Sensitisation programs on Assistive technology, accessibility and workplace adaptation to be developed 3.Awareness and sensitization all disabilities under - RPwD Act, 2016
	Prevention and screenin	Prior to integrating a child with a disability into a system of education, readiness for school should be assessed. Currently there are no	School hearing/Communication disorder screening for all students getting admitted to PreKG/1st Standard

	g	model transition programs that make the child independent in the classroom.	
	Early intervention	DEICs can be strengthened and other centers can developed	1.Satellite (re)habilitation centers at different districts of Kerala with NISH as a hub model
	Education of PwD (school level)	In order to bridge the gap between the Early Intervention program and Degree Program for the Hearing Impaired population, it is required to have a school level program, initially till the fourth grade, a model Bilingual school, first of its kind in Kerala can be made.	-Bilingual school for deaf to initiated by NISH -A project on routine based intervention to be implemented at school can be initiated by NISH for developmental disabilities - Creation of accessible content (NISH has already piloted a project on accessible books)
	Higher education of PwD	NISH offers three undergraduate programs affiliated to the University of Kerala exclusively for the deaf and hard of hearing students namely BSc Computer Science (HI), B.Com. (HI) & BFA (HI).	-Inclusive higher education programs for various disabilities can be initiated at NISH Namely M.Sc. Computer Science, M.Com. etc.
	Capacity building and infrastructure	-The existing number of rehabilitation professionals is inadequate; more programs / certificate courses for capacity development can be initiated.	MPhil in Rehabilitation Psychology -Certificate course on Aural (re) habilitation of Cochlear Implantation -Certificate course on Communication Intervention for Autism Spectrum disorders - B.Ed in Special Education (Hearing Impairment)
	Research Laboratory		Research Lab for neuroimaging and evoked potential studies For directionality measurement with 12 Speaker assembly
	Skills development and Employment	No planned activity is happening - NISH has been working with ASAP earlier and planning to collaborate for one batch with KASE	-Initiate programs initially and later expand with NGO partnerships -Vocational skill development program

	Disability Scientific Research cell	-Research and project consultancy -NISH RPCC -Independent research projects -Publication: NISH has published two academic books in the area of disability with support from SJD	-NISH can expand to accommodate specific research and development through establishment of research lab in various disciplines in the field of disability (eg: proposed Disability Research Cell at NISH) -Publication of an indexed journal in the field of disability
	Assistive Technology and accessibility	CATI-NISH (CSR project)	-Development of assistive technology and accessibility consultancy center at NISH - More centres for AT, Accessibility and disability services.
	National Institute of Physical Medicine and Rehabilitation (NIPMR)		
	Service	Existing Facilities/Gaps	Recommendations
	ning quality professionals in rehabilitation sector	**Bachelor of Occupational Therapy** D.Ed Special Education specialised in Autism Spectrum Disorder and Cerebral Palsy	To start more academic programmes like Bachelor of Prosthetics and Orthotics, Bachelor of Physiotherapy, Bachelor of Audiology and Speech Language Pathology, M. Phil Clinical Psychology etc. To start the academic programmes affiliated with Kerala University of Health Sciences or any other university in Kerala, a 250 bedded hospital is required. Need Hostel facilities for students
	Spinal Cord Injury Rehabilitation Unit	Only 8 bed facility is available at NIPMR and there is high demand of In- patients	Construct a 250 bedded hospital to accommodate Spinal Cord Injury rehabilitation, Stroke and corrective surgery patients after medical treatment
	Autism Early Intervention	Can accommodate only 32 children in 2 batches	Additional facilities to accommodate more students with ASD
	Deaf blind	There is no full-fledged deaf blind unit in public sector in Kerala	t a full- fledged deaf blind unit having adequate professional support like

	unit		Ophthalmologist, Optometrist, ENT specialist, Occupational Therapist, Special educator (Deaf blind), Speech Language therapist and Audiologist. Establish a well-equipped low vision training unit to support the deaf blind
	Human Resources	NIPMR provides services in multiple areas of interventions, right from special school to professional education. It has got state of art therapeutic facilities including aquatic therapy unit on par with international standards. The organisation also provides 24 hour in patient services to the Spinal Cord Injury patients. But the organisation is presently managed with temporary staff. There is no full time Executive Director as well. An organisation implementing projects and programmes worth more than Rs. 10 crore per year needs a regular staff pattern to instil confidence among professional staff and to improve the quality of services and also fix accountability and responsibility.	Create a regular staff pattern including the post of Executive Director
	Clinical Research	System of empirical research in clinical field related to rehabilitation services is lacking	Need research support including collaborative organisations in this field like NISH, KUHS, Medical Colleges etc.
	Short stay facilities for parents and children who approach for therapeutic services	Parents of children, who need therapeutic services of NIPMR, find it difficult to get suitable short duration accommodation facilities in and around NIPMR.	Create short duration residential facilities to parents of children from other districts who approaches for therapeutic services of NIPMR.

of NIPMR		
Kerala State Handicapped Persons Welfare Corporation (KSHPWC)		
Name of the Corporation	Terms like 'Handicapped" is a misnomer.	It is recommended to change the name of the corporation to ***Kerala State Disabled Persons' Welfare Corporation.***
Regional Offices	At present KSHPWC has its head office at Poojappura and Regional offices at Ernakulam and Kozhikkode. There is no district wise office in other districts in order to assist People with Disability in their own districts.	Offices can be set up in all districts or a room can be allotted to establish regional office of KSHPWC with district Social Justice Office. This will be helpful to grant loans to people with disabilities to take up profitable economic ventures to enhance their livelihood opportunities and KSHPWC can easily evaluate and monitor these projects.
Skill training and employment	Lack of need based facilities and financial provisions to train PwDs suitable skill sets to enhance their daily living is identified.	KSHPWC shall be granted special permission and fund to conduct skill training workshops for the people with disabilities to improve their skills and to initiate new ventures of self-employment, utilising the NHFDC self-employment loans. This may lead to the sustainable employment focused rehabilitation of people with disability.
Assistive Technology	There is a lack of coordination mechanism with other government agencies involved in the field of research, development, production, procurement and distribution of assistive technologies like prosthetics and orthotic devices, wheel chair and other mobility devices, transfer devices and devices to enhance writing, hearing and reading.	Strengthen R&D in assistive technology through National Institute of Physical Medicine and Rehabilitation (NIPMR), National Institute of Speech and Hearing (NISH) and Kerala State Handicapped Persons Welfare Corporation (KSHPWC). There should be adequate co-ordination between the National Institute of Physical Medicine and Rehabilitation (NIPMR) and the Kerala State Handicapped Persons Welfare Corporation (KSHPWC) in production, procurement and supply of

			assistive devices to/through all Government agencies.
	E-commerce Portal	PwDs find it difficult to sell the products produced by them	An e-commerce portal can be established by KSHPWC. Through the e-commerce portal, KSHPWC can provide space for selling products made by people with disabilities at their home. KSHPWC can also act as a channelizing agency to promote the products of people with disabilities and make space in common markets with the help of various departments and public institutions.
	Research and Individual care plan	There is a lack of adequate research in the field of disability	KSHPWC mostly deals with people with disabilities in all age categories and types. So it may be good to include KSHPWC as a body to conduct research in the field of disability along with other departments to make need based research and individual care plan.
	Rehabilitation centre for the elderly	KSHPWC already has a rehabilitation centre (SAPHALYAM) for the elderly with disabilities at Kottamom, Parassala, where 40 persons can be well rehabilitated, but lack adequate professionals, services and equipment.	To improve the rehabilitation facilities here, more assistance from Government of Kerala should be provided to initiate various types of rehabilitation methods and therapies for the inmates. It can be established as a model centre for the rehabilitation of the elderly with disabilities.

27.	**ala University of Rehabilitation and Disability Studies (KURDS)**	ala do not have courses to train sufficient professionals in Rehabilitation science and disability studies. We could start the much needed professional programme like the Bachelor of Occupational Therapy (BOT) course during the last academic year, where as in the other parts of India, it has been there since 1960s. Kerala does not have professional courses in assistive technology, Prosthetics and Orthotics, disability economics and legal studies etc. which are essential services for the PwDs. re is a lack of courses specially designed for PwDs that enhance their skills and provide sustainable employment opportunities v the courses related to disability are affiliated to the KUHS, where a medical model is promoted, which neglects the rights based model of disability management	nstreaming disability studies is a must. Each and every academic programme at all levels should have subjects in disability sensitisation and management. However, to get more focus on disability studies and rehabilitation sciences, there must be a dedicated academic institution at the level of a university to cater to the dearth of professionals in disability management and rehabilitation studies. This arrangement will enable to undertake quality research and training in Rehabilitation sciences as well as creating professionals in disability studies. ign suitable courses for the PwDs to enhance their skills and provide sustainable employment opportunities v courses should be started with the objective to promote the right based model of disability management.
28.	Fund Mobilisation	any individual and parent initiatives could not be completed due to lack of sufficient resources. The present financial difficulties faced by government considering over dependence on the exchequer is not practical	Newer method of fund mobilisation is the only solution to finance individual and parental initiatives in solving the problems faced by the PwDs. Government should consider to issue '***Social Security Bonds'*** to fund philanthropic individuals and parent collectives. Funds thus mobilised can be utilised to support such community living establishments. Income tax exemption should be given to such financial instruments.
29.	**isaster Risk**	re is a lack of awareness among officials, volunteers and elected representatives in proper	Training regarding search, rescue, and evacuation of persons with disabilities

	Reduction (DRR)	handling of PwDs at the time of disaster. re is a lack of accessible temporary and permanent disaster shelters	should be provided to all rescue teams (fire force, police, volunteer groups, and others identified by KSDMA).Evacuation plans for persons with disabilities must be framed and incorporated into Disaster Risk Reduction (DRR)strategies and should include the supply of necessary equipment (Post- DisasterNeedsAssessment,2019). There is a need for tracking of persons with disabilities using GIS in each local government and disaster-prone area in order to minimise the risks of rescuing persons with disabilities. There shall be measures taken up to set up disabled friendly temporary shelters and buildings at the local government-level with the required facility for information and communication, health, and education that are accessible for persons with disabilities. Redesigning and retrofitting existing public buildings to suit the need of PwDs should be initiated. This could be used as shelters to house PwDs at the time of natural calamities or disasters. There is a necessity for introducing disability inclusive climate resilience programmes and DRR strategies, as a part of the implementation of the SDGs. The Sendai Framework for Disaster Risk Reduction 2015-2030 may be adopted for the same (UN, 2020)

Recommendations
As an initial move, the State Government may start with the following activities:

Dynamic Registry
A directory of all centres and rehabilitative services that cater to People with Disabilities should be published and updated annually. To arrive at a somewhat accurate figure a fresh survey on a digital platform is needed. Given that there are many new conditions listed in the RPwD Act, the enumerators engaged in the exercise need to be trained rigorously and made sensitive.

As a follow-up to the disability census of 2015-16, the social justice department initiated the development of Individual Care Plans for PwDs. The data collection, collation and digitalization are in the final stage. Once we have it, it needs to be integrated with the online software for Disability Screening of KSSM and Arogyakeralam to identify the potential beneficiaries of each of the welfare schemes. The ICP platform needs to be converted into a live registry linked with all the schemes for the persons with a disability run by various departments and agencies and also serve as a portal for extended services through NGOs and CBOs.

While doing this, deliberate efforts have to be taken to improve public participation in local-level planning, while the data and information from the registry are augmenting the evidence-based policy and program making. Measures taken in the 13th Plan to strengthen the District Planning Committees need to be continued with these inputs from the registry. Local-level spatial plans with GIS-based locations of PwDs will have to be incorporated into the registry, which will be an excellent resource for effective, timely decisions, especially in times of emergencies. Once we have adequate coverage of UDID cards, this registry can be linked to Central and State Government schemes and monitor its coverage and direct benefit transfer to persons with disabilities.

There should be a mechanism to report disabilities arising from Occupational hazards. Hospitals should be mandated to report such cases to the respective local bodies.

Disability Prevention
LSGIs and other stakeholders should be more vigilant and take measures to ensure that there is no increase in disabilities, as around 50% of disabilities are acquired. These activities can include the following:

i. Conduct campaign for promoting MR (Measles and Rubella Vaccination)
ii. Premarital and eligible couple counselling
iii. Campaigns to prevent Child injuries
iv. Promote road safety and ensure safety guidelines during the construction of local roads.
v. Promote, advocate, enforce and encourage safe workplace and public environments.
vi. Apart from this, the "injury prevention campaign" at the local level can include other causes of injuries that cause long-term disabilities, like domestic violence and alcoholism
vii. Pre- natal, perinatal and genetic screening should be mandated at all maternity hospi-

tals.

viii. Strict enforcement of legal provisions in Motor Vehicle act, Factories act, Fire and safety rules etc. should be done.

ix. Sensitization Programmes should be carried out regularly targeting all segments of the society

Early Identification

Early screening, detection, intervention, and allied services for rehabilitation that include vocational training, skill development, and parental empowerment are accepted as the most effective method in disability management, especially among children. Neonatal screening for disabilities should be made mandatory at the time of child birth. Neonatal Screening Disability report should be mandated to issue Birth certificates.

Kerala is a State in which immunization programmes have been successfully implemented in the past decades. According to Joy et.al. (2019)5, among the children aged12–23months,

89 per cent were fully immunised,10 per cent were partially immunised, and one per cent remain unimmunised in Kerala. The programme can be extended to monitor developmental delays, if any, using simple developmental screening tools such as the Development of Observation Card(DOC) or Trivandrum Developmental Screening Chart (TDSC).

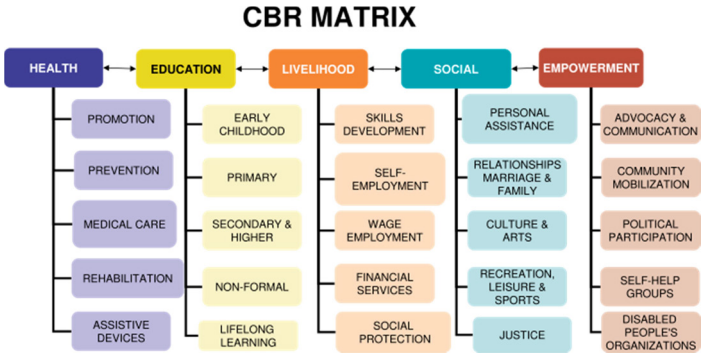
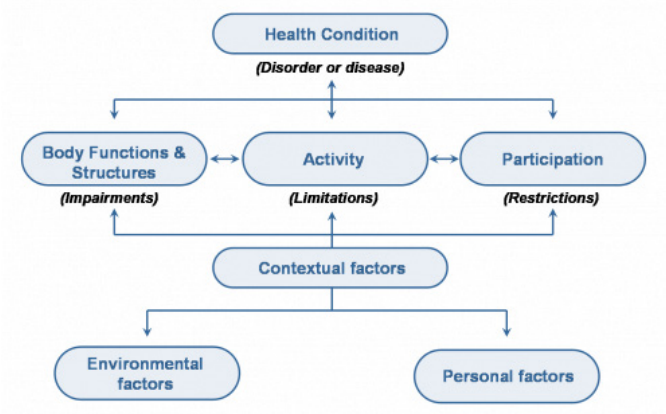


Figure 1: WHO CBR Matrix



Neonatal screening, especially vision and hearing should be mandated in every hospital with obstetrics and gynaecology ward.

Screening in schools should be carried out without fail to identify hidden disabilities like Specific learning difficulties, Intellectual Disabilities, Developmental Coordination Disorder (DCD), Attention Deficit Hyperactivity Disorder (ADHD), conduct disorders etc. More facilities should be established to identify children with deafblindness.

The early intervention network in the State, starting from early screening facility at delivery hospitals up to the apex centres in early intervention, needs to be strengthened. Establishing, strengthening, and institutionalising an organised network of systems and institutions for prevention, early intervention, disability management, vocational training, skill development and social rehabilitation including parental empowerment shall be the strategy. A convergence of services and bringing local governments to the forefront of disability management shall be the approach.

Early Intervention and Need Based Therapy Services

Block level therapeutic facilities should be set up with the support of local bodies. The responsibility of infrastructure facilities can be given to the local bodies and support with regard to human resources can be given to organisations like KSSM and SID.

Services of Physical Therapists, Occupational Therapists, Speech Language Pathologist and Audiologist and Clinical Psychologist should be mandated at these centres. Adequate professional to persons with disabilities ratios should be ensured. An ideal ratio would be 1: 8

Therapeutic services should be strengthened in the public sector including NISH, NIPMR, ICCONS, IMHANS, DEICs, REICS, Bud Schools, Bud Rehabilitation centres, Block Resource Centres and Community Health Centres. The existing number of rehabilitation professionals is inadequate; more programs / certificate courses for capacity development can be initiated. The services of Occupational Therapists, Physical Therapists, Speech language pathologists, Special Educators and developmental therapists should be available at all times.

Community-Based Inclusion and Rehabilitation (CBIR)

The newly proposed CBIR model envisages working holistically for all types of PwDs as per their need and context. By this model, we can try to encompass the global core principles and essential components of WHO's CBR matrix model and the ICF classification of disabilities and explore the opportunities provided by the State's relative effective decentralized governance system. It is also expected that this new proposed model will ensure more participation, integration, networking, and sustainability. It also tries to mainstream the concept of inclusive development and set a new model for the same. Hence implementing the CBIR model in a campaign mode can be a priority in the 14th FYP period.

Conceptually as detailed above, this CBIR model is based on the WHO's CBR matrix and the ICF classification of disabilities and augmenting this framework by the learnings, resources and opportunities of our structured decentralized governance system in the State.

WHO's CBR matric and ICF classification of disabilities are schematically illustrated in the figures below:

CBIR is about collectivism and inclusive communities where PWDs, their families and community members participate fully in resource mobilization and the development of intervention plans and services for PWDs. CBIR shall be implemented through the combined efforts of people with disabilities themselves, their families, organizations and communities, all the relevant public and stakeholders and all the concerned departments and agencies of the Government at various levels, effectively converging at the local level.

The CBR matrix and ICF framework in the figures above provides an overall perspective of what may be included in the proposed CBIR strategies. The CBR matrix gives a structured overview of thematic areas (health, education), life conditions (livelihood, social) and political strategy to improve the situation (empowerment).

To implement a CBIR program, LSGIs can pick the most practical entry point for the program and then start to build up the program by adding initiatives until a coherent program of appropriate components and elements is formed. The Technical support for this can be provided by a state-level team through trained district resource persons. KILA (Kerala Institute of Local Administration) can take a pioneering initiative in this regard.

Learning from the misfiring with regard to CBR in the 13th FYP period, he proposed CBIR needs to be initiated and managed by insiders in the community, rather than outsiders, for its acceptance, participation and sustainability. It is in this context it is essential to identify a "CBIR Promoter" or "CBIR Coordinator" at the panchayat level who will be catering to 600 to 900 households of PwDs (Given the prevalence of disability in the State). This CBIP Coordinator shall be supported by "CBR Workers" for every 50 to 100 households of PwDs. CBR workers can be identified and trained from ASHA, AWW, Kudumbasaree workers, and members of CBO active in the region or volunteers from organizations for PwDs or independent volunteers. However, there shall be a mechanism to ensure accountability as done in the case of ASHA workers under the NHM. A similar formula can be worked out for the urban local bodies depending on the prevalence and distribution of PwDs and administrative convenience.

A detailed action plan for CBIR has to be worked out by the LSGIs based on a template developed at the state level and after proper and practical training. The micro action plans shall be designed to focus on the overall far-reaching goal of CBIR to enable the PWDs to become independent and productive to the maximum possible extent and provide their respectful inclusion in all the development of activities of the society at large. Deliberate efforts shall be taken to address the whole spectrum of the needs of the PwDs and not merely focusing the conventional and existing schemes and deliverables for them. For example, the figure below shows the range of needs of a child with a disability which needs to be addressed holistically to attain the desired intention of CBIR. Stakeholders operating in the various sectors related to disabilities, inclusion and development at the different administrative levels are to converge synergistically and collaborate closely for this.

The geographical mapping of persons with disability should be done in order to implement successful community-based rehabilitation at the local government level.Mobile rehabilitation services should be introduced with the support of local bodies to deliver door step rehabilitation services

Education

Sec. 16 of the RPwD Act lays down that "The appropriate Government and local authorities shall endeavour that all educational institutions funded or recognised by them provide inclusive education to all children with disabilities….." Various other provisions of the Act laid down in the Chapter on Education, including but not restricted to individualised support, reasonable accommodation as also modification in curriculum and examination systems should be endeavoured for. Both the Right to Education Act as also the Rights of Persons with Disabilities Act, promote inclusive education. While the ultimate aim should be of inclusive education, it can be initiated in a phased manner.

Redefine the role of BUDS schools:

BUDS schools in the panchayats have definitely made a paradigm shift in the access to basic education and ADL skills training for children with Intellectual Disability, Autism and Cerebral Palsy. However, in the context of the RPwD act and the improved sensitization on the concept of inclusiveness, BUDS school, as it's a segregation model (that is catering exclusively to the children with disabilities), needs to be restricted to children with severe intellectual disability, autism spectrum disorders and Cerebral Palsy with Intellectual disability only. Because if mild and moderate children are segregated and kept in isolation from neurotypical children (typically developing children), that would affect their development and hinder their socialization and community participation in the long run. Hence, all Mild cases to the extent possible need to be accommodated in the regular schools, obviously while ensuring barrier-free access. At the same time, the children with a moderate disability shall be accommodated in an integrated facility established for this purpose in selected schools in the locality based on the prevalence. Integrated facility means the children with disabilities will be catered in a separate facility within the school building with the help of special teachers, and wherever they can study, play or work with other children, such opportunities are encouraged. Such integrated facility shall be established at the block level depending upon the prevalence of such children with moderate intellectual disability, autism or CP with ID. Children with Cerebral palsy without Intellectual Disability must be accommodated in regular schools, ensuring accessibility and assistive solutions. As suggested by many experts and evidenced by experience across the globe, this reform would also help society at large in the future as other children learn to be more inclusive and empathize with the children with disabilities.

This would also imply that the BUDS schools and the special schools must augment their therapy services as they would be catering more to the children with severe disabilities. This warrants appropriate training and augmentation of the staff in the BUDS school. However, it's worth doing, as this would help them cater to the population of children with severe disabilities who may have been otherwise left out.

Inclusive (Special) angawadies from its pilot program in the Calicut district has been proved enormously successful in providing an inclusive environment for the children with intellectual disabilities and autism, evident from the fact a significant proportion of these children with disabilities are enrolled to regular schools after anganwadis. Considering this, all Anganawadis should be made inclusive in the 14th FYP Period. As a first step, at least one Inclusive angawadi should be set up per panchayat/ Municipality/ Corporation.

Every mainstream school, in both Government and public sector, should have a special education and therapeutic wing. As part of educational mainstreaming, special education should be made part of the general education with adequate therapeutic as well as accessibility features incorporated in the system.

"Buddy systems" should be promoted and implemented at all schools. It is procedure in which two individuals, the "buddies", operate together as a single unit so that they are able to monitor and help each other.

Emphasis should be given for Life skills development for children with disability.

Mechanisms should be in place to ensure that the schools are accessible to children with disabilities.

Online education and tele-rehab services for children with disabilities need to be strengthened: The increased stress on online education and services in the Covid pandemic period has opened an opportunity to provide formal and non-formal home-based training to children with severe disabilities otherwise deprived of such training. LSGIs can take the initiative for this, using local resources. Such home-based training shall be focused on improving the Quality of Life (QOL) of the PwDs and their Activities of Daily Living (ADL) and not on providing information/ general knowledge.

Schools run by Private Management should also be monitored and support should be given to these schools to promote inclusive education.

5% reservation in institutions of higher learning is a mandate of the RPWD Act. This should be strictly implemented.

Schools denying admission and ousting students from the school without adequate reasons shall be prosecuted under the relevant provisions of the RPwD act.

The initiative under Samagra Shiksha Abhiyan (SSA), including the Individualised Education Programme (IEP) for slow learners and children with disabilities, will be coordinated at the panchayat level by the proposed CBIR coordinator synergistically with the education department to ensure that no one is left out. Sufficient enrolment, retention and completion in secondary and higher education by students with disabilities shall also be confirmed at each LSGI level.

District Panchayats and corporations shall conduct a talent hunt for Children with disabilities. The technical support can be availed from institutions like Different Arts Centre at Magic Planet, Thiruvananthapuram and National Institute of Physical Medicine and Rehabilitation (NIPMR), where such dedicated facilities are already functioning for Children

with Disabilities. The Education Department also holds special School Kalolsavam for children with disabilities. The identified talents from these are to be longitudinally followed up to make a living out of this talent if possible.

Skill Training

As part of disability mainstreaming, all technical training institutes should have facilities for training People with disabilities based on their aptitudes and capacity.

Systems should be in place to identify trainable skills and to providing facilities to train in suitable vocations to promote capacity building and sustainable employment.

Vocational Training institutes, Engineering colleges, Agricultural colleges, Krishi Vigyan Kendras will all come under this mandate.

In each district an institution may be designated as Nodal Centre for aptitude identification and skill development of Persons with Disabilities.

Employment

All backlogs of posts for people with disability in government establishments should be filled with the launch of a special recruitment drive.

Advocacy campaigns shall be conducted to ensure and encourage employment opportunities for PwDs in the private sector. Incentives in terms of recognition and others shall be provided to promote the private institutions for employing PwDs. The LSGIs may ensure access to such institutions within the provisions for project preparation guidelines. Events like job melas may be conducted at the local level for providing employment opportunities.

Self-help groups and cooperatives of disabled persons need to be promoted. Manufacturing of certain products may be reserved for such enterprises or alternatively, the state government can designate them as the only source for purchase of such products. Linkages can be established with Kudumbashree as also the proposed Assisted Living projects.

'Prathyasha' scheme (under Kudumbasree Mission), which aims to form microenterprises among vulnerable women, including mothers of intellectually disabled children and the person with disabilities, needs to be strengthened, and more such microenterprises needs to be initiated with appropriate training.

Kerala has a relatively high share of MSMEs in the country. MSMEs providing a significant proportion of employment to Persons with Disabilities shall be promoted in the panchayats/municipalities. Along with this, sheltered workshops, specially created environments in which people with disabilities can be employed, shall be built with community participation by the LSGIs. People with various disabilities, depending on their capacity, training and skills, can be employed here for productive and waged activities.

Mahatma Gandhi National Rural Employment Guarantee scheme: even though the scheme is not for persons with disabilities, as per the Kerala Disability Survey (2015), more than 66000 persons with disabilities are beneficiaries of this scheme. So, this also offers an opportunity for providing waged jobs for Persons with Disabilities. There is evidence from

other states also in the successful implementation of the same for the PwDs. The LSGIs can promote this.

Public Private Partnership Model can be promoted. Service of reputed NGOs may also be utilised. As in case of skill Development one or two agencies may be designated as Nodal Institutions for employment and placement

The assistance given for self-employment under various heads and schemes need to be augmented and their reach widened.

Some of the new initiatives that were planned during the 13th Plan period by the Kerala State Handicapped Persons Welfare Corporation included establishment of medical stores, physiotherapy equipment stores, and cultural hubs for the people with disabilities. These need to be pursued.

Tie- up with placement agencies, both in private and public sector for providing sustainable employment should be done.

Sheltered workshops and half-way homes for people with disability under Social Justice Department, LSGIs and philanthropic organisations should be established.

Assistive Solutions

Assistive Technology is the single most significant factor that enables PwD to function alongside everybody else. Local Self Governments are often proactive in availing assistive technology for Persons with Disabilities. However, most of these equipment procured in bulk (like Wheelchairs, walkers etc.) and distributed to the PwDs often are inappropriate or inadequate to solve the specific limitation of the PwDs. Though there has been a considerable improvement over this conventional method during the 13th FYP period, much need to be done in this regard. This includes:

i. As there are multiple stakeholders involved in the development, manufacture and distribution of Assistive Technology on one end and in assessment, procurement and utilization on the other end with marked information asymmetry, there is a need for developing a comprehensive Assistive Technology Policy and Action plan with particular focus on the opportunity provided by the provision for procurement of Assistive technology equipment by the LSGIs.
ii. Once incorporated in the proposed Disability Registry (as discussed above), the Individual Care Plans (ICPs) would give a basic idea of the unmet need for assistive Technology Solutions and avoid duplications and misuse.
iii. Since, in the last decade, there has been tremendous technological advancement in Assistive Technology, the LSGIs members, the assessment teams, the local functionaries and the CBIR coordinator (see above) should be sensitized about these options. The Centre for Mobility and Assistive Technology (CMAT) at National Institute of Physical Medicine and Rehabilitation (NIPMR) and Centre for Assistive Technology and Innovations (CATI) at NISH shall provide technical support for KILA in providing this sensitization through online and offline mode.
iv. The guidelines for procurement of Assistive Technology equipment by LSGIs needs to

be modified sensibly to accommodate the technology advancement in this field. There should be a paradigm shift from bulk procurement of "one thing fits all" to providing customized Assistive solutions as per the critical requirement of the person with a disability.

v. Timely access and provision for appropriate higher end assistive devices for education, employment, athletic and sporting requirements and entrepreneurship purposes should be made available.
vi. There should be adequate co-ordination between the National Institute of Physical Medicine and Rehabilitation (NIPMR) and the Kerala State Handicapped Persons Welfare Corporation (KSHPWC) in production, procurement and supply of assistive devices to all Government agencies
vii. Strengthen R&D in assistive technology through National Institute of Physical Medicine and Rehabilitation (NIPMR) and National Institute of Speech and Hearing (NISH) and Kerala State Handicapped Persons Welfare Corporation (KSHPWC).
viii. Provide adequate infrastructure and human resource support for strengthening the Centre for Mobility and Assistive Technology (CMAT) already established at National Institute of Physical Medicine and Rehabilitation (NIPMR).
ix. To avail the quality and need based assistive devices to People with Disabilities, a manufacturing centre of assistive devices and a showroom of assistive devices may be initiated in each district.

Accessibility

In line with the stipulation of our RPWD act 2016 and the rules following it, the local authority shall make sure that any new construction happening in their respective area complies with the Harmonized Guidelines and Space Standards for Barrier-Free Built Environment for Persons with Disability and Elderly persons". Concerned officials shall be trained about the checklist of the guidelines, and the public is also sensitized.The training for the officials shall be strictly based on the broader understanding of "barriers" as defined in the RPWD act (and detailed in the previous section) and methods for bridging the gaps for the same.Regarding the already existing buildings, a time-bound intervention shall be done to ensure compliance with the guidelines.

Projects should be formulated to make all existing public buildings and public facilities like parks, beaches etc. accessible to the aged and people with disability, not limited to physical disabilities but also including adequate signages, tactile pathways, sensory corners, auditory warning system etc. As a first phase, within a period of 3 years, all 14 civil stations have to be made barrier free so that People with Disabilities can have free access to the district administration. All offices of held by the local bodies should also be made accessible.

Houses are constructed not considering the accessibility needs of the people with disability. Additional provision should be set apart for providing accessibility features like ramp, accessible toilets in Life Mission houses and other Government funded Housing Schemes.

Accessibility features should be incorporated in all railway stations, bus stations and port. Accessible public and private transport system should be in place by adequately modifying

existing public transport services. In all traffic signals, there shall be a voice enhanced commanding system to be installed in order to assist the visually impaired persons to recognize the status of traffic signal while they are to cross the roads.

All infrastructure in Recreational facilities like playgrounds, public parks, beaches etc. should be modified so that these facilities are easy accessible for PwDs.

Attitudinal and socio-cultural barriers should also be addressed through sensitization programmes. There should be a gradation in awareness building through appropriate curriculum and syllabus modifications. All academic programmes should have a subject on disability, right from primary education to higher education including technical education

There should be guaranteed access to bank loans and micro-finance for start-up businesses at interest rates that take into account the additional costs related to disabilities (UN, 2020).

Access to information and communication technology is also part and parcel of the right of accessibility. All government websites should be made fully accessible for persons with disabilities. A scheme should be framed for implementation of various devices for easy access to electronic media by providing audio technology, description, sign language interpretation, closed captioning etc. There should be a special arrangement to cater to the need of PwDs in every Government offices/ service centres like separate queue, seating facility, accessible counters, sign language interpretation etc.

Procurement and supply can contribute immensely to achieving disability inclusion as also the Sustainable Development Goals. Procurement policies should ensure that relevant goods and services acquired are accessible or do not create new barriers.

Assisted Living

Assisted living is still a grossly unaddressed area in the disability sector in the State. As discussed earlier in this document, "What happens after me?" is the eternal worry among the parents of persons with disabilities. The report of the expert committee (on assisted living with a model programme proposed) in 2015 has not been pragmatically implemented. However, currently in the wake of new shreds of evidence, the conceptual framework presented in the report should be reviewed and modified accordingly.

Assisted living also forms an integral part of the CBIR campaign detailed earlier in this document. Some of the significant policy intervention to enable practical implementation of much needed Decentralized Assisted Living Network includes the following.

a. State and District Level Registered Societies for assisted living:

Registered charitable societies shall be established at State and District Level exclusively to set up, operationalize, and monitor the assisted living facilities. This allows parents of the PwDs who are financially sound yet worried about handing over their son/daughter to a trustworthy hand once they are physically unable to take care of them. This has been a long-standing demand of these parents. Many parents are ready to contribute to a corpus if a standard set of facilities and appropriate care is ensured for assisted living. Moreover, philanthropists, companies (through their CSR) and individuals can contribute to this

accountable society, thus enabling the society to provide decent care and facilities to all the needy. The state government shall draft a uniform bylaw detailing each functionaries' roles and responsibilities for this.

b. Strengthening Day-care facilities for Adult with Disabilities:
Even before establishing such an organized network of assisted living facilities as discussed above, the existing Buds Rehab Centres in the LSGIs can form daycare centres for adults with disabilities. However, that can't substitute residential assisted living facilities within the societies.

The guidelines of the BRCs needs to be modified, and enough flexibility and technical support to be provided to LSGIs for strengthening BRCs to provide systematic ADL training (Activities of Daily Living) and vocational rehabilitation. These BRCs can thus form halfway homes before assisted living. Thus, serving as preparatory Centres for such children, focusing on making them independent and training them to develop acceptable behavioural patterns so that they could blend well into the Assisted Living facilities' atmosphere when their parents are no more and none to care for them.

The model programme of Assisted living proposed needs to be studied and aligned with best practices the world over, suitably adapted to Kerala conditions.

Support should be extended to institutions managed by philanthropic individuals/ organisations– e.g., different art centre

Supporting initiatives of parent collectives/ therapeutic communities - e.g., Nish-chintha, is another recommendation

To overcome the financial constraints of such initiatives government may consider to issue **'Social Security Bonds'** to fund philanthropic individuals and parent collectives. Income tax exemption should be given to such financial instruments.

Respite care- Care for the carers
Establish need based day care centres for people with disability with high support needs and people diagnosed with dementia and others who require palliative care for a short duration so that the caregiver can be relieved occasionally to avail medical services or to attend other social/ personal needs.

Local bodies can run such centres, even charging a fee (based on income) to meet the day today expenses of such centres including engaging in adequate human resources.

New Disabilities in the RPwD Act
The RPWD Act covers 21 types of disabilities. Fourteen of them are new. State government should ensure that person sunder the categories newly added to the list of PwDs is also able to access their rights. Necessary guidelines for their inclusion should be developed by the state government Guidelines are required to ensure that they get all eligible benefits.

Specialised care centres/ support services should be set up for new disabilities added in the RPwD act

Special therapy units for blood disorders should be established at least at the district level

Research should be undertaken to study the implications of these disabilities and the provisions to made to provide need based care, support and socialisation.

Mental Health

Mental health treatment should be made accessible in primary care and pharmacological & non pharmacological therapy should be readily available. Shift care away from institutions and towards community care.Public awareness programmes on mental health should be initiated. Involve family and communities in Mental health Rehabilitation.Establish state level mental health programmes.Increase and improve training of mental health professionals.Increase links with other governmental and non-governmental institutions.Provide monitoring of the mental health system with quality indicators.Support more research in the field of mental health. An Integrated Framework for Prevention of Mental Disorders should be pursued. Start E–mental health services across the state. Tele counselling (tele therapy, discussion) should be made readily accessible. 24 x 7 mental help line should be established with trained professionals. These helplines should be accessible to all people with disabilities. Video conferencing over WhatsApp or other such apps/platforms with sign language interpreter at the helpline end would be useful for people with hearing impairment. Scaling up of sustainability & policies is needed. Vocational rehabilitation of people with mental health disorders should be emphasised. Establish sheltered workshops and half-way homes to prepare these individuals and to reintegrate them back to the society, modelling Banyan Foundation

Disability Pension and Scholarship

Ensure timely dispersal of disability pension/scholarship through LSGIs/ at the grass root level and the entire fund for giving such pension/ scholarship shall be directly released through dispersing LSG. Quantum of assistance should be increased as per the mandate of the RPwD Act.

Socio-cultural Development

Local body level collectives of PwDs having artistic skills should be formed and necessary training has to be imparted and facilitate them to perform in public events so that they will get a steady income through such performances. (“Bhinnasheshi kalasangham”)

Mainstreaming Disability

For effective implementation of RPwD act and other developmental initiatives for the disabled, every stakeholder should be sensitive to the issues of the people with disability. So sensitisation programmes should be undertaken for officials, elected representatives, teachers, health professionals, beneficiaries and general public. As part of disability sensitisation, all HR trainings conducted by Government institutions should cover Disability. Gradation in awareness building through appropriate curriculum and syllabus – All academic programmes should have a subject on disability, right from primary education to higher education. All branches of Technical education should include disability and assistive technology in their curriculum. Elderly population should be sensitized about healthy aging to aid in the prevention acquired disabilities.

Gender Mainstreaming

Plan and implement projects and programmes for people with disability to reduce gender disparity. Mainstream all the activities in gender perspective. Create more education and employment opportunities for women with disability. Establish need based day care centres for people with disabilities with high support needs and people diagnosed with dementia and others who require palliative care for a short duration so that the caregiver, usually a woman, can be relieved occasionally to avail medical services or to attend other social/ personal needs.

Emphasis to vulnerable sections

Often many social, economic, physical and other vulnerabilities of a Person with Disabilities compound together to a vicious downward spiral resulting in systematic deprivation or inaccessibility to any existing service for them. A transgender or an orphaned tribal with a severe disability is obviously far more vulnerable than a relatively affluent male with the same or even severe disabilities. Though some of the recent projects and programmes have superficially considered these issues of compounding vulnerabilities, this is far from being effectively addressed. A new IT-enabled system for registration, the Individual Care Plan Project by the Social Justice Department, and a better understanding of these vulnerable populations allows bridging this gap. Thus, the most vulnerable within the target population gets the priority and is deliberately included for any given project. A composite indicator based on a multi-variant regression analysis can provide an objective scoring system for the same. However, this can be done even before such indicators or scoring systems are developed. Addressing this issue is also closely associated with the effective implementation of the CBIR detailed above.

Special campaigns to identify PwDs in the vulnerable sections like SC, ST and fisher communities should be initiated with the support of SCST and Fisheries department. Plan and implement outreach programmes to provide adequate therapeutic services and assistive devices for the needy.

Care homes for orphaned PwDs

A person with disability who has lost both their parents shall be adequately protected. Support and supervision should be provided to the extended family, which is willing to take care of the orphaned PwD. Special care homes shall be set up, at least regional wise, to provide care, protection and development of such individuals. But this should not lead to isolation or ghettoization of such individuals. The care facilities thus created should be in such a way so that it ensures social living of individuals similar to the set up like SOS children's village

Para sports

Special sports and games training should be incorporated in the syllabus right from the school to higher education institutions for people with disability so as to train them in state, national and international sports and games events including Paralympics.

A **sports academy** for people with disabilities can be established. Para sports events should be conducted along with 'Keralolsavam' at local body level. Mechanisms should be in place

to identify and train people with disabilities for these sporting events in every Panchayat/ Municipality/ Corporation.

Provisions should be made for accessible play grounds and tracks, assistive sport equipment and Professional physical trainers, specialised in training people with disability

Establish professional courses to train Physical trainers specialised in training people with disability.

Disability Certification and UDID

The present arrangement for disability certification should be more people friendly so as to reduce the hardships faced by PwDs and caregivers involved in such process.

The present hitches in issuing UDID should be sorted out. A medical Officer should be appointed to assist DMO for the timely approval of UDID. Provide necessary facilities/ manpower to district medical officers for approving UDID.

Mobile Assessment Units need to be established in each district for disability assessment and certification of PwDs with high support needs, inmates of disability rehabilitation institutions etc.DMO

Legal Framework

i. **Enforcement of RPwD act:**

The recommendations of the Administrative Reforms Commission that there should be district level offices for the State Commissionerate for Persons with Disabilities may be implemented without any inordinate delay. As part of its implementation, as an adhoc measure, at least 4 regional offices of the Commissionerate may be established at Kollam/ Kottayam, Ernakulam/ Thrissur and Kozhikode and Kasaragod before 31/12/2021. For strengthening the system and speeding of the disposal of grievances, augment staff adequately in consultation with the State Commissionerate before 31/12/2021. Engage regular disability sensitive supporting staff in the State Commissionerate of Disabilities.Both online & offline grievance redressal mechanisms should be established. A designated day in a month can be fixed for interacting with persons who have complaints with regard to delivery of services or such complaints regarding schemes etc. in person, at the district/panchayat level.

National Trust Act Awareness building regarding legal provisions of trust act especially with respect to legal guardianship should be initiated. Ensure property rights, both land and otherwise, of people with disability and to prevent exploitation and expropriation by near relatives as well as legal guardians. The State/ Union Government may take appropriate steps to extend the provision of Legal Parenting to other categories of PwDs included in the RPwD act, which are not included in the National Trust Act. So, the National Trust Act should be suitably amended to include these provisions.

ii. Motor Vehicle act

Suitable amendment to Motor Vehicle act to facilitate easy issuance of driving license to eligible persons with disability should be made. Set up authorised training centres having adequate expertise in training people with disability to get proper training in driving.Set

rules and regulations for eligibility for getting driving license for the people with disability

iii. Terminology

In the process of adopting a rights-based framework, use of terms like "differently-abled", "children with special needed", "mental retardation" etc. should be discontinued.

Life Cycle Approach - Convergent and Synergistic Integrated Multi-Departmental Initiative

Effective convergence, coordination and linkages are the key factors of a well-knit social safety net. The legacy of Kerala's unique and successful decentralization model gives an opportunity to pragmatically implement such an ambitious synergistic convergence at the local level, thus making it accessible to Persons with Disabilities. However, this requires strong political commitment at all levels and a strong urge to rise beyond the watertight compartments of departments and agencies. Hence, there is a need to establish a coordination cell at the District and LSG level exclusively to monitor the implementation of the schemes for PwDs and the elderly that can coordinate various activities for persons with disabilities in the departments such as Social Justice and Health, Education and Labour and Law enforcing mechanisms at the local level. This cell shall also oversee the implementation of disability rights and report its activities to the Directorates of LSG and Social Justice.

There must be multilevel co-ordination mechanisms right from LSGD at the grass roots (Grama Panchayat, Municipality and Corporation. There must be block level co-ordination mechanism as a second tier. The third tier should be at the district level headed by the Chairman of the District Planning Committee. And the State level should be headed by the Chief Minister.

Research and Development

Encourage and enhance research on issues related to disability management in Kerala context. Research should also be undertaken in the areas of Disability and Economics and Legal Studies. Research should be encouraged to develop diagnostic and screening tests for various disabilities. Centres such as the National Institute of Speech and Hearing (NISH) and the National Institute of Physical Medicine and Rehabilitation (NIPMR) should collaborate to develop model intervention programmes through research and should develop training modules for teachers and parents in video, audio and text formatStrengthen R&D in assistive technology through National Institute of Physical Medicine and Rehabilitation (NIPMR), National Institute of Speech and Hearing (NISH) and Kerala State Handicapped Persons Welfare Corporation (KSHPWC). Provide adequate infrastructure and human resources for strengthening the Centre for Mobility and Assistive Technology (CMAT) already established at National Institute of Physical Medicine and Rehabilitation (NIPMR). Encourage interdisciplinary and inter institutional research in rehabilitation sector.

Institutional building

National Institute of Speech and Hearing (NISH)

NISH is an institution of national repute with international connections, working in several areas of disability and rehabilitation, including early intervention, education of persons

with disabilities, disability and rehabilitation services and capacity creation. There is significant potential and opportunity for the institution to expand in scope and scale. The table below suggests existing programs in the field of disability and new areas identified by NISH to grow and expand.

Sl. NO	Life cycle stages in disability management	Existing	New areas suggested
1	Awareness and dissemination	-NISH- NISH Online Interactive Disability Awareness Seminar (NIDAS)	1.With an increase in the aging population and prevalence of dementia a comprehensive project needs to be initiated on Health aging. 2.Sensitisation programs on Assistive technology, accessibility and workplace adaptation to be developed 3.Awareness and sensitization all disabilities under - RPwD Act2016
2	Prevention and screening	Prior to integrating a child with a disability into a system of education, readiness for school should be assessed. Currently there are no model transition programs that make the child independent in the classroom.	School hearing/Communication screening for all students getting admitted to PreKG/1st Standard
3	Early intervention	DEICs can be strengthened and other centers can developed	1.Satellite (re)habilitation centers at different districts of Kerala with NISH as a hub model
4	Education of PwD (school level)	In order to bridge the gap between the Early Intervention program and Degree Program for the Hearing Impaired population, it is required to have a school level program, initially till the fourth grade, a model Bilingual school, first of its kind in Kerala can be made.	-Bilingual school for deaf to initiated by NISH1 -A project on routine based intervention to be implemented at school can be initiated by for developmental disabilities - Creation of accessible content (NISH has already piloted a project on accessible books)
5	Higher education of PwD	NISH offers three undergraduate programs affiliated to the University of Kerala exclusively for the deaf and hard of hearing students namely BSc Computer Science (HI), BCom (HI) & BFA (HI).	-Inclusive higher education programs for various disabilities can be initiated at NISH Namely Msc Computer Science, MCom etc
6	Capacity building and infrastructure	-The existing number of rehabilitation professionals is inadequate; more programs / certificate courses for capacity development can be initiated.	MPhil in Rehabilitation Psychology -Certificate course on Aural (re) habilitation of Cochlear Implantation -Certificate course on Communication Intervention for Autism Spectrum disorders - B.Ed in Special Education (Hearing Impairment)
7	Research Laboratory		Research Lab for neuroimaging and evoked potential studies For directionality measurement with 12 Speaker assembly
8	Skills development and Employment	No planned activity is happening - NISH has been working with ASAP earlier and planning to collaborate for one batch with KASE	-Initiate programs initially and later expand with NGO partnerships -Vocational skill development programs
9	Disability Scientific Research cell	-Research and project consultancy -NISH RPCC -Independent research projects -Publication: NISH has published two academic books in the area of disability with support from SJD	-NISH can expand to accommodate specific research and development through establishment of research lab in various disciplines in the field of disability (eg. proposed Disability Research Cell at NISH) -Publication of an indexed journal in the field of disability
10	Assistive Technology and accessibility	-CATI-NISH (CSR project)	-Development of assistive technology and accessibility consultancy centre at NISH - More centres for AT, Accessibility and disability services.

National Institute of Physical Medicine and Rehabilitation (NIPMR)

Although NIPMR is the most recently established Institution in Disability sector in the state, it is the first to be declared as the centre of excellence in disability management and Rehabilitation by the Honourable Chief Minister of Kerala. The institute along with its routine activities including early intervention, therapy and academic programs also runs numerous projects with other stakeholders including LSGIs, KSSM, SJD and Education Department.

The organisation has various therapeutic departments and units for providing Medical and Therapeutic services on par with international standards like Department of Physical

Medicine and Rehabilitation Department of Developmental and Behavioural Paediatrics, Department of Physiotherapy, Department of Occupational Therapy, Department of Audiology and Speech Language Pathology, Department of Psychology, Department of Social work, Department of Nutrition and Dietetics, Department of Developmental Therapy, Department of Prosthetics and Orthotics and Special transition school and an IT wing. The inpatient Spinal Cord Injury Rehabilitation Unit caters to 8 patients at a time. Special Training and Empowerment Program for Parents (STEPS) is another program under the Department of Developmental and Behavioural Paediatrics with the aim of early intervention and empowering parents of children with disability. NIPMR has state of the art facilities like Hydrotherapy unit, Instrumented Gait and Motor Analysis lab, Virtual reality based motor rehabilitation system, a separate wing for Neurological Physiotherapy, sensory garden, sensory park, Virtual Reality Unit, Simulation kitchen and ADL room, Artability centre, Pottery and ceramic unit. Rehab on wheels is a mobile outreach programme run by NIPMR which aims at providing assessment, health care and assistive solution at field level using specially designed low floor buses for the same. The camps for these are conducted with the help of the LSGIs. Wheel Trans project for the transportation of People with disabilities is another highlight. As per GO (Rt)No.1701/2020/LSGD dated 22/09/2020, the Local Self Government Department authorized NIPMR as an approved centre for the purchase of P & O Equipment and Materials without observing Store Purchase Rules. The Centre for Mobility and Assistive Technology (C-MAT) is a wing under NIPMR that aims at manufacturing and distributing mobility assistive solutions to people with disabilities. All the products delivered will be assessed by a clinical team for need, customization, suitability and acceptability by the beneficiary and outcome.

The Academic Programmes by NIPMR includes the Bachelor of Occupational Therapy (BOT) course affiliated to the Kerala University of Health Sciences (KUHS) and Rehabilitation Council of India (RCI) approved Special Education Diploma Courses, D.Ed. Special Education Cerebral Palsy and D.Ed. Special Education Autism Spectrum Disorders. NIPMR also boasts of a huge technical Library.

A situational analysis was done and the recommendations are given below

Sl. No	Service	Existing Facilities/Gaps	Recommendations
1.	Training quality professionals in rehabilitation sector	Bachelor of Occupational Therapy D.Ed Special Education specialised in Autism Spectrum Disorder and Cerebral Palsy	To start more academic programmes like Bachelor of Prosthetics and Orthotics, Bachelor of Physiotherapy, Bachelor of Audiology and Speech Language Pathology, M. Phil Clinical Psychology etc. To start the academic programmes affiliated with Kerala University of Health of Health Sciences or any other university in Kerala, a 250 bedded hospital is required. Need Hostel facilities for students
2.	Spinal Cord Injury Rehabilitation Unit	Only 8 bed facility is available at NIPMR and there is high demand of In- patients	Construct a 250 bedded hospital to accommodate Spinal Cord Injury rehabilitation, Stroke and corrective surgery patients after medical treatment
3.	Autism Early Intervention	Can accommodate only 32 children in 2 batches	Additional facilities to accommodate more students with ASD
4.	Deafblind unit	There is no full-fledged deafblind unit in public sector in Kerala	Start a full- fledged deaf blind unit having adequate professional support like Ophthalmologist, Optometrist, ENT specialist, Occupational Therapist, Special education (Deaf blind), Speech Language therapist and Audiologist. Establish a well-equipped low vision training unit to support the deaf blind
5.	Human Resources	NIPMR provides services in multiple areas of interventions, right from special school to professional education. It has got state of art therapeutic facilities including aquatic therapy unit on par with international standards. The organisation also provides 24 hour in patient services to the Spinal Cord Injury patients. But the organisation is presently managed with temporary staff. There is no full time Executive Director as well. An organisation implementing projects and programmes worth more than Rs. 10 crore per year needs a regular staff pattern to instil confidence among professional staff and to improve the quality of services and also fix accountability and responsibility.	Create a regular staff pattern including the post of Executive Director
6.	Clinical Research	System of empirical research in clinical field related to rehabilitation services is lacking	Need research support including collaborative organisations in this field like NISH, KUHS, Medical Colleges etc.
7.	Short stay facilities for parents and children who approach for therapeutic services of NIPMR	Parents of children who need therapeutic services of NIPMR, find it difficult to get suitable short duration accommodation facilities in and around NIPMR.	Create short duration residential facilities to parents of children from other districts who approach for therapeutic services of NIPMR.

Kerala State Handicapped Persons Welfare Corporation (KSHPWC)

The Kerala State Handicapped Persons' Welfare Corporation is a Public Sector Undertaking under the State Government, established in the year 1979 with its Head Quarters at Poojappura, Thiruvananthapuram. The main aims and objectives of the Corporation are to formulate, to promote and implement various welfare schemes for the rehabilitation / improvement of the living conditions of the visually impaired, hearing and speech impaired, people with locomotor disabilities and persons with intellectual disability and also to provide financial/technical assistance to the People with Disabilities, group of such persons and

organizations involved in activities on the rehabilitation and welfare of such persons.

It is recommended to change the name of the corporation to ***Kerala State Disabled Persons Welfare Corporation.***

Regional Offices : At present KSHPWC has its head office at Poojappura and Regional offices at Ernakulam and Kozhikkode. There is no district wise office in other districts in order to assist People with Disability in their own districts. Offices can be set up in all districts or a room can be allotted to establish regional office of KSHPWC with district Social Justice Office. This will be helpful to grant loans to people with disabilities where KSHPWC can easily make evaluation and monitoring of projects.

Skill Training and Employment: KSHPWC shall be granted special permission and fund to conduct skill training workshops for the people with disabilities to improve their skills and to initiate new ventures of self-employment, utilising the NHFDC self-employment loans. This may lead to the sustainable employment focused rehabilitation of people with disability.

Assistive Technology: Strengthen R&D in assistive technology through National Institute of Physical Medicine and Rehabilitation (NIPMR), National Institute of Speech and Hearing (NISH) and Kerala State Handicapped Persons Welfare Corporation (KSHPWC).

There should be adequate co-ordination between the National Institute of Physical Medicine and Rehabilitation (NIPMR) and the Kerala State Handicapped Persons Welfare Corporation (KSHPWC) in production, procurement and supply of assistive devices to/ through all Government agencies.

E-commerce Portal: -An e-commerce portal can be established by KSHPWC. Through the e-commerce portal, KSHPWC can provide space for selling products made by people with disabilities at their home. KSHPWC can also act as a channelizing agency to promote the products of people with disabilities and make space in common markets with the help of various departments and public institutions.

Research and Individual Plan Care: KSHPWC mostly deals with people with disabilities in all age categories and types. So it may be good to include KSHPWC as a body to conduct research in the field of disability along with other departments to make need based research and individual care plan.

Rehabilitation: KSHPWC already has a rehabilitation centre (SAPHALYAM) for the elderly with disabilities at Kottamom, Parassala, where 40 persons can be well rehabilitated. To improve the rehabilitation facilities here, more assistance from Government of Kerala should be provided to initiate various types of rehabilitation methods and therapies for the inmates. It can be established as a model centre for the rehabilitation of the elderly with disabilities.

Kerala University of Rehabilitation and Disability Studies (KURDS)

Mainstreaming disability studies is a must. Each and every academic programme at all levels should have subjects in disability sensitisation and management. However, to get more

focus on disability studies and rehabilitation sciences, there must be a dedicated academic institution at the level of a university to cater to the dearth of professionals in disability management and rehabilitation studies. This arrangement will enable to undertake quality research and training in Rehabilitation sciences as well as creating professionals in disability studies.

Design suitable courses for the PwDs to enhance their skills and provide sustainable employment opportunities New courses should be started with the objective to promote the right based model of disability management

Fund Mobilisation

Newer method of fund mobilisation is the only solution to finance individual and parental initiatives in solving the problems faced by the PwDs. Government should consider to issue **'Social Security Bonds'** to fund philanthropic individuals and parent collectives. Funds thus mobilised can be utilised to support such community living establishments. Income tax exemption should be given to such financial instruments.

Disaster Risk Reduction

a. Training regarding search, rescue, and evacuation of persons with disabilities should be provided to all rescue teams (fire force, police, volunteer groups, and others identified by KSDMA).Evacuation plans for persons with disabilities must be framed and incorporated into Disaster Risk Reduction (DRR)strategies and should include the supply of necessary equipment (Post- DisasterNeedsAssessment,2019).
b. There is a need for tracking of persons with disabilities using GIS in each local government and disaster-prone area in order to minimise the risks of rescuing persons with disabilities.
c. There shall be measures taken up to set up disabled friendly temporary shelters and buildings at the local government-level with the required facility for information and communication, health, and education that are accessible for persons with disabilities. Redesigning and retrofitting existing public buildings to suit the need of PwDs should be initiated. This could be used as shelters to house PwDs at the time of natural calamities or disasters.
d. There is a necessity for introducing disability inclusive climate resilience programmes and DRR strategies, as a part of the implementation of the SDGs. The Sendai Framework for Disaster Risk Reduction 2015-2030 may be adopted for the same (UN, 2020).

PERSPECTIVE PLAN FOR THE 14TH PLAN

Sl No	Focus are	Year 1(2022- 2023)	Year 2 (2023-2024)	3 (2024-2025)	4 (2025 -2026)	5 (2026 -2027)	Outcome and output indicators
	Dynamic registry	Publish a directory of all centres and rehabilitative services that cater to People with Disabilities. The existing data on disability as per the 2015 survey data of PwDs of KSSM needs updating so as to include new disabilities listed in the RPwD Act, 2016. A plan needs to be made to formulate a digital registry of the State to make the disability data live and dynamic.	Update the registry annually	Update the registry annually	Update the registry annually	Update the registry annually	**Outcome:** Creation of a dynamic data base of PwDs in the state **Output:** Development of the Individual Care Plan
	Disability Prevention	Conduct campaign for promoting MR (Measles and Rubella) Vaccination Premarital and eligible couple counselling Campaigns to prevent Child injuries Promote road safety and ensure safety guidelines during the construction of local roads. Promote, advocate, enforce and encourage safe workplace and public environments. Apart from this, the "injury prevention campaign" at the local level can include other causes of injuries that cause long-term disabilities, like domestic violence and alcoholism Pre- natal, perinatal and genetic screening should be mandated at	The programme initiated in the first year should be continued.	The programme initiated in the first year should be continued.	The programme initiated in the first year should be continued.	The programme initiated in the first year should be continued.	Outcome: Number of adolescents vaccinated Number of awareness camps conducted Number of injury prevention camps conducted Number of road safety awareness programs conducted **Output:** Corresponding percentage reduction in the incidence of congenital and acquired disability

	all maternity hospitals. Strict enforcement of legal provisions in Motor Vehicle act, Factories act, Fire and safety rules etc. should be done. Sensitization Programmes should be carried out regularly targeting all segments of the society					
Early identification	Neonatal screening should be made mandatory at the time of child birth at all delivery centres. Specific directions to all maternity hospitals in both public and private sector must be given by the government for neonatal screening at the time of delivery. Developmental screening should be done at each stage of immunization. A screening team, including a Paediatrician, Physical Therapist, Occupational Therapist and Speech Language Pathologist, should be constituted at ICDS project level (a total of 258 teams should be constituted) to carry out developmental screening at all hospitals having immunization facilities. Developmental screening should be done when the child is enrolled to anganwadis/ preschools and to the school. The screening team constituted for	Carry out the programme initiated in the first year.	Carry out the programme initiated in the first year.	Carry out the programme initiated in the first year.	Carry out the programme initiated in the first year.	**Outcome:** Creation of a dedicated cadre of rehabilitation professionals. Regular developmental screening at the time of birth, immunization, enrolment to anganwadis/ preschools and schools **Output:** Early intervention and better prognosis.

	developmental screening during immunization can carry out screening in aganwadis as well. Specific developmental screening and evaluation should be conducted in class 3 by the screening team to rule out/ diagnose Specific learning difficulties, Developmental Coordination Disorders etc.					
Early Intervention and Need Based Therapy services	Therapeutic facilities and early intervention centres should be established in at least one fifth of local bodies in the state having physical infrastructure. The responsibility of providing physical infrastructure in terms of building and equipment can be rested with the respective local body. Man power support should be provided by KSSM/ SID. Services of Physical Therapists, Occupational Therapists, Speech Language Pathologist and Audiologist and Clinical Psychologist should be mandated at these centres and in DEICs, REICs, and Bud Schools. Adequate professional to persons with disabilities ratios should be ensured. An ideal ratio would be 1: 8 Rehabilitation Services need to be	Therapeutic facilities and early intervention centres should be established in at least two fifth of local bodies.	Therapeutic facilities and early intervention centres should be established in at least three fifth of local bodies.	Therapeutic facilities and early intervention centres should be established in at least four fifth of local bodies.	Therapeutic facilities and early intervention centres should be established in all of the local bodies.	**Outocme:** Establishment of early intervention centres at the local body level **Output:** Number of children with disabilities availing these services.

	decentralised to the maximum extent possible. The LSGIs are to be given a key role in establishing Therapy Services. Block Panchayats are the ideal unit for establishing such centres in Rural Areas. More Mobile Intervention Units can also be established to cater to the needs of PwDs in inaccessible areas, especially in the tribal areas. District Panchayats can be entrusted with this responsibility.					
Education	The existing 'Sahachari' system to provide support to disabled children in schools with the support of NSS, NCC and SPC only cater to the need of children at Secondary and Higher Secondary level only. So to cater to the need of disabled children in primary level, "Buddy systems" should be promoted and implemented at all schools. It is procedure in which two individuals, the "buddies", operate together as a single unit so that they are able to monitor and help each other. Every mainstream school, in both Government and private sector, should have a special education and therapeutic wing. As part of educational mainstreaming, special education should be	Special education services should be extended to another 250 schools. Accessibility to playgrounds and other recreational facilities should be ensured in 25% of schools in the second plan year. At least 25% of anganwadis should be made inclusive in the second plan year.	Special education services should be extended to another 250 schools. Accessibility to playgrounds and other recreational facilities should be ensured in 50% of schools in the third plan year. At least 50% of anganwadis should be made inclusive in the third plan year.	Special education services should be extended to another 300 schools. Accessibility to playgrounds and other recreational facilities should be ensured in 75% of schools in the fourth plan year. At least 75% of anganwadis should be made inclusive in the fourth plan year.	Special education services should be extended to another 300 schools. Accessibility to playgrounds and other recreational facilities should be ensured in all of the schools. All anganwadis should be made inclusive.	**Buddy system** Outcome: Number of students provided with the buddies Output: Improvement in reading, writing, arithmetic and social skills **Anganawadis** Outcome: Number of anaganawadis upgraded with inclusive features like ramp, accessible toilets etc. Number of teachers empowered to train children with disabilities in an inclusive set up Output: Number of children with disabilities enrolled in inclusive anganawadis Number of children integrated to the mainstream schools **Special education wing** Outcome: Number of schools where special education wing is established. Output: Number of students with disabilities enrolled and mainstream in schools

	made part of the general education with adequate therapeutic as well as accessibility features incorporated in the system. Redefine the role of BUDS schools. Special education facilities should be created in every school in a phased manner under the respective local body without a Bud school, but with schools having adequate physical infrastructure. Additional human resource required should be met from the fund allotted to Samagra Shiksha Abhiyan (SSA). Alternatively, if there is no sufficient funds available under SSA, KSSM may fund these projects to provide human resources. In the first plan year, this facility should be created in at least 100 schools. Emphasis should be given for Life skills development for children with disability. Accessibility to classrooms and washrooms should be ensured in the first plan year itself. Private schools should also be monitored and support should be given to these schools to promote inclusive education. All Anganawadis should be made inclusive. As an initial phase, in the first plan					**Accessibility** Outcome: Number of classrooms, washrooms/ toilets, play grounds, libraries and other recreational spaces made accessible Output: Number of children with disabilities utilizing these facilities **Online education and tele - rehabilitation services** Outcome: Number of children provided with gadgets and uninterrupted internet connectivity. Output: Number of children with disabilitites educated and rehabilitated through online mode Number of hours of services provided through online mode **Talents hunt:** Outcome: Number of local bodies which initiated the talent hunt Number of events conducted Outcome: Number of children/youth with disabilities identified and participated in the talent hunt Number of children/youth with disabilities who were identified for further training in their talents

	year at least one inclusive Anganawadi should be set up in each Panchayat/Minicipality/ Corporation in the first year. Online education and tele-rehab services for children with disabilities need to be strengthened District Panchayats and corporations shall conduct a talent hunt for Children with disabilities. The identified talents from these are to be longitudinally followed up to make a living out of this talent. The district panchayat and municipal corporations should make provisions in their annual plan for the					
	NIPMR, NISH, KSHPWC should be set apart as plan assistance. To avail the quality and need based assistive devices to People with Disabilities, a manufacturing centre of assistive devices and a showroom of assistive devices may be initiated in at least 3 districts in the first plan year.	be initiated in another 3 districts in the second plan year.		districts in the fourth plan year.		who benefitted with the new technology **Manufacturing Centre of Assistive Devices** Outcome: Number of centres established Output: Number of PwDs benefitted
Accessibility	***Physical structures:*** All civil stations in the district panchayats and other district offices should be made accessible All government ***Access to***	***Physical structures*** All public offices at the taluk/ block level should be accessible ***State***	***Physical structures*** At least one third of public offices at local body level (gramapanchayat, municipality and Corporation) should	***Physical structures*** At least two third of public offices at local body level (gramapanchayat, municipality	***Physical structures*** All of public offices at local body level (gramapanchayat, municipality and Corporation) should be made	***Physical structures:*** Outcome: Number of public offices made accessible Number of ramps constructed Number of lifts constructed

	conduct of the same.					
Employment	A model **sheltered workshop and/or half way** homes for PwDs should be established in three districts.	A model sheltered workshop and/or half way home for PwDs should be established in another 3 districts	A model sheltered workshop and/or half way home for PwDs should be established in another 3 districts	A model sheltered workshop and/or half way home for PwDs should be established in another 3 districts	A model sheltered workshop and/or half way home for PwDs should be established in all districts.	**Sheltered workshops/ halfway homes** Outcome: Number of Sheltered workshops/ halfway homes set up Output: Number of PwDs trained
Assistive solutions	Provide adequate infrastructure and manpower support for strengthening the Centre for Mobility and Assistive Technology (CMAT) already established at National Institute of Physical Medicine and Rehabilitation (NIPMR). Plan support of Rs. 10000000 each for	To avail the quality and need based assistive devices to People with Disabilities, a manufacturing centre of assistive devices and a showroom of assistive devices may	To avail the quality and need based assistive devices to People with Disabilities, a manufacturing centre of assistive devices and a showroom of assistive devices may be initiated in another 3 districts in the third plan year.	To avail the quality and need based assistive devices to People with Disabilities, a manufacturing centre of assistive devices and a showroom of assistive devices may be initiated in another 3	To avail the quality and need based assistive devices to People with Disabilities, a manufacturing centre of assistive devices and a showroom of assistive devices may be initiated in all districts.	**CMAT at N IPMR** Outcome: Number of professional human resource provided to CMAT Output: Number of PwDs provided with appropriate assistive solutions **Plan assistance** Outcome: Number of assistive solutions developed Output: Number of PwDs
	information and communication technology: All government websites should be made fully accessible for persons with disabilities. There should be a special arrangement to cater to the need of PwDs in every Government offices/ service centres like separate queue, seating facility, accessible counters, sign language interpretation etc. ***Accessibility features in Public transport:*** Public transport facilities at state and district level should be made accessible to PwDs. Accessibility	***highways and District Roads***: Should be equipped with wheel chair tracts and other accessible features like voice enhanced traffic signals, tactile pathways for the visually impaired and signages. At least 25 % of roads under the possession of State Public Work Department should also	be made accessible ***Roads:*** At least 50 % of roads under the possession of State Public Work Department should also be equipped with accessibility features mentioned above. ***Recreational facilities:*** At least one third of recreational facilities at village/ local body level should be made accessible to PwDs. ***Attitudinal and Social barriers:*** Implement disability sensitization programmes formulated by the task force in the	and Corporation) should be made accessible ***Roads:*** At least 75 % of roads under the possession of State Public Work Department should also be equipped with accessibility features mentioned above. ***Recreational facilities:*** At least two third of recreational facilities at village/ local body level should be made accessible to	accessible ***Roads:*** All roads under the possession of State Public Work Department should also be equipped with accessibility features mentioned above. ***Recreational facilities:*** All recreational facilities at village/ local body level should be made accessible to PwDs. ***Attitudinal and Social barriers:*** Implement disability sensitization programmes formulated by the task force in the first year. ***Accessibility***	Number of accessible toilets constructed Number of offices with other accessibility features for visually impaired and hearing impaired Output: Number of PwDs who accessed these buildings **Roads** Outcome: Distance in kilometres of roads with accessibility features Output: Number of PwDs accessing these roads without assistance **Recreational facilities** Outcome: Number of recreational facilities with accessible features Number of beaches with foldable ramps for PwDs with mobility aids Output: Number PwDs accessing these

		features should be introduced in railway stations, bus stations and ports/ boat jetties for ease of access.	be equipped with accessibility features mentioned above. ***Recreational facilities:*** All infrastructures in major recreational facilities at state and district level like playgrounds, public parks, beaches etc. should be modified so that these facilities are easily accessible for PwDs. Durable	first year. ***Accessibility features in Public transport*** At least one third of public/private bus stations and boat jetties should be made accessible.	PwDs. ***Attitudinal and Social barriers:*** Implement disability sensitization programmes formulated by the task force in the first year. ***Accessibility features in Public transport*** At least two third of public/private bus stations and boat jetties should be made accessible.	***features in Public transport*** All of public/ private bus stations and boat jetties should be made accessible.	recreational facilities without support ***Attitudinal and Social barriers:*** Outcome: Number of sensitization programmes conducted Output: Improvement in quality of service provided to PwDs based on the feedback from the PwDs availing these services ***Accessibility features in Public transport:*** Outcome: Number of railway stations, bus stations, ports and boat jetties with accessible features Number public transport including KSRTC buses modified for easy accessibility of PwDs Output: Number of PwDs accessing these facilities ***Access to information***
			transport: Public transport facilities at sub-district levels and taluk/block levels should be made accessible to PwDs. Accessibility features should be introduced in railway stations, bus stations and ports/ boat jetties for ease of access. Public transport facilities such as KSRTC, tourist buses				

			(Corrosion free) and foldable ramps to facilitate access by PwDs with mobility aids to beaches up to the surf zone should be established ***Attitudinal and Social barriers:*** Implement disability sensitization programmes formulated by the task force in the first year. ***Accessibility features in Public***				***and communication technology:*** Outcome: Number of websites in the public domain with accessibility features Introduction of queues, special seating arrangements, sign language interpretation etc. for PwDs Output: Feedback features on number of PwDs accessed should be incorporated in the website itself Hassle free access to services **Housing Schemes** Outcome: Number of houses under housing schemes with accessible features Output: Number of PwDs benefitted
			and long distance and interstate buses should be modified so that PwDs can access it. Facilities should be provided to accommodat e wheel chairs bound persons in the public transport.				
	Assisted living	Support should be given to registered parent collectives to establishassisted living for adults with PwDs.	District Level Registered Societies for assisted living should be established in another 3 districts in	District Level Registered Societies for assisted living should be established in another 3 districts in the third plan year with the support of parental	District Level Registered Societies for assisted living should be established in another 3 districts in the fourth plan year	District Level Registered Societies for assisted living should be established in all districts with the support of parental collectives and NGOs.	Outcome: Number parent collectives which received support from the government Output: Number of assisted living facilities established by parent collectives with the support of Government

		the second plan year with the support of parental collectives and NGOs.	collectives and NGOs.	with the support of parental collectives and NGOs.		Number of adults with PwDs benefitted
New Disabilities in RPwD	Establish a Centre for Management of Neurological and Muscular Disorders at National Institute of Physical Medicine and Rehabilitation (NIPMR) to cater to PwDs with disabilities arising due to chronic neurological disorders like Parkinson's disease, Multiple Sclerosis etc., locomotor disabilities like muscular dystrophy, dementia and other acquired disabilities with adequate human	The project established in first year will be continued.	The project established in first year will be continued.	The project established in first year will be continued.	The project established in first year will be continued.	**Centre for Management of Neurological and Muscular Disorders** Outcome: A Centre for Management of Neurological and Muscular Disorders is established at National Institute of Physical Medicine and Rehabilitation (NIPMR) Output: Number of PwDs with neurological and muscular disorders availing services at this centre **Blood disorders** Outcome: Number of medical colleges and
	resource support. Special treatment facilities should be established at all medical colleges and district hospitals for blood disorders. There should be a special management facility at Agali Superspeciality Hospital and Mananthawadi Taluk hospital for patients with Sickle cell anaemia					district hospitals with facilities for persons with blood disorders Output: Number of patients availing services at each of these centres **Sickle cell anaemia** Outcome: Special management facilities established at Agali Superspeciality Hospital and Mananthawadi Taluk hospital for patients with Sickle cell anaemia Output: Number of patients availing services at each of these centres
Mental health	Establish sheltered workshops and half-way homes to prepare these individuals and to reintegrate them back to the society, modelling Banyan Foundation in at least 3 districts in the first	Establish sheltered workshops and half-way homes to prepare these individuals and to reintegrate	Establish sheltered workshops and half-way homes to prepare these individuals and to reintegrate them back to the society, modelling Banyan Foundation in at	Establish sheltered workshops and half-way homes to prepare these individuals and to reintegrate them back to the society,	Establish sheltered workshops and half-way homes to prepare these individuals and to reintegrate them back to the society, modelling Banyan Foundation in all	Outcome: Number ofsheltered workshops and half-way homes established Output: Number patients with psychiatric illness rehabilitated at these centres

	plan year	them back to the society, modelling Banyan Foundation in at least another 3 districts in the second plan year	least another 3 districts in the third plan year	modelling Banyan Foundation in at least another 3 districts in the fourth plan year	districts.	
Socio cultural	Local body level collectives of PwDs having artistic skills should be formed and necessary training has to be imparted and facilitate them to perform in public events so that they will get a steady income through such performances. (“***Bhinnasheshi kalasangham”).*** This project should be formulated in the first year and carried out	Continuing the project “*Bhinnasheshi kalasangham”* **Different Art Centers** are to be established in another 3 districts by Jilla panchayat as a joint project of Block Panchayats	Continuing the project “*Bhinnasheshi kalasangham”* **Different Art Centers** are to be established in another 3 districts by Jilla panchayat as a joint project of Block Panchayats and Grama Panchayats in the third plan year	Continuing the project “*Bhinnasheshi kalasangham”* **Different Art Centers** are to be established in another 3 districts by Jilla panchayat as a joint project of Block Panchayats and Grama Panchayats in the fourth plan	Continuing the project “*Bhinnasheshi kalasangham”* **Different Art Centers** are to be established in all districts by Jilla panchayat as a joint project of Block Panchayats and Grama Panchayats in the second plan year	**Bhinnasheshi kalasangham** Outcome: Number of groups (Kalasangam) formed Numbers of memebers in each group Output: Number of perforamance by each group **Different Art Centres** Outcome: Number of different art centres established Number of PwDs enrolled in each centre Output: Income
	personal needs. To begin with start one respite care facility in all districts in the first plan year itself.					
Emphasis to vulnerable sections	A rehabilitation centre to cater to the therapeutic and rehabilitation needs of the tribal community in Attapadi block can be started utilizing the space of Centre for Sustainable Development of KILA (formerly AHADS headquarters) in the first plan year itself, with the financial support of Scheduled Tribes (ST) Department. A special rehabilitation centre to cater to the needs of PwDs of fisher communities in	A mobile rehabilitation unit should be established to cater to the needs of tribal at Wayanad in the second plan year. A special rehabilitation centre to cater to the needs of PwDs of fisher communities should be established in	A mobile rehabilitation unit should be established to cater to the needs of tribal at Idukki in the third plan year. A special rehabilitation centre to cater to the needs of PwDs of fisher communities should be established in another 2 districts in the third year plan.	A mobile rehabilitation unit should be established to cater to the needs of tribal at Kannur and Kasaragod in the fourth plan year. A special rehabilitation centre to cater to the needs of PwDs of fisher communities should be established in another 2 districts in the fourth year plan.	A mobile rehabilitation unit should be established to cater to the needs of tribal at Thiruvananthapuram in the fifth plan year. A special rehabilitation centre to cater to the needs of PwDs of fisher communities should be established in all districts mentioned.	**Rehabilitation Centre at Centre for SustainableDevelopment of KILA** Outcome: A rehabilitation centre to cater to the therapeutic and rehabilitation needs of the tribal community in Attappadi block is established Output: Number of PwDs in the vulnerable section availing services at this centre **Rehabilitation** Outcome: Rehabilitation centre for PwDs from fisher communities established at the mentioned districts

	every year. The responsibility of this should be given to the local bodies **Different Art Centers** are to be established in 3 districts by Jilla panchayat as a joint project of Block Panchayats and Grama Panchayats in the first plan year	and Grama Panchayats i n the second plan year		year		generated by PwDs through these centres.
Gender Mainstreamin g	Establish need based day care centres for bedridden patients, people with disability and people diagnosed with dementia and others who require palliative care for a short duration so that the caregiver, usually women, can be relieved occasionally to avail medical services or to attend other social/	Establish respite care facilities in 38 block panchayats with available physical infrastructure in the second plan year	Establish respite care facilities in another 38 block panchayat in the third plan year	Establish respite care facilities in another 38 block panchayat in the fourth plan year	Establish respite care facilities all block panchayats.	Outcome: Number of respite care facilities established Output: Number of people availing these services
	Thiruvanthapuram, Kollam, Alappuzha, Ernakulam, Thrissur, Malappuram, Kozhikode, Kannur and Kasaragod should be established with the support of District Panchayat. Centres should be established in at least 2 of the above districts in the first year plan.	another 2 districts in the second year plan.				Output: Number of PwDs from fisher communities availing services at each of these centres
Care homes for the orphaned PwDs			Special care homes shall be set up, at Thiruvananthapura m, ensuring social living of the PwD, similar to the set up like SOS children's village	Special care homes shall be set up, at Thrissur, ensuring social living of the PwD, similar to the set up like SOS children's village	Special care homes shall be set up, at Kozhikode, ensuring social living of the PwD, similar to the set up like SOS children's village	
Para sports	Para sports events should be conducted along with	A ***sports academy*** for people with	Para sports should be conducted as part of	Para sports should be conducted as	Para sports should be conducted as part of	Outcome: A sports academy for PwDs established

	'Keralolsavam' at local body level. Mechanisms should be in place to identify and train people with disabilities for these sporting events in every Panchayat/Municipality/ Corporation. Establish professional courses to train Physical trainers specialised in training people with disability.	disabilities can be established under the Department of Sports and Youth affairs. Para sports should be conducted as part of Keralolsavam conducted annually by local bodies	Keralolsavam conducted annually by local bodies	part of Keralolsavam conducted annually by local bodies	Keralolsavam conducted annually by local bodies	Number of PwDs enrolled in this academy. Output: Number of PwDs who participated in sports events at state, national and international level **Para sports events** Outcome: Para sports events conducted as part of Keralolsavam annually Output: Number of PwDs who participated in these events
Life cycle approach						
Research and development	***Policy***					
Institutional/ organisational NISH	Online interactive disability awareness done by NISH should be strengthened and more organisations should be brought into the platform for better coverage.					Outcome: Number of programs organised Number of Organisations involved Output: Number of PwDs who availed these services
	Rest in policy					
NIPMR	Establish a **rehabilitation hospital** in Kerala in NIPMR with a total budget of Rs. 150 crore for five years to cater to the needs of children with disabilities, bedridden patients, persons with acquired disabilities like Spinal Cord Injury, Traumatic Brain Injury, Cerebro Vascular Accidents (CVA) and other chronic neurological and muscular disorders like Multiple Sclerosis, Parkinson's disease, Muscular Dystrophy etc. Such a facility also be utilised for training students undergoing various professional courses in	In the second plan year another 30 crore should be allocated to the continuation of Civil work for the Rehabilitation Hospital. A budget of another Rs. 10 crore should be allocated to establish a hostel facility in the second plan year Allocate Rs. 1 crore for the establishment of the deafblind unit.	In the third plan year another 30 crore should be allocated to the continuation of Civil work for the Rehabilitation Hospital. A budget of another Rs. 5 crore should be allocated to establish a hostel facility in the third plan year Expansion of the RARRC project to accommodate more children with Autism Spectrum Disorder with an estimated cost of Rs.64 lakhs.	In the fourth plan year another 30 crore should be allocated for plumbing, electrification, fire and safety arrangements and installation of elevators for the Rehabilitation Hospital. Expansion of the RARRC project to accommodate more children with Autism Spectrum Disorder with an estimated cost of Rs.64 lakhs.	in the fifth plan year Rs. 30 crore should be allocated for furnishing and other finishing works. Expansion of the RARRC project to accommodate more children with Autism Spectrum Disorder with an estimated cost of Rs.64 lakhs.	**Rehabilitation hospital** Outcome: a 250 bedded rehabilitation hospital is established Output: Number of PwDs who availed these services Number of new Professional rehabilitation courses started Number of students graduated from these professional courses **Hostel facilities** Outcome: Hostel facilities for 250 students established for students attending professional courses at NIPMR Output: Number students availing this facility Better attendance in the classes Improvement in the

	the rehabilitation sector. In the first plan year, Rs. 30 crore should be allocated for Civil work **Hostel facilities with an estimated cost of Rs. 20 crore** Hostel facilities to accommodate 250 students should be established for students studying in professional courses conducted by NIPMR. A budget of Rs. 5 crore should be allocated for the same in the first plan year. Establish a **Deafblind unit** with adequate human resource support with an estimated cost Rs. 2.5 crores Allocate Rs. 1.5 crore to in the first plan year.	Expansion of the RARRC project to accommodate more children with Autism Spectrum Disorder with an estimated cost of Rs.64 lakhs.				learning atmosphere **Deafblind unit** Outcome: A deafblind unit is established at NIPMR Output: Number of PwDs with deafblindness availing services at this centre **RARRC Project** Outcome: RARRC project expanded Output: Number of children with Autism availing services at RARRC **Short stay facility for patients** Outcome: Short stay facilities for 25 patients availing services from NIPMR established Output: Number of patients/ children with disabilities availing these facilities
	Establish **short stay facilities** for 25 patients availing services at NIPMR with an estimated cost of 5 crore.					
Kerala State Handicapped Persons Welfare Corporation (KSHPWC)	An e-commerce portal can be established by KSHPWC. Through the e-commerce portal, KSHPWC can provide space for selling products made by people with disabilities at their home. KSHPWC can also act as a channelizing agency to promote the products of people					Outcome: Establishment of e- commerce portal Output: Number of PwDs using these services Percentage of increase in income of PwDs involved in this project

	with disabilities and make space in common markets with the help of various departments and public institutions.					
Disaster Risk Reduction	Link the details of the proposed disability registry to the KSDMA portal so that disabled persons can be tracked on real time basis in GIS platform for evacuation, mitigation and rehabilitation in the disaster prone areas. Disability friendly disaster shelters should be established in disaster prone areas especially coastal and upland districts. In the first plan year buildings utilized as temporary disaster shelters should be retrofitted with accessibility features like ramps, accessible toilets etc.	In the second plan year, construct disabled friendly disaster shelters in disaster prone districts.				**Link registry** Outcome: Timely evacuation of number of PwDs Output: Reduction in loss of life and property of PwDs and their families during disaster **Disaster shelters** Outcome: Establishment of disability friendly temporary shelters in the disaster prone areas Output: Number PwDs who utilized these facilities.

Care of Elderly

Strategy for fund mobilization

Considering the elderly population as a major segment of the population, more comprehensive and effective programs, and schemes should be planned at all levels of governance. Since it is a constantly growing segment of the population, the coverage continues to increase.So, resource mobilization is an important part of the process. This needs a special strategy as the conventional funding methods alone cannot help attain this goal. To cater the financial support to larger coverage of these programs several measures can be suggested. Apart from increasing the budgetary allocation focused on senior citizens, there can be interventions to mobilize funds at the local level. This can be achieved through policy decisions;

1. A state-level SPV has to be prepared to mobilize funds through CSR initiatives and Deposits from citizens.

a. *Developing off-budget funding for old age projects through CSR and other funding at the state level.*

There should be a reserve fund for assisting the policy implementation on the welfare

of Senior citizens. This can be pooled by incorporating different agencies at the state level and local level. The CSR fund from different corporate sectors can be channeled to this using a comprehensive plan. Social capital can be considered as an option to operate this at the local level. It can be contributed by religious institutions, private agencies, philanthropists, and similar resources. To mobilize and manage these funds, dedicated agencies should be constituted at the state level and local level.

b. A financial investment for the healthcare of senior citizens should be planned.

This can be planned as a deposit from the person willing. It can either be from youngsters of 18-30 years, as they will get the benefit of elderly care after 70 years according to the deposit they make or from the elderly persons themselves who are willing to contribute to elderly care investments.This scheme can also be implemented using financial support from different institutions at the state level who are willing to support the project as well as the beneficiaries who can contribute to the cause. There will be standard healthcare services that can be availed by every senior citizen of the state. Advanced services can be made available to those who can pay more according to standard guidelines.

2 Services from sponsors can be accepted, though not always in monetary terms.

There can be sponsors who are willing to provide services for individual elderly persons, not always in financial terms.

3. A Cess for elderly care can be considered.

4. Increasing convergence at the planning level will help in resource mobilization.

This can be brought into practice by the convergence of all departments during the planning process of a project. Making necessary modifications in the planning process will reduce unnecessary expenditure. Convergence with different departments and agencies working at the same level will help to avoid duplication and thus will enable effective utilization of resources without leakage.

5. Making the planning and implementation of the programs more community-centric will also help in resource mobilization. Involving the community will provide the opportunity for utilizing the voluntary components and the availability of various facilities through social capital.

6. A time banking project can be proposed

This is intended as a comprehensive program for elderly care services engaging the younger generation. This program can be an extensive plan for elderly care involving different processes aiming at the welfare of the elderly. The program aims at spending a fixed number of hours towards elderly care activities by a young person, gains them a standard package of care from the state when they turn 60, free of cost/with concessions. Every person 18-35 years of age can enroll in this program. It should be monitored using an online registry and the information should be sent to the respective area where the person can be available for service. It can be provided through the service at daycare centers, palliative care programs, engaging with a geriatric care team of the region, providing technical support for care functions, etc.

The caregiving services can be classified into tasks such as;

- Bystander
- Support for hospital visit/shopping
- Support to achieve basic needs
- Companionship

This program can be coordinated effectively through a web portal where the caregivers and the local self-government of the elderly persons in need of service are connected. So, the eligible caregiver can be allocated for service under the respective panchayat/municipality and it can be tracked by the panchayat authorities.

9.1.2 Strategy for forming functions including institutions for aged

When an age-friendly environment/barrier-free environment is suggested as a strategy towards healthy aging, and a solution for the fatal issues faced by the elderly such as impaired mobility and consequences of falls, how to implement it at the local level remains a question. To address this, certain steps can be adapted.

The barrier-free approach should be taken for;

- Individual households
- Public buildings
- Public spaces eg. Footpath
- Transportation facilities

While constructing or manufacturing these facilities a standard guideline for elderly inclusiveness should be followed. This should be monitored by the agencies entrusted with scrutinizing the projects at all levels of governance. A state-level commission on the welfare of senior citizens to a development committee at the ward level can be equipped and authorized for this. The scrutiny should be performed at all levels of the project including the stages of designing, technical approval, sanction for the project, bill payment and permit availing. Only if these steps confirm to fit an age-friendly environment, it shall be given permission.

A few suggestions on an age-friendly environment from an expert include;
"Increased illumination levels in all areas, increased size for signs, heightened contrast between elements in all visually presented information, and the use of highly contrasting colors can be used to counter visual problems. Similarly for the visually impaired, no architectural projections or no protruding nosing in staircases, changes of materials in walking surfaces to designate a toilet, etc., doors that lead to dangerous areas can be distinguished, braille lettering where possible and audible signals such as in the lift can be installed. In the case of deaf individuals, visible as well as audible signals should be used. For example, flashing lights could be used for the fire alarm. Signage is very important. For the ambulant persons with disabilities, handles, switches, storage, etc. should be within the reach of the person, ramps, and walks with 1:12 as the maximum slope should be built and handrails should be oval or round with 1.5" clearance between the rail and the wall."

To improve the functions of the agencies involved in elderly care according to this, there

should necessarily be a

- Policy change with right based perspective
- Capacity building to improve the skills and attitude of the existing human resources
- These functions should be brought under a continuous monitoring process

9.1.3 Functionaries for the aged

Skilled human resource in the healthcare and other service sectors with expertise in geriatric care is highly limited in the current scenario. There has to be an institution for the capacity building of caregivers in geriatric care.

Apart from the existing system, there needs to be a network ofcaregivers that has to emerge from the community. The human resource apart from these volunteers can be given by expert teams appointed by the state.

This team has to be organized at two levels

- At panchayat level
- Institutional level

Every panchayat should have the human resource to plan the programs and to provide the services according to the plan. This can be organized by both, training the existing professionals and recruiting new skilled and trained professionals. The existing professionals have to be trained according to a new protocol emphasizing geriatric care as a priority area.

Considering current the population in award, there should be at least 5 caregivers for 30000 persons.

Type of LSG	Min. number of caregivers needed	Number of LSG in Kerala	Total HR needed
Grama Panchayat	10	941	9410
Municipality	25	87	2175
Corporation	100	6	600

At a Family health center level, there should be 4 doctors, 4 staff nurses, therapists, and counselors skilled in geriatric care. Considering the total number of PHCs and FHCs in the state, the facility for the capacity building of such as large group should be organized by the state.

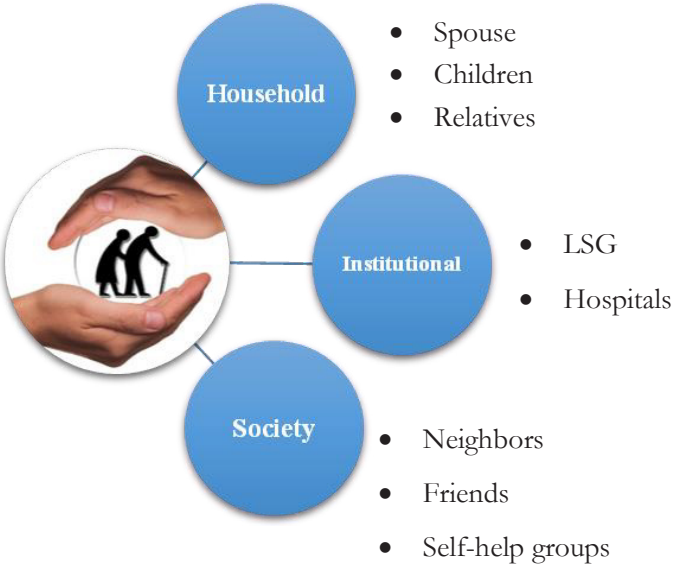
9.1.4 Need of a Fraternity system for the aged

Kerala is one of the first states in India to introduce a senior citizens policy with the latest modification In 2013. Some of the main objectives of the policy were: promotion of physical activity; information and communicationtechnology-enabled independent living for the aged; adapting health systems to theneed of the aged; providing institutional care for the aged; and proving economicsecurity to the elderly. Considering the population with its diverse characteristics, an individual and community-centric care plan have to be introduced. The elderly population experiences loneliness and isolation as a major issue. Building a network of different generations would help them overcome this. Such a

fraternity is necessary to bring the idea of active aging and healthy aging to the mainstream in a sustainable manner.

Caregiving cannot be considered the responsibility of the household alone. While the changing family structure increases the need for support from caregivers outside, societal and institutional support is essential for the physical and emotional well-being of the elderly.

The major components for this elderly care system can be thus considered as a three tire system as Rajan et. al. has suggested in their study.7 A few examples of the caregivers from each component are stated with it.



Implementing an age-friendly system is also about mending the existing gaps. A major reason for the isolation of the elderly in the current era is digital illiteracy. To address this, all the existing systems should become elderly inclusive. It cannot be done without bringing the young generation on board.

9.1.4.1 IT and the elderly

The digital divide between the elderly and the younger generation has increased considerably during the recent pandemic as well with the extensive use of digital technology for essential services. As the younger generation moves closer to technology, the older generation experiences more isolation. Above that, the isolation is also resulting in loss of accessibility to services. Introducing inclusive technology options for the elderly would help in reducing the isolation through the rapid medium of communication and service availability and it will in turn help in reducing the dependency. Information technology and communications can be effectively utilized in elderly care services.

Supporting the elderly population with Information Technology will largely help with many aspects of their life including;

1. Increase access to different services
   eg. Services such as social security pensions recently digitalized.
2. Increase access to hospitals and other care services
3. It will help to make their day-to-day life easier.
4. Help to overcome the barriers in mobility, hearing, vision, etc. to an extent.
5. Help in overcoming isolation and loneliness to a certain extent with the help of facilities for communication and entertainment.
6. Reduced the drudgery in many processes including physical labour and applying for services.
7. Can be supported through assistive devices and medicine sequencing using technology.

Telehealth and remote monitoring of health issues are important in the care economy. Telehealth is the use of digital information and communication technologies, such as computers and mobile devices, to access health care services remotely and manage your health care. Technologies focussing on mobility among the elderly population shall focus on addressing visual hearing and other sensory aspects.

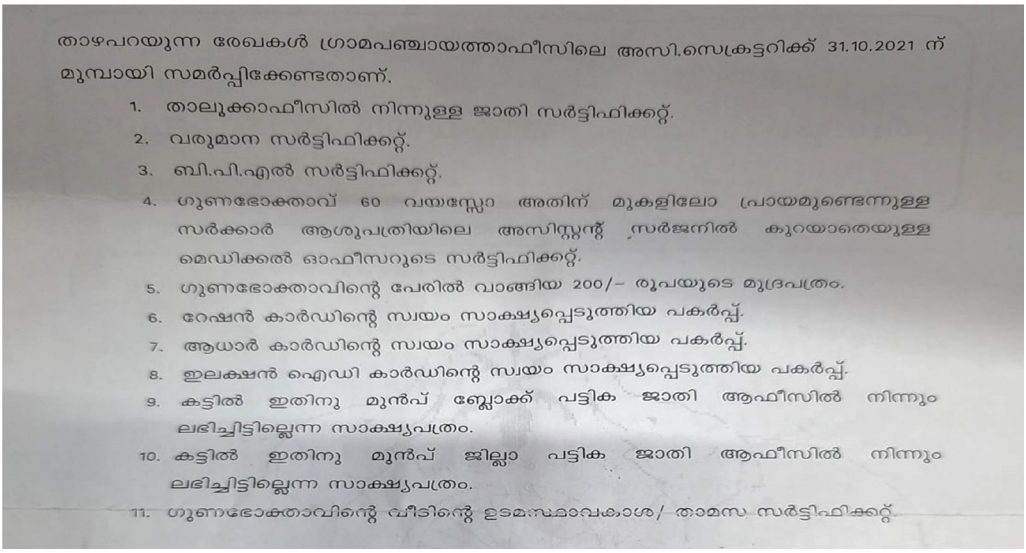
Smart white cane technology is a possible and feasible innovation. Cognitive technology is an important technological innovation along with robotics support. This can help people in isolation. Other examples of technological innovations are smart pills wearables reminders etc. Social connectivity and emotional community help can play a positive role in reducing elderly isolation. Technologies cannot be a substitute rather they can supplement the existing palliative care sector.

Technologies in the form of wearables, smartwatches, etc. can track heart rate, blood pressure even take an ECG which is connected to a smartphone. These readings can be monitored by a center and analyzed by Artificial Intelligence to trace any irregularities and use the person's current GPS location to dispatch medical or other help. Since every device is connected to the internet, all of this can be done in just a matter of minutes with just the use of technology.Since security is a major concern in elderly care. For the elderly living on their own, motion-detecting cameras, face detecting technology can be used and police can be automatically notified when there is an incident. Accidents relating to fire can be avoided with heat sensors, smoke detectors, sprinklers, and finally notification to the fire department.

Technology can also effectively reduce drudgery and increase access. Several schemes for the welfare of the elderly are still processed through conventional methods in our state though there are efforts to digitalize it.

Stating a case as an example,
An elderly person over the age of 75 years staying alone in his house applied to avail a coat from the Panchayat. The person is receiving his pension regularly from the panchayat and

all his identification details are already available with the panchayat. Still, the official procedure demands to submit 11 documents to prove that this person is eligible for the service. This made the process difficult for the person to access and result in unnecessary delay in the allotment of the service.



താഴപറയുന്ന രേഖകൾ ഗ്രാമപഞ്ചായത്താഫീസിലെ അസി.സെക്രട്ടറിക്ക് 31.10.2021 ന് മുമ്പായി സമർപ്പിക്കേണ്ടതാണ്.

1. താലൂക്കാഫീസിൽ നിന്നുള്ള ജാതി സർട്ടിഫിക്കറ്റ്.
2. വരുമാന സർട്ടിഫിക്കറ്റ്.
3. ബി.പി.എൽ സർട്ടിഫിക്കറ്റ്.
4. ഗുണഭോക്താവ് 60 വയസ്സോ അതിന് മുകളിലോ പ്രായമുണ്ടെന്നുള്ള സർക്കാർ ആശുപത്രിയിലെ അസിസ്റ്റന്റ് സർജനിൽ കുറയാതെയുള്ള മെഡിക്കൽ ഓഫീസറുടെ സർട്ടിഫിക്കറ്റ്.
5. ഗുണഭോക്താവിന്റെ പേരിൽ വാങ്ങിയ 200/- രൂപയുടെ മുദ്രപത്രം.
6. റേഷൻ കാർഡിന്റെ സ്വയം സാക്ഷ്യപ്പെടുത്തിയ പകർപ്പ്.
7. ആധാർ കാർഡിന്റെ സ്വയം സാക്ഷ്യപ്പെടുത്തിയ പകർപ്പ്.
8. ഇലക്ഷൻ ഐഡി കാർഡിന്റെ സ്വയം സാക്ഷ്യപ്പെടുത്തിയ പകർപ്പ്.
9. കട്ടിൽ ഇതിനു മുൻപ് ബ്ലോക്ക് പട്ടിക ജാതി ആഫീസിൽ നിന്നും ലഭിച്ചിട്ടില്ലെന്ന സാക്ഷ്യപത്രം.
10. കട്ടിൽ ഇതിനു മുൻപ് ജില്ലാ പട്ടിക ജാതി ആഫീസിൽ നിന്നും ലഭിച്ചിട്ടില്ലെന്ന സാക്ഷ്യപത്രം.
11. ഗുണഭോക്താവിന്റെ വീടിന്റെ ഉടമസ്ഥാവകാശ/ താമസ സർട്ടിഫിക്കറ്റ്

Instead, if these services were integrated under a digital system and if a Unique ID card was given to every senior citizen, such cluttering and red tapes can be avoided. Thus it can be an age-friendly service.

9.2 Roles and Responsibilities of various structures in the comprehensive plan

To actualize the above-mentioned strategies, we need a comprehensive citizen development plan with all the components.

An outline to a comprehensive plan is suggested below;

(**TABLE 2**)

Need/Issue faced by the elderly population	Solutions suggested	Responsible structure/ institutions
Lack of comprehensive approach to geriatric care and healthy aging	Policy formulation on geriatric care services and interventions for healthy aging for all levels of governance. Integration between departments for geriatric care services. Transform all the development sectors and service delivery systems into geriatric inclusive. Coordination of research activities, innovative solutions, training, and reforms on geriatric care.	State government
	A **state-level commission** on the welfare and rights of Senior citizens. This commission should ensure the enforcement of acts and programs.	State government
	Integrated Program for Senior Citizen's Welfare and Community Empowerment (IPSCWCE) (Integrate all the programs such as Vayomitram, sayamprabha, etc. into a comprehensive program) Provide technical support for the interventions at the local government level.	Local self-government (Implementation) Social security mission Social Justice department (Technical support)
Failure in implementing the act for the welfare of senior citizens	Constituting committees at all levels of governance to monitor the implementation process.	State Government
Health	Geriatric care clinics (modern medicine and AYUSH)	Grama panchayat/ Municipality (PHC)

• Physical • Mental	Homecare visits if needed Bystander facility for those who need support. Palliative care home visits and availing sufficient medicines. Geriatric ward and IP facilities Higher-level clinical services, Training for all health workforce on geriatric care.	 Block panchayat (CHC) District Panchayat, District hospital, and Taluk hospitals.
Isolation • Natural isolation (out-migration of children for work) • Destitution	**Ward level senior Citizen development committee.** Elderly Neighbourhood groups under Kudumbasree in each ward. Daycare centers. Entertainment facilities utilizing Anganwadi centers, schools, and libraries in the locality. Old age homes for destitute with skilled workers adequate in number.	Grama sabha/ ward sabha (Mixed and elderly specific) Grama panchayat / Municipality Kudumbasree District panchayat
Nutrition (geriatric food)	Anganwadi centers, Janakeeya hotel, Neighbourhood group support system, These can work in coordination and alone to provide cooked food or food materials according to the need and requirements of the elderly.	 Gramapanchayat/ Municipality Kudumbasree Ayalkkoottam Residence associations Other organizations
Financial security	Ensuring the eligibility and timely allotment of pensions for senior citizens. Financial support for diverse groups among the senior citizens considering their vulnerability. For those who need an income, **Special livelihood program for senior citizens**	 State governments Grama panchayat/ Municipality Grama panchayat/ Municipality with the support of state government.

Physical security, Legal support, and Infrastructure.	Making all governance levels and institutions geriatric care inclusive. Preference/ reservation for elderly in all systems. Awareness programs on the rights of senior citizens. Information desks/ helplines to assist with eligible schemes and services. Provision for assistive devices and other services. **Legal counseling centers** at the panchayat level.	State government Social security mission Social Justice department Grama panchayat/ Municipality
Entertainment/ Social activity	Entertainment programs are organized targeting senior citizens.	Grama panchayat/ municipality Elderly Self-help Groups
Acceptance, respect (To consider as a resource)	**Virtual Employment Portal for elderly persons** A facility (online web portal) to coordinate and provide the service of resourceful elderly persons for various training programs and developmental processes and connect them with hiring institutions. This can be coordinated at the local level as well. Document the specific knowledge and skills of the senior citizens of each locality. Facilities for education for those who wish to learn.	State government Grama panchayat/ Municipality
Gender discrimination Feminization of Ageing Support for the persons with disabilities and bedridden	Gender-sensitive policymaking. Situational analysis of the elderly in Kerala to understand the specific problems faced by different sections.	State Government Social Justice department Social security mission
Increasing digital illiteracy among the elderly and the exclusion caused by the digital divide.	Formulation of programs to educate the elderly persons on the use and need of Information and Communications Technology (ICT). The programs can be implemented at the local level involving the younger generation of the region including the school children.	State government Grama panchayat/ Municipality

To implement suggestions from this comprehensive plan, there should be more focus and initiatives to improve the expertise, capacity building institutions, research initiatives, and cross-cutting mechanisms, etc. to ensure effective implementation. Mainstreaming senior citizens' policies and programs from welfare status is essential in the current scenario. Instead of the welfare approach, it should be rights-based.The older generation has given their best to society, and it is the responsibility of society to take care of them in the last phase when they are unable to contribute more.

10. Policy recommendations

1. There should be a change in perspective towards geriatric care. Instead of considering it as a service provided for vulnerable groups, it should be made more comprehensive and considered as a development strategic change to address the greater need for healthy aging. This should be reflected in the training for the skilled workers involved in all service sectors. Active and healthy aging should be made part of the curriculum of health professionals as well as other sectors.
2. Need for a comprehensive strategy to address the problems faced by the elderly population in Kerala. This can be achieved by converting the existing programs under an integrated program calledIntegrated Program for Senior Citizen's Welfare and Community Empowerment (IPSCWCE). This program has to be formulated at the state level and implemented by the local self-government.
3. A state-level commission for the Rights and Welfare of senior citizens should be constituted. This commission should be entrusted with the coordination and enactment of rules and regulations that ensure age-friendly systems and service mechanisms. The commission should be given the authority to scrutinize that the developmental processes and policies introduced in the state confirm the standards of an age-friendly environment.

They should be able to provide legal guidelines for any disputes emerging from the community.

4. A special Human Resource Policy shall be formulated at the state level to create opportunities, overview, and recruit the resourceful, active, and willing elderly persons to the respective fields according to their expertise and knowledge. This will contribute to ensuring their financial and social independence and dignity. This can be implemented through setting up a Virtual employment portal, (similar to the 'Senior Able Citizens for Re-Employment in Dignity (SACRED)'by the central government) in which the senior citizens will be connected to the hiring facility through a web portal where they can be allocated to eligible employees according to skills. This can be set up at the state level in the beginning and can be expanded to the district level and local level.
5. Environmental security is a major challenge for elderly persons. During every disaster and health emergency, the elderly are the first to suffer being the most vulnerable group. Concerning the elderly and the management of disasters, a protocol needs to be in place. The disaster management Authority should prioritize their protectionas a major vulnerable section, considering the diversity in the population and their needs.

6. The comprehensive program for senior citizens has to be implemented with converged action among all departments. The Social Justice Department should be strengthened to provide technical assistance to the local self-governments for the implementation of programs for the welfare of the elderly. The Local self-governments should have the ownership and responsibility to plan and implement the state level and local level programs in their region. The Kerala Social Security Mission should be reorganized to support Social Justice Department by providing technical support.
7. All development sectors such as agriculture, PWD, Police, Fisheries, SC, ST, etc should formulate an elderly care plan as part of their plans. This plan should be made mandatory and it can be any project for the welfare of the elderly including services, infrastructure development, safety measures for the elderly, etc. All the projects should be confirming the standard guideline for an age-friendly environment and the plan should put forward details on the programs to implement this service. It can also be suggested that each department should earmark a specific fund for the welfare of the elderly in their budget. After receiving the plans from all the sectors, they shall be consolidated at the state level and a state elderly plan can be prepared. Among these programs, the welfare component can be undertaken by the department of Social justice and Local self-government.
8. An Individual care plan for the senior citizens should be planned at the state level. This plan should be prepared at the local level by each Panchayat/municipality considering the status of the elderly in their region. All the citizens above the age of 60 should be enrolled in the program. The program should include individual health care plans which utilize the service of modern medical facilities as well as AYUSH healthcare facilities. The elderly persons enrolled should be able to choose the service they prefer.
9. A common social security scheme for every person above the age of 60 shall be introduced. This should be an integrated scheme of all the existing social security schemes targeting the elderly. This is primarily an initiative targeting the economically weaker section among the elderly so the government employees who receive pensions can be exempted from the scheme. Such a scheme would ensure that a fixed amount is received by everyone and the process can be made efficient and without duplication.
10. Every citizen who has a constant income can be suggested to contribute to a Senior citizen's resource fund by the state. A minor part of the income like 2.5% each month can be suggested. Though less than that is considered, a fixed amount is added to this fund every month would help strengthen the program and ensure sustainability.
11. Provision for basic skill support for bedridden/mobility restricted elderly persons should be provided through a local level program. This can be organized under the local self-governments with the help of voluntary organizations with the help of local institutions like religious or charitable trusts. This can be integrated with the existing door-step delivery program of the local self-government.
12. Presently, the palliative care system of the state is supported and managed by different organizations and institutions other than the government structures. It includes many voluntary organizations, spiritual organizations, political organizations, religious orga-

nizations, co-operative societies, local arts and sports clubs, residence associations' private hospitals, and non-governmental organizations. They should be coordinated and the service from such different stakeholders can be integrated with the comprehensive program to further strengthen it.

13. An accessible space dedicated to senior citizens has to be organized at each ward level in every panchayat as day homes. These can be used as safe spaces where the senior persons of a region can come together during the daytime for entertainment or other group activities such as exercise or yoga. This space can be organized at the libraries or vacant places in the ward. It should be ensured that this space has all the basic facilities for elderly persons.
14. A program to overcome the digital divide faced by the senior citizens of the state should be immediately considered. This program can be implemented at the local level with the help of Neighbourhood groups and students. The local libraries and other structures can be utilized for this purpose.
15. Model hospitals have to be introduced in all districts that are equipped to provide geriatric care services in an age-friendly environment. This has to be expanded to CHCs and PHCs in the following years.

To conclude the policy recommendations,
The major schemes to be added to the 14th plan and strategy are listed below,

1. Integrated Program for Senior Citizen's Welfare and Community Empowerment (IPSCWCE)

Currently, a pilot experiment is conducted in a few panchayats under KILA, HAP, and LSGs. Based on these experiences and lessons, the first phase of the scheme can be extended to 250 grama panchayats and 25 municipalities by the financial year 2022-2023. The second phase can be completed by involving all the panchayats and municipalities by 2024-25. To support this program, the Social Justice department has to be further strengthened.

2. Dementia care program

Currently, the details on the coverage of the existing program are inadequate. There is a large gap in the HR to take care of dementia patients in care homes also. The institutional facilities and skilled HR has to be increased.

3. Old age care homes

As per the available data, the care homes have accommodated only less than half of the strength sanctioned. This has to be facilitated with skilled and compassionate HR. This gap in HR has to be filled by the financial year 2023-24.

4. A virtual employment portal suggested has to be set up by 2023-24 at the state level and a similar employment portal has to be set up for each local government in the following years. A virtual, as well as physical employment exchange, can be constituted at the local level. This should be able to support senior citizens engaged in different levels of employment including physical labor.

4.1 Make an HR register of Senior citizens based on their skills, at the LSG level. This is

to aid them to find suitable employment opportunities for each person. These employment options can be of use either as a source of income or as an engagement opportunity or both.

4.2 A similar platform should be made at the district level

4.3 A web portal integrating all these databases should be constituted at the state level and should be constantly monitored and updated by a group of professionals.

5. Constitute a care service group at the panchayat level integrating all the caregiving services such as palliative care, santhwanam, Kudumbasree, ayalkkoottam, etc. to form a caregiver group. This group can effectively address the problems of elderly individuals in a better way.

6. Complete training and skill development of the existing professionals by emphasizing elderly care by 2024-2025.

7. The model hospitals proposed at the district level to provide geriatric care services has to be availed for service by the financial year 2022-23. By 2023-24, it has to be expanded to all Community Health Centres and by 2024-25, it should be expanded to all PHCs to a level that all these institutions can provide comprehensive geriatric care services.

8. There is a lack of informationon the status and needs of the elderly population in Kerala. Apart from it the research gap also has to be filled by incorporating research institutions/ medical colleges in Kerala. A dedicated HR facility is to be necessarilyrecruited to incorporate the data collection and preparation of the database.

11. General Recommendations

1. Every person should have the opportunity for healthy aging. To ensure that there should be interventions to make the younger generation aware of creating environments and opportunities that enable people to live and age healthily.
2. A comprehensive geriatric care plan should be planned and implemented at multiple levels of governance. The Social justice department, social security mission, and similar institutions should be equipped to provide the necessary technical support for the local governments towards this.
3. All services and infrastructure should be made free of physical and social barriers and should be facilitated by age-friendly policies, systems, services, products, and technologies. It should be monitored and enforced by law.
4. The elderly population holds diverse characteristics and they are valuable resource persons with broad skills and expertise in various professions. There should be an intervention to better utilize the knowledge and experience of the elderly population for the betterment of society.
5. Similar to all age groups, elderly persons also have specific and diverse needs. It should not be limited to healthcare and nutrition but should be treated with dignity through a human rights perspective. There have to be efforts to improve the awareness and coverage of these programs and to ensure that the benefits are reaching the right intended beneficiaries.

6. The state-level services and departments including the Department of Social justice, Social security mission, and the health services should be more community-centric. Civil society organizations and self-help groups such as Kudumbasree also have an important role in this. There should be effective convergence among the departments in the planning and execution of initiatives for elderly care.

CHAPTER 4
MONITORING AND EVALUATION

Care of the Disabled

1. Development of PwDs being a cross cutting issue with multiple departments and agencies involved there must be a monitoring and co-ordination mechanism at all levels of implementation right from the grass roots to the state level. So, it is proposed to constitute multilevel monitoring committees as follows

a. Grass root LSGD level
Chairperson –
• Grama Panchayat President/ Municipal Chair person/ Mayor
Memebers –
• Chairperson of the welfare standing committee
• Secretary of the respective LSGI,
• Officers of all line departments

Convenor
• CBIR Coordinator/ an officer nominated by the local body
b. Block level

Chairperson
• Block Panchayat President
Members
• Chairperson of the welfare standing committee
• Block Panchayat Secretary
• Officers of all line departments

Convenor
• Child Development Project Officer
c. District Level

Chairperson
• Chairperson of the District Planning Committee

Members
• Chairperson of the welfare standing committee
• District Collector
• District Planning officer
• District officers of all line departments
• Lead District Manager

Convenor
• District Social Justice Officer
d. State Level

Chairperson
• Chief Minister of Kerala

Members
• Minister in charge of Social Justice
• Secretaries of all departments
• Director of Social Justice
• Director of Kerala Social Security Mission
• Heads of all Rehabilitation and Research Institutions under Social Justice Department
• Convenor of State level Banker's Committee

Convenor
• Secretary, Social Justice Department

2. In each project specific monitoring parameters should be incorporated and the responsibility of concurrent monitoring should be given to the officer at the next higher level of the implementing officer.
3. Social audit should be conducted at the middle and the final stage of the project implementation
4. Project details should be published in public domain before commencement of each project. Progress should be updated at definite intervals based on the stage of implementation. (Eg. Beneficiary selection, orientation/ training, release of first dose of assistance, second dose of assistance, project completion, monitoring etc.)
5. Impact assessment of the project should be done at definite intervals to know how the project affected the individual, the household and the society.

Policy Recommendations
Education

The existing 'Sahachari' system to provide support to disabled children in schools with the support of NSS, NCC and SPC only cater to the need of children at Secondary and Higher Secondary level only. So to cater to the need of disabled children in primary level, "Buddy systems" should be promoted and implemented at all schools. It is procedure in which two individuals, the "buddies", operate together as a single unit so that they are able to monitor and help each other.

5% reservation in institutions of higher learning is a mandate of the RPwD Act. This should be strictly implemented.

Schools denying admission and ousting students from the school without adequate reasons shall be prosecuted under the relevant provisions of the RPwD act

Skill training
As part of disability mainstreaming, all technical training institutes should have facilities for training People with disabilities based on their aptitudes and capacity. Systems should be in place to identify trainable skills and to provide facilities to train in suitable vocations to promote capacity building and sustainable employment. Vocational Training institutes,

Engineering colleges, Agricultural colleges, Krishi Vigyan Kendras will all come under this mandate. In each district an institution may be designated as Nodal Centre for aptitude identification and skill development of Persons with Disabilities.

Employment

Sheltered workshops and half-way homes should be established for people with disability under Social Justice Department, LSGIs and philanthropic organisations. All backlogs of posts for people with disability in government establishments should be filled with the launch of a special recruitment drive. Advocacy campaigns shall be conducted to ensure and encourage employment opportunities for PwDs in the private sector.Self-help groups and cooperatives of disabled persons need to be promoted. Manufacturing of certain products may be reserved for such enterprises or alternatively, the state government can designate them as the only source for purchase of such products. Linkages can be established with Kudumbashree as also the proposed Assisted Living projects. The assistance given for self-employment under various heads and schemes need to be augmented and their reach widened.

Tie- up with placement agencies, both in private and public sector for providing sustainable employment should be promoted. Public Private Partnership Model can be promoted. Service of reputed NGOs may also be utilised. As in case of skill Development one or two agencies may be designated as Nodal Institutions for employment and placement.

Assistive solutions

As there are multiple stakeholders involved in the development, manufacture and distribution of Assistive Technology on one end and in assessment, procurement and utilization on the other end with marked information asymmetry, there is a need for developing a comprehensive Assistive Technology Policy and Action plan with particular focus on the opportunity provided by the provision for procurement of Assistive technology equipment by the LSGIs.

The guidelines for procurement of Assistive Technology equipment by LSGIs needs to be modified sensibly to accommodate the technology advancement in this field. There should be a paradigm shift from bulk procurement of "one thing fits all" to providing customized Assistive solutions as per the critical requirement of the person with a disability.

Timely access and provision for appropriate higher end assistive devices for education, employment, athletic and sporting requirements and entrepreneurship purposes should be made available.

Strengthen R&D in assistive technology through National Institute of Physical Medicine and Rehabilitation (NIPMR), National Institute of Speech and Hearing (NISH) and Kerala State Handicapped Persons Welfare Corporation (KSHPWC).

There should be adequate co-ordination between the National Institute of Physical Medicine and Rehabilitation (NIPMR) and the Kerala State Handicapped Persons Welfare Corporation (KSHPWC) in production, procurement and supply of assistive devices to/ through all Government agencies.

Accessibility

Introducing accessibility features in housing schemes: Additional provision should be set apart for providing accessibility features like ramp, accessible toilets in all government sponsored housing schemes for PwDs.

Attitudinal and Social barriers:

Attitudinal and socio-cultural barriers should also be addressed through sensitization programmes. A task force should be constituted for formulation of strategies for sensitization at all level of the society and suggest appropriate curriculum and syllabus modifications to be included right from primary education to higher and technical education. The recommendations of the task force should be made available by the end of first year. Outcome can be measured through feedback forms from PwDs availing these services.

Accessibility to bank loans: There should be guaranteed access to bank loans and micro-finance for start-up businesses at interest rates that take into account the additional costs related to disabilities (UN, 2020). A special sub group should be formed as part of the State Level Banker's Committee to formulate guidelines for this purpose. And the possibility of providing loans at differential rate of interest shall be considered.

Accessibility features in Public transport:

A task force has to be formed for formulating recommendations to convert the existing public transport facilities more disabled friendly. The recommendations should be made available in the first year itself and based on the recommendations an action plan has to be formulated to implement them in the subsequent years.

Creation of new structures and facilities

Instructions should be given to all public agencies to make sure that new structures/ facilities created as part of development projects should not create new barriers.

Social Security Bonds

Newer method of fund mobilisation is the only solution to finance individual and parental initiatives in solving the problems faced by the PwDs. Government should consider to issue **'Social Security Bonds'** to fund philanthropic individuals and parent collectives. Funds thus mobilised can be utilised to support such community living establishments. Income tax exemption should be given to such financial instruments.

Respite care- Care for the carers

Establish need based day care centres for people with disability with high support needs and people diagnosed with dementia and others who require palliative care for a short duration so that the caregiver can be relieved occasionally to avail medical services or to attend other social/ personal needs.

Local bodies can run such centres, even charging a fee (based on income) to meet the day today expenses of such centres including engaging in adequate manpower.

New Disabilities added in RPwD Act

The RPWD Act covers 21 types of disabilities. Fourteen of them are new. State government

should ensure that persons under the categories newly added to the list of PwDs are also able to access their rights. Necessary guidelines for their inclusion should be developed by the state government. Guidelines are required to ensure that they get alleligible benefits.

Specialised care centres/ support services should be set up for new disabilities added in the RPwD act

Special therapy units for blood disorders should be established at least at the district level

Research should be undertaken to study the implications of these disabilities and the provisions to made to provide need based care, support and socialisation

Mental Health

Mental health treatment should be made accessible in primary care and pharmacological & non pharmacological therapy should be readily available. Shift care away from institutions and towards community care. Public awareness programmes on mental health should be initiated. Involve family and communities in Mental health Rehabilitation. Establish state level mental health programmes. Increase and improve training of mental health professionals. Increase links with other governmental and non-governmental institutions.

Provide monitoring of the mental health system with quality indicators. Support more research in the field of mental health. An Integrated Framework for Prevention of Mental Disorders should be pursued. Start E–mental health services across the state. Tele counselling (tele therapy, discussion) should be made readily accessible. 24 x 7 mental help line should be established with trained professionals. Scaling up of sustainability & policies should be initiated. Vocational rehabilitation of people with mental health disorders should be emphasised.

Disability Pension and Scholarships

Ensuring timely dispersal of disability pension/scholarship through LSGIs/ at the grass root level and the entire fund for giving such pension/ scholarship shall be directly released through dispersing LSG

Quantum of assistance should be increased as per the mandate of the RPwD Act.

Mainstreaming Disability

For effective implementation of RPwD act and other developmental initiatives for the disabled, every stakeholder should be sensitive to the issues of the people with disability. So sensitisation programmes should be undertaken for officials, elected representatives, teachers, health professionals, beneficiaries and general public. As part of disability sensitisation, all HR trainings conducted by Government institutions should cover Disability. Gradation in awareness building through appropriate curriculum and syllabus – All academic programmes should have a subject on disability, right from primary education to higher education. All branches of Technical education should include disability and assistive technology in their curriculum. Elderly population should be sensitized about healthy aging to aid in the prevention acquired disabilities.

Gender Mainstreaming

Plan and implement projects and programmes for people with disability to reduce gender disparity. Mainstream all the activities in gender perspective. Create more education and employment opportunities for women with disability.

Emphasis to vulnerable sections
Special campaigns to identify PwDs in the vulnerable sections like SC, ST and fisher communities should be initiated with the support of SCST and Fisheries department.

Para sports
Special sports and games training should be incorporated in the syllabus right from the school to higher education institutions for people with disability so as to train them in state, national and international sports and games events including Paralympics.

Disability certification and UDID
The present arrangement for disability certification should be more people friendly so as to reduce the hardships faced by PwDs and caregivers involved in such process.

The present hitches in issuing UDID should be sorted out

A medical Officer should be appointed to assist DMO for the timely approval of UDID

Provide necessary facilities/ manpower to district medical officers for approving UDID

Mobile Assessment Units need to be established in each district for disability assessment and certification of PwDs with high support needs, inmates of disability rehabilitation institutions etc.

Legal Framework
Enforcement of RPwD act:
The recommendations of the Administrative Reforms Commission that there should be district level offices for the State Commissionerate for Persons with Disabilities may be implemented without any inordinate delay. As part of its implementation, as an adhoc measure, at least 4 regional offices of the Commissionerate may be established at Kollam/ Kottayam, Ernakulam/ Thrissur and Kozhikode and Kasaragod.

For strengthening the system and speeding of the disposal of grievances, augment staff adequately in consultation with the State Commissionerate. Engage regular disability sensitive supporting staff in the State Commissionerate of Disabilities.

Both online & offline grievance redressal mechanisms should be established. A designated day in a month can be fixed for interacting with persons who have complaints with regard to delivery of services or such complaints regarding schemes etc. in person, at the district/ panchayat level.

National Trust Act
Awareness building regarding legal provisions of trust act especially with respect to legal guardianship should be initiated.

Ensure property rights, both land and otherwise, of people with disability and to prevent exploitation and expropriation by near relatives as well as legal guardians

The State/ Union Government may take appropriate steps to extend the provision of Legal Parenting to other categories of PwDs included in the RPwD act, which are not included in the National Trust Act. So, the National Trust Act should be suitably amended to include these provisions.

Motor Vehicle act

Suitable amendment to Motor Vehicle act to facilitate easy issuance of driving license to eligible persons with disability should be made

Set up authorised training centres having adequate expertise in training people with disability to get proper training in driving.

Set rules and regulations for eligibility for getting driving license for the people with disability

Terminology: In the process of adopting a rights-based framework, use of terms like "differently-abled", "handicapped", "special needs" etc. should be discontinued.

Life cycle approach

Special sub- plan for PwDs

Disability management is a cross cutting issue with various departments involved. Each and every department should set apart a certain portion of the plan fund to projects related to PwDs. Each department should have a special PwD sub plan.

Research and Development

Encourage and enhance research on issues related to disability management in Kerala context.

Research should also be undertaken in the areas of Disability and Economics and Legal Studies.

Research should be encouraged to develop diagnostic and screening tests for various disabilities. Centres such as the National Institute of Speech and Hearing (NISH) and the National Institute of Physical Medicine and Rehabilitation (NIPMR) should collaborate to develop model intervention programmes through research and should develop training modules for teachers and parents in video, audio and text format.

Strengthen R&D in assistive technology through National Institute of Physical Medicine and Rehabilitation (NIPMR) and National Institute of Speech and Hearing (NISH).

Provide adequate infrastructure and manpower support for strengthening the Centre for Mobility and Assistive Technology (CMAT) already established at National Institute of Physical Medicine and Rehabilitation (NIPMR).

Encourage interdisciplinary and inter institutional research in rehabilitation sector

Institutional Building – National Institute of Speech and Hearing (NISH)

Bilingual school for deaf should be initiated by NISH. A project on routine based intervention to be implemented at school can be initiated by NISH for developmental disabilities. Creation of accessible content (NISH has already piloted a project on accessible books).

Inclusive higher education programs for various disabilities can be initiated at NISH namely M.Sc. Computer Science, M.Com. etc., MPhil in Rehabilitation Psychology, Certificate course on Aural (re) habilitation of Cochlear Implantation, Certificate course on Communication Intervention for Autism Spectrum disorders, B.Ed in Special Education (Hearing Impairment).

Research Lab for neuroimaging and evoked potential studies for directionality measurement with 12 Speaker assembly. Initiate vocational skill development program initially and later expand with NGO partnerships. NISH can expand to accommodate specific research and development through establishment of research lab in various disciplines in the field of disability (eg: proposed Disability Research Cell at NISH). Publication of an indexed journal in the field of disability.

Institutional Building – National Institute of Physical Medicine and Rehabilitation (NIPMR)

To start more academic programmes like Bachelor of Prosthetics and Orthotics, Bachelor of Physiotherapy, Bachelor of Audiology and Speech Language Pathology, M. Phil Clinical Psychology etc.

Create a regular staff pattern including the post of Executive Director.

Need research support including collaborative organisations in this field like NISH, KUHS, Medical Colleges etc.

Organisational Building -Kerala State Handicapped Persons Welfare Corporation (KSHPWC)

It is recommended to change the name of the corporation to **Kerala State Disabled Persons' Welfare Corporation.** Offices can be set up in all districts or a room can be allotted to establish regional office of KSHPWC with district Social Justice Office. This will be helpful to grant loans to people with disabilities to take up profitable economic ventures to enhance their livelihood opportunities and KSHPWC can easily evaluate and monitor these projects. KSHPWC shall be granted special permission and fund to conduct skill training workshops for the people with disabilities to improve their skills and to initiate new ventures of self-employment, utilising the NHFDC self-employment loans. This may lead to the sustainable employment focused rehabilitation of people with disability. Strengthen R&D in assistive technology through National Institute of Physical Medicine and Rehabilitation (NIPMR), National Institute of Speech and Hearing (NISH) and Kerala State Handicapped Persons Welfare Corporation (KSHPWC).

There should be adequate co-ordination between the National Institute of Physical Medicine and Rehabilitation (NIPMR) and the Kerala State Handicapped Persons Welfare Corporation (KSHPWC) in production, procurement and supply of assistive devices to/ through all Government agencies.

Kerala University of Rehabilitation and Disability Studies (KURDS)
Mainstreaming disability studies is a must. Each and every academic programme at all levels

should have subjects in disability sensitisation and management. However, to get more focus on disability studies and rehabilitation sciences, there must be a dedicated academic institution at the level of a university to cater to the dearth of professionals in disability management and rehabilitation studies. This arrangement will enable to undertake quality research and training in Rehabilitation sciences as well as creating professionals in disability studies.

Design suitable courses for the PwDs to enhance their skills and provide sustainable employment opportunities

New courses should be started with the objective to promote the right based model of disability management.

Considering the gravity of issues faced by the PwDs the committee considered all aspects including detection and early intervention, delivery of services, education and employment and has identified the gaps and recommendations are suggested. Suggestions and recommendations are also given from a legal point of view, mainstreaming disability and gender mainstreaming. The committee also studied accessibility issues faced by People with Disabilities. Recommendations are given to establish Kerala University of Rehabilitation and Disability Studies (KURDS) and a Sports Academy for People with Disabilities. Recommendations are also given to strengthen the existing institutions like The National Institute of Speech and Hearing and Hearing (NISH) and National Institute of Physical Medicine and Rehabilitation (NIPMR), Kerala Social Security Mission (KSSM) and Kerala State Handicapped Persons Welfare Corporation (KSHPWC).

Recommendations are given with the hope of using these recommendations for policy formulation and for creation of suitable projects and programmes for the betterment of PwDs in the state of Kerala during the 14th five year plan.

CHAPTER 5
THE WAY FORWARD

Elderly care

1. All Government run homes for senior citizens need to be upgraded as model Homes with the support of professionals. Infrastructure facilities of all the institutions are to be made elder-friendly.
2. All the existing homes should have facilities for high support needs persons.
3. Exclusive institutional services viz, palliative care homes, dementia care Homes, special Homes for Bed ridden (i.e those with severe neurological conditions and chronic disorders etc), and supported living arrangements for couples etc at Government level are proposed in the coming plan year.
4. Community assisted retirement homes, both Government-supported and self-supported living arrangements, can be planned for those elderly who are living alone since their family members are not with them.
5. There exists gaps in the supervision and control of NGO run homes by the Department as registration is still done by OCB. However, there is scope for strengthening the monitoring and supervision system by adequately empowering the Department to take action against erring institutions, whether charitable or paid. Appropriate modifications have to be made in the Government Guidelines notified in 2016.
6. There is an inadequacy of day care facilities for senior citizens. Though an effort was made to convert the day cares under LSGIs to Sayamprabha home, more co-ordination and interdepartmental convergence is required in this regard so as to achieve the objectives aimed at. It is proposed that there should be at least one Sayamaprabha Home in one block and Day homes for elderly (PakalVeedu) will be converted into a dynamic social space with provision for nutritional support, skill learning, engagement activities and socialisation so that the aging becomes more graceful. Memory clinics can be made functional in these centers for early identification and management of dementia patients. Special day care facilities and respite care facilities for the dementia patients to be started in more districts.
7. The Time Bank project introduced in many developed countries to take care of needy elderly may be adapted to our conditions and piloted.
8. The availability of trained geriatric care providers to attend to the needs of the elderly in care facilities and in the community is another big challenge that we need to address. Adequate number of such care providers can be ensured through associations with appropriate agencies or Departments.
9. Grant-in-aid to NGO homes have to be revised. Special mobile medical units can be made operational to do routine health check-ups in all the old age homes including NGO run old age homes. Free treatment provisions can be planned specifically for the treatment of those indigent elderly in old age homes who are suffering from chronic diseases like cancer, kidney or heart diseases and neurological conditions. NGO collaboration has to be strengthened for effective service delivery to the institution based

service delivery.

Differently Abled

1. **Early Intervention and Disability Management Hub:-** At regional level Early intervention and Disability Management Hub can be set up at Government level. This Hub will function as the outreach centres of NISH and NIPMR. This Hub will be equipped with all necessary requirements of therapy and other service providing equipment including modern facilities like Virtual Rehabilitation Units, sensory Garden etc and sufficient human resource. These HUBs will provide different types of institutional rehabilitation services in one premise such as early intervention and rehabilitation, corrective surgery follow up and technologically advances assistive solutions, sheltered workshops, community assisted living arrangements
2. **Comprehensive programme to institutions providing vocational training, skill Development and livelihood generation to PwDs-** The department is planning to implement a comprehensive project viz, Prachodanam in collaboration with Government/ Government Autonomous agencies/NGOs/LSGIs etc for the vocational training and employment generation of Persons with intellectual disabilities. Providing gainful employment and allowing PwDs to be financially independent willinstil in them a sense of self-worth and confidence which might open the doors to creativity and innovations. This project aims to ensure one Vocational Training Centre in one LSGI Block which should function on the basis of a Government approved curriculum. An online portal will be set up (Karmapadham) for registration of approved institutions, and for regulating admissions. The trainedPwDs can register themselves in this portal and employers in the private sector can choose the right candidates from among those registered in the portal.
3. **Assisted living centres for people with intellectual disabilities.**--Persons with Neurodevelopmental disorders need professionalized care and individual attention throughout their life. Due to various socio-economic factors some parents are unable to provide the requisite care and support to such PwDs. Hence a safe shelter is required for the residential care of these children to groom and train them for an independent living and this living setup indirectly prepares them to be contributing members in an assisted living environment. It is planned to have such an assisted living village at Kollam in the land gifted to the Department by a private person.
4. **Implementation of Mental Health Protocol for Psychosocial Rehabilitation:** Psychiatric rehabilitation is an aspect of treatment and rehabilitation that focuses on helping the person return to an optimal level of functioning and to achieve their life goals. Special focus will be given to effective implementation of all institutional as well as community based intervention programs on psychosocial rehabilitation by developing a psychosocial rehabilitation protocol. The objective of this protocol is timely intervention of all kinds of psycho social issues both at community level and institutional level.
5. **Set up specialised career guidance and coaching centres:** RPWD Act, 2016 mandates reservation to PwDs in governmentjobs. It is also stipulated that Government

should take steps to encourage private sector employers to ensure placements to PwDs in private sector also. Hence, suitable career guidance and coaching programmes can be initiated at Government level to boost competencies and skills for job placements.

6. **Micro financing through self-help groups/ Vocational Training Centres/Daycares / Sheltered Workshop:** This programme is aimed at the income generation of the mothers who are full time caregivers of PwDs. Instead of providing individual assistance, support will be provided to those who come forward as SHGs and marketing of products will also be planned through Government Marketing enterprises.
7. **Revamping theGovernment Homes for PWDs:** The existing staff structure of these institutions will be re-structured so as to enable the functioning in professional setup. There is acute shortage of residential rehabilitation homes for Intellectually challenged atGovernment level whereas the demand is high. Hence it is proposed to start new homes in uncovered Districts with NGO partnership and on clear norms and guidelines. The homes to have adequate campus for agriculture or any other profitable activities.
8. **Digitalization of all kinds of Institutional Services for PwDs:** An online portal will be set up for the management of all kinds of institutions providing services to PwDs including inmate management.

V. Scope of Interdepartmental Convergence

The development and well-functioning of the department needs more human resources and skilled officers to coordinateschemes. The staff pattern in welfare institutions needs to be re-structured so as to ensure right based services and to ensure professionalism in delivery of services.

To address the larger section of the marginalized population at the grass-root levels, associations with various Community Based Organizations and experts will provide greater insights into the issues and help the Department to address unidentified issues prevalent in the Transgender community. Such associations also help the department in bringing a direct connectivity between the government and the population and ensure effective reach of welfare schemes and measures to the community. Associations with the above mentioned entities can be strategized in the following ways:

1. Consultation for effective outreach of welfare schemes
2. Periodically understanding and evaluating the needs and necessities of the sector
3. Effective Feedback acquisition from the community channeled through the enlisted etities
4. Associations for enhanced design and development plan for the welfare schemes

The co-operation of the Local Self Government Department, Education Department and the Health Department is essential for more effective co-ordination of Transgender welfare activities implemented by the Department. For the effective management of care homes convergence with Health department and Local Self Government is inevitable. Apart from management committees of respective institutions a district level monitoring committee under the chairmanship of District collector with District level HODs and representatives of Local Self Government and peoples representatives as members may be set up for the

effective liaison with other departments.

Monitoring and Evaluation

A periodical evaluation system shall be implemented to evaluate the efficacy of the welfare schemes and the intended outreach. The evaluation shall be performed every year, or at the conclusion of each initiative executed for the welfare of the particular sector. The output shall be evaluated for variances and corrective measures shall be implemented to ensure continuous progress of the welfare scheme.

Conclusion –

Ensuring right based service delivery to the most neglected and marginalized would make our society more egalitarian and just. Though the State can pride itself to have contributed substantially in this area, in comparison, there is much more to accomplish in this sector. The structure of the Department, as it exists at present, ends at the District level, whereas it is critical that the Department works in close coordination and cooperation with other stakeholder Departments in the last mile, especially the Local Self Government Department, Education, Health and the Police. Towards achievement of the goals listed out for the 14th FY, a strong human resource should be established as an instrument for driving the schemes to their fulfilment.

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3. Based on Census 2011, Kerala had 761,843 persons with disabilities. Among them 171,630 had disability in movement (22.5 per cent), 115,513 had disability in seeing (15.2 per cent), and 105,366 had disability in hearing (13.80 per cent). There were 120,457children with disabilities (15 per cent) and 414,788 persons with disabilities belonging to the age group of 30- 59years(54.4percent)(Census India,2011).
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ANNEXURE 1

Major Programs and Initiatives for PwDs under various departments, agencies and Institutions in Kerala (List is not exhaustive, as there can be other departments, programs and initiatives beyond the list below. Additions solicited.)		
I	**Social Justice Directorate**	
	1	Sahajeevanam help-desk: To ensure doorstep delivery of services to PwDs and to provide them assistance and mental support during distress. The Sahajeevanam support centres function in all blocks in the State to provide mental support and ensure doorstep delivery of government services to the differently abled. This was initiated as part of response to covid pandemic.
	2	Snehayanam scheme for mothers of PwDs: Scheme to provide electric auto rickshaws free of cost to mothers of persons with specific disabilities (under national trust act) who are under financial stress.
	3	Niramaya Insurance Scheme Health insurance scheme for Persons with Disabilities covering under National Trust Act 1999. Through this scheme the beneficiaries can avail an insurance coverage up to 1 lakh and it would be renewed every year.
	4	Legal/ Limited Guardianship: Persons with autism, cerebral palsy, intellectual disabilities and multiple disabilities are in a special situation as even after they have acquired 18 years of age, they may not always be capable of managing their own lives or taking legal decisions for their own betterment. Under section 14 of the National Trust Act and Sec. 14(1) of RPwD Act, the Local Level Committee headed by the District Collector is empowered to receive application and appoint guardians for them. It also provides mechanism for monitoring and protecting their interests including their properties.
	5	Prathyasha scheme for repatriation of other state residents in PRCs

		There are almost 239 psycho-social rehabilitation centres (PRCs) run by NGOs functioning under the supervision and control of Orphanage Control Board in Kerala. The process of repatriation is currently implemented through voluntary organizations, voluntary social workers and Institution Superintendents who are willing to help such needy persons. 'Prathyasha' scheme is formulated to facilitate the repatriation
	6	Athijeevanam- Comprehensive Scheme for mainstreaming of PwDs Persons with disabilities face several challenges when looking to develop employable skills and in gaining employment. Their need for meaningful employment largely remains unmet. Though some efforts were made for the mainstreaming of PWDs by providing empowerment through skill development, there requires to be more focused and coordinated action plan for effective skilling and mainstreaming of PWDs with intellectual disabilities through skilling and vocational training. "Athijeevanam" is an umbrella scheme in this regard for Persons with Disabilities.
	7	Pratheeksha scheme for rehabilitation of mentally challenged persons At present only two Govt. care homes are functioning for the Persons with Intellectual disabilities in the state under Social Justice Department. One for men at Thavanur, malappuram (Pratheeksha Bhavan) and the other for women at Thrissur (Prathyasa Bhavan). While Six Ashabhvans (Thiruvananthapuram -2, Ernakulam-1, Thrissur-1, Kozhikode-2) are functioning for persons cured from mental illness. These homes are overcrowded with more than double of their sanctioned strength. Pratheeksha scheme is for giving financial assistance to NGOs which are interested to accommodate and take care of the intellectually challenged or persons cured from mental illness.
	8	Vijayamritham scheme-Cash award for meritorious CWDs Provides onetime cash award to meritorious differently abled students who have secured high marks in Degree/ Equivalent courses, Post Graduate & Professional courses. Through this scheme, the department aims to

		mainstream the Children with Disabilities and create awareness among them on their fundamental rights.
	9	Sahachari scheme for encouraging NCC/ NSS/ SPC units assisting CWDs: 'Sahachari' scheme is intended to provide encouragement to NCC/NSS/SPC units functioning in schools who offer assistance to differently abled students in studies as well as other extra-curricular activities.
	10	Pariraksha scheme for Differently abled persons Pariraksha scheme is to cater untied assistance to PwDs who are in an acute crisis or facing any emergency situations.
	11	Psycho social programme for destitute mentally ill persons First priority under this scheme is given for immediate rescue and rehabilitation of mentally ill persons who are in the street. For this purpose, grant will be provided to NGO or local self-government institutions for starting the care home with the priority of at least one institution par district headquarters. Some local self-governments have constructed buildings for care Institutions and if the local self-government is interested to start a care home for mentally ill persons in the already developed Institutions they will be provided with assistance for this purpose. If government hospitals have the infrastructure facilities and building to run such a home they can also enter into an MOU with the credible NGO having experience in care Institution and run the institution.
	12	Swasraya scheme for parents/ mothers of PwDs "Swasraya" scheme provides financial assistance to such single mothers of persons with severe disabilities to enable them to find self-employment. An amount of Rs **35,000/-** is being provided to the beneficiaries as one time assistance.
	13	Vidyajyothi scheme- Financial aid for uniforms and study materials to PH students 'Vidyajyothi' scheme that provides financial assistance for purchase of uniforms and study materials for students with disabilities.
	14	Vidyakiranam scheme-Educational assistance to children of disabled parents

		'Vidyakiranam' provides educational assistance to children of differently abled parents (disability for both parents/ disability for anyone parent) who are economically deprived.
	15	Scheme for providing Assistive devices to People with Disabilities Scheme provides assistive devices to differently abled persons for improving their quality of life in terms of mobility, communication and for performing their daily activities.
	16	Distress Relief Fund for the Differently Abled (Medical Treatment) The fund is being utilized for giving financial assistance for disabled persons (within in the criteria) for the following purposes: For medical treatment (including surgery), assistance to persons in case of disability due to Road Traffic Accidents and for any other purpose which are not covered by the existing schemes for the PwDs.
	17	Financial Assistance to Blind Advocates In the scheme for the payment of financial assistance to Advocates who are blind or with orthopaedic disability with a family annual income below Rs 1,00,000/-.
	18	Scholarship for Students with Disabilities For students studying in Schools, Colleges and those who attending Professional, PG courses and technical trainings.
	19	Parinayam; Marriage Assistance women with disabilities and to daughters of parents with disabilities "Parinayam" is for providing Marriage Assistance to girls with disability and the daughters of PwDs. Thorough this scheme an amount of Rs.30,000/-.will be provided to the beneficiaries as one time assistance.
	20	Scholarship for Disabled students pursuing Degree, PG courses (Distance Education) Scheme provides scholarship for students with disabilities pursuing Degree, PG courses through Open universities, Distance education or through Private registration (Universities inside Kerala) with annual family income below Rs. 1,00,000/-

	21	Financial assistance to students with disabilities pursuing (10th, +1, +2 equivalent exams): This scheme provides financial assistance to school dropouts with disabilities to pursue SSLC, +1, +2 equivalent courses implemented by State Literacy Mission.
	22	Matru Jyothi -Financial assistance for mothers with disabilities This scheme provides a financial assistance of Rs 2,000/- to mothers with disabilities. As per the scheme financial assistance will be provided to the differently abled mothers until the child turns 2 years.
	23	Accessible India Campaign and Barrier Free Kerala Initiative for improving accessibility for PwDs
	24	State Initiative on Dementia: The Department of Social Justice has started a day care centre in Thrissur Corporation and a full- time centre at Edavanakkad old age home for the rehabilitation of dementia patients in the state.
	25	Deendayal Disabled Rehabilitation Scheme (DDRS), provided financial assistance to voluntary organisations for the rehabilitation of persons with disabilities
II	**Kerala Social Security Mission:** During the 13th FYP, State Initiative on Disabilities (SID) functioned as submission under the Social Security Mission. This is a special initiative of the Government for prevention, detection, early intervention, education, employment and rehabilitation of the persons with disabilities through Kerala Social Security Mission. Since 2017-18, following the RPWD act, all the existing and newer activities under SID and other related interventions was brought under an umbrella program for Rights Based Life Cycle Approach in disability management called "Anuyatra", which was identified as one of the flagship program directly monitored by the office of the honourable Chief Minister. The major programs and project implemented by KSSM under the project are listed below:	
	26	Disability cards and UDID cards: KSSM facilitates the issuance of UDID and State Disability cards.

	27	Aswasakiranaam: The scheme to provide monthly assistance to caregivers of the following categories of patients like 100 per cent blind, bedridden patients suffering from cancer, cerebral palsy, autism, mental illness, intellectual disabilities and bedridden due to old age, who need a full-time caregiver. The number of beneficiaries are around 1.25 lakhs.
	28	Kathoram: A life course program for early identification and management of hearing impairment in children including: a. universal hearing screening for new-borns before completion of first month of life;b)Confirmation of hearing disability by 3 months using like Brain stem- Evoked Response Audiometry (BERA); c) Support with Hearing Aids and Auditory Verbal Therapy by 6 Months of life. ; d) Ensuring bilateral Cochlear implant for all indicated cases among these, before 18 months through Shruthitharangam scheme. e) Post Implant Habilitation Therapy up to 42 months:
	29	Anuyatra Early intervention Network: Collaborating and converging with other stakeholder (especially Health department and Arogyakeralam), under the Anuyatra program a network of early intervention facilities were established/ initiated during the 13th FYP. This network includes: Facility for screening for disability at all delivery points (hospitals with functioning labor room) Anuyatra Mobile Early Intervention Units District Early Intervention Centres Regional Early intervention Centres Apex centres for Early intervention (NIPMR,NISH, CDC,ICCONS and IMHANS) This network has its backward, forward and horizontal linkages with many other facilities and institutions
	30	Special Anganwadis (Pilot project): For providing an inclusive environment for Pre-school Children with Disabilities for appropriate training and remedial therapy. This model proved to be a huge success in mainstreaming children with disabilities and has potential to be expanded throughout the state. WCD department is already working in this direction.

	31	Spectrum project: Exclusive vertical program for addressing Autism Spectrum Disorder through early detection, early intervention, parental empowering programme, and skill development of the autism- affected children. Under this Autism centres are established at six medical colleges with the service of a physiotherapist, clinical psychologist, occupational therapist, speech therapist, and other specialised doctors and Regional Autism Rehabilitation and Research Centre at National Institute of Physical Medicine and Rehabilitation (NIPMR).
	32	Sruthitharangam Cochlear Implantation Project (SCIP): Program for providing Cochlear Implants for children belonging to lower socio-economic status in the age range of 1 to 5 years, with the objective of early.The cochlear implantation surgery, audiological and therapeutic management procedures are executed at empanelled centers across the geographical location of the state.
	33	Program for prevention and management of Disability due to Chronic Neurological Disorders: This program aimed at prevention and management of disabilities due to Chronic Neurological Conditions (like Parkinsonism and Multiple Sclerosis) is conducted as a convergent project with other stakeholders, especially with Health Department. SCTIMST (Sree Chithra Tirunal Institute for Medical Science and Technology under the Science and Technology Department of Govt of India) is also a major stake holder in this program.
	34	"Mittayi" Program: For prevention of long term disability due to type 1 Diabetes in Children and adolescents.
	35	Spinal Cord Injury Rehabilitation Project: This joint project of KSSM and NIPMR is aimed at providing systematic therapy services to manage and rehabilitate the persons with spinal cord injury.
	36	Rehab Express project: This is a again a joint project of KSSM, NIPMR and KSRTC. This project aims at providing assessment, health care and assistive solution at field level using specially designed low floor buses for the same. The camps for these are conducted with the help of the LSGIs.

	37	Thalolam project: provides free treatment to children below the age of 18 suffering from cerebral palsy, brittle bone disease, haemophilia, thalassemia, sickle cell anaemia, orthopaedic deformities, neurodevelopmental disabilities, congenital anomalies, and accident cases (needing surgical intervention).
	38	Samaswasam project: which provides financial assistance to persons with haemophilia and sickle cell anaemia (falling under disabilities due to blood disorders)
	39	We care Program: A crowd funding platform that allows specific individual support including high cost assistive solutions for indicated cases as per the guidelines.
	40	M Power: 23children with intellectually disability were trained in magic at the Magic Academy. After three months of training, the children performed faultlessly in front of Dr Hamid Ansari, then Vice-President of India, who launched M-Power in June 2017. They were declared as ambassadors of Anuyatra. KSSM associate with magic academy in establishing Different Art centre for children with disabilities and also with K DISK in talent hunt programme of Youth with Disabilities.
III	**Kerala State Handicapped Persons' Welfare Corporation (KSHPWC)** The Kerala State Handicapped Persons' Welfare Corporation is a Public Sector Undertaking under the State Government, established in the year 1979 with its Head Quarters at Poojappura, Thiruvananthapuram. The main aims and objectives of the Corporation are to formulate, to promote and implement various welfare schemes for the rehabilitation / improvement of the living conditions of the visually impaired, hearing and speech impaired, people with locomotor disabilitiesand mentally retarded persons and also to provide financial/technical assistance to the differentially abled persons, group of such persons and organizations involved in activities on the rehabilitation and welfare of such persons. Over the years the Corporation has provided various assistance to the differently abled persons in Kerala. The Corporation has two Regional Offices one at Panayapally, Kochi, Ernakulan and another at 1st floor, D-Block, Civil station compound, Kozhikode - 20. With a view to	

	provide standardized and quality Aids and Appliances to the physically challenged persons and for the proper repair/service of such items, a MRST unit (Manufacturing, Repairing, Servicing and Training Centre) is functioning under the Kerala State Handicapped Persons Welfare Corporation at Pattoor, Thiruvananthapuram.	
	41	Employment and skill training program: It is a collaborative project of KSHPWC and Labour Department under the Kaivalya scheme of the latter. Financial assistance is given to lottery agents with disabilities as a subsidy..Swasraya is a scheme that provides financial assistance to 100 to 300 single mothers of persons with physical or intellectual disabilities to help them find self- employment.
	42	Programs for free distribution of assistive and adaptive devices: Subhayathra, Kazhcha and Thanal are some of the other major schemes of KSPHPWC for free distribution of aids, appliances, and modern equipment such as high-tech limb, electric wheelchair, laptop with voice enhanced software, powered bed, and other modern equipment for specific needs of people with disability.
	43	NHFDC Loan scheme: KSHPWC is the State Channelizing agency for loan from National Handicapped Finance and Development Corporation
	44	Fixed Deposit Scheme for severely disabled children (Boys & girls)
	45	Assistance scheme to Self-Help Groups
	46	Home for Elderly with disability at Parassala
	47	Assistive Technology Showroom and online sales services
IV	**National Institute of Physical Medicine and Rehabilitation (NIPMR):**	
	48	Although NIPMR is the most recently established Institution in Disability sector in the state, it is the first to be declared as the centre of excellence in disability management and Rehabilitation by the Honourable Chief Minister of Kerala. The institute along with its routine activities including early intervention, therapy and academic programs also runs numerous projects with other stakeholders including LSGIs, KSSM, SJD and Education Department. The organisation has various therapeutic departments and units for providing

		Medical and Therapeutic services on par with international standards like Department of Physical Medicine and Rehabilitation Department of Developmental and Behavioural Paediatrics, Department of Physiotherapy, Department of Occupational Therapy, Department of Audiology and Speech Language Pathology, Department of Psychology, Department of Social work, Department of Nutrition and Dietetics, Department of Developmental Therapy, Department of Prosthetics and Orthotics and Special transition school and an IT wing. The inpatient Spinal Cord Injury Rehabilitation Unit caters to 8 patients at a time. Special Training and Empowerment Program for Parents (STEPS) is another program under the Department of Developmental and Behavioural Paediatrics with the aim of early intervention and empowering parents of children with disability. NIPMR has state of the art facilities like Hydrotherapy unit, Instrumented Gait and Motor Analysis lab, Virtual reality based motor rehabilitation system, a separate wing for Neurological Physiotherapy, sensory garden, sensory park, Virtual Reality Unit, Simulation kitchen and ADL room, Artability centre, Pottery and ceramic unit. Rehab on wheels is a mobile outreach programme run by NIPMR which aims at providing assessment, health care and assistive solution at field level using specially designed low floor buses for the same. The camps for these are conducted with the help of the LSGIs. Wheel Trans project for the transportation of People with disabilities is another highlight. As per GO (Rt)No.1701/2020/LSGD dated 22/09/2020, the Local Self Government Department authorized NIPMR as an approved centre for the purchase of P & O Equipment and Materials without observing Store Purchase Rules. The Centre for Mobility and Assistive Technology (C-MAT) is a wing under NIPMR that aims at manufacturing and distributing mobility assistive solutions to people with disabilities. All the products delivered will be assessed by a clinical team for need, customization, suitability and acceptability by the beneficiary and outcome. The Academic Programmes by NIPMR includes the Bachelor of Occupational Therapy (BOT) course affiliated to the Kerala University of Health Sciences

		(KUHS) and Rehabilitation Council of India (RCI) approved Special Education Diploma Courses, D.Ed. Special Education Cerebral Palsy and D.Ed. Special Education Autism Spectrum Disorders. NIPMR also boasts of a huge technical Library.
V	**National Institute of Speech and Hearing (NISH)**	
	49	NISH was established with the primary objective of rehabilitating hearing-impaired persons in the State and providing higher education to the hearing impaired. Currently NISH has emerged to an apex institute providing state of the art services for children and adults with disabilities, including Early Intervention Programs, Audiology & Speech Language Pathology Clinical Programs, Neuro Developmental Science Programs, various therapy services and academic programs. Among others some initiatives are particularly relevant as outreach services, in the context of this document, including NISH Interactive Disability Awareness Seminars (NIDAS), ASAP Program for Deaf Students, On the job training for Teachers of the Deaf, Special Education Training for the Deaf Educators in Higher Education (NISH Innovation Model-Special Education Training NIM-SET) etc.
VI	**Department of Health and Family Welfare and Arogyakeralam**	
	50	Rastriya Bal Suraksha Karikram (health care program for 30 conditions including disability and disorders for children up to 18 years): Govt of India program implemented in the state through National Health Mission
	51	ArogyaKiranam: Health care program by Govt of Kerala for disability, diseases and disorders other than that covered under RBSK, including surgical procedures for disability correction and assistive devices.
	52	Salabham (comprehensive newborn screening programme), all babies born in Government hospitals are subjected to comprehensive screening. During the 13th Plan, this facility was extended to all Government hospitals. Some private hospitals are also doing the screening.
	53	Rehabilitation programmes. A fourth limb fitting centre is being set up at the district hospital, Palakkad, adding to the three existing facilities at General

		Hospital, Ernakulam, district hospitals at Kollam and Kannur. There are 11 Physical Medicine and Rehabilitation Units set up in major hospitals in 11 districts..
	54	District Mental Health Programme (DMHP): In all the 14 Districts of the State. Around 17,000 patients are receiving treatment every month, from DMHPs in the State. Day care centres were started for mentally ill in remission under Comprehensive Mental Health Scheme. Now 26 day care centres are functioning in the State under the scheme. School mental health programme is implemented in the State in association with National Health Mission (NHM).
	55	National Program for Prevention and Control of Blindness and Visual Impairment (NPCB&VI): With various component activities for prevention and management of disabilities due to Blindness and Visual Impairment.
	56	National Leprosy Eradication Program: for prevention and management of disabilities due to Leprosy
	57	National Program for Prevention and Management of Trauma and Burn Injuries (NPPMT&BI): With component strategies and schemes for prevention, management and rehabilitation for disabilities due to trauma and burns.
	58	National Program for Prevention and Control of Deafness (NPPCD)
	59	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) has components for prevention and management of disabilities due to these conditions.
VII	**Child Development Centre (CDC)**	
	60	CDC: Child Development Centre is an autonomous centre under Health Dept of Government of Kerala with a mission to reduce childhood disability through novel scientific initiatives. It has various disability prevention, early detection, early intervention and academic programs for PwDs. Antenatal (12^{th} week) Screening for Disability (NT scanning) is also done here
VIII	**Institute of Mental Health and Neurosciences (IMHANS):**	
	61	IMHANS provides comprehensive and multidisciplinary mental health care to children with developmental disabilities and psychiatric disorders. It has four

		adult psychiatry units. They also provide psychosocial support for Tribal Population in Wayanad District.
IX	**ICCONS: Institute for Cognitive & Communicative Disorders and Neuro Sciences**	
	62	The institute is primarily for research and development in the field of cognition, communication, human robotics and navigation. ICCONS aims at developing novel management, rehabilitation and remediation strategies for developmental and acquired disorders affecting all age groups, from infancy to elderly. The major disorders that come under this category include autism, developmental language disorders, learning disability, Intellectual Disability, cerebral palsy, global developmental delay, hearing impairment, single and multiple congenital anomalies, acquired locomotors disabilities, aphasia and other stroke-related problems, dementia of Alzheimer's type, post-traumatic syndrome, and other neurodegenerative and neurometabolic disorders.
IX	**Local Self-Government Department (LSGD)**	
	62	Social Security Pension Schemes through Local Governments: The major pension schemes implemented by the State Government are pension for the aged, pension for persons with disabilities, pension for the widowed, pension for unmarried women above 50 years and pension for agriculture workers. The beneficiaries of old-age pension, disability pension and widow pension receive an amount as Central assistance; however the larger share is from State assistance. From April 2015, the disbursement of pensions is being done at the State level through the newly introduced Direct Benefit Transfer (DBT) system. Monthly Social Security Pension for Persons with Disabilities constitutive 8.36% of the total pensions (as per the IKM Sevana Portal).
	63	Scholarship to children with disabilities: An amount up to 28,500 annually can be given to a child with specific disabilities (as per the 2017 plan guidelines) especially for promoting education.
	64	Free distribution of Assistive Devices: This is done through agencies and institutions like KSHPWC and NIPMR.

	65	Employment under Mahatma Gandhi National Rural Employment Guarantee. Even though the scheme is not for persons with disabilities, as per the KSSM Disability Survey (2015), more than 66000 persons with disabilities are beneficiaries of this scheme through Local Governments.
	66	Other initiatives: Under the mandatorily required fund (five per cent for children, disabled, and transgenders) Local Governments have implemented many innovative and pioneering initiatives for empowerment of PwDs. Initiatives like BUDs and BRCs implemented through Kudumbasree are mentioned under it.
X	**Kudumbasree Mission**	
	67	BUDS Schools and BRCs are institutions for children and adults with disabilities functioning under LGs are monitored through Kudumbashree machinery. In 2020-21, online class for BUDS children and online therapy programme for the parents. Agri-therapy programme named 'Sanjeevani" envisages mental and physical development of the individuals. Through BUDS/BRC the children and adults were given training on vegetable cultivation.
	68	'Prathyasha' (under Kudumbasree Mission) mainly aims at the formation of microenterprises among vulnerable women who belongs to the category of mothers of intellectually disabled children, person with disabilities, elderly, victims, widows and dependents of severely ill/bed ridden patients.
XI	**Education Department**	
	70	Samagra Shiksha emphasises improving the quality of education for all students, including children with disabilities, providing support for various student-oriented activities. The Individualised Education Programme (IEP) of the Department is for slow learners, modelled on resource room training in normal schools. If a child with a disability has difficulty coping in regular schools, then they are catered through special schools.
	71	Special teachers training institute: There are about 320 registered institutions in the State meant for the education of children with intellectual disabilities

		Specially qualified teachers are required for the functioning of such schools.
	72	Barrier-free schools (disabled-friendly infrastructure) initiative: The scheme provides assistance to schools to develop facilities for children with disabilities.
	73	Autism parks: The main objective is to encourage social participation by autistic children and to enhance their communication abilities.
	74	Additional Skill Acquisition Programme (ASAP) offers vocational skills training to facilitate the employment of disabled students.
	75	CeDS (Centre of Excellence for Disability Studies) Department of Higher Education focus on innovations in rehabilitation technologies and is established as a part of the LBS Centre for Science and Technology, Thiruvananthapuram.
	76	Inter-University Centre for Disability Studies (MG University) is working to develop higher-level professionals in the field of disability studies and to develop a holistic approach for the total rehabilitation of the disabled.
	77	Special School Kalolsavam for children with disabilities is also held by the Education Department.
	78	State Institute for the Mentally Challenged (SIMC) The specific objectives of SIMC includes: To establish, maintain and regulate the affairs of the Institution for the health care, protection and rehabilitation of the Socially, Physically and Children with Intellectual Disabilities; To promote literacy, educational, scientific and cultural activities by establishing maintaining and regulating different Institutions like technical, medical para-medical, academic, research and such other institutions. The important activities of the centre are: Special school (Day care centre), Hostel for the Mentally Challenged Children Assessment Centre, Early Intervention, Vocational training, Parent Counselling and training and academic programmes.
XII	**Women and Child Development Department**	
	79	Special Anganwadis: For providing appropriate training and remedial therapy to pre-school children with disabilities, one Anganwadi in every Integrated

		Child Development Services project is designated as a special Anganwadi. At present, the project is implemented in Kozhikode District through KSSM.
XIII	**Tourism Department**	
	80	Launched first phase of barrier-free tourism project for making tourist destinations across the State disabled and elderly friendly. Barrier Free Tourism to make destinations accessible for people with disabilities by providing disability friendly infrastructure was taken up in seventy destinations.
XIV	**Tribal Department**	
	81	***Assistance for Patients with Sickle-cell Anemia:*** Sickle Cell Anaemia is an inherited lifelong disease causing disability prevailing among the Scheduled Tribes of Wayanad, Palakkad, Kozhikode and Malappurarm districts. Scheme is intended to provide monthly financial assistance of 2500/- to such patients.
	82	***Medical Assistance through Hospitals:*** Though the scheme is not specific to disability prevention or management the provision under the scheme can be used for corrective surgeries and early intervention activities for prevention and management of disabilities through major Government hospitals.
XV	**Kerala Beyond its borders:**	
	83	"Santhwana" is a scheme for NRKs whose annual income is below Rs. 1,50,000 and the scheme provides one- time assistance for marriage, medical treatment, and purchase of equipment for persons with disabilities.
XVI	**Department of Labour and Skills**	
	84	"Kaivalya" Employment and Skill Development scheme for achieving the goals of social inclusion and equality of opportunity for all citizens with disabilities. Special employment exchanges for disabled persons have been established at Thiruvananthapuram, Neyyattinkara, Kollam, Kottayam, Ernakulam, and Kozhikode.
XVII	**Kerala Development Innovations and Strategic Council (KDISC):**	
	85	Innovation by Youth with Disabilities (I-YwD): The Young Innovators Programme (YIP), part of K-DISC's societal advancement component, has a module called Innovation by Youth with Disabilities (I-YwD) to identify and promote youth with different abilities. The programme is organised jointly with the United Nations Educational, Scientific, and Cultural Organisation (UNESCO), Score Foundation, NISH, KSSM and NIPMR.

PROCEEDINGS OF THE MEMBER SECRETARY

STATE PLANNING BOARD

(Present: Sri. Teeka Ram Meena IAS)

Sub: - Formulation of Fourteenth Five Year Plan (2022-27) – Constitution of Working Group on **Social Security and Welfare** – Revised Orders -reg.

Ref: 1. Order No. 448/2021/SS(SS&W)/SPB Dated : 10/09/2021
2. Guidelines on Working Groups

ORDER No. 448/2021/SS (SS&W)/ SPB Dated: 22/10/2021

As part of the formulation of Fourteenth Five Year Plan, Working Group on **Social Security and Welfare** was constituted vide order referred. In the first meeting of the Working Group, it was decided to co-opt the following members.

1. Dr. Saji . P. Jacob, Principal, Loyola College of Social Sciences
2. Dr. Anilkumar T.V, Prof. & Head, Department of Psychiatry, MCH, Tvpm
3. Dr. Suja. K. Kunnath, Prof. & Principal (i/c), Department of Neurodevelopmental Sciences, NISH
4. Shri. S. Saheerudheen, State Programme Manager, SID, KSSM
5. Dr. Divya C.S, Public Health Researcher

In this circumstance, revised orders are hereby issued by including above members in the Working Group on Social Security and Welfare. The Working Group shall also take into consideration the guidelines read 2nd above in fulfilling the tasks outlined in the ToR for the Group.

Co - Chairpersons

1. Ms. Rani George IAS, Principal Secretary, Social Justice Department
2. Dr.Indu. P.S, Professor & Head, Department of Community Medicine, Govt. Medical College, Kollam

Members

1. Ms. M. Anjana IAS, Director, Directorate of Social Justice, Executive Director (i/c) of NISH and Kerala Social Security Mission
2. Shri. John. C. Varghese, Secretary, Social Welfare Board
3. Managing Director, Kerala State Handicapped Welfare Corporation
4. Shri. C.H.Panchapakesan, Commissioner, Commissionerate of PwDs
5. Shri. Subair K.K, District Social Justice Officer, District Social Justice Office, Ernakulam
6. Shri.Chandrababu.C, Executive Director, National Institute of Physical Medicine & Rehabilitation (NIPMR)
7. Dr.Anandi.T. K, Gender Advisor to Government of Kerala(Former), Governing Body Member, Gender Park, Kerala
8. Dr. Syam Prasad, Assistant Professor, Department of Economics, Central University of Kerala, Kasaragod
9. Shri. Muralidharan Vishwanath, Secretary, National Platform for the Rights of the Disabled
10. Ms.Shyama.S.Prabha, Project Officer, Transgender Cell, Social Justice Directorate
11. Ms.Renju Renjimar, Transgender Activist

12. Shri.N. Jagajeevan, Former Coordinator, Social Security Mission.
13. Shri.K.B.Madanmohan, Academic Coordinator, Kerala Grama Panchayath Association
14. Dr. Saji . P. Jacob, Principal, Loyola College of Social Sciences
15. Dr. Anilkumar T.V, Prof. & Head, Department of Psychiatry, MCH, Tvpm
16. Dr. Suja. K. Kunnath, Prof. & Principal (i/c), Department of Neurodevelopmental Sciences, NISH
17. Shri. S. Saheerudheen, State Programme Manager, SID, KSSM
18. Dr.. Divya C.S, Public Health Researcher

Convener

Dr. Bindu. P.Verghese, Chief, Social Services Division, State Planning Board

Co- Convener

Ms. Dhanya.S.Nair, Deputy Director, Social Services Division, State Planning Board

Terms of Reference

1. To undertake a detailed evaluation of existing schemes in the sector and suggest reforms for the 14th Five-Year Plan.
2. To suggest ways to improve the performance of institutions that offer assistance to socially vulnerable communities, with special focus on assistance to persons with disabilities, elderly, and transgender people.
3. To propose a time-bound plan, with financial estimates, to create barrier-free built environments in public spaces and public institutions including public offices, educational institutions, hospitals and tourist places, for ensuring full accessibility of persons with disabilities and senior citizens.

Terms of Reference (General)

1. The non-official members (and invitees) of the Working Group will be entitled to travelling allowances as per existing government norms. The Class I Officers of GoI will be entitled to travelling allowances as per rules if reimbursement is not allowed from Departments.
2. The expenditure towards TA, DA and Honorarium will be met from the following Head of Account of the State Planning Board "3451-00-101-93"- Preparation of Plans and Conduct of Surveys and Studies.

The order read as 1st above stands modified to this extent.

Sd/-
Member Secretary

To

The Members concerned

Copy to

PS to VC
PA to MS
CA to Member (Smt. Mini Sukumar)
Sr. A.O, SPB
The Accountant General, Kerala
Finance Officer, SPB
Publication Officer, SPB
Sub Treasury, Vellayambalam
Accounts Section
File/Stock File

Forwarded by Order
Sd/-
Chief (Social Services Division)