GOVERNMENT OF KERALA
KERALA STATE PLANNING BOARD

FOURTEENTH FIVE-YEAR PLAN
(2022-2027)

WORKING GROUP ON
SERVICE DELIVERY BY LOCAL
GOVERNMENTS

REPORT

DECENTRALISED PLANNING 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 formu-lation 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 con-stituted 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 politi-cal activists and other experts. Members of the Working Groups contributed their specialized knowledge in different sectors, best practices in the field, issues of concern, and future strat-egies 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. Each Report has been finalised after several rounds of discussions and consultations held between September and December 2021.

This document is the Report of the Working Group on "Service Delivery by Local Self Governments". The Co-Chairpersons of Working Group were Sri.V.N.Jithendran IAS (Retd) and Smt.Sarada Muraleedharan IAS. Dr.Jiju.P.Alex, Member of the State Planning Board co-ordinated the activities of the Working Group. Smt.Josephine.J, Decentralised Planning Division was the Convener of the Working Group and Dr.Sreekumar.T.L, Assistant Director, Decentralised Planning Division was Co-Convener. The terms of reference of the Working Group and its members are in Appendix I of the Report

<div align="right">Member Secretary</div>

PREFACE

The State Planning Board constituted a Working Group on Development Interven-tions in LSGIs in connection with the formulation of XIV Five Year Plan (2022-27). Smt.Sarada Muraleedharan IAS and Dr.P.K.Raveendran were the Co-Chairpersons of the Working Group.

The Working Group held several meetings in State Planning Board for drawing up broad perspectives for decentralisation and agricultural growth. Besides, sub themes were formed for reviewing the development initiatives and preparing notes on sectoral issues un-der decentralisation and agricultural growth. Details are given below:

1. To suggest measures by which Local Governments, independently and in coordina-tion with departments, will promote economic growth in Kerala. This includes the en-hancement of livelihoods in productive sectors and in income-bearing services.
2. To propose methods by which Local Governments can support industrialisation efforts of the present Government of Kerala.
3. To suggest measures to harvest the power of decentralisation in agricultural growth.
4. To review and, if needed, suggest measures to assist the programme to eliminate ex-treme poverty in the State.
5. To review special problems, if any, in the field of decentralised planning and suggest measures to address the problems.

The Working Group examined the suggestions and views expressed by the members while the final report is drawn up.

We hope that this report would enable to formulate comprehensively the XIV Five Year Plan proposals and implement the schemes more effectively by the local governments.

Smt.Sarada Muraleedharan IAS   Sri.V.N.Jithendran IAS (Retd)
(Co-Chairperson)   (Co-Chairperson)

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The Local Governments have the responsibility to plan, manage, and deliver a wide array of public services ranging from statutory permissions, to maintaining sanitation to social security, social welfare, social justice and development services. Delivering basic services to the people, particularly the marginalized groups, is central to what local governments do. Providing services at the grassroots level makes local governments the primary interface of the citizens' interaction with the government.

These interactions commonly take place through the provision of services such as (a) issue of birth, death and marriage certificates (b) provision of various benefits from the public goods and services provided by local governments (c) provision of services by institutions transferred to the local governments such as schools, hospitals, Krishi Bhavans etc. and (d) disposal of complaint about a specific grievance. Therefore, satisfaction with public services is considered a critical outcome of local government activities

The service delivery functions of local governments can be broadly classified as follows:
(a) Regulatory services like issuing statutory permits, licenses and registrations such as permits for building construction, license to operate commercial establishments, birth, marriage and death registration and issue of certificates thereof.
(b) Civic services such as maintenance of roads and drains, providing and maintaining street lights, sanitation, maintenance and up-keep of public assets like parks, play grounds, burial and cremation grounds, open spaces, water bodies, public markets etc.
(c) Social welfare services such as payment of social assistance pensions and social se-curity measures for the poor and vulnerable groups.
d) Development services under the mandatory functions, general functions and sec-toral responsibilities of the local governments which include human development ser-vices like health, nutrition and education and basic minimum needs services like hous-ing.

The service delivery policy of Kerala stipulates those public services have to be delivered in a manner that is people centred, efficient, effective, equitable, affordable, sustainable and ac-cessible to all. The guiding principles of service delivery as laid down in the policy are people-centredness, clear standards of service delivery, equity, transparency, accountability, integrity, fairness, good behaviour from the service providers, rationality, efficiency, conver-gence through linkages, right to service delivery, grievance redressal, continuous improve-ment of methods and standards, changing attitude and improving skills of functionaries, sustainabil-ity, inclusion and holistic approach. The real challenge in service delivery im-provement is to put these core principles into practice.

The terms of reference of this working group are to suggest methods of improving the quality of services provided by Local Governments in the sphere of social justice, social secu-rity, and social welfare and to improve the quality of Plans for special groups and sub-plans. The Working Group examined the suggestions and views expressed by the members while the final report is drawn up.

The working group recommends that all local governments should prepare a Service Delivery Implementation Strategy for all the services rendered by them. For this purpose, they should (a) list out all services provided them (b) mark stipulated standards of service (c) actu-al level of services provided currently (d) review the current stipulated standard and set new outcome-based standards of service and (e) develop action plan for improving quality of ser-vices in accordance with the set standards.

It is also important that all institutions under the local governments shall prepare insti-tutional plans for improving service delivery. The institutional plan shall clearly state present level of services and intended improvements: annual and over a period of five years. It shall also indicate as to how social audit can be conducted in the institution.

A rights-based framework for service delivery will consist of (a) Citizen's Charter for de-fining the level of services to be provided to the citizen, (b) accountability systems, (c) grievance redressal mechanism and (d) social audit. Also, the following suggestions are put forward to a better service delivery.
- Innovative and inclusive local government strategies and action plans for the marginalized;
- Innovative ways of strengthening capacity of Local governments and func-tionaries to foster innovative practices;
- Innovations in engaging civil society and strengthening partnerships in ways that will support innovative and inclusive development; and finally
- A results framework and associated monitoring framework to ensure account-ability and measure consistent results in this area.

The local governments shall create a framework of a Rights Based Social Protection Floor which will consist of the following key elements, namely, (i) protective and promotive measures (ii) protection of the excluded social groups like people with disabilities, older peo-ple, victims of abuse, transgender, migrant labourers etc.

Service delivery should be extended to new channels from the existing office(s) and Internet based channels. Integration with vaathilpadi sevanam, Mobile apps, leveraging the available transaction databases for improving non-contact, on-demand services, and identify-ing those in need of services (instead of their applying), the service delivery in urban and the three tiers rural local governments would have to be differentiated and considered accord-ing-ly, integration of databases of other departments etc. are the major recommendations for im-provement. If currently the electronic platform for planning starts with the formulation after grama sabhas and ends with approval of DPC, it has to be extended to start from Grama sa-bhas and should also handle the beneficiary/ implementation details (more than just the financial part).

Planning for Special Groups may include Community based inclusion and rehabilitation (CBIR), Convergent and synergistic integrated multi-departmental initiative at the local level, Focused interventions for PwDs with compounding vulnerabilities: Disability registry, Barrier-free housing and barrier-free access to public areas, Disability inclusive disaster risk reduction (DRR): Strengthening early detection at the local level, Inclusive Formal and In-formal Education for PwDs in their locality with appropriate access and accommodation, Ap-propriate Assistive Technology solution for PwDs, Decentralized Network of facilities for Assisted living, Employment of people with disabilities.

Recommendations for Elderly includes four Strategies; 1: Action on Healthy and In-clusive Ageing: 2: Develop "Age-friendly Environments" at the local level: 3: Aligning local health systems to the needs of Elderly populations: and 4: income security and healthy aging.

Understand the status of Transgender community in the LSG, prepare a LSG Action Plan for Transgenders, LSGs must conduct an IEC session and LSGs must monitor the well-being of the transgender community within their jurisdiction. Also, a common framework for results-oriented planning at the LSG level and creating a favourable context for women to take up economic opportunities is very important for gender mainstreaming.

Suggestions for improving the sub plans are ensuring basic services for the Vulnerable, Enhancing Entrepreneurship among the Vulnerable, Skills Development Strategy, Monitoring and Evaluation Component, Information, Education, and Communication Campaign and Gender Equality and environmental will be cross cutting issues.

Monitoring and evaluation
- In the light of the above, the recommendation is to expand the monitoring & evaluation framework to incorporate not only measures of efficiency, but also effectiveness. It is proposed that the measurement and evaluation plan must include assessment of 'out-comes' for beneficiaries and 'developmental impact' on the local area under the LSGI.
- Such a shift will enable LSGIs to keep equally in focus 'what they do' and 'why they do' them, and thus, ensure that 'what they do' indeed delivers 'why they do' them.

ACKNOWLEDGEMENTS

CHAPTER 1
IMPROVING SERVICE DELIVERY BY LOCAL GOVERNMENTS

The Constitution (73rd and 74th) Amendment Acts bestowed on the local governments the responsibility of preparing and implementing plans for economic development and social justice. Besides this, the local governments have the responsibility to plan, manage, and deliv-er a wide array of public services ranging from statutory permissions, to maintaining sanitation to social security, social welfare, social justice and development services. Delivering basic ser-vices to the people, particularly the marginalized groups, is central to what local governments do. Providing services at the grassroots level makes local governments the primary interface of the citizens' interaction with the government.

Citizens throughout their life interact with local governments. These interactions commonly take place through the provision of services such as (a) issue of birth, death and marriage certificates (b) provision of various benefits from the public goods and services pro-vided by local governments (c) provision of services by institutions transferred to the local governments such as schools, hospitals, Krishi Bhavans etc. and (d) disposal of complaint about a specific grievance. Therefore, satisfaction with public services is considered a critical outcome of local government activities

The service delivery functions of local governments can be broadly classified as follows:
(a) regulatory services like issuing statutory permits, licenses and registrations such as permits for building construction, license to operate commercial establishments, birth, marriage and death registration and issue of certificates thereof.
(b) civic services such as maintenance of roads and drains, providing and maintaining street lights, sanitation, maintenance and up-keep of public assets like parks, play grounds, burial and cremation grounds, open spaces, water bodies, public markets etc.
(c) social welfare services such as payment of social assistance pensions: Indira Gan-dhi National Old Age Pension (IGNOAP), Indira Gandhi National Disability Pension (IGNDP), Indira Gandhi National Widow Pension (IGNWP), Agricultural Labour Pension (ALP) and Unmarried Women Pension (UMWP) and social security measures for the poor and vulnerable groups.
d) development services under the mandatory functions, general functions and sectoral responsibilities of the local governments which include human development services like health, nutrition and education and basic minimum needs services like housing.

One of the distinguishing features of Kerala's administrative decentralization is the transfer of public service delivery institutions to local governments. The important frontline service delivery institutions such as Anganwadis, government primary, secondary and higher secondary schools, government health care institutions such as dispensaries, primary health centres, community health centres, taluk hospitals under the three streams of medicine, Krishi bhavans, veterinary institutions at the district level and below, matsya bhavans, dairy exten-sion units and pre-matric hostels for scheduled castes which were earlier under the control of the state government are now functioning as institutions of the local governments.

This shows that in terms of service delivery nearly 3/4ths of the public services have become the responsi-bility of local governments. Therefore, the issue of improving the quality of citizen-local gov-ernment interface in the delivery of public services has become an area of serious concern.

The service delivery policy of Kerala stipulates those public services have to be deliv-ered in a manner that is people centred, efficient, effective, equitable, affordable, sustainable and accessible to all. The guiding principles of service delivery as laid down in the policy are people-centredness, clear standards of service delivery, equity, transparency, accountability, integrity, fairness, good behaviour from the service providers, rationality, efficiency, con-ver-gence through linkages, right to service delivery, grievance redressal, continuous im-provement of methods and standards, changing attitude and improving skills of function-aries, sustaina-bility, inclusion and holistic approach. The real challenge in service delivery improvement is to put these core principles into practice.

Right to Services Act
The Right to Service Act, 2012 requires all departments to publish a citizen's charter speci-fying the category of goods supplied and services rendered by it, and the time within which such goods shall be supplied or services rendered. It includes services, conditions for obtain-ing services and the minimum time for provision of services. It is to be renewed each year and citizens have a forum for enforcement. A complaint redressal mechanism including the time within which the complaint is to be disposed of is prescribed.

The 2012 Act was implemented without any real awareness raising effort. As a result, delays continued to occur in service delivery because of ignorance of the law. There is no ro-bust monitoring mechanism to understand how well the Act is being implemented. The Act is yet to be implemented in its true sense.

People centred Service Delivery in the Local govern-ments
There is a growing demand for making service delivery people centred. Such an ap-proach will focus on listening to people, modifying services according to needs of the people, re-sponding to grievances and seeking feed-back from the people. People centred would mean that people are consulted when designing, delivering, implementing and evaluating public services. The whole process from designing to implementation and monitoring of services will be transparent. The citizens should have the right to know the standards expected to be achieved, the cost of service and identity of service providers. There is also a need to lay down clear standards of service provided by the local governments so that citizen can expect a guaranteed minimum level. There should also be a well-defined system for redressing griev-ances of those who are dissatisfied with service delivery.

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[1]G.O. (P) No.260/2004/GAD dated 20/09/2004-A People centred Service Delivery Policy for Kerala

CHAPTER 2
SERVICE DELIVERY FOR SOCIAL JUSTICE, SOCIAL SECURITY AND SOCIAL WELFARE

Equity is one of the guiding principles of service delivery. Majority of the very poor people escape poverty because they benefit greatly from various social security and social as-sistance programmes. Hence improving quality of services is critical to poverty reduction also. There should be a conscious effort on the part of the Local governments to reach out to the poor and marginalized groups to ensure their seamless access to public services. Strategically this would help in enhancing the capacity of the poor and the marginalized groups to take ad-vantage of economic opportunities and would trigger longer-term development towards pov-erty elimination.

Kerala has long been acclaimed as a welfare State which provides social protection and social assistance to the marginalized sections of society particularly the destitute, aged, children, women, chronically ill and persons with disability. The State has a robust social safe-ty net consisting of Ashraya and Buds programmes of Kudumbashree, social security initia-tives of Kerala Social Security Mission (KSSM) and community based palliative care pro-gramme of the local governments. Other major ongoing initiatives in the area include (a) social assistance programmes including pension schemes for the aged, widows, people with dis-abil-ity and agricultural laborers, (b) assistance to meet medical expenses of chronically ill, (c) as-sistance for caregiver support to fully bed-ridden patients, (d) community based dementia care (e) psycho-social rehabilitation of the paraplegic, (f) community based pain and palliative care services and (g)Mahatma Gandhi National Rural Employment Guarantee Scheme(MNREGS).

Institutional arrangements for service delivery for social justice, social security and so-cial welfare are, however, fragmented. The government system for social protection delivery is spread across various departments and therefore lacks coordination and convergence across departments and programmes. There is a need to improve the performance and efficiency of these programmes and to develop a local government social protection floor containing mini-mum social care and protection guarantees with scope for progressive achievement of higher levels.

Despite a strong social safety net, a considerable number of people still find it difficult to cope with the painful problems of exclusion, destitution, chronic or life-threatening dis-eas-es, disabilities and sudden poverty. There are also outlier groups who are outside the social safety net. It is our commitment to ensure that no one in Kerala languishes for want of food, medical treatment or care. It is the responsibility of a civilized society to ensure that all mar-ginalized groups have equal access to opportunities and capabilities and live a life of dignity.

Ten percent of the total plan allocation of local governments is prescribed for the sus-ten-ance of disadvantaged groups – children, physically and mentally challenged persons, trans-gender and elderly. This is a very important tool at the local government level to ensure

inclusive development. In addition, issues such as those related to children, people with dis-bility and the elderly cannot be confined to this specific allocation but needs to be mainstreamed into the entire plan of the local governments. However, there are some concerns whether the funds are being used in an efficient manner and delivering sustainable results in this area. The reasons for this are many.

First, these areas are crosscutting issues that must be mainstreamed into all interven-tions. But as is, projects and interventions are being implemented in silos, and convergence between these sectors is rarely effectively managed, even at the local government levels. While there are strong legal and policy frameworks at the state level nevertheless, holistic and comprehensive planning in these areas is not found, given the silo approach.

Second, the design of interventions is standard and traditional. Innovative interven-tions, effective synergies, strong partnerships, and interventions tailored to local context are un-common. There is a tendency to replicate interventions that have worked elsewhere.

Third, there is weak institutional and human resource capacity at the local govern-ments level to address these sensitive and complex social issues. Good outcomes can only be based on strong public capacity at the local government level in decentralized contexts. This includes formulating strategies, capacitated institutions that can learn lessons, and adapt ac-cordingly.

Fourth, weak monitoring and evaluation systems are in place that assess only inputs and at best outputs leading to little or no knowledge on the outcomes. Developing a Results and Client Oriented Culture is critical at the local government level.

Local governments should develop innovative and sustainable interventions for reali-za-tion of rights, delivery of quality services, and human and socio-economic development to support other socially and economically disadvantaged groups such as scheduled castes, scheduled tribe and coastal communities. Thus, overall, there is a need to develop more in-no-vative, efficient and sustainable planning and implementation. Without comprehensive and holistic planning, progress is almost impossible, and development effectiveness will remain very low given the fragmented interventions.

Service Delivery Strategy

All local governments should prepare a Service Delivery Implementation Strategy for all the services rendered by them. For this purpose, they should (a) list out all services provid-ed them (b) mark stipulated standards of service (c) actual level of services provided cur-rent-ly (d) review the current stipulated standard and set new outcome based standards of service and (e) develop action plan for improving quality of services in accordance with the set standards which shall indicate resources required for achieving the target and strat-egy for at-taining the targeted improvement, including streamlining of procedures, use of Information Communication Technology (ICT), capacity building of service providers etc. and suggest a results-focused monitoring mechanism. There shall be a separate strate-gy for transaction in-tensive services like teaching in schools and pre-school education in Anganwadis. Strategy for service delivery improvement shall be discussed in the elected council of the local govern-ments for approval and publication. This will facilitate an out-come-based service delivery plan

Figure 1: Results Framework for Social Security

CHAPTER 3
PLANNING FOR SERVICE DELIVERY IMPROVEMENT

Lack of transparent procedures, lack of motivation, poor coordination, obsolete pro-ce-dures and systems and lack of systems to ensure greater accountability are some of the is-sues facing public service delivery in the local governments. Lack of proper planning, absence of monitoring and corrective measures and proper evaluation have also contributed to poor quality of service delivery. Therefore, the working groups for people's planning shall inter alia plan for improving quality of services in the local governments. Planning process shall follow the service delivery strategy approved by the local government concerned. Each service deliv-ery project should state the eligible client groups and among them particu-larly the marginal-ized groups that are most likely to be excluded from existing services. It shall contain a strat-egy to ensure that coverage of services can be extended to include such groups. Thus, work-ing groups for local level planning shall also prepare Institutional Service Delivery Projects for the transferred institutions.

Gender Mainstreaming in Service Delivery
It is important to build in a gender sensitive approach to service delivery. Although wom-en have the greatest need for basic services, they often face obstacles to access. A varie-ty of practical obstacles often prevent women from accessing the services they most need. While planning for service delivery, these barriers shall be taken into account through a gen-der-sensitive approach to the design and delivery of services. There should be a sys-tematic approach in the local governments to ensure women's access to public services of adequate quantity and quality. It should also be ensured that women are also empowered to equitably access benefits and opportunities.

Institutional Plan for Service Delivery Improvement
The quality of services of an institution would largely depend upon the quality of three factors among others, namely, (a) infrastructure (b) human resources and (c) procedures and processes. Keeping this in view, all institutions under the local governments shall pre-pare institutional plans for improving service delivery. The institutional plan shall clearly state pre-sent level of services and intended improvements: annual and over a period of five years. It shall also indicate as to how social audit can be conducted in the institution. The institutional plan will also attempt at empowering citizens to enforce their rights through increased aware-ness, through capacity development of service providers to deliver services consistently with prescribed standards, and encourage a participatory local system of devel-oping and imple-menting a Community Score Card to increase social accountability and systematically assess the implementation of the citizen's charter and the grievance redressal.

Rights based Framework for Service Provision
Plans and programmes for service delivery shall be anchored in a system of rights and cor-responding obligations. Citizen's charter lays down a prior specification of the service to be delivered. This ensures that the people who avail of services know what they can expect in terms of the quality and quantity of services. A rights-based framework for service delivery

will consist of (a) Citizen's Charter for defining the level of services to be provided to the citizen, (b) accountability systems, (c) grievance redressal mechanism and (d) social audit. This rights-based approach to service delivery will help to promote sustainability, empowering rights holders, especially the most marginalized legitimate opportunity to hold the service providers accountable. Local governments should work towards strengthening the capacities of rights holders to make their claims and of duty bearers to meet their obligations. The over-all strategy to address the issues impeding service delivery will be to evolve an institutional governance framework based on transparency, participation, citizen's charter, accountability, performance monitoring, grievance redressal and social audit. If social audit is extended to social security, social welfare and social justice projects of local governments, it will help to enhance access, transparency, accountability, grievance redressal and community participation in service delivery. An Information, Education and Communication (IEC) Campaign can be launched to create awareness on social obligation of service delivery institutions and access to grievance redressal mechanism.

Way Forward
Government may develop enabling guidelines for the Local governments for imple-menting holistic, sustainable and resilient development interventions in social justice, social security and social welfare. Specifically, the Guidelines will contain up-to-date knowledge, key strategies, actions and tools, best practices, and results and monitoring frameworks, to effectively deal with the special groups to ensure sustainable development. The Guidelines will guide local self-government leaders and functionaries in four main areas:

- Innovative and inclusive local government strategies and action plans for the marginal-ized;
- Innovative ways of strengthening capacity of Local governments and functionaries to foster innovative practices;
- Innovations in engaging civil society and strengthening partnerships in ways that will support innovative and inclusive development; and finally
- A results framework and associated monitoring framework to ensure accountability and measure consistent results in this area.

Efficiency and effectiveness of the services for social justice, social security, social welfare and social safety net programmes of local governments should be improved   so that no individual or household in the State feels the bitterness of isolation due to old age or dep-rivation due to impoverishment, disabilities or chronic diseases. It will do so by supporting those who are chronically ill and empowering them to avail of their due rights through increased awareness and provision of support by local government as needed.

Social Protection Floor
The local governments shall create a framework of a Rights Based Social Protection Floor which will consist of the following key elements, namely, (i) protective and promotive measures like (a) improved earnings in the informal sector, (b) social assistance pensions,

[2]*Social protection floor (SPF) is a concept defined by International Labour Organisation in the Social Protec-tion Floors Recommendation, 2012 (No. 202). In the present context, SPF would mean the basic minimum level of social protection a local government should guarantee to its citizens.*

(c) public employment like MGNREGS, (d) food security: PDS, ICDS and Mid-Day Meal Pro-gramme and (ii) protection of the excluded social groups like people with disabilities, older people, victims of abuse, transgender, migrant labourers etc. In Kerala, the local governments can formulate their own social protection floor consisting of the following six dimensions of social protection (a) primary education, nutritional status and health of children (b) employ-ment and livelihood security with the MGNREGS (c) social pensions for the elderly, widows, persons with disabilities and agricultural labourers (d) health protection (e) food security and (f) housing, water and sanitation. This will contribute to Kerala's transition from 'welfare state' to a 'caring state' with the empowerment of the citizens.

Electronic Service Delivery

It is proven that introduction of ICT initiatives in local governance will improve productivity, transparency, accountability, efficiency and reduce corruption in service delivery. Though electronic service delivery has been implemented to a large extent in local governments in the case of statutory permissions, licenses, registrations and municipal functions at the settlement level, it is seen that use of ICT in development services has been minimal.

The ICT initiatives in LSGs began with the ideations in 1998 which culminated in developing a comprehensive plan for ICT in local governments. This led to the formation of Information Kerala Mission (IKM). Finalising the requirements from the perspective of reengineering and transformation of the existing legacy systems, processes and information was identified as the biggest challenge in introducing ICT initiatives. At that stage, there was hardly any   training for local government personnel in ICT. This led to the development of a comprehensive train-ing plan on ICT with content in Malayalam for the first time. The technology choice for the project was arrived at through wide consultations and finalised by a national level technical committee. A methodology for software development in incremental stages with the in-volvement of local government leaders and officials was developed. With pilot implementa-tions implementations in a few Panchayats in Thiruvananthapuram district from 2001 onwards, to Janasevanakendrams in Municipalities and Corporations from 2003, to rollout across all local government from 2007, it was a long, innovative and arduous journey.

Current status

Table 1: *Summary of the current deployment of applications in local governments*

Sl No	Service	Software Module	Scope (LSGs)	Online LSGs	Coverage %	Comments
Public facing services						
1	General	Citizen Service Portal	1034	941	91.0	
2	General/ Integrated services	ILGMS (integrated app)	1200	309	25.8	
3	Information	Samveditha websites and portals	1200	1200	100.0	
4	Trade license	Sanchaya D & O Licence	1034	54	5.2	
5	Tax - profession	Sanchaya Profession tax	1034	1	0.1	

6	Tax - property	Sanchaya Property tax assessment	1034	1034	100.0	
7	Tax – property	Sanchaya property tax e-Payment	1034	996	96.3	
8	Rent	Sanchaya Rent on Land and Buildings	1034	6	0.6	
9	Information	Sanchitha Act & Rule	1200	1200	100.0	
10	Building permit	Sanketham Building permit	1034	1025	99.1	Discontinued from LSGs with IBPMS implementation
		IBPMS / AutoDCR in selected urban local governments				
11	Civil registrations	Sevana Civil Registration	1035	726	70.1	Discontinued from ILGMS locations
				226		676 Hospital Kiosks in 226 LBs.
		TCS implementation in Cochin Corporation	1	1		Discontinued and reverted to Sevana
12	Welfare pension	Sevana Pension	1034	1034	100.0	
Internal services						
13	Accounting	Saankhya Accounting	1200	891	74.3	Discontinued from ILGMS locations
		KSUDP Accounting Package in selected urban local governments				Moved to Saankhya after pilot
14	Assets	Sachitra Asset	1200	1198	99.8	
15	Meetings, decisions	Sakarma Meeting management	1200	1146	95.5	
16	Workflow	Soochika Backend	1200	670	55.8	Discontinued from ILGMS locations
17	Workflow	Soochika Front Office	1200	891	74.3	Discontinued from ILGMS locations
18	Establishment	Sthapana Establishment and Payroll	1200	1051	87.6	
19	Planning	Sulekha Plan Formulation and Monitoring	1200	1200	100.0	

The coverage is impressive in terms of the locations covered, the service touch points and also in terms of the volume of transactions handled. Some of the services are available to the pub-lic without any workflow intervention from the local government officials. These include ob-taining copies of certificates of births, deaths and marriages (registration if completed) and ownership certificate for properties. Online services, without visiting the offices are available for some services.

A brief review of the status of some of the services is given below:

1. Civil Registration

The implementation of Sevana Civil Registration had been one of the highlights of the initial rollout in local governments. The introduction of Hospital Kiosks in local governments with high volume of registrations went on to transform the civil registration process in Kerala and had won national awards. The availability of certificates online without any official interven-tion and facility for verification of genuineness by authorised officials has greatly helped the people.

2. Plan formulation

Sulekha was one of the first applications to be used in all tiers of local governments. This ap-plication too won many national awards. It provides complete workflow related to plan for-mulation and approval, and is a comprehensive database of plan programmes of local govern-ments. The status of handling post formulation processes related to plan has to be assessed.

3. Accounting

Saankhya, with double entry accounting was rolled out in all local governments.

4. Taxes and licenses

The ICT implementation for the own revenue sources of local governments has not been fully rolled out, except for property tax. This needs to be reworked, if required, and scaled up.

5. Welfare pensions

Sevana Pensions is operational in all local governments.

6. Electronic Files and Workflow

Soochika with its integration with other application software was expected to handle all the workflow and as a centralised tool for tracking all the petitions and applications received in a local government.

7. Building Permits

Sanketham for handling building permit applications was introduced in many local govern-ments. This application provides all workflow related to building permits, but the evaluation of plans has to be done manually and the parameters entered into the software. The IBPMS with AutoDCR has been introduced in many urban local governments to automate and speed up the plan verification and approval process using the AutoCAD drawings submitted with the permit-application. This could be integrated with the common applications of the local governments.

8. Integrated application

ILGMS was introduced recently as an integrated application which provides the front-end services to citizens and integrates the backend processes required for these services. This con-cept varies from the original plan of separate applications providing citizen services integrat-ing with a common workflow application.

Looking forward

Ten years after the formation of IKM and 13 years after the commencement of decentralised planning the M.A. Oommen Committee Report would be possibly the only study that took a comprehensive look at the functioning of local governments. But this was at a stage when the software modules were rolled out in a limited number of local governments only. The Report (2009; Chapter 8) classifies the services of local governments into four categories. Though electronic service delivery has been implemented to a great extent in the categories of statuto-ry permissions/licenses/ registrations and municipal functions at settlement level, it is felt that the use of ICT in welfare measures could be considered average and those in development services minimal. A comprehensive assessment with metrics suitable to the unique function-ing of the local governments can be thought of.

The plan guidelines (13th Five Year Plan, 2018) for the local governments, under the Good Governance plans, clearly mentions that the status of service delivery should be regularly re-viewed on the first Wednesday of every month with the involvement of elected representa-tives and officials including implementing officers. The status of this periodic review has to be assessed and such reviews further reinforced.

To further supplement the existing ICT initiatives and taking them forward with necessary changes in the context of the technology transformation and its usage levels in society, a few short, medium and long-term initiatives are suggested. (Some of them may already have been taken up or already implemented.)

Short term
- Service delivery should be extended to new channels from the existing office(s) and Internet based channels. Integration with vaathilpadi sevanam is an immediate re-quirement.
- Mobile apps would be an important tool, especially for the local government leaders and implementing officers. This could be made part of the workflow and also serve information to them.
- Leveraging the available transaction databases for improving non-contact, on-demand services, and identifying those in need of services (instead of their applying) should be thought of.
- Workflows should take into consideration the immutability of validated and secured electronic databases and could even avoid workflows for service delivery by provid-ing public access, with due considerations for privacy.
- The service delivery in urban and the three tiers rural local governments would have to be differentiated and considered accordingly.

Medium term
- Integration of databases of other departments – civil supplies, land reve-nue/registration, education, health, agriculture. Linkages with other databases like cen-sus (This is mentioned in the ToR for decentralised planning process also.) Chapter 10 of the Dr Oommen Committee report mentions this requirement in some detail. The current status should be reviewed and plans for integration formulated.

- If currently the electronic platform for planning starts with the formulation after gra-ma sabhas and ends with approval of DPC, it has to be extended to start from Grama sabhas and should also handle the beneficiary/ implementation details (more than just the financial part).
- Integration with state-level applications for workflows – e.g., SWIFT for industries, etc. (if not already available)
- The privacy aspects of the database have to be reviewed and firmed up.

Long term
- Plans to capture data on local resources and needs. Resources include the human and natural resources, while needs could range from welfare to health to income generation. Capturing these could help in better and more informed local planning. Most of this kind of information would be fuzzy and non-structured to begin with, and over time information could be deduced for planning purposes

Generally, 'translating' the 'requirements' to the electronic platform with necessary re-engineering of processes to reap benefits of ICT has been the weak point in electronic service delivery in most Government IT initiatives. Straddling the 'domain' and the technology as-pects has been a challenge. Wherever this could be overcome, it had resulted in huge successes.

In the present context of IT-savvy employees available in local governments should be trained to look at unaddressed or incomplete requirements and work on translating such requirements into practice.

Planning for Special Groups
The Local Governments plan for disadvantaged special groups (Children, Persons with Disabilities, Elderly, Palliative care and Transgender) is a striking feature of Kerala's de-cen-tralized planning. The Local Governments have to mandatorily earmark five per cent of the Normal share of General sector funds, SCSP funds and TSP funds for the Special Group comprising children, persons with disabilities and transgender and another five per cent for the development and welfare of older people and for palliative care projects. The expenditure in 2019-20 as percentage to total spending (incurred under the categories of Normal share of General sector funds, SCSP and TSP taken together) in the case of the special programme for children and persons with disabilities comes to 3.95 per cent and 1.90 per cent respectively whereas for palliative care it was 2.17 per cent. This implies that the expenditure of local gov-ernments in respect of special sectors is inadequate, indicating that concerted efforts are re-quired for improving quality of planning, implementation and monitoring of such projects.

People with Disabilities
As per the World Health Organization estimates, the total global number of people with disa-bilities has already surpassed one billion, making them the world's largest and one of most neglected minority groups spread across all countries and communities. According to the UNDP 80 % of persons with disabilities live in developing countries,

United Nation's Convention on the Rights of Persons with Disabilities (UNCRPD) urges its parties (signatory countries) to promote, protect, and ensure the full enjoyment of human rights by persons with disabilities and ensure that they enjoy full equality under the law. The global commitment for the 2030 Agenda for Sustainable Development recognizes promoting the rights, perspectives, and well-being of persons with disabilities (PwDs) in line with the UNCRPD towards a more sustainable and inclusive world (UN 2019). Disability is refer-enced in five goals related to education, growth and employment, inequality, accessibility of human settlements, and data collection and monitoring of Sustainable Development Goals (SDGs).

Indian Scenario:
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 re-ported for the world. This leads us to believe that in the Indian context, there is gross un-derreporting of the disabled population.

However, the Rights of Persons with Disabilities (RPD) Act, 2016, lays out a much broader umbrella of disabilities encompassing 21 types of disabilities as compared to the earlier seven types (under the repealed PwD Act 1995). In India, poor availability of disaggregated data and programs for inclusion and empowerment of PwDs at the local government level is one of the primary reasons for their continued marginalisation.

Kerala Scenario:
In 2015, the Social Justice Department together with   the Kerala Social Security Mission (KSSM), conducted an exclusive State wide census of persons with disabilities. It was the first disabilities census of its kind in India, covering 22 types of disabilities, excluding acid attack victims and people with Parkinson's disease (included in the Rights of Persons with Disabilities Act, 2016) and including kyphosis and epilepsy as separate disabilities. (Table-1)

The above census identified 7,93,937 persons with disabilities, constituting 2.3 per cent of the State's population, which according to many experts is gross undercounting. Among the findings of the census a few points of particular interest for local governments include the fact that about 50% of the persons with disabilities either did not go to school or dropped out from the primary school; even in the working-age group of 20-59 years, about 63% per cent PwDs were unemployed and a significant proportion of them had no access to accessible housings or appropriate assistive devices.

Another interesting finding that could be particularly relevant to local governments is that over 57 per cent of persons with disabilities had acquired disability as against congenital oc-currence, which means that if we strengthen local-level activities for prevention of acquired (which are predominately due to preventable causes) disabilities a significant proportion of disabilities can be brought down in future. This would also mean that we will be able to de-crease the dependency ratio and that we would be able to significantly increase the quantum of per capita benefits for PwDs.

Table 2 : 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

SITUATION ANALYSIS:

Where Do We Stand?

The 13th Five-Year Plan period brought in some palpable reforms and key achievements towards building a more inclusive society for Persons with Disabilities.

During the 13th FYP by way of follow up of the activities initiated during the previous years and in line with the recommendations of the working group report on social protection for 13th FYP, Kerala tried to adopt a rights-based comprehensive life cycle approach for the em-powerment of persons with disabilities, primarily through an umbrella program called "Anuyatra". The focus of the approach was in undertaking prevention initiatives, early screen-ing, early intervention through District Early Intervention Centres (DEICs) and other health and social sector institutions, educational support services through special

Anganwadis, Buds Schools, Model Child Rehabilitation Centres, Special Schools, inclusive education and voca-tional training, community-based rehabilitation and assisted living projects.

The social security programs of various agencies which are intended for Persons with Disabili-ties also made a significant difference in quantum and coverage. This is specifically evident from the fact that the monthly disability pension was enhanced from ₹600 in 2015-16 to ₹1500 by early 2021.

In this regard, another significant reform in the State was the bifurcation of the Social Justice Department in to Women and Child Development (WCD) Department to give meaningful thrust to the activities aimed at welfare and empowerment of women and children. Corre-spondingly the overstretched SJD was able to focus on the people with disabilities, senior cit-izens and transgender people.

The Rights of Persons with Disabilities Act was enacted in 2017, and its rules were notified in 2018. Following this, many departments strengthened their existing programs and intro-duced many critically significant new initiatives. The departments and agencies (other than Social Justice Department) which took proactive initiatives for PwDs include the Local Self Government Departments and LSGIs, Kudumbashree, Health Department and Tribal Devel-opment Department, Education Department through many initiatives especially SSK, Tourism department, Labour and Employment department, and PWD. A detailed listing of the achievements made by each department and agency is beyond this document's scope.

What Do We Have?
The social protection system for Persons with Disabilities can be grouped under two main categories, viz (a)Institutions and establishments (including departments, agencies, institu-tional networks and Government entities) catering to the special needs of the PwDs and (b) Social Security/ Social Assistance Programmes intended for their benefit.

As a detailed analysis of roles and programmes of the departments, institutions and other stakeholders concerning PwDs, is beyond the scope of this document, an effort is made to tabulate major programmes and projects (though not exhaustive) of these departments, institu-tions and organizations (Annex-1). This is relevant to this document as a strategy for conver-gence of services to persons with disabilities with local government in the central place can be formulated in the best interests of the PwDs.

What are the Issues and Challenges?
The critical constraining factors in service delivery to the Persons with Disabilities are discussed below:

Lack of convergence and coordination: What comes out very clearly from the previous section on the situation analysis is that multiple departments and agencies provide similar services in a divergent manner leading to duplication, overlaps and wastage resources and efforts (Annex-1). There is no focal point or one-stop- centre in the periphery where the PwDs can avail of all types of the services and schemes irrespective of the implementing

department or agency. More often than not even the departments and agencies working in the disability sec-tor are unaware of the projects and programmes of other departments and agencies. Lack of dedicated field functionaries for the social justice department as a result of the bifurcation of the department into SJD and Women & Child Development (WCD) Department accentuates this problem in the periphery.

Charity Model still takes centre stage: 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 interven-tions 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 consid-ers PWDs just as long-term recipients of support and welfare, which is con-trary 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.

Inadequacy of Trained persons: Inadequacy of trained persons to address the specific and dynamic needs of the PwDs is another major challenge. That inadequacy is evident from the lack of trained coordinators for rehabilitation and inclusion activities in the local gov-ernments, the inadequacy of therapists and   trained human resources at different supervi-sory and ad-ministrative levels.

Some disabilities are systematically excluded from the projects and programs: Despite the fact that the RPWD Act is applicable to 21 identified types of disabilities most of the programmes in the State under various departments and agencies currently fail to include some of these disabilities. The main reason for this serious omission is that many of these dis-abilities were not included in the earlier enactments, i.e., PWD Act and the National Trust Act. It is a matter of concern that there are only a few special services, schemes, finan-cial as-sistance, or pensions benefitting persons with the disabilities of Parkinson's disease, muscular dystrophy, blood disorders and multiple sclerosis.

Inaccessibility: There are significant gaps concerning accessibility in terms of necessary in-frastructure support for persons with disabilities. Even though the Accessible India Cam-paign and Barrier Free Kerala Initiative have made a significant difference, a large number of Government buildings, public and private places, roads and transport facilities are not accessible for persons with disabilities. And there is also a gap in understanding what it is to mean by barriers. This is obvious by the fact that the 'barriers' which are rectified are just the physical barriers only. Just retrofitting ramps does not make a place "barrier-free", though it is certainly an important first step towards making a physical facility barrier-free. However, it only improves the access for people on a wheelchair that too only if the ramp is con-structed with appropriate specifications of gradient. However, in spite of removing physical barriers, a building or a place would continue to be inaccessible to people with disabili-ties other than locomotor disability unless other dimensions of barriers are also addressed.

"Barrier", as defined by section 2c of the RPWD Act, means "any factor including

com-municational, cultural, economic, environmental, institutional, political, social, attitudinal or structural factors which hampers the full and effective participation of persons with dis-abilities in society." However, any factor beyond structural/physical barriers is seldom considered for removal.

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 Union 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 ad-vocated nor enforced at the local government level.

Absence of a live registry or an integrated system: There is neither an integrated system that combines the activities of different departments nor enough records of persons with disabilities availing services from the public sector. This is clubbed with a gross information asymmetry on the existing programs and schemes between the providers and the potential beneficiaries.

Grossly inadequate support for adults with Intellectual Disabilities and Autism: "What will happen to my child after my death?" is the eternal worry among the parents of children with intellectual disabilities. The report of the expert committee (on assisted living with a model programme proposed) in 2015 has not been pragmatically implemented or timely
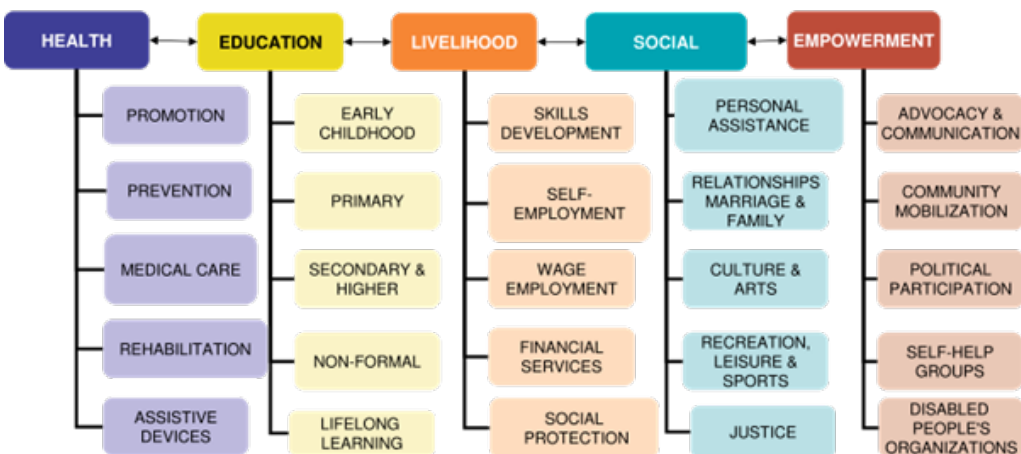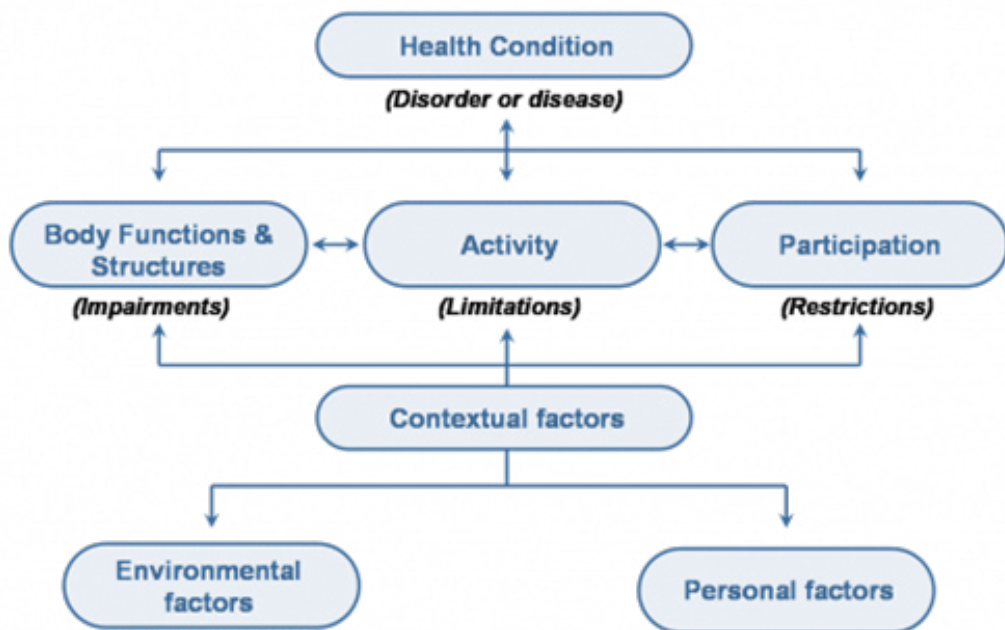

Figure 2: WHO CBR Matrix

Figure 3: ICF Classification of disabilities

re-viewed. Though some scattered initiatives have emerged from various parts of the State, this issue remains grossly unaddressed.

Inadequate Employment Opportunities: Though the RPWD act 2016 and the central and State rules following it have led to significant initiatives, unemployment and non-involvement of PwDs in productive and gainful employment continue to be a major chal-lenge.

Significant proportion of School dropouts among PwDs: Even by the stipulation under Section 17 of the RPWD act 2016, appropriate authorities and Local authorities (here LSGs) have to conduct survey of school-going children every five years for identifying children with disabilities, ascertaining their special needs and to the extent to which these are being met. However, such systematic active search happens only in a very few LSGs. The disability Cen-sus in 2015 showed that 46% of PwDs could not access any formal education, whereas only 18% of PwDs in the State completed the 10th class. This situation is grossly unacceptable to a State like Kerala.

Way Forward:
1. Community based inclusion and rehabilitation (CBIR): At the local govern-ment level, the newly proposed CBIR model envisages working holistically for all types of PwDs as per their need and context. By using this model, we can 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 effective decentralized planning system. It is also expected that this new proposed model will ensure more parti-

ci-pation, integration, networking, and sustainability. It can also mainstream the concept of in-clusive development. Hence implementing the CBIR model in a campaign mode can be de-cided as a priority intervention for the 14th FYP.

Conceptually, the CBIR model is based on the WHO's CBR matrix and the ICF classifi-ca-tion of disabilities. This framework can be augmented and further refined by the learn-ings from decentralized governance and planning systems. WHO's CBR matric and ICF classifi-cation of disabilities are schematically illustrated in the figures below:

CBIR is about collectivism and inclusive communities where PWDs, their families and com-munity members participate fully in resource mobilization and in developing inter-vention plans and services for PWDs. CBIR shall be implemented through the combined efforts of people with disabilities themselves, their families, organizations and communities, local gov-ernments, concerned departments and agencies all effectively converging at the local level.

The CBR matrix and ICF framework shown in the figures above provide an overall per-spec-tive of what may be included in the proposed CBIR strategies. The CBR matrix gives

Figure 4: Needs of a child with disability. Source: David Warner, Hesperian Health Guides, www.hesperian.org. Copyright (c) 2017

a struc-tured 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 pro-gramme and then start to build up the programme by adding initiatives until a coherent pro-gramme of appropriate components and elements is developed. Technical support for this can be provided by a state-level team through trained district resource persons. KILA can take the pioneering initiative in this regard.

CBIR needs to be initiated and managed by insiders of the community, rather than out-siders, for its acceptance, participation and sustainability. In this context it is essential to identify a "CBIR Promoter" or "CBIR Coordinator" at the panchayat level who will cater 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 work-ers can be identified and trained from ASHA, AWW, Kudumbashree workers, members of CBO active in the region or volunteers from organizations for PwDs or independent volun-teers. However, there shall be a mechanism to ensure accountabil-ity as was 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 LSGs based on a template de-veloped at the state level and after proper practical training. Micro action plans shall be de-signed to focus on the overall far-reaching goal of CBIR to enable the PWDs to be-come in-dependent and productive to the maximum possible extent and to facilitate their respectful inclusion in the development activities of the society at large. Deliberate efforts shall be taken to address the whole spectrum of the needs of the PwDs and not just focus on the conven-tional and existing schemes and deliverables. For example, the figure below shows the range of needs of a child with a disability which needs to be addressed holistically for attaining the desired intention of CBIR. Stakeholders operating in the various sectors related to disabili-ties, inclusion and development at the different administrative levels are to converge synergis-tically and collaborate closely for this.

2. Convergent and synergistic integrated multi-departmental initiative at the local level: Effective convergence, coordination and linkages are the key factors of a well-knit social safety net. The legacy of Kerala's unique decentralization model gives an oppor-tunity to pragmatically implement such an ambitious synergetic convergence at the lo-cal level, thus making it accessible to Persons with Disabilities. However, this requires strong political commitment at all levels and a strong urge to raise beyond the watertight compart-ments of departments and agencies. Hence, there is a need to establish a coordina-tion cell at the 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 depart-ments such as Social Justice, Health, Education and Labour, at the local level.

3. Focused interventions for PwDs with compounding vulnerabilities: Often many so-cial, economic, physical and other vulnerabilities of a Person with Disabilities com-pound

to a vicious downward spiral resulting in deprivation or inaccessibility to existing ser-vices. A poor transgender person or an orphaned tribal child with a severe disability will be ob-viously far more vulnerable than an affluent male with the same or even worse disabilities. Though some of the recent projects and programmes have superficially considered these is-sues of compounding vulnerabilities, this issue is far from being effectively addressed. A new IT-enabled system for registration, Individual Care Plan (ICP) project of the Social Jus-tice Department, and a better understanding of their vulnerabilities would help bridge the gap. Thus, the most vulnerable within the target population gets the priority and is deliber-ately included for assistance. A composite indicator based on a multi-variant regres-sion 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.

4. Disability registry: As a follow-up to the disability census of 2015-16, the social justice department initiated a process of developing Individual Care Plans for PwDs. The data col-lection, collation and digitization processes are in the final stage. Once we have it, it needs to be integrated with the online software for Disability Screening of KSSM and Arogyaker-alam to identify the potential beneficiaries of each of the welfare schemes. The ICP plat-form needs to be converted into a live registry linked to all the schemes for per-sons with 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 will need to be taken to improve public participation in local-level planning, while the data and information from the registry will augment evi-dence-based policy and program formulation. Measures taken in the 13th Plan to strength-en 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 incor-porated into the registry, which will be an excellent resource for effective, timely decision making, 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.

5. Barrier-free housing and barrier-free access to public areas: As barrier-free access to PwDs remains a significant challenge, despite the initiative taken during the 13th FYP, including the "Barrier-free Kerala Initiative", "Barrier-Free Tourism" project, "Barrier-free schools" initiatives and implementation of the Accessible India Campaign. One thing that was strikingly absent in these initiatives was local ownership. Some of the interventions that can be done at the local level by LSGs to increase accessibility for PwDs include:

a. In line with the stipulation of our RPWD act 2016 and the rules following it, the lo-cal 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". Officials con-cerned shall be trained on the checklist of the guidelines, and the public sensitized. The training for the officials shall be based on the broader understanding of "barri-ers" as

defined in the RPWD act (as detailed in the previous section) and methods for bridging the gaps. As regards existing built environment a time-bound interven-tion shall be made to ensure compliance with the guidelines.

b. In line with the successful campaigns for waste management and other progressive initiatives by the panchayats and municipalities, each local government can initiate a special drive to ensure accessibility for persons with disabilities and the elderly in all public places. As we are a fast-ageing society, the positive externalities of this initia-tive would be beneficial for a large proportion of the population. Best Performing lo-cal bodies may be encouraged with incentives.

c. All the websites of the LSGIs shall be made compatible with the accessibility guide-lines. All local self-government communication and information dissemination strat-egies shall be prepared and disseminated with due consideration of the accessibility needs of the PwDs and the elderly.

d. Transport facilities and roads under the local bodies shall be operationalized/made complying with the accessibility guidelines for the same. A checklist for this shall be prepared at the state level for LSGs in line with the central guidelines.

e. There is a need to increase the supply of affordable and accessible housing and sup-port services for PwDs under the LIFE Mission, especially in urban areas. Building designs, especially in the case of apartments, should comply with the accessibility guidelines.

6. **Disability inclusive disaster risk reduction (DRR):** From the experience of major nat-ural calamities during the 13th FYP plan period, the local planning for PwDs must in-clude Disaster Inclusive Risk Reduction strategies. This includes:

a) Training regarding search, rescue, and evacuation of persons with disabilities should be provided to all rescue and volunteer 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. They should include the supply of necessary equipment to ensure its availability when required.

b) As mentioned, ante there is a need to track persons with disabilities using GIS in the local governments and disaster-prone areas for minimising the risks and delays dur-ing rescuing persons with disabilities.

c) Measures shall be taken to set up/ identify disabled-friendly temporary shelters and buildings at the local government level with the required facility for information and communication, health, and education accessible for persons with disabilities.

7. **Strengthening early detection at the local level:** Early screening, detection and inter-vention are universally accepted as the most effective method in disability man-agement, especially among children. "Anuyatra"- Early Intervention Institution Network in the State initiated in the 13th FYP and detailed in the previous section of this document gives the setting using which the Local Self Governments can establish a peripheral sys-tem of early intervention. The following activities can strengthen the early intervention services at the LSGI level:

a) The Anuyatra Mobile Intervention Units (with therapists) currently functioning @ one for six Block Panchayats shall be increased to one per block. This Anuyatra MIUs

can provide decentralized if not doorstep therapy services to children and persons with disabilities.

b) Disability Screening at birth for congenital disabilities is currently done at all Govt de-livery points (hospitals with functioning labour rooms) and over 80% of the private fa-cilities. Now it is time to make it mandatory for birth registration. This may be pro-moted at the local government level with an incentive of new born universal screening at the panchayat/ municipal level.

c) Kerala has one of the highest immunization coverages among the Indian states. This successful Immunization programme can be extended to monitor development delays, if any, using simple developmental screening tools such as the Development of Ob-ser-vation Card (DOC) or Trivandrum Developmental Screening Chart (TDSC) or its ad-aptation. mother/Coordinated" proposed in this report. This shall not be confined to the congenital disability as around 50% of the disabilities in the State are acquired. This, if done at the local level through Anganwadis or as an annual campaign by local schools, can pick developmental delays at the earliest. This can also be done as routine activity at PHC if adequate community mobilization is done thru local advocacy.

d) Proper referral of the identified Children with Disabilities shall be ensured by the "CBIR Pro causes. So, if someone has a disability due to spinal injury following a Road Traffic Crash or a fall, they can also avail of proper specific management and care in Spinal Injury Centres in the State. The Apex Spinal Injury Rehabilitation Centre at the National Institute of Physical Medicine and Rehabilitation (NIPMR) Thrissur shall provide detailed guidelines and referral protocol. The same shall be the case with other acquired disabilities.

e) District Panchayats and Municipal Corporations can establish dedicated early inter-vention facilities (including Model Child Rehab Centres, Early intervention centres and Sensory Park for children with disabilities) with technical and operational support from the National Institute of Physical Medicine and Rehabilitation (NIPMR).

f) Along with early interventions, LSGIs and other stakeholders should be more vigilant and avoid activities that increase disability, 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

8. **Inclusive Formal and Informal Education for PwDs in their locality with appropriate access and accommodation:**

Some initiatives at the local level in this regard can be:

a. 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 im-proved sensitization on the concept of inclusiveness, BUDS school, as it is a segrega-tion model (that is catering exclusively to the children with special needs), 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 (children without In-tellectual disability), that would affect their development and hinder their socializa-tion 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 in-tellectual disability, autism or CP with ID. Children with cerebral palsy without intel-lectual 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 disa-bilities. This warrants appropriate training and augmentation of the staff in the BUDS school. However, it is worth doing, as this would help them cater to the population of children with severe disabilities who may have been otherwise left out.

b. Special Anganwadis from its pilot program in the Kozhikode district has been proved enormously successful in providing an inclusive environment for the children with in-tellectual disabilities and autism, evident from the fact a significant proportion of these children with disabilities are enrolled to regular schools after Anganwadis. This must be expanded to at least one special Anganwadis per panchayat in the 14th FYP Period.

c. Online education and tele-rehab services for children with disabilities need to be strengthened: The increased stress on online education and services Covid pandem-ic period has opened an opportunity to provide formal and non-formal home-based train-ing 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 fo-cused on improving the Quality of Life (QOL) of the PwDs and their Activities of Daily Living (ADL) and not on providing information/ general knowledge.

d. There are many scholarships, financial assistance, and incentives programs for edu-

ca-tion for PwDs run by different departments and agencies at various levels of Gov-ern-ance. These need to be converged at the LSGI level, or access to information and ap-plication for these programs/schemes needs to be availed at the LSGI level and streamlined thru it. Applications for these shall be included in the doorstep services in-itiative at the LSGIs. Deliberate efforts shall be taken to ensure access to these schemes for all eligible PwDs and their families.

e.   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 disabi-li-ties shall also be confirmed at each LSG level.

f.   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 NIPMR, where such dedicated fa-cilities are already functioning for Children with Disabilities. The Education De-part-ment also holds special School Kalolsavam for children with special needs. The identi-fied talents from these are to be longitudinally followed up to make a living out of this talent if possible.

9. Appropriate Assistive Technology solution for PwDs

Assistive Technology is the single most significant factor that enables PwDs to function alongside everybody else. Local Self Governments are often proactive in providing assis-tive technology for Persons with Disabilities. However, most of this equipment are pro-cured in bulk (like wheelchairs, walkers etc.) and distributed to the PwDs. The assistive de-vises so supplied may turn out to be inappropriate or inadequate to solve the specific limita-tion of the PwDs. Though there has been a considerable improvement over this convention-al method during the 13th FYP period, much needs to be done in this regard. This includes:

a.   As there are multiple stakeholders involved in the development, manufacture and dis-tribution of Assistive Technology on one side and in assessment, procurement and utilization on the other side with marked information asymmetry, there is a need for developing a comprehensive Assistive Technology Policy and Action plan with par-tic-ular focus on the opportunity provided by the provision for procurement of Assis-tive technology equipment by the LSGs.

b.   Once incorporated in the proposed Disability Registry (as discussed above), the In-di-vidual Care Plans (ICPs) would give a basic idea of the unmet need for assistive Tech-nology Solutions and avoid duplications and misuse.

c.   In the last decade, there has been tremendous technological advancement in Assistive Technology. There is a pressing need to sensitise the LSG heads and members, the assessment teams, the local functionaries and the CBIR coordinator (see above) 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.

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

10. Decentralized Network of facilities for 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 my death?" is the persistent worry among the parents of persons with disabilities. The report of the expert committee (on assisted living with a mod-el programme proposed) in 2015 has not been pragmatically implemented. However, cur-rently 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, opera-tionalize, 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 liv-ing. Moreover, philanthropists, companies (through their CSR funds) and individuals can contribute to this accountable society, thus enabling the society to provide de-cent care and facilities to all the needy PwDs. The state government may draft a uni-form bylaw detailing each functionaries' roles and responsibilities for this purpose.

b. **Strengthening day-care facilities for Adult with Disabilities:** Even before estab-lishing such an organized network of Assisted Living facilities as discussed above, the existing Buds Rehab Centres in the LSGIs can form day-care centres for adults with disabilities. However, that step cannot substitute residential Assisted living fa-cilities within the local community.

The guidelines of the BRCs needs to be modified, and enough flexibility and tech-nical support to be provided to LSGs for strengthening BRCs to provide systematic ADL training (Activities of Daily Living) and vocational rehabilitation. These BRCs can thus function as halfway homes preceding assisted living. Thus, serving as pre-paratory Centres for such children, focusing on making them independent and train-ing 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 is available to care of them.

11. Employment of people with disabilities:

Though LSGs have a relatively limited role in ensuring employments to all PwDs in the region, much can be done in this regard. Including the following:

a. Convergent efforts can be made together with the Labour and Employment De-part-ment and agencies like ASAP, KSHPWC and NIPMR in skilling the persons with disabilities to promote better employability.

b. Advocacy campaigns shall be conducted to encourage employment opportunities for PwDs in the private sector. Incentives in terms of recognition etc may be provided to promote the private institutions in 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 oppor-tuni-ties.

c. Regarding Govt appointments, most of the time, it is done centrally based on the reservation rotation formula and identified jobs by the Public Service Commission. However, LSGs should ensure reasonable accommodation (as defined in the RPWD Act) for PWDs appointed in their establishment. Local governments shall take spe-cial initiatives to ensure a barrier-free (physical, attitudinal and social) environment for such employees.

d. Ensure 4% or more reservations for PwDs in all the appointments done by the LSGs. The job categories where more such positions shall be given for any specific disabili-ties (e.g., Repetitive jobs for Persons with Intellectual disabilities, hearing impaired for jobs requiring undistracted precision etc.) shall be identified based on the evidence.

e. 'Prathyasha' scheme (under Kudumbashree Mission), which aims to form micro-enter-prises among vulnerable women, including mothers of intellectually disabled children and the person with disabilities, needs to be strengthened, and more such microen-terprises need to be initiated with appropriate training.

f. Kerala has a relatively high share of MSMEs in the country. MSMEs providing a sig-nificant proportion of employment to Persons with Disabilities shall be promoted in the panchayats/municipalities. Along with this, sheltered workshops, specially cre-ated environments in which people with disabilities can be employed, may be built with community participation by the LSGs. People with various disabilities, depend-ing on their capacity, training and skills, can be employed here for productive and waged activities.

g. Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS): even though the scheme is not for persons with disabilities, as per the Kerala Dis-abil-ity 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 imple-men-tation of the same for the PwDs.

Framework for Special Care and Assistance to Children

The Universal Declaration of Human Rights of the UN stated that children have a right to "special care and assistance". The 1989 UN Convention on the Rights of the Child re-iterated and expanded the rights of children. While planning for development of children, is the responsibility of the Local governments to take the best interests of the child into

consid-eration and strive towards ensuring children's rights to survival, development, protection and participation in all matters concerning them

Kerala has achieved many of the critical indicators of child development. Nonetheless, new and complex challenges have emerged which not only threaten the rights and well-being of children in the state, but even undo some of the hard-won gains in this area. There is also the challenge of grappling with new and different problems, even as other states are still ad-dressing with issues already tackled by Kerala. to ensure a supportive, safe and secure (or just?) environment for all children in Kerala by ensuring their survival and basic needs, by promoting their rights, by protecting them from all abuse, exploitation, and violence and
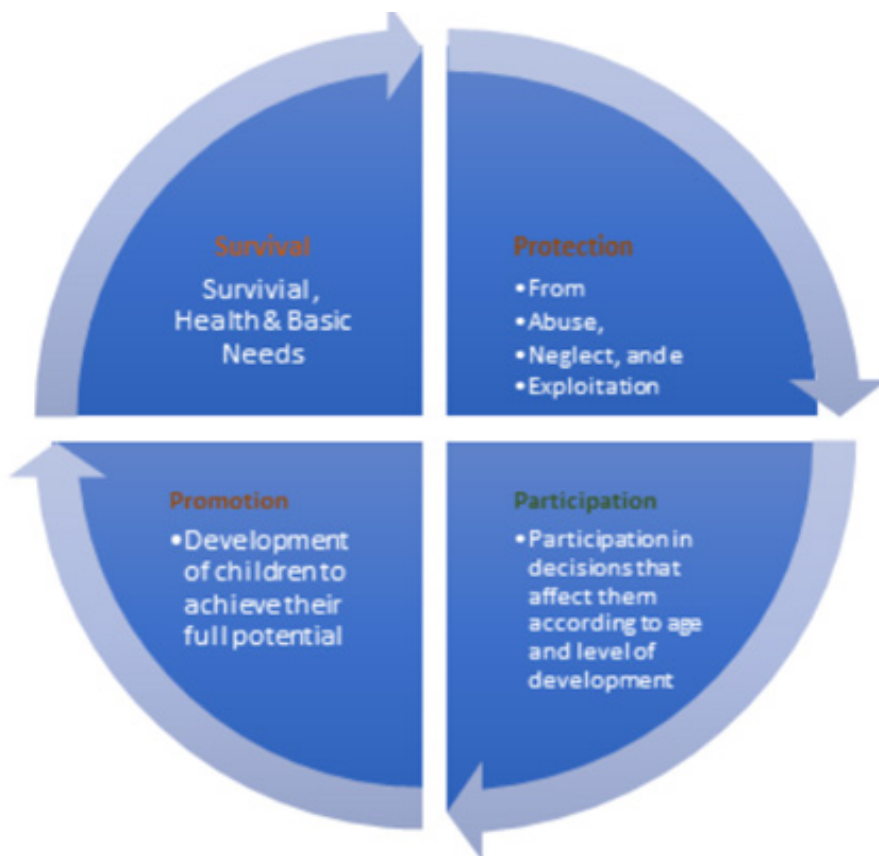

Figure 5: Results Framework for Child Rights

by facilitating their appropriate participation and voice in matters that affect them.

The guiding principles of planning for child rights will include:
*   The best interest and wellbeing of children are paramount in all decision-making process concerning children;

State Child Policy, 2016

- The right to survival, protection, development and participation are inalienable and in-divisible rights of every child;
- All children to be treated equally, and no child to be discriminated on any grounds of religion, race, caste, sex, place of birth, class, language, and disability, social, econom-ic or any other status;
- The right of children to free and compulsory education and protection from all forms of physical, sexual and mental exploitation to receive primary attention;
- Promotion of a safe, secure and protective family, school, social, physical environment for children, as well as the dignity of childhood;
- In the case of children in need of care and protection, institutionalization is the last re-sort with the Local governments endeavouring to ensure family and community-based care arrangements including sponsorship, kinship, foster care and adoption with due regard to the best interests of the child and guaranteeing quality standards of care and protection;
- Every child to be cared for, nurtured as most valued asset of the State; and
- Accountability and respect for the voice of the child, especially the girl child, will be ensured in all matters

In order to realise child rights, the Local governments will take necessary steps in four key dimensions, namely: (a) Survival, (b) Promotion of their Development, (c) Protection from abuse, exploitation, and violence, and (d) ensure their participation in decisions that affect them (Figure 1). These areas are briefly enumerated below. These only represent an approach to each dimension, and is not an exhaustive list.

Survival, Health, and Basic Needs
Right to Survival, Health, and Basic Needs are some of the fundamental requirements guaranteed under the Constitution and other laws. Approaches stated below are consistent with the National and State Policies for the child.[3]

Dimension	LOCAL GOVERNMENT Approach to Issues
Right to Survival, Health, and Basic Needs	1. The Local governments shall take all necessary measures to: 2. Ensure availability of essential services, supports and provisions for nutritive attainment in a life cycle approach, including infant and young child feeding (IYCF) practices, special focus on adolescent girls and other vulnerable groups, and special measures for the health, care and nutrition, including nutrition education, of expectant and nursing mothers 3. Nutritional care during the first 1,000 days of a child's life from the moment they are conceived until they reach 2 years of age. This is a time when their brain, body and immune system grow and develop significantly. 4. Secure the right of the child, particularly the girl child to life, survival, health and nutrition 5. Improve maternal health care, including antenatal care, safe delivery by skilled health personnel, post-natal care and nutritional support 6. Address key causes and determinants of child mortality through interventions based on continuum of care, with emphasis on nutrition, safe drinking water, sanitation and health education 7. Encourage focused behaviour change communication efforts to improve new born and childcare practices at the household and community level 8. Provide universal and affordable access to services for prevention, treatment, care and management of neo-natal and childhood illnesses and protect children from all water borne, vector borne, blood borne, communicable and other childhood diseases 9. Prevent disabilities, both mental and physical, through timely measures for pre-natal, peri-natal and post-natal health and nutrition care of mother and child, provide services for early detection, treatment and management, including interventions to minimise and prevent further disabilities, prevent discrimination faced by children with disabilities (mental and physical), and provide services for rehabilitation and social support 10. Provide adolescents access to information, support and services essential for their health and development, including information and support on appropriate life style and healthy choices and awareness on the ill effects of alcohol and substance abuse 11. Prevent HIV infections at birth and ensure infected children receive medical treatment, adequate nutrition and after-care, and are not discriminated against in accessing their rights

Protection of Children

A safe, secure and protective environment is a precondition for the realisation of the rights of children. Children have the right to be protected wherever they are. The Local gov-ernments shall create a caring, protective and safe environment for all children, to reduce their vulnerability in all situations and to keep them safe at all places, especially public spaces.

Dimension	LSG Approach to Issues
Protection from abuse, exploitation and neglect	• Protect all children from all forms of violence and abuse, harm, neglect, stigma, discrimination, deprivation, exploitation including economic exploitation and sexual exploitation, abandonment, separation, abduction, sale or trafficking for any purpose or in any form, pornography, alcohol and substance abuse, or any other activity that takes undue advantage of them, or harms their personhood or affects their development. • Take special measures to secure the rights and entitlements of children in need of special protection, characterised by their specific social, economic and geo-political situations, including their need for rehabilitation and reintegration, in particular but not limited to, children affected by migration, displacement, communal violence, disasters and calamities, street children, children of sex workers, children forced into commercial sexual exploitation, abused and exploited children, children forced into begging, children in conflict with the law, children in situations of labour, children of prisoners, children infected/affected by HIV/AIDS, children with disabilities, children affected by alcohol and substance abuse, children from socially excluded groups, and any other category of children requiring care and protection.

Promotion of Children's Rights

Dimension	LSG Approach to Issues
Promotion	**Right to Education:** • Provide universal and equitable access to quality Early Childhood Care and Education (ECCE) for optimal development and active learning capacity of all children below six years of age: Strengthen Anganwadis • Ensure that every child in the age group of 6-14 years is in school and enjoys the fundamental right • Promote affordable and accessible quality education up to the secondary level for all children • Foster and support inter sectoral networks and linkages to provide vocational training options including comprehensively addressing age-specific and gender-specific issues of children's career choices through career counselling and vocational guidance • Ensure that all out of school children such as child labourers, migrant children, trafficked children, children of migrant labour, street children, child victims of alcohol and substance abuse, children in areas of civil unrest, orphans, children with disability (mental and physical), children with chronic ailments, married children, children of manual scavengers, children of sex workers, children of prisoners, etc. are tracked, rescued, rehabilitated and have access to their right to education • Address discrimination of all forms in schools and foster equal opportunity, treatment and participation irrespective of place of birth, sex, religion, disability, language, region, caste, health, social, economic or any other status • Prioritise education for disadvantaged groups by creating enabling environment through necessary measures • Ensure physical safety of the child and provide safe and secure learning environment • Ensure that all processes of teaching and learning are child friendly • Provide access to ICT tools for equitable, inclusive and affordable education for all children especially in remote, tribal and hard to reach areas • Promote safe and enjoyable engagement of children's experiences with new technology in accordance with their age and level of maturity, even as there is respect for their own culture and roots • Review, develop and sustain age-specific initiatives, services and programmes for safe spaces for play, sports, recreation, leisure, cultural and scientific activities for children in neighbourhoods, schools and other institutions • Enable children to develop holistically, bringing out their aspirations, with focus on their strengths, empowering them to take control of their

Dimension	LSG Approach to Issues
	lives, bodies and behaviours
	• Ensure that children's health is regularly monitored through the school health programme and arrangements are made for health and emergency care of children
	• Provide services to children with special needs in regular schools and ensure that these are inclusive and have all facilities such as trained teachers and special educators, appropriate pedagogy and education material, barrier-free access for mobility, functional toilets and co-curricular activities towards the development of child's fullest potential and autonomy and sense of dignity and self-worth.
	• Promote engagement of families and communities with schools for all round development of children, with emphasis on good health, hygiene and sanitation practices, including sensitization on ill-effects of alcohol and substance abuse
	• Facilitate concerted efforts to map gaps in availability of educational services, especially in backward areas and address them
	• Identify, encourage and assist gifted children, particularly those belonging to the disadvantaged groups, through special programmes
	• Provide and promote crèche and day care facilities for children of working mothers, mothers belonging to poor families, ailing mothers and single parents
	• Promote appropriate baby feeding facilities in public places and at workplaces for working mothers in public, private and unorganized sector

Right to Participate

The Local governments shall take responsibility to ensure that children understand their rights, and facilitate an enabling environment, opportunities and support to develop skills, to form aspirations and express their views in accordance with their age, level of ma-turity and evolving capacities, so as to enable them to be actively involved in their own de-velop-ment and in all matters concerning and affecting them

Dimension	Approach To Issues
Participation	• The Local governments shall promote and strengthen respect for the views of the child, especially those of the girl child, children with disabilities and of children from minority groups or marginalised communities, within the family; community; schools and institutions; • The State shall engage all stakeholders in developing mechanisms for children to share their grievances without fear in all settings, especially care homes and institutions; monitor effective implementation of children's participation through monitorable indicators; develop different models of child participation; and undertake research and documentation of best practices.

Based on the above conceptual framework, Local governments shall proceed to pre-pare of a local action plan for child-friendly LSG. The first step in this direction is to create data base, conduct situation analysis and prepare status report of the child and in the LOCAL GOVERNMENT concerned. On the basis of the child status study report projects and out-come based strategic action plan for children can be prepared. KILA may develop a Manual and Tool Kit for this purpose.

Planning for the Elderly

In Kerala, already 14 per cent of the population is above the age of 60 years. This is expect-ed to rise to 20 per cent by 2025 and 35 per cent by 2050. The rate of growth of 60 plus popula-tion is higher than the rate of growth of the general population. 80 plus age group of the population is the fastest-growing segment of the total population.

As per the 2011 census, the population growth rate in Kerala (4.86%) is lower than that of India (17.64%). The age pyramid of Kerala shows a bulge in the 60 plus age category. This means that elderly population of Kerala will soon surpass the population of children. Kerala has huge implications for this demographic transition. This "Population Ageing" has social, economic, political and cultural implications. For example, Kerala has the highest dependency ratio in the country at 19.6 (18.6 for men, and 20.6 for women) in 2016.

A 2020 survey conducted by the State Government, where about 40.23 lakh elders re-spond-ed, provides the most recent picture of the elderly in the state. Amongst the elderly respond-ents, 89% self-reported their health status to be satisfactory with only11% consid-ering it un-satisfactory.

A comprehensive situation analysis of the elderly in the state is beyond the scope of this doc-ument. Hence a few aspects are briefly discussed below:

• **Gender Issues:** Kerala is lauded for its high sex ratio and the longer lives that wom-an live, but this also means that the elderly issue is predominantly a problem facing wom-en – as age increases. The sex ratio among the elderly (60+) is 1382, with the highest sex ratio in the age group > 80 years at 1656 elderly women for 1000 elderly men

(UNFPA 2013). Problems facing the women above the age of 80 years remain grossly unaddressed in current policies and programs. Inequalities they faced when they were younger (such as lack of voice, weak agency, and inability to have a choice in how to manage their lives) are exacerbated in old age, as they find themselves con-fined to the four walls of the home. This results in greater levels of loneliness, depres-sion and in some cases lead to dementia. The percentage of older women facing health issues concerning urinary and faecal/incontinence, depression etc is more than that of older men, which limits their mobility and quality of their life.

- **Neglect, ageism and abuse:** Studies indicate that factors responsible for intentional humiliation, neglect and abuse of the elderly include – dependency, the poor financial status of a family, lack of space in the house, interpersonal issues, chronic diseases of older persons, erosion in the moral value system etc. This adversely affects the wellbe-ing of the elderly.

- **Ageing and public healthcare system:** It is estimated that in Kerala, around 5% of people above 65 years of age have dementia. The State has undertaken several initia-tives to tackle the rising incidence of dementia. However, considering the preva-lence and social implications, the reach of the present initiatives is grossly insufficient. This is one among the several factors which point to the fact that our health system has to undergo a significant reorientation for facilitating healthy and inclusive ageing. Aard-ram Mission and the launch of the National Program for Health Care of Elderly are important steps in this direction.

- **Institutional facilities for Elderly:** The state has the largest number of old age homes (more than 620) in India but the standards of care and protection provided by most of these institutions are questionable. Most of them are managed on 'custodial care' mode and take care of only the basic needs like food, medicines and lodging. The non-availability of reliable trained care workers is another significant cause of concern. There is hardly any formal training programme for the care-workers to enable them to competently provide basic medical services, such as taking blood pressure, testing the level of sugar, attending to bed sore, changing catheter etc. There are several anecdo-tal stories regarding unethical and sometimes criminal practices like theft, elder abuse and even murder of certain paid care givers. In view of the expanding care economy, there is a need to establish systematic training programmes and subsequent accredita-tion of care workers.

  Basic Principles: Planning for the Elderly shall uphold the following principles:
- A panchayat and community-centric institutional framework for policy implementa-tion with support from the State;
- Promoting the development of home and community based elderly care services with institutionalized care as a last resort;
- Ensuring a physical, social, and environmental ecosystem that will support healthy and active aging for all including women and groups such as SC/ST and those with disabilities;
- Ensuring senior-friendly public places, cities, towns and panchayats

- Promoting coordination between elderly care and medical care;
- Increased the quality and quantity of institutions, facilities, and services for the elderly;
- A transparent and well-targeted social security system for the elderly poor;
- Establishing an integrated Management Information System (MIS), of social security data and beneficiary entitlements;
- Promoting human resources development for the elderly care sector;
- Providing opportunities, including credit, to the elders to participate in labour markets and to avail of their knowledge and experience;
- Facilitating development of a market for innovative and affordable elderly care products and services for those with sufficient income;
- Ensuring a system of oversight and monitoring by local governments over the activi-ties of institutions for the elderly, especially those financed by the NGO and private sector with clear and updated standards of care, which set the benchmark for quality and ensuring information disaggregated by sex, age, and caste.

Way Forward

The strategies for service delivery to the elderly by the local governments during the 14th FYP period shall include the following:

Strategy 1: Action on Healthy and Inclusive Ageing: Though there have been good practices by local governments in pursuing the goal of "Age friendly Panchayats and Munici-palities", what strikingly stands out is that such initiatives still remain exceptions rather than the norm. The efforts for of transforming the entire State to "age-friendly" society, should ideally beginning at the local level. Hence deliberate efforts must be taken in this regard. This will include:

Create evidence-based and user-friendly template for a local level action plan on Healthy and Inclusive Ageing: There is a need for developing simple and convenient tem-plates for preparing action plans at all levels of local governments. KILA can take the lead for this with technical support from experts. These templates shall be based on the standard minimum set of strategies, activities and deliverables, which defines "age-friendly cities" and "age-friendly panchayats". These templates can include standard guidelines for the following:

- Outdoor spaces and buildings
- Transportation, Housing
- Social Participation, Respect and Social Inclusion
- Civic participation and employment
- Communication and Information
- Community and health services

These templates shall be accompanied by schedules for gap analysis at all levels of local gov-ernments so that each LSG can find out where to start, what to do, what it takes and when they can achieve the "age-friendly" status. These guidelines should serve only as a frame-work for effective participatory planning taking into consideration local factors and provid-ing for flexibility and innovation.

Strengthen the local capacities to conduct the gap analysis and to formulate evidence-based action plan for healthy and inclusive ageing: Disaggregated data and well-packaged information with adequate granularity is the key to evidence-based decision making at any level. The relevant data will need to be made available to the local functionaries in an accessi-ble and usable format preferably on a user-friendly IT platform. Systematic capacity building programme may be developed at the beginning of the 14 th FYP.An exclusive Voluntary Technical Corps (VTC) may be formed at the district/regional level to support the whole pro-cess.

Strategy 2: Develop "Age-friendly Environments" at the local level: Action to create age-friendly environments can target different settings and contexts (the home, ward or pan-chayat, for example) or specific environmental factors (such as transport, housing, so-cial pro-tection, streets and parks, social facilities, health and long-term care, social atti-tudes, values etc). When age-friendly actions are coordinated across multiple sectors at the population level, they can enhance a range of functional abilities for the elderly population, including the "abili-ties" to meet basic needs; to be mobile; to continue to learn, to make decisions; to build and maintain relationships, and to contribute to the society.

However, while population-level interventions such as accessible transportation may pro-vide a resource for elderly people along with others, some will not be able to benefit fully without individually tailored supports that foster their autonomy and engagement. For example, an older woman's ability to be mobile may be determined by her desire to get out and the availa-bility of specific mobility devices which correlate to her need (walker, wheel-chair, etc.), as well as the level of accessibility and safety of footpaths, buildings, lighting, and the kindness of the bus driver or other passengers to help her get on or off the bus. Hence efforts for de-veloping an age-friendly environment at the local level should have interventions at the popu-lation level and individual level. These can include:

A. Activities to foster autonomy and security of the elderly: Autonomy to the elderly has been repeatedly identified in several studies as a core component of their well-being and has a powerful influence on their dignity, integrity, freedom and independence. As outlined in the world report on ageing and health, key threats to their autonomy are ageism and elder abuse. Abuse currently affects 1 in 10 elderly people living in the community and an even higher rate proportion of elderly people living in institutions. Another threat to autonomy is disabilities following falls. Some 30% of people older than 65 years, and 50% of people older than age 85, living in the community are likely to fall at least once each year. Specific action pro-gramme is required to protect older people's rights to freedom from ageism, in-jury, violence and abuse. Much can be done or facilitated by the local governments in this regard. This includes:

Income security: Income security is one of the primary determinants of autonomy, dignity and security. Some action points relevant to the local level include:

- The minimum social security pension for the elderly should be Rs.2500 per month and staggered with increasing age (or with additional disability). Though this requires policy decision at State level, demand for this can be created at the local level.

- The most vulnerable among the elderly shall be identified by evaluating the compounding vulnerabilities at the individual level (e.g., a poor tribal transgender elderly with disabilities will be far more vulnerable). Such vulnera-bility mapping and prior-itisation based on compounding vulnerabilities shall be made part of the local action plan discussed above.

- Encourage employers at the local level to permit their employees to continue in em-ployment until they attain the age of 70 years. A local-level campaign can be initiated for the same. The focus of this campaign shall be on the increasing "dependency Ratio" and the long- and short-term benefits for converting this demographic transition to demographic dividend.

- Local governments can facilitate credit and incubation services to those elders who wish to establish a business of their own with help of other stakeholders at the local and state level.

- Kudumbashree can take a lead in promoting elderly self-help groups and Inter-Gen-eration Self-Help Groups (IGSHG) for promoting entrepreneurship and in-come se-curity to the elderly while making a meaningful contribution to the local economic development.

Personal Security: Action at the local level for this shall include:
- As Maintenance and Welfare of Parents and Senior Citizens Act, 2007 man-dates the Maintenance Tribunal to protect the welfare of senior citizens by en-forcing obligation of the children to look after their parents in their old age. Lo-cal government shall ensure that all elderly people are aware of this legislation and should strongly facilitate its implementation.

- Local governments can leverage the Kerala Police Janamaithri Suraksha wherein the police join hands with the citizens in crime prevention. One of the important com-po-nents of this scheme is the protection of senior citizens. The police help to monitor the senior citizens by interacting with them on phone, visiting them at regular intervals and organizing field follow-up. This one-to-one interaction with the police is espe-cial-ly beneficial for elderly women since a large number of them are living alone and are unable to go to the police station to register their complaints. Recently, police have al-so initiated 'Prashanthi' a helpline and a toll-free number exclusively for the benefit of elderly citizens. Local Governments shall conduct awareness campaigns to ensure ac-cess of the elderly to these services and facilities.

- Social Security: Apart from the activities mentioned above the following may also be done at the local level for fostering social security:

- Initiated during the 13th FYP period, the Day Care Centres, the Second Innings Home and Sayamprabha Homes under the social justice department function with the support from the Local Governments.

- The legacy of the palliative care movement and RRTs during the Covid pan-demic is a pointer for mobilising community support for this cause.

- Programs such as Aardram, Ashraya, Palliative care, and Santhwanam are being suc-cessfully implemented with convergence of services from the local govern-ments and

Kudumbashree. There is great potential for paid care services as a self-employment op-portunity. The possibility of the Community Resource Per-sons from Kudumbashree assisting the elderly can be explored.

Other activities and initiatives for achieving the goal of adequate social security are al-so discussed below.

B. Active Ageing: Evidence across the globe stands testimony to the fact that engag-ing elderly people in development processes can help to make societies more cohesive, peace-ful, equitable and secure. The scope participation of the elderly in community processes is enormous. This can include but is not limited to the following:

- Local governments can facilitate community groups, organizations of older people and self-help groups to engage with the elderly by providing services, identifying older people at risk of isolation and loneliness, providing long-term care and ensuring that older people are capacitated to continually build the skills they would need to navigate in the rapidly changing world.
- Encourage ICT enabled living and social participation (such as setting remind-ers for taking medicine, internet shopping, telecare and telemedicine for providing medical care) for the elderly. Training and campaigns can be con-ducted at the local level for this.
- Formulate special protection and social engagement plan for 80+ age group who are an especially vulnerable group with a focus on elderly widowed wom-en. This shall form an integral part of the local action plan. Ideally Individual care Plan (ICP) may be prepared for all the 80 plus who are bed ridden.
- Strengthen three-generation (3G) anganwadis to counter loneliness and en-courage socialization and allow for inter-generational learning and engage-ment.
- Kudumbashree collectives can play a crucial role in engaging the elderly in commu-nity-led programs. Intergenerational Self-Help Clubs (ISHCs), a suc-cess story from Vietnam can be adapted locally for working toward improving the lives of elderly by providing livelihood security, health care, promoting participation in community life, and supporting disaster response, and so on.
- Innovative programs for literary engagement of the elderly, like the Pusthaka Yathra 'Voices of the Elderly' initiative by Kudumbashree and post literacy and continuing education movement, needs to be scaled up.
- The participatory planning exercises in the local government shall purposefully include the elderly.
- Kudumbashree neighbourhood groups of elderly women will need to be organ-ised and federated at ward and Panchayat level (as is done in a few pancha-yats including Mulanthurathi Gram Panchayat). This is to ensure that the de-mands and needs of the elderly reach the Panchayat and also the elderly are getting a platform to engage with each other. The federated network can also provide financial assistance to the elderly in terms of microcredit etc and en-courage them to undertake income generation activi-ties by joining joint liability groups or starting enterprises.

C. Ensure and promote multisectoral action and convergence at the local level: Elderly care is a cross-sectoral theme in local development. The ability to be mobile, for instance, is influenced directly by sectors responsible for transportation, urban planning, housing, information, health and social welfare. Working together can have important efficiency gains, as action in one arena may have multiplier effect on others. Retro-fitting and making modifications to houses to suit the functionality of the older people or providing assistive technologies, for example, would reduce the need for long-term care.

Local-level plans on Healthy and Inclusive Ageing, as outlined above, can provide a framework for action by relevant stakeholders. However, concrete, concerted and convergent actions need to be taken within and across sectors, if these action plans are to have positive impact on the functional ability of elderly people. Many of the multi-sectoral activities at the local level are already mentioned in the strategies above and the activities for aligning the health system for healthy ageing is detailed in the next strategy. However, given the vastness of the scope and enormous opportunity for in-novations, the action points listed below are just indicative.

- **Design for the Ageing:** For older people with visual impairment architectural modifications can be made to increase accessibility. Increased illumination lev-els in all areas, increased size for signs, heightened contrast between elements in all visually presented information and the use of highly contrasting colours can be used to counter visual problems. Similarly for the visually impaired, no architectural projections or no protruding nosing in staircases, changes of mate-rials 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 hearing-impaired 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 disabled persons, 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.

The detailed guidelines and checklist for this are available in the "Harmonised guidelines and space standards for the barrier-free built environment for Per-sons with disability and Elderly Persons" published by the Government of In-dia. As section 46 of the RPWD in 2016 stipulates, Local authorities shall en-sure that all the constructions and public places comply with these guidelines. This shall be achieved only by effective convergence of LSGs, PWD, other line departments and agencies. The creation of age-friendly parks, walkways, recreation places etc forms part of the scope put forth by this convergent action.

- Assistive solutions for Elderly care: Assistive technology solutions for elderly are not limited to mobility aids, visual aids, hearing aid or other aids for managing their disability, but also includes technologies for their security, emergency assistance and medical support. Technologies in the form of weara-bles, smartwatches etc. can track heart rate, blood pressure even take an ECG which is connected to a smartphone. For the

elderly living on their own, mo-tion-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 final-ly noti-fication to the fire department. Amongst safety concerns, fall is a major issue and is a commonly occurring problem. There is technology to notify when a fall has occurred. Prevention devices have also been designed. It includes wearables like shoes or belts, which constantly monitor the motion of the body and prevent fall from hap-pening. While such technology options are unlimited, local governments with help of technical experts can explore such options and come out with innovative multisectoral projects even on pilot basis. The sup-port of institutions like the National Institute of Physical Medicine and Reha-bilitation (NIPMR), National Institute of Speech and Hearing (NISH) and other stakeholders can be availed of for this purpose.

- **Elderly inclusive Disaster Response Plan:** Just like Disability Inclusive Dis-aster Re-sponse System discussed in the section on service delivery to the PwDs, Elderly inclu-sive Disaster Response Plan shall be prepared at the local level for potential natural and human-made disasters (depending upon the ge-ographical location) and pandemics of infectious diseases. This plan shall have detailed action points for reverse quarantine of the elderly, learning from the mistakes and best practices during the Covid 19 pandem-ic.

- **Promote and encourage innovative multisectoral projects:** Elderly popula-tion con-stitutes a treasure of potential resource, given their long experience in various sectors. Hence multisectoral innovative projects involving the elderly shall be promoted, doc-umented, replicated and scaled up.

- **Intersectoral Convergence Cell:** As discussed in detail in the section on ser-vice de-livery for PwDs through LSGs, there is a need to establish a coordina-tion cell at the District and LSG level exclusively to monitor the implementa-tion of the schemes for the elderly populations and PwDs. The Cell can coor-dinate various programmes for elderly persons spread across departments such as Social Justice, Health, Education and Labour, at the local level.

Strategy 3: Aligning local health systems to the needs of Elderly populations: Problems that matter for older people, such as chronic pain and difficulties with hearing, seeing, walking or performing daily activities of living or social activities, are often overlooked by most health professionals. There are issues such as (a) the problems of the elderly are not be framed as diseases whereas clinical focus at local health care facilities including PHCs still generally remains on detection and treatment of diseases and (c) health care providers lack training in recognizing and managing impairments and geriatric syndromes. This leads to older people disengaging from services of PHCs/CHCs/local clinics, based on the percep-tion that no treatment is available for their ailments. Further early markers of functional declines, such as decreases in gait speed or muscle strength, are often not identified, treated or monitored, which is crucial for delaying and reversing declines incapacity. This is one of the reasons why new approaches for community mobilisation need to be introduced at the primary health care level if the aim is to prevent care dependence and maintain intrinsic capability.

A transformation is needed in the way that health systems are designed, to ensure affordable access to integrated services that are centred on the needs and rights of older people. The in-troduction of the concept of Family Health Centres as part of Aardram Mission in the 13th FYP period which brought in a paradigm shift in the approaches, facilities and func-tionalities at the local level is a great step in this direction.

The momentum from these has to continue and accelerate at the local level to build and maintain the best possible functional ability at all stages of life. It will require coordination be-tween a wide range of services, including health promotion and disease prevention; screening, early detection and acute care; ongoing management of chronic conditions; re-habilitation and palliative care. The initiatives can be broadly categorised as below:

A. Reorienting the Primary and Secondary Health Care Delivery Systems: Since many of the disorders of older age are preventable, and many of their determinants begin earlier in life, systems will need to include effective strategies for the prevention of disease through a life course approach. At younger ages, the priority will have to be on preventing the common non-communicable diseases by enabling physical activity and good nutrition, avoiding tobacco and alcohol. Local Governments shall conduct and encourage commu-nity-based health promotional campaigns for all stages of life (especially focusing on the people who are in their forties and fifties, including for controlling the consumption of tobacco, alcohol and other harmful drugs, as well as for the promotion of healthy diet and exercise for prevention of diseases and mental illnesses.)

- Strengthen special supplementary nutrition programme at 3G Anganwadis for the poor elderly living alone (to be delivered by volunteers in the case of elders with mo-bility issues)
- "Vayomithram" program conducted as joint projects of Kerala Social Securi-ty Mission and Local Governments was expanded to cover all urban local Governments and select Block panchayats during the 13th FYP. The program provides door-step health care and free medicines through mobile clinics to el-derly above the age of 65 years. It also provides palliative care and counselling services and social participation programs for the elderly. During Covid 19 pandemic these mobile units provided home-based care for the elderly. This program has to be scaled up in the 14th FYP to cover all block panchayats.
- Vayoamrutham implemented through Social Justice Department with the support of Department of Indian System of Medicine in Government Old age homes needs to be scaled up and implemented in all local governments to in-clude home-based AYUSH care to the elderly.
- As dementia has emerged as a rapidly growing public health and social chal-lenge. Caregiver burnout and stress are particularly high among cares of de-mentia patients. Here local government can provide psycho social support.
- Strengthen home care program for elders: Psycho-social support should be provided to the elderly at their door step to address mental ailments such as depression
- Local Governments should consider preparing individual care plans (ICP) for 80+, with help of health and social justice departments.

- The well-acclaimed decentralised palliative care program by local governments shall be further strengthened in line with the new 2020 State Palliative Care Policy and the newly emerging evidence-based interventions.
- Assistive technology solutions shall be made an integral part of local health care system reforms and adequate awareness shall be given on this to the po-tential beneficiaries.
- Local Governments can facilitate research including operational research in healthy and inclusive ageing with institutions like National Institute of Physi-cal Medicine and Rehabilitation (NIPMR) or other academic institutions for evidence building in all domains of geriatric health and its determinants and community-based services including decentralised Palliative Care initiatives
- Mechanisms to ensure that the elderly population can access services without financial burden at the local level is crucial. Sustainable financing models are urgently needed to underpin the comprehensive and integrated services that older people require. These should consider the need to minimize out-of-pocket spending and fragmentation within the health system
- The Local government shall leverage the opportunities provided by missions and pro-grams under the health department which aims at convergent action with LSGs in-cluding the National Urban Health Mission, Aardram Mission and National Program for Healthcare of the Elderly (NPHCE).
- Accidents are the fifth leading cause of death among the elderly. Falls account for 2/3 of these accidental deaths. Mobility abnormalities affect 20-40% of adults over 65 and 40-50% of adults over age 85 years. Hip fracture is more common after the age of 75 years. Incidence is higher in certain populations within the elderly (e.g., institution-al-ized elderly, elderly with diabetics, Parkinson's disease, post-stroke problems etc.). Hence Injury prevention campaign shall be an integral part of the "age-friendly" cam-paign.
- B: Ensure adequately trained health workforce at the local level: All service pro-viders require the competencies and sensitivity appropriate to address the elderly's needs. These include gerontological and geriatric skills, as well as the more general competen-cies that are needed to provide integrated and comprehensive care, such as the ability to combat ageism and provide self-management support.
- Though the primary health care delivery system under in public sector is stronger in the rural areas of Kerala when compared to urban areas, there is still disproportionate dis-tribution of clinical expertise skewed more toward the urban area, with more geri-atric specialists working in the urban area.

A Results Framework may be established at the local government level to monitor and assess effectiveness of local government plans for the elderly which could in-volve three key outcomes for: (i) Healthy and active aging; (ii) Income Security; and (iii) Overall Well-Being (Figure 6). A monitoring and evaluation system is essential to understand the status of the support and to monitor progress. Some possible associat-ed indicators are provided with each outcome. This should include a social audit of how the various institutions and programs under the LSGs are functioning, whether Standards of Care are being observed in

Old Age Homes, and identify gaps where the needs of the elderly are not being met.

Local Governments and Transgender Status in Kerala

This note looks at the basic status of transgender community in Kerala. It briefly reviews how local governments are addressing these issues and suggests some critical first steps that must be addressed if these issues are to be effectively addressed. It reviews their situation through the same equality framework used to assess the status of women in Kerala (see Figure 3). This framework looks at 3 dimensions – social, economic, and political (namely voice and agency). It concludes that there is little available data on transgenders, other than

Figure 6: Results framework for the Elderly

Table 3: Action Plan for the Elderly[4]

Healthy Ageing	Income Security	Active and empowered

Implement an integrated package of health care at the local government level for elders including quality geriatric and palliative care, and affordable quality drugs.
 	
Support the elderly living at home to achieve autonomy and independence and increase well-being including use of technology for encouraging Do-it-yourself (DIY) culture, entertainment, training on digital aspects, usage of services like Uber, net banking, online shopping etc.
 	
Strengthen the volunteer home care program to allow elders to stay at home.
 	
Strengthen coordination between aged care and health care, through more regular follow-up of chronically ill patients and better co-ordination of care.
 	
Make all local government government health care institutions elderly friendly and equipped for geriatric care
 	
Encourage community-based health promotional activities for all stages of lives, including for controlling consumption of tobacco, alcohol and other harmful drugs, as well as for the promotion of healthy diet and
	Social Assistance:
	
	• Ensure targeting of the poorest
	
	• Ensure simple and transparent procedures to establish eligibility
	
	• Ensure access to work for elderly who wish to work
	
	• Encourage employers to make efforts to secure job opportunities for their employees until they turn 70
	
	• Employers could commission jobs to retirees who start their own business or giving them freelance work,
	
	• Keep them engaged in social activities in which the employers will be involved
	
	   • Provide credit and incubation services to those elders who wish to establish a business of their own.
	
	   • Address gender inequalities in this area:
	
	• Ensure a crisis response feature for the elderly in the social security policy
	
	• Reduce dependency on social transfers and improve employability of the elderly by encouraging them and creating opportunities to contribute productively to society.
		• Local governments should develop action plans to strengthen age-friendly panchayats enhancing the ecosystem (physical and environmental) for healthy aging including focus on leisure for the elderly, spaces for health-related activities such as yoga; and increasing social participation of the elderly.
		
		• Define a basic package of aged care services for elders
		
		• Increase community-based arrangements for inter-generational support (day care centers)
		
		• Encourage age friendly cities, towns and panchayats assessed by equal access to Public and Private Services such, transport, security, housing, and care, entertainment, and mainstreaming of elder issues into other missions such as National Health Mission (NHM)
		
		• Prevent abuse of the elderly through strengthening the implementation of Maintenance and Welfare of Parents and Senior Citizens Act 2007 and robust neighborhood watch services for elders
		
		• Encourage ICT enabled independent living (such as reminders, internet shopping, telecare and telemedicine for providing medical care)
		
		• Formulate a Special Plan for 80+ elders who are an especially

[4]Status of Elderly in Kerala, SPB Note for Discussion

Healthy Ageing	Income Security	Active and empowered
exercise for prevention of diseases and mental illnesses. Sponsor a special supplementary nutrition programme at anganwadis for poor elderly living alone (to be delivered by volunteers in the case of elders with mobility issues) Increase awareness of common geriatric problems and their prevention among the public and particularly elders Training and skills development for caregivers and professionals		vulnerable group including for older widowed women. • Observe and celebrate events like World Elders' Day (October 1) and Elder Abuse Awareness Day (June 15) at all levels – schools, local governments at ward levels, organizations and associations and state level

that from the survey conducted in 2015, and it is difficult to conclude on their status.

The law of the land is unequivocal – it considers transgenders as a gender in its own rights equal to that of women and men. In 2014, India's Supreme Court issued the highly pro-gres-sive judgment recognizing a third gender in addition to the two that existed, affirm-ing "the right of every person to choose their gender," giving them equal Constitutional rights, and calling for transgender peoples' inclusion in state welfare programs. In 2015, the Government of Kerala (GOK) issued a rights-based policy to protect transgenders and to uphold their human rights.

A survey was conducted in 2015 by GOK, which found a highly unsatisfactory situation. Through a snowballing technique it managed to survey more than 4000 self-identified transgender individuals in Kerala. The findings were startling. It showed that nearly six in 10 transgender persons (58%) in Kerala had dropped out of school due to "severe ha-rass-ment" and gender-related negative experiences. Their situation is bleak in the eco-nomic di-mension too and only about 11% have regular jobs. The survey found that 54% earned less than Rs. 5000, about 7% earned between 10 and 25000. In the third dimen-sion, the 2015 survey found that only 8% of the respondents could speak to their families about their identi-ty, a critical factor affecting their personality and participation in decision making the most. The survey also found that about 70 percent had attempted suicide show-ing clearly a low sense of well-being. Thus, in the case of the transgender community, they fall short in all 3 dimensions.

Over the years since the policy was formulated, several actions have been taken to respond to the predicaments of the transgender community. These include establishing a Transgender Unit in the Department of Social Justice staffed by members of the Transgender communi-ty, a Governing Board, establishment of safe homes for TG Children and Adults, issuance

of necessary directives to all Departments and Government Bodies to include 3 gender in all forms and applications, relaxing of age limit to apply to universities, provision of scholarships and so on. The impact of the policy and measures on the transgender community is un-known. Anecdotal reports suggest that their situation has improved. However, there is no un-derstanding how their situation has improved and, in which dimensions or sub areas, they re-quire more support. Based on this situation, the following recommendations are suggested:

- **Understand the status of Transgender Community in the LSG:** Utilising a common framework, each LSG should conduct a survey to understand the number and sta-tus of transgender individuals within their jurisdiction.
- **Prepare a LSG Action Plan for Transgenders:** This survey and identification pro-cess will help the LSG to design and implement specific schemes and programmes in order to better design measures for their well-being. The action plan should be formu-lated in consultation with the Transgender community.
- **LSGs must conduct an IEC session** for all genders helping the public to shift from a binary approach to gender to a ternary one as well as to clarify misconceptions that the public continue to hold against transgenders. This must expand outreach activities for protection of rights and entitlements of transgender persons in the state.
- **LSGs must monitor the well-being of the transgender community within their jurisdiction** and promote individual and group endeavours by transgender persons for employment, self-employment and other socio-educational services.

Local Governments and Gender Status in Kerala

Development experience has shown the effectiveness of a results framework in designing and assessing development interventions such as women's empowerment. Such a results framework for gender equality and women's empowerment is illustrated in Figure one and consists of three main dimensions: social, economic, and political. All three dimensions must be addressed to achieve women's empowerment and gender equality – this is based on a careful study of development experience and its results. This note looks at the basic status of women through this framework. It reviews briefly how local governments are addressing these issues and suggests some critical first steps that must be addressed if these issues are to be effectively addressed.

Kerala has achieved great strides in the first dimension in the case of women. The state has high literacy rates, universal enrolment and gender parity at the primary and secondary levels, and women are the majority at the tertiary levels of education. The State has the lowest maternal mortality rate in India, the highest sex ratio of 1084 females to 1000 males, and

[5] *A similar study conducted by the National Human Rights Commission in 2017 among 900 transgender persons in four districts of Uttar Pradesh and the National Capital Region found that three in four transgender persons in NCR and 82% in Uttar Pradesh were never in school or dropped out before grade X. Thus, the situation in Kerala appears to be slightly better. https://scroll.in/article/997580/denied-visibility-in-official-data-millions-of-transgender-indians-cant-access-social-benefits*
[6] *The similar study in UP showed that "Nearly 15% had no jobs and 69% were working in the informal sector, primarily engaged in singing, dancing and "blessing". Here the percentage having jobs (presumably regular) is slightly higher.*

su-perior life expectancy rates. And women have equal access to social protection measures. Although there is need to improve the quality of services, there is no doubt that women have equal access to these key basic services.

In the economic dimension, however, data and evaluations suggest there is a long way to go. Despite the high levels of education, only around 30% of women participate in the labour

Figure 7: Results Framework for Gender Equality and Women's Empowerment

markets. While employment may reflect a choice made by women, unemployment rates in the state reflect a sign of inequality – 23% for women and 6.4% for men (Women and Men in India 2019). Only a quarter of the women have buildings in their name, and less than 12% actually own land. While there is access to economic services such as water and electricity, nevertheless the time use survey of the Government of India 2020 shows that even in Kerala, women spend about 3 times more time that men do in unpaid domestic service – the origina-tion of women's unequal status.

In the final dimension too, when measured by the levels of women in decision making institutions, there is still much to be achieved. In the state legislature, which makes the law, only eight percent are women, despite the fact that 50 percent of local level councillors are women. In executing and enforcement bodies, also women remain underrepresented, with only 21 percent women in the IAS, and about 7 percent in the Police, which enforces the law. In the judiciary responsible for settling disputes, 4 out of a total of 29 (13%) High

[7]See also https://www.etvbharat.com/english/national/state/kerala/kerala-model-for-the-upliftment-of-transgenders-the-state-decides-to-include-transgender-as-a-gender-option-in-application-forms-implements-special-welfare-measures-schemes/na20210122164622247

Court judges are women. At the lower levels in Kerala, women are reported to constitute about 28.6% of the lower-level judges. In this dimension, while women have clearly gained access, actual outcomes are poor and need to be addressed.

Thus, when one assesses the status of women in Kerala with the internationally accepted results framework, Kerala falls short. Despite all the superior and commendable achievements for women in the social dimension, given the weak performance in the latter two, the conclusion can only be that there is a long way to go to achieve satisfactory women's empow-erment in Kerala.

Local Governments in Kerala
The devolution of funds, finances, and functionaries to the LSGs has long been recog-nised as an opportunity to address gender issues. Such devolution raises a great deal of potential to take a bottom-up approach and to tailor programs for the targeted groups. This is particular true in Kerala, where the majority of LSGs demonstrate a political will to pursue such empowerment as an accepted goal. There is, however, limited understanding on how to achieve the goal effectively despite the fact that several institutional support mechanisms exist.

As a result of the decentralisation, the Women's Component Plan (WCP) was introduced at the Local Self Government (LSG) level during the 9th Five Year Plan. Instructions were that the allocation of 10 percent of Plan outlays for all departments should be mandato-rily earmarked for women-specific projects. Key objectives of WCP included meeting the basic needs of women and on increasing the strategic activities that improved the income of women and status of women. The guidelines for WCP in Kerala were clear - projects such as roads, latrines, electrification, and smokeless challahs, which have women and men both as beneficiaries need not to be included in WCP. Housing schemes under WCP for women headed families which have no adult males, could be included as could financial assistance for thrift and credit schemes of BPL families, which are nominated by Kudumbashree, self-help group and neighbourhood groups. The Guidelines recommended that to the extent possi-ble, WCP projects should be organized and implemented through SHGs of women, neigh-bourhood groups and other groups and cooperative societies. Gram panchayats and munici-palities could take up projects for comprehensive study of status of women in their respective areas under WCP.

However, state government reports suggest that the use of these funds are not being maxi-mised. The Comptroller and Audit General report on local self-government (LSG) insti-tutions for the year ended March 2017 tabled in the Assembly points to a glaring under-util-isation of allocated funds for women's projects. The CAG report pointed out that only 2.39 per cent of the total development funds was used for such purposes. This has, however, improved and the 2020 Economic Review of Kerala notes that 6.39% of the budget was spent on Women's projects. There are, however, reports from credible sources that the WCP is during the process of finalisation revised as needed to meet the funding requirements and conditions imposed on LSGs, and often looks different from what was planned.

Anecdotal information suggests that many LSGs have established gender action plans to support women's empowerment. However, monitoring and evaluation is weak, and results are not known. And even when there is monitoring, there is no common framework or results measurement table to measure results. Thus, there is no way to aggregate information from the local level to the State level.

Gender Resource Centres (GRCs) are expected to be set up in all the Panchayats. They are expected to garner knowledge about gender issues in the Panchayat, as well as to operate as a help desk for women when needed by connecting them to other entities that provide rel-evant service for them. They are also expected to collect data on a number of related sub-jects. There is, however, no understanding how many such GRCs have actually been estab-lished or on the quality of their functioning.

Suggested Action
This note suggests a few sets of critical priority actions that could improve gender-related planning and implementation at the local level. These fundamental measures are necessary to support sustainable empowerment of women at the local level, and without them no amount of measures for women's empowerment can be fully effective or sustainable. While the substantive portion of the gender action plans at the local levels will need to be aligned to the results framework and tailored to the local context and needs of the LSG, these recom-mended measures aim at establishing a broad infrastructure for planning and implementation of gender action plans at the LSG level. It also includes two critical areas where support must be provided to meet the strategic needs of women, that is facilitating work environments and addressing violence at home and in the workplace.

A Common Framework for Results Oriented Planning at the LSG Level
It is imperative for the State to establish a simple results framework (discussed in the first part of this note). This is critical to achieve a uniform framework across LSGs and for im-prov-ing the gender status of women in the state. It is important to ensure that all LSGs are aware of this common framework, and have the needed capacity to utilise the framework in plan-ning, implementing, and monitoring gender action plans in Kerala.

A results measurement table associated with the results framework must be provided to LSGs. The State, in consultation with the State Statistics Department, should prepare a results measurement table associated with the three dimensions of the results framework. This table should be prepared keeping the SDG indicators in mind. To the extent possible, the ta-ble should use indicators for which data is currently being collected, adding only those essen-tial to capture all information associated with the results framework.

This framework and the associated indicators noted in the results table will then consti-tute a common framework for all LSGs in planning and implementing gender action plans. Such plans will include the WCP. The results framework and the associated results table will also constitute a common platform around which convergence and mainstreaming gender will automatically take place. All sectors must identify and note how their inter-ven-tions contribute to the desired results. The Panchayat and the sectors can choose which

indi-cators are important for them thus allowing each LSG and sector the flexibility to tailor inter-ventions to suit their needs.

Collection of Data regarding Gender at the LSG Level

The availability of basic data is essential at the LSG level to understand the impact of policies and programs. Such data is also essential for effecting planning and for designing responsive development interventions. It is important also to understand the specific chal-lenges to supporting women's empowerment and gender equality at the local levels. It is common sense that an action plan developed in the absence of such data will not be effective in addressing local gender issues.

For this, it is critical to ensure that data collected and being monitored at the local level is segregated by sex. Such a simple short-term measure to ensure that all data being collected is disaggregated by gender (men, women and Transgender) will help to provide basic data needed to address gender issues. As a second step, in the medium-term, there should be a review of the information and data being collected and a better understanding of whether all required data as per the above-mentioned results measurement table is being collected. It is most likely that data is being collected, but such a quality check will confirm if there is any-thing missing, and that all data related to the 3 dimensions of the results framework is being collected.

Social Audits on gender must be regularly conducted in all LSGs. A common electronic framework and format must be circulated to all LSGs around the agreed results framework so that the data collected from each panchayat can be aggregated to the district and state level. Such a facility will allow for periodical updating to ensure that data is current and timely.

Creating A Favourable Context for Women to take up Economic Opportunities

Although there are several steps to be taken in addressing the equality status of women, it is a priority to focus on the economic situation of women and to address the violence that has grown during the COVID period. For this, a few minimum steps are recommended:

- **Reduce the Care Burden of women:** To do this, all that is necessary is to implement the provisions in the 2020 budget of GOK – The 2020 GOK budget includes several salutary measures to empower women. This includes provisions like purposeful creation of work that can be done from home or near home, providing soft loans for purchase of labour-saving equipment, etc. Each Panchayat must be asked to make WCPs taking the budget provision into consideration.
- In addition to the above, it would be essential to ensure that there are adequate child-care and elderly care day homes to support women while they work. The existing partnership with accredited NGOs can be strengthened in this case at the LSG levels. To encourage NGOs, in addition to a small grant, it should be possible to require a modest fee to be paid for maintenance and for meals and other amenities provided. Minimum standards should be established if this is not already available.
- Violence in the workspace and at home are critical constraints to women's work and

well-being. It is important to address issues related to violence against women at the home as well as the workplace. It is important for the LSG (perhaps another role for the WRC) to take the following steps.

- The LSG should strengthen measures to address violence against women in domestic places, which has been increasing since the onset of COVID. This cannot be addressed without strong partnerships and a meaningful conver-gence of resources. Once again, such action should be framed around the re-sults framework. Partners include entities and departments such as the Wom-en and Child Development (WCD), Social Justice Department, Fisheries De-partment, SC/ST Department, the Police (who are mandated to set up Domes-tic Conflict Resolution Centres), LSG committees such as Jagratha Samithis, and accredited NGOs. LSGs should initiate such convergence of services as part of the WCP and bring all partners around the same framework. The LSG could authorise an entity such as WRC to lead the initiative. An order from the State government or the Collector in each district may help the LSG in the process.

- As required by the 2013 Sexual Harassment Against Women at the Workplace Act, the LSG should ensure that Local Committees are functioning properly at the district level and equipped with basic facilities. If not, LSGs should require the district collector to impose the sanctions permissible under the Act. In ad-dition, LSGs should confirm that all government, private, and NGO offices have established effectively functioning Internal Committees in workplaces under their control.

- GRCs must be revived where not functioning. GRCs must be given access to all gen-der data collected at the LSG level and trained and authorised to prepare annual gender assessments pertaining to the LSG. It is also recommended that GRCs must conduct annual or bi-annual social audits for gender (covering women, men, and transgender) on agreed topics to understand progress and the need if any for policy revision.

- Finally, all IEC programs need to take a truly gender perspective. Unless men are convinced of the importance of equality, it is difficult to address gender issues through laws and regulations. A comprehensive IEC program that addresses not only issues of women, but also that of transgender and men (ideas of masculinism very prevalent in Kerala) is essential. Such an IEC Program must also debunk the many stereotypes that affect all genders and re-sult in a high constraint to improving gender status. Current-ly, IEC programs are being un-dertaken in a fragmented manner by several entities. An attempt must be made for conver-gence of the various programs and to jointly undertake a strong and comprehensive IEC pro-gram that addresses gender stereotypes must aim to shift society from the binary construct of gender to a more realistic and complex one that it really is. It must focus on dimensions of the results framework, where the indicators show a real gap.

CHAPTER 4
IMPROVING QUALITY OF SUB PLANS

Scheduled Tribe (ST) and Scheduled Caste (SC) communities are considered among the most backward and vulnerable groups in the State. There are multiple reasons for such back-wardness and the multiple challenges that these communities face. These multidimen-sion-al issues range from land alienation to extensive dispersion of certain communities that led to their neglect and exclusion. The final annual budget of the preceding Government had proposed a micro plan-based livelihood programme for these and other such vulnerable sec-tions in the State. In this context, the current note examines some of the salient features con-cerning the nature and characteristics of the backwardness faced by these communities. The note also proposes certain broad contours for addressing the livelihood challenges faced by them.

People's planning has special concern and commitment for the well-being of the so-cially disadvantaged and vulnerable groups viz., the Scheduled Castes (SCs) and the Sched-uled Tribes (STs). These groups still continue to lag behind the rest of the society both socially and economically.

Out of the total funds for Scheduled Caste Sub Plan (SCSP) 55% is retained by the Scheduled Caste Development Department and 45% is devolved to the local governments. It is a matter of serious concern that over the years the expenditure of SCSP at the State level has been consistently less than 75% of the allocation. (Financial year 2018-19 when the State was severely affected by floods is excluded-when the expenditure was a meagre 40%). In the case of local governments also the average expenditure under SCP seldom exceeded 75% of the allocation.

TSP and decentralized planning are rooted in the principles of people's participation in planning, implementation, monitoring and evaluation processes. In 1996, almost two-thirds of the TSP funds were allotted to the LSGs. Later in October 2001, the TSP funds were withdrawn from the local governments for a period of 19 months. Again in 2003, during the 10th FYP, 50% TSP funds were made available to the LSGs. During the 13th FYP there was an increase of 2.83 percent in the flow of funds from the State plan to TSP. However, the share of TSP funds to the LSGs was pegged at 23.33 percent.

Poverty is multi-dimensional, and it is important to empower these communities so that they are able to acquire necessary resources, assets and capabilities at the individual level (health, education and housing) and at the collective level (the ability to take collective ac-tion) to identify, address, and solve their problems. Moreover, it is essential to provide these communities with comprehensive inter-sectoral support. Local level planning should, there-fore, enable them to increase their food security, increase their incomes and improve their overall quality of life through strengthening their capabilities to seize the innumerable oppor-tunities offered to them under state and LSG programmes.

SCSP and TSP shall strive to foster rapid and inclusive socioeconomic development and equality for SCs and STs by providing better economic and social services, and creating a

demand among targeted communities for more efficiently and effectively taking advantage of existing government and local governments programs. It will help to tap the synergies between different development sectors to provide cross-sectoral and comprehensive support. Specific activities will include (i) providing housing and minimum needs to the marginalized (ii) increase income through enhanced entrepreneurship; and provide high quality skills. The focus areas will be:

- **Basic Services for the Vulnerable:** At present, amongst these communities, there are several basic needs that are unmet, and constitute a violation of their human rights. These include but not limited to (i) housing and shelter, (ii) freedom from hunger, (iii) availability of safe drinking water and electricity; and sanitation. Some of these com-munities do not have universal access to these services there should be a comprehen-sive and coordinated program to assist these vulnerable communities enjoy their basic rights. Such benefits and programs will need to be coordinated with departments im-plementing existing schemes, in a manner that will allow the vulnerable to benefit and formulate a coordinated plan for implementation in a time-bound manner.
- Enhancing Entrepreneurship Among the Vulnerable: Activities will include:
- Appraising Needs and Availability: Understanding Availability of Government Programs and Schemes for Small-Scale Entrepreneurs, and a rapid review of the needs in this area; Mapping of all currently available opportunities for vulnerable communities and understanding their potential and scope for synergies; and confirming whether available opportunities are responsive and tailored to the needs of vulnerable commu-nities. This will need to undertake several activities:

a. A rapid review of the needs in this area; Mapping of all currently available op-portunities for vulnerable communities and understanding their potential and scope for synergies; and confirming whether available opportunities are re-sponsive and tailored to the needs of vulnerable communities.

b. Making all available information on livelihood activities through use of appro-priate media and through local governments functionaries to create a demand among the communities through increasing awareness of opportunities;

c. Support Help: Establishment of a support desk at the LSG level to support finding appropriate solutions to their livelihood issues, arranging for financial and technical support, directing them to credit they can access, and handhold-ing or acting as an incubator until the activity matures.

d. Training of Community Resource People, LGD functionaries and Trainers: Or-ganizing trained local Resource Persons (where possible from the same com-munities) for technical hand-holding to access activities under the control and leadership of Local Self Governments

e. Establishment of a Participatory Monitoring System. A monitoring system can be developed, which will help the communities to assess the progress in their lives.

- Skills Development Strategy: This will involve designing and implementing relevant and continuous capacity building, imparting requisite skills and creating linkages with livelihoods opportunities for the poor, including those emerging in the organized sec-

tors. This component will help to build a capacity development strategy in identified areas of need separately or jointly for men, women, and children to help access ex-ist-ing programs and schemes for their benefits. This will cover financial management and accounting, savings and investments, managing credit and repayments, risks of run-ning an enterprise and so on.

- Monitoring and Evaluation Component: This will involve the establishment of a re-sults-based system of monitoring to understand real time status of progress among these communities focusing on targets of poverty outcomes, and time bound delivery.
- Information, Education, and Communication Campaign: Appropriate awareness rais-ing programs tailored to the needs and priorities of each community through a lo-cal level and participatorily prepared and implemented Information, Education, and Communication Campaign.
- Gender Equality and environmental will be cross cutting issues. This will ensure that women are also empowered to equitably access benefits and opportunities.

Scheduled Caste Sub Plan in Local Governments
Kerala has a total of 23,76,489 persons from 5,64,329 households belonging to Scheduled Castes (SC). There are 26,342 habitats of SCs; a cluster with five or more houses being con-sidered a habitat. These include informal as well as formal settlements; some of them have been accorded the status of 'Ambedkar Colonies'.

Of all the SC communities, the Scheduled Caste Development Department (SCDD) has iden-tified five communities as particularly vulnerable. They are the following.
- Chakkiliyan with a population of 27,834 from 6726 households
- Arunthathiyar with a population of 1344 from 313 households
- Kalladi with a population of 33,935 from 7531 households
- Nayadi, population 5490; 1905 households
- Vetan or Vettuvan, population 21630; 5490 households

Unlike ST communities, SCs have a significant number of families living in a scattered manner. While 3,44,193 families are located in habitats 2,20,136 are scattered. That is 39% of the total; among tribes the percentage of scattered families was a mere 6.64%. Such a high per-centage of scattered households calls for a different strategy for developmental interventions.

The Local Self Governments can play a critical role in identifying all the scattered families. Livelihood options available for families living in large habitats, very small habitats, and in a scattered manner could be significantly different. Some of the settlements are very large; there are four settlements with 251-300 families. There are 421 settlements with more than 50 families. The large settlements would need a different strategy.

Similar to what has been suggested for Scheduled Tribes, family level micro plans can be pre-pared for every SC community in the State. Overall content of the plans will be the same, with certain differences for addressing the nature of habitation and the current state of liveli-hoods. Micro-plans should be community specific taking into the consideration demographic peculiarities, socio-economic profile, gender concerns, indigenous technology

etc

- Human resource potential of the family including gender-wise number of members in working population and dependents. Some of the families may be cut off from the rest for various reasons; they should also be profiled.
- Status of employment; it may be important to capture the loss of traditional occupa-tions in the case of some of the communities. This should, however, be limited in scope to occupations that are not stigmatised.
- Skill sets of all the family members including educational level and skills in traditional jobs if any.
- A livelihood profile of the family including sources of livelihoods, their status, sea-sonality, share, and challenges.
- State of the dependents in case of persons with particular vulnerabilities
- Health status of the members in the family

Local Governments may be encouraged to document the state of the SC settlements within their boundaries using a standard predesigned format. Similar to the Hamlet Level Plans pro-posed for ST, every SC settlement can have a Habitat Level Plan based on the documenta-tion. The documentation should cover the following.

- General profile of the settlement including status (whether 'Ambedkar colony' or not), location (highland, midland, water-logged areas), tenure (with title deed, purambok-ku), and demography
- Infrastructure, access, community infrastructure
- Housing and amenities including water and sanitation
- Critical challenges faced by the settlement
- Livelihood mapping of the settlement; this should include the various livelihood options, the distances travelled by the workers, and transport facilities available Livelihood Plan for each family can be prepared based on the family micro plans and habi-tat level micro plans. A broad outline of a strategic livelihood programme is indicated below.

- Skilling and employment programmes have met with notable success among SC youth. Kudumbashree, over the last four years have enrolled 16,680 youth from SC communities of whom 13,800 have completed the training programmes. While 10,694 of these were placed in various organisations, data on retention shows that 7730 per-sons have continued in the job for more than three months. This data points towards the scope for a State-level skilling and employment programme aimed at youth from SC communities. Skilling strategies should be flexible so that they can address the specific requirements of the communities. The following types of skilling schemes can be thought of.
- Trade skills
- Soft skills for industry readiness
- Additional skills for industry readiness
- Special skill programmes for drop outs

- Recognition of prior learning (for certification)

Captive skill training model will be the best for the youth from SC communities. This means, companies or organisations put up their demand for human resources, against which training is conducted. This assures total employment after the training pro-gramme and higher levels of retention.

- Low land-entitlement is a problem that hinders the upgradation of farm labour among SC communities to farmers. The issue is to be addressed at a political level. Given the limited access to land, the farm labour can improve their livelihoods through col-lec-tives taking up mechanisation of farming activities along the Green Army model of Wadackancherry in Thrissur district.
- Wherever land is available for farming or animal rearing, effective convergence with Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) can enhance the effectiveness of farming and animal rearing programmes for the SC fa-mi-lies. There are good models among tribal communities across a few Grama Pancha-yats which can be replicated by others.
- Cultivating on land without title deed or any form of legal tenure has been a hindering factor for SC communities in accessing available subsidies from the Department of Agriculture. A policy decision in the regard can make farmers from these communities eligible for rightful subsidies; this can enhance farm-based livelihoods significantly.
- Fishing and fish culture in dams, for instance, have been reserved for tribal and SC cooperatives in Kerala. However, SC communities have not been able to claim these rights so far. Facilitating the exercise of these rights can lead to strengthening tribal livelihoods in a number of places.
- Enterprise promotion is another area that can generate employment. Strategies will have to be different for large settlements, settlements of medium size, and for scat-tered families. Large settlements themselves may have a market size that can accom-modate a few enterprises. In the case of scattered families, enterprises have to be ca-tering to the demand in the area through open market.
- Traditional occupations among SC communities have declined beyond redemption in most cases. Piecemeal schemes aimed at revival of such occupations have been failing over the years. Trying to improve the traditional craft without critically examining what sells in the market and what does not is unlikely to produce any positive result. Crafts that can be developed through interventions based on market inputs, over a pe-riod of time could produce results. A mapping of different crafts practised by SC communities would be necessary for such an intervention.
- Similar to the craft-based occupations on the highland, there are communities that have traditional occupational practices in the low land also. The communities living on islets or in water logged areas would require special livelihood support programmes and more so in the context of frequent floods presumably due to changes in climate.
- There are a few traditional occupations that stigmatise the communities. While con-sid-ering livelihood strengthening, these communities should be helped to come out of such occupations. Even mechanisation and process improvement may not help avoid

the stigma. Therefore, alternative livelihoods should be the agenda in such cases.

- There are more than 300 habitats located in urban slums. A service-oriented skills cum employment and entrepreneurship programme addressing the demands in the urban centres could be thought of for such communities.
- It is important to improve the current programmes for preparing youth for competitive examinations. A re-thinking of the methods may be necessary.

While preparing the livelihood plans, the following should be given specific attention.

- Habitats with, say more than 50 families, should be considered separately and their specific features should be captured with adequate details.
- Scattered families, totalling 39% of the total SC families, should be treated separately.
- Communities that have lost their traditional and distinct livelihood options should be given special attention.
- Chakkiliyan, Arunthathiyar, Kalladi, Nayadi, and Vetan or Vettuvan identified as par-ticularly vulnerable by SCDD should be accorded specific attention in livelihood pro-grammes.
- Communities of nominal strength such as Nerian, Bathada, Samagara, Maila, Puthirai Vannan, Domvan, and Mundala may need special attention and specific strategies in livelihood programmes.
- Habitats in hilly terrains should have additional programmes for mobilisation; there are habitats that are comparable with tribal hamlets in the matter of remoteness. These should be given special assistance. Similarly, in low land areas, there are habitats in water logged areas and also on islets (thuruthu) that need special attention for effec-tive coverage.
- Scattered families that have availed houses under the LIFE programme of the Gov-ern-ment of Kerala may need a special attention as some of them might have had to shift away from the locations of their casual occupations.
- Area development programmes should attempt to not only reduce the gap between tribal areas and neighbouring non-tribal areas; but also, be in tandem with the differ-ent ecological settings.
- The Report on Scheduled Castes' Habitats and Families in Kerala 2013 had reported 852 habitats located on revenue poramboke, 974 on other poramboke, and 127 on railway poramboke. Local Self Governments should take necessary steps to assess the status of these habitats and families that are likely to be highly vulnerable.

Many of the programmes and components proposed here can be seen in the existing schemes and projects of the Scheduled Castes Development Department, and other de-partments and agencies such as Kudumbashree. However, what is needed is a shift away from welfare approach to a rights-based approach where community-rights are considered inalienable and paramount. In the case of departments and agencies, they should usher in a culture of convergence and coordination with Local Self Governments in programme design and implementation.

Tribal Sub Plan in Local Governments
Kerala has 37 communities classified as Scheduled Tribe (ST) spread across the State with a

total population of 426,208 comprising 107,965 families. These are families that live mostly in hamlets. Tribes such as the Cholanaikan of Nilambur forests and Malai Pandaram of Pathanamthitta, Kollam, and Idukki districts live within the forests. For administrative purpose, the communities living within the boundaries of contiguous forest stretches and others who live outside such stretches are considered as two categories. There is a third category of 7678 extremely scattered or dispersed families from a number of communities. The re-habili-tated tribal settlement at Araralm in Kannur district also has multiple communities.

There are five ST communities that have been classified as Particularly Vulnerable Tribal Groups (PVTG), an all-India classification. This classification is done with a view to formu-lating special programmes targeted at the most disadvantaged and outlier groups among the tribes. They include Koraga of Kasaragod, Kattunayakan of Wayanad, Malappuram, Palakkad, and Kozhikode, Cholanaikan of Nilambur forests in Malappuram, Kurumba of Attappady in Palakkad, and Kadar mainly seen in Thrissur and Palakkad and partially in Kozhikode.

A livelihood strategy for the Scheduled Tribes would require (a) preparation of micro plans for every ST family in the State and (b) hamlet level plans for all hamlets. The family micro plans should try to capture the following.

- Human resource potential of the family including gender-wise number of members in working population and dependents.
- Status of employment
- Skill sets of all the family members including educational level
- A livelihood profile of the family including sources of livelihoods, their status, sea-sonality, share, and challenges.
- State of the dependents in case of persons with particular vulnerabilities
- Health status of the members in the family

Hamlet level plans should have the following information:
- General profile of the hamlet including location and demography
- Infrastructure, access, community infrastructure
- Housing and amenities
- Critical challenges
- Hamlet level livelihood profile

A Livelihood Plan for each family can be prepared based on the family micro plans and hamlet level micro plans. The contours of a livelihood strategy could include the following.

- Comprehensive implementation of Forests Rights Act with all the provisions of ac-cess and rights of tribal communities would be a pre-requisite to addressing the liveli-hood challenges of forest-dwelling and forest-adjacent tribal groups in the State.
- A special package for reforming the sector of non-timber forest produce (NTFP). An intervention package can be developed considering the current market for differ-ent products such as honey, wild gooseberries, and various types of medicinal herbs and roots. College drop outs from tribal hamlets can be formed into young business groups

for storage, processing, packing, and selling of NTFP. Such units should be set up in locations closest to NTFP hotspots, where space, electricity, water, and other amenities are available. Focused work would be needed for establishing forward link-ages; state-of-the art stalls with NTFP and tribal craft products can be set up in tourist centres and run by tribal youth, given adequate facilitation. Backward linkages should be made in such a way that the existing collection systems are not in direct conflict with the business interests of the proposed groups. External professional support and guidance would be necessary, and more so in marketing of NTFP. Several characteris-tics of NTFP that are cited as limitations in the current system, for instance, the sea-sonal variations in the taste and content of honey, can be converted into unique selling prop-ositions by professional marketers.

- Enterprise promotion among tribal groups including those targeting traditional crafts have met with limited success or encountered failures in the past. A potential area, however, appears to be tourism-based micro enterprises run by tribal youth. These would require systematic work by professionals who can help set up such units and establish quality standards for products and services and also focus on marketing. Responsible community tourism has potential for growing businesses in some areas.

- Training and grooming a group of tribal youth as Micro Enterprise Consultants (MECs) in the Kudumbashree model but with domain specialisation in NTFP, tra-di-tional businesses, and businesses targeting tourism. MEC groups can function as en-terprises themselves, supporting businesses and also attempting to develop own busi-nesses in NTFP and commodity value chains with professional support.

- Farming for livelihoods: The traditional settled Tribal communities are into different types of agricultural practices for livelihoods. They are proficient both in dry land farming and wet land cultivation. According to the report on Socio Economic Status of the Scheduled Tribes of Kerala published by the STDD (2013), 30.80 percent fami-lies are in possession of more than 100 cents of land. It is also seen 12.66 percent and 9.06 percent of the families are having between 50-99 cents and 25-49 cents of land respectively. 41 percent of the main workers among STs belong to the group of agri-cultural and allied activities. Kurichyan and Kuruman of Wayanad, Irular, Mu-dugar, and Kurumban of Attappady, and Malayarayan community of Kottayam and Idukki are engaged in farming. Of these, the communities in Attappady, especially Kuruman do millet cultivation and also farming of pulses. Mavilan and Marathi in Kasaragod, Karimpalan in Kannur and Kozhikode districts, and Kanikkaran in Thi-ruvananthapu-ram too engage in farming. Muthuvan community in Idukki are into farming of com-modities that are not seen in other parts of the State. Pilot attempts made in commer-cial sales of millets and pulses from Attappady have shown potential for further de-velopment of such endeavours. A mapping exercise may be needed to identify com-munities that can move to commercial farming; specific intervention models will have to be planned for ensuring economic viability. Geo-referencing of farm produce such as millets, pulses, and spices as well as branded organic products can be considered as possible options. LSGIs can formulate intensive agriculture pro-duction projects during the 14th FYP.

- Effective convergence with Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) will enhance the effectiveness of farming and ani-mal rearing programmes in the tribal sector. There are good models across a number of Grama Panchayats which can be replicated by others. In addition, MGNREGS can al-so be used for eco-restoration for livelihood improvement; population enhancement of wild cardamom in Edamalakkudi is also a possible area; there could be similar other possible interventions too.
- Integrated farming and livestock programmes in convergence with MGNREGS can be planned for vested forests such as Sugandhagiri in Pozhuthana Grama Pancha-yat of Wayanad which have been allotted to tribal communities.
- Fishing and fish culture in dams, for instance, have been reserved for tribal and SC Cooperatives in Kerala. However, tribes have not been able to claim these rights so far; fishing and fish culture in Malampuzha dam in Palakkad district is a case in point. Facilitating the exercise of these rights can lead to strengthening tribal livelihoods in a number of places.
- Cultivating on land without title deed or any form of legal tenure has been a hinder ing factor for tribes in accessing available subsidies from the agriculture department. A policy decision in the regard can make farmers from these communities eligible for rightful subsidies; this can enhance farm-based livelihoods significantly.
- The P.K. Kalan Family Support Scheme announced in the State budget with an allocation of Rs 120 crore for the comprehensive rehabilitation of the 7678 scattered tribal families identified by the Scheduled Tribe Development Department (STDD). The department, through Kudumbashree has also implemented a pilot project cover-ing Ulladan families in Alappuzha. The same programme can be leveraged for liveli-hood enhancement of scattered tribal families.
- Distribution of livelihood assets: Tribal communities are not enthused by standard livelihood support programmes such as distribution of livelihood assets; the reason be-ing the inability of such programmes to address the real needs of the persons or fa-mi-lies. This opinion can be validated through focus group discussions among various communities. It is imperative that such programmes should be restructured into adapt-able schemes addressing specific needs of individuals and groups. The effectiveness of such initiatives was demonstrated in the PK Kalan project in Alappuzha district where people demanded tools and implements that they can use for income generation based on their existing skill sets. Such schemes would require larger financial components than what is typically available in one-off subsidy or asset distribution programmes.
- Skilling of tribal youth: Early attempts in skilling of tribal youth through centrally sponsored and state level schemes had failed to produce the desired results with train-ee drop out as well as employee attrition in the case of those employed. However, fo-cused efforts by Kudumbashree have shown that it is possible to mobilise tribal youth for skill training and employment. Of the 4064 persons enrolled for various skill pro-grammes, 3160 have completed the courses, leading to 2478 persons getting placed in jobs. Unlike the earlier attempts, the data shows that 1666 persons have continued

in the jobs for more than three months. These are not significantly lower than the results in other communities. Special efforts will be needed in all aspects of skill training and employment. New initiatives would also be needed in improving the retention of trained persons in jobs. A Kerala-specific skill programme that addresses the specific issues among the tribal communities can be thought of.

- Coaching programmes targeting tribal youth for taking up competitive examinations for government and public sector jobs can lead to better results if systematic quality improvement can be initiated with regular monitoring.

  While preparing the livelihood plans, the following communities and challenges should be given specific attention.

- Koraga community settled on church land in Manjeswaram Grama Panchayat of Kasaragod district may require special policy decision for accessing support from public funds.

- Mavilan community of Kasaragod district, who are traditional theyyam artists face specific challenges in the context of cultural changes and orientation of the new generation.

- The rehabilitated communities in Aaralam, belonging to seven communities with a population of 4400 comprised in 1615 households would need a special package in ag-riculture and animal husbandry.

- Kattunayakan, a PVTG, and Paniyan and Adiya communities of Wayanad face ex-ceptional challenges relating to seasonal migration and long-distance commuting for work in Karnataka. This issue will need attention and can be addressed only by com-prehensively strengthening the livelihoods of these communities.

- Cholanaikan of Nilambur forest in Malappuram district and Malai Pandaram in Pathanamthitta, Kollam, and Idukki district are mostly forest dwelling communities. A study using social-anthropological methodology would be necessary to build the baseline information for strategic livelihood planning for these communities. The in-formation currently available is sketchy and unreliable. There are even issues with the reported number of households and population in the case of Malai Pandaram.

- Kurumban of Attappady would require special support as the hamlets are remote and they are into collection of non-timber forest produce as well as farming.

- Kadar community in the Athirappilly region, another PVTG, would require special at-tention.

- Paniyan, the largest tribal community of the State, and Adiya, another community with a history of slavery require special focus for coming out of their current state of affairs. These communities are mostly into daily wage labour and continue to be ex-tremely backward, even though they are not classified as PVTG.

- Aranadan community, already identified as diminutive, requires special attention; it is a very small community with just eighty families.

- Edamalakkudi, the only tribal Grama Panchayat in the State, inhabited by Muthuvan community requires a thorough planning; the Grama Panchayat office has to be shifted to Edamalakkudi from its current location. This may be a prerequisite for involving the community in local level planning for livelihood enhancement.

- The remote locations in Idukki other than Edamalakkudi including Kurathikkudi in Adimaly and Palappetty in Kanthalloor would require special planning for livelihood programmes. There are several such remote locations in Adimaly, Marayur, Kanthal-loor, Mankulam, and Vattavada Grama Panchayats.
- Integrated livelihoods programmes should be prepared to effectively address long standing issues such as dependency, exploitation, land alienation, alcoholism, invisible bondage, atrocities etc. which hinder their progress and well-being
- Sub-Plan, in itself, calls for continuous monitoring, research and analysis and evalua-tion. Unintended Consequences of plan implementation will need to be closely watched and on the spot corrective steps taken.
- An institutional framework will need to be designed for the holistic development of the tribals providing autonomy and adequate representation in all planning and deci-sion-making processes.

There is little or no convergence in this sector where convergence is highly necessary the institutions that must converge are plentiful, but currently, they are also working in silos, reducing development effectiveness. In addition, there are innumerable other sectors where development activities must take place for the development of tribal communities. Quality services in the social and economic sectors need to reach them effectively. Convergence be-tween LSGs, STDD and line departments such as Agriculture and Forest Department is cru-cial. The Forest Resource Management Act must be implemented. Kudumbashree has its own schemes but without any links to the Panchayat. Thus, the approach to planning and imple-menting projects in silos has to change.

Strong convergence is needed also at LSG level Working groups should ensure convergence but this is not happening. Designating Asst. Secretary as implementing officer has reduced knowledge in the areas: Tribal Extension Officer (TEO) is a transferred Officer– in the be-ginning they were implementing projects and responsibilities were transferred to TEOs. Clear orientation but burden of work, then by an order transferred responsibilities to Assistant Sec-retary –but guidelines still require that TEO has to prepare the status report for WG but this is not being done. Systematic and effective monitoring was absent. Research is also weak in this area. Tribal Knowledge is also not garnered. There are about 36 communities, but there is no knowledge collection and no platform for dissemination or for sharing.

CHAPTER 5
FRAMEWORK FOR MONITORING & EVALUATION

Observations on the current approach

- LSGIs currently are involved in delivering services and implementing projects and pro-grammes: (a) plan projects- on their own, (b) Centrally Sponsored Schemes (CSS) and schemes of the line departments through transferred institutions
- The responsibility for designing and implementing the mechanisms for monitoring and evaluating the above three categories' rests respectively with: (1) the LSGs, (2) LSGs and line departments concurrently, and (3) LSGs and the state/union govern-ment pro-gramme agencies.
- The current monitoring and evaluation mechanisms tend to focus largely on 'fi-nan-cials', followed by a mix of 'processes' and 'outputs.
- The financial/process/output-oriented approaches focus primarily on the ser-vice/proj-ect/ programme itself, and seek to assess the 'efficiency' of service delivery and project/ programme implementation.
- Often left out here is the assessment of their 'effectiveness', i.e., to what extent they have contributed to achieving specific developmental goals.

Suggestions for extending the current approach

- In the light of the above, the recommendation is to expand the monitoring & evalu-ation framework to incorporate not only measures of efficiency, but also effectiveness. It is proposed that the measurement and evaluation plan must include assessment of 'out-comes' for beneficiaries and 'developmental impact' on the local area under the LSGI.
- Such a shift will enable LSGIs to keep equally in focus 'what they do' and 'why they do' them, and thus, ensure that 'what they do' indeed delivers 'why they do' them.
- M&E Matrix in Table 1 presents the components of an expanded Monitoring & Evaluation Framework.
- LSGs have an important role in monitoring development progress at the grassroots. In addition to monitoring inputs and processes, the LSG's M&E plan should also measure outputs, outcomes and impacts (together termed as results). Each LSG M&E plan should be drawn up within the State's overall results framework and re-sults mea-surement table (associated indicators). This will allow the results from each LSG to be aggregated to the district and state level. The following design pointers may help in the process.
- M&E plan needs to address all layers of the M&E framework, viz. process, fi-nancials, outputs, types of beneficiaries, outcomes, and developmental impact. Appropriate in-dicators must be identified for each layer from the common results measurement table with regards to each service/project/programme. This way proper aggregation of results can be better understood even within the LSG.
- The details of the LSG M&E plan should be drawn up in discussion with the rel-evant

Table 4. M&E Matrix

Monitoring & Evaluation Framework					
Layers	*Process*	*Financials*	*Output*	*Outcome*	*Impact*
Focus	<-----------------------------Project--------------------- >			Beneficiaries	Local area
Dimensions	Process transparency, fairness, process adherence, quality, etc.	Expenses, accounts & Record keeping, over/underspend, etc.	Access, quantity, quality, etc.	Changed behaviour, beneficiary outcomes – individual & aggregated, etc.	Local development indicators – e.g. Niti Ayog indicators, SDGs, HDI, etc.
Example: School digitization	Procurement processes, equipment specifications, etc.	Quotes, bills & receipts, itemized expenses, audited report etc.	Number of equipment purchased, number of schools/ classrooms covered etc.	Student performance, school enrolment rates, student retention rates etc.	% Increase in those who pursue higher education and STEM courses, and get STEM jobs, employment rates & average salaries etc.
Current mechanisms - Examples	Periodic progress reports, review meetings, field follow- up social audit	Periodic progress reports, Review meetings, field inspection, Audit	Final report, dashboards		Destitute/BPL LSG survey

stakeholders, i.e., those involved in the service/project/programme design, those re-sponsible for implementation, the beneficiaries, and if possible, the poten-tial users of the M&E data.

- For each service/project/programme that LSGs are involved with, appropriate plans would need to be prepared at the planning stage itself. It may be helpful to start with a comprehensive listing of outcomes and outputs and then select ap-propriate indicators from the measurement table.
- For each service/project/programme, an M&E structure must be put in place, specify-ing who would be responsible for executing the M&E plan, who would collect data, who would review, and who can access/peruse the data. The collec-tion of data may be done at the project or program level, but the data must be validated, maintained and analysed at the LSG level in a central place.
- Digital technology to aggregate the data must be introduced, consistent with that uti-lized in the rest of the state. The data must be made accessible to the public to enhance

governance and transparency.

- The M&E plan must address the following concerns pertaining to data: data ac-curacy, efforts involved in acquiring data, privacy & data protection, conver-gence of software systems & security, appropriate devices for collecting data, and data collection and management best practices.
- The M&E plan must factor in the skill building required for stakeholders in-volved in designing M&E plans, as well as in collecting and processing relevant data.

Services/Projects /Programmes implemented by LSGI					
	Process	Financials	Output	Outcome	Impact
1.LSGI-Owned					
Routine services (Birth/death/marriage certificate, property tax)					
Devolved services (Anganwadi, school, PHSC, Animal Husbandry etc.)					
Infrastructure					
Production					
Special groups- Women Children Elderly Disabled Transgender Migrant workers					
2.Department-Owned					
Various projects					
3. State/Union Govt-Owned					
LIFE MNREGA etc.					

Overlay box content:
- Stakeholders: …………………………………
- Indicators to be measured: (1)………… (2)………… (3)……….. (4)………………
- Executing agent: …………………………….
Data   collector: …………………………………
Processor: ...……………………………………..
Reviewer: …………………………………….
.
Other   users:

Table 5. LSGI M&E Plan – Listing

- It may be worthwhile to keep the following guiding principles in mind.
- Do not make M&E plan over-complex and complicated. Use existing structures and processes wherever possible - streamline and connect them to reduce efforts and use data more efficiently (e.g., Can BPL/destitute surveys used to capture impact data?)
- Try to balance data accuracy, data protection and convergence needs bearing future needs in mind.

[8]*The results framework is broadly classified around three dimensions: social, economic, and agency and partic-ipation. The three dimensions should be accompanied with a results measurement table, which provides a set of indicators to assess progress in each dimension. These can be adapted from the SDG indicators since local gov-ernments are expected to measure progress towards achievement of the SDGs. Such a common framework is essential to facilitate aggregation of data and results to different governance levels.*

- Enable public access to monitoring & evaluation data – through dashboards with ad-

I	Social Justice Department
1	**Sahajeevanam Help Desk:** To ensure doorstep delivery of services to PwDs and to provide them with assistance and psycho-social 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 the National Trust Act) who are under financial stress.
3	**Niramaya Insurance Scheme:** Health insurance scheme for Persons with Disabilities covered under National Trust Act 1999. Through this scheme the beneficiaries can avail of an insurance coverage up to Rs. 1 lakh which would be renewed every year.
4	**Legal/ Limited Guardianship:** Persons with autism, cerebral palsy, mental retardation and multiple disabilities are in a special situation as even after they reach age of majority i.e. 18 years of age, they may not always be capable of managing their own lives or be capable of taking legal decisions concerning their lives. Under section 14 of the National Trust Act, the Local Level Committee (LLC) 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 (OCB) in Kerala. The process of repatriation is currently implemented through voluntary organizations, voluntary social workers and Superintendents of Institution who are willing to help such needy persons. 'Prathyasha' scheme is formulated to facilitate the repatriation
6	**Athijeevanam- Comprehensive Scheme for mainstreaming PwDs:** Persons with disabilities face several challenges in developing employable skills and in obtaining gainful 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 will need to be a 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 Asha bhavans (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 support programme for destitute mentally ill persons:** First priority under this scheme is given to 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 uniform 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 Differently abled persons:** 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 Differently abled Students:** For students studying in Schools, Colleges and those who attending Professional, PG courses and technical trainings.
	19	**Parinayam; Marriage Assistance to differently abled women and to daughters of differently abled parents:** "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 Disabled students 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 PwDs mothers:** 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 (KSSM): 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 programs 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, mental retardation and bedridden due to old age, who need a full-time caregiver. The number of beneficiaries is 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 thru 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:

		1. Facility for screening for disability at all delivery points (hospitals with functioning labour room) 2. Anuyatra Mobile Early Intervention Units 3. District Early Intervention Centres 4. Regional Early intervention Centres 5. 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 special needs 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 thru 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 centres 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. The Sree Chithra Tirunal Institute for Medical Science and Technology (SCTIMST) under the Science and Technology Department of Govt of India is also a major stakeholder 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 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:** A crowd funding platform that allows specific individual support including high-cost assistive solutions for indicated cases as per the guidelines.
III		Kerala State Handicapped Persons' Welfare Corporation (KSHPWC)
	40	**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 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.
	41	**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.
	42	**NHFDC Loan scheme:** KSHPWC is the State Channelizing agency for loan from National Handicapped Finance and Development Corporation
	43	**Fixed Deposit Scheme** for severely disabled children (Boys & girls)
	44	**Assistance scheme to Self-Help Groups**
	45	**Home for Elderly with disability at Parassala**
	46	**Assistive Technology Showroom and online sales services**
IV		National Institute of Physical Medicine and Rehabilitation (NIPMR):
	47	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. Since 2020, LSGIs are permitted to directly procure assistive solutions from NIPMR without tender formalities. This scheme has been further strengthened with the launch of the Rehab Express project detailed in serial number 36 above.
V		National Institute of Speech and Hearing (NISH)
	48	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

	49	**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 thru National Health Mission
	50	**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.
	51	**Salabham** (comprehensive new-born 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.
	52	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.
	53	**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).
	54	**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.
	55	**National Leprosy Eradication Program:** for prevention and management of disabilities due to Leprosy
	56	**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.
	57	**National Program for Prevention and Control of Deafness (NPPCD)**
	58	**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)
	59	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 (12th week) Screening for Disability (NT scanning) is also done here
VIII		Institute of Mental Health and Neurosciences (IMHANS):
	60	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

	61	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.
X		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 thru 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 thru 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 thru Kudumbashree are mentioned under it.
XI		Kudumbashree 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 Kudumbashree 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.

XII		Education Department
	69	**Samagra Shiksha** emphasises improving the quality of education for all students, including children with special needs, 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.
	70	**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.
	71	**Barrier-free schools (disabled-friendly infrastructure) initiative**: The scheme provides assistance to schools to develop facilities for children with disabilities.
	72	**Autism parks:** The main objective is to encourage social participation by autistic children and to enhance their communication abilities.
	73	**Additional Skill Acquisition Programme (ASAP)** offers vocational skills training to facilitate the employment of disabled students.
	74	**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.
	75	**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.
	76	**Special School Kalolsavam** for children with special needs is also held by the Education Department.
	77	**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.
XIII		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 thru KSSM.
XIV		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 differently- abled friendly infrastructure was taken up in seventy destinations.

XV	Tribal Development Department
81	**Assistance for Sickle-cell Anaemia Patients:** Sickle Cell Anaemia is an inherited lifelong disease-causing disability prevailing among the Scheduled Tribes of Wayanad, Palakkad, Kozhikode and Malappuram 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 thru major Govt hospitals.
XVI	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.
XVII	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.
XVIII	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.

Annex 2   Working Group on Improving Service Delivery by LSGIs

S.L. No	Name	Designation	Remarks
	Co-Chairpersons		
1	Sarada Muraleedharan, IAS	Additional Chief Secretary (LSG)	Official
2	V.N. Jithendran	Former Director, Social Justice Department	Expert
	Members		
1	M.G. Rajamanickam, IAS	Director, Scheduled Castes Development Department	Official
2	T.V. Anupama, IAS	Director, Scheduled Tribes Development Dept	Official
3	Dr. T.R Raghunandan	Former Joint Secretary, GoI	Expert
4	Prof. P.T Abdul Latheef	Former Deputy Mayor, Kozhikode Corporation	Expert
5	Dr. N. Remakanthan	Member, LSG Commission Ph:9496143232	Expert
6	M. R. Anup Kishor	Vice- Chairman, Wadakkanchery Municipality	People's Representative
7	Sheeja Satheesh	President, Noolpuzha Grama Panchayat	People's Representative
8	V Priyanka	President, Chemmaruthi Grama Panchayat	People's Representative
9	Dr. C Unnikrishnan	President, West Kallada Grama Panchayat	People's Representative
10	Dr. Simy Joy	Faculty Fellow, IIM – Kozhikode	Expert
11	Dr. B Mohammed Asheel	Former Executive Director, KSSM	Expert
12	C. Chandrababu	Director, National Institute of Physical Medicine and Rehabilitation	Expert
13	V.K. Mohan Kumar	Director (Retd), KIRTADS	Expert
14	K Premkumar	Scientist, ANERT	Expert
15	K. Sivakumar	Former Joint Development com- missioner, presently General Manager, Chintha Publications	Expert

16	Dr. Jos Chathukulam	Director, Centre for Rural Management	Expert
17	N Jagajeevan	Former Consultant, Haritha Keralam Mission	Expert
18	Adv. Thulasi Teacher	Government Nominee in DPC, Ernakulam	Expert
19	P M Shafeeq	Deputy Director, KILA	Expert
20	Aleyamma Vijayan	Sakhi Resource Centre for Women	Expert
21	K Moideen Kutty	Managing Director, Kerala State Handicapped Persons Welfare Corporation	Expert
22	Jalaja. S	Joint Director, Social Justice Department	Official
23	Anitta.S. Lin	Assistant Director, Women & Child Development	Official
24	A K Lincy	Women Protection Officer, Kozhikode	Official
25	Dr. B.L. Biju	Associate Professor, Dept of Political Science, University of Hyderabad	Expert
26	Dr. Abhilash Babu	Associate Professor & Director, School of Social Sciences, M G University	Expert
Special Invitee			
27	Sajith Sukumaran	Chief Operating Officer, Kudumbashree National Resource Organisation	Expert
Convener and Co Convener			
28	J Josephine	Chief, Decentralised Planning Division	Convener
29	Dr. Sreekumar. L	Assistant Director, Decentralised Planning Division	Co Convener

Annex 3 Terms of Reference

Service Delivery by LSGIs

To suggest methods of improving the quality of services provided by Local Governments in the sphere of social justice, social security, and social welfare and to improve the quality of Plans for special groups and sub-plans.