CHAPTER VI

REHABILITATION

Chapter-VI: Rehabilitation

Non-establishment of Manasa Kendras in proposed five districts, District Disability Rehabilitation Centre (DDRCs) in 14 districts, and Day Care Centres in proposed districts, non-availing central assistance for establishment of DDRS in districts and poor monitoring of working of Manasa Kendras/DDRCs indicate deficiencies in rehabilitation measures as mandated in RPWD Act.

Rehabilitation plays a critical role in empowering individuals with disabilities to lead fulfilling and independent lives. Special measures are to be taken to ensure disabled persons enjoy rights equally with others and to protect the PwDs from being subjected to cruelty, inhumane treatments and from all forms of abuse, violence, and exploitation.

As Section 27 of the RPWD Act lays emphasis on rehabilitation, the State Government and local authorities are to undertake services and programmes for rehabilitation particularly in areas of health and employment for all PwDs. Accordingly, Government had established Manasa Kendras, DDRCs and After Care Homes for mentally retarded women *etc*., as a part of rehabilitation measures as detailed below.

Table 6.1: Details of rehabilitation measures

Sl. No	Name of the institutions	Objectives
1	Manasa Kendras	Short term stays for persons with mental disorders who do not require complete hospitalization
2	After Care Home for Mentally Retarded Women	Home for mentally retarded women aged above 18 years where food and medical facilities are provided.
3	Deendayal Disabled Rehabilitation Scheme	Extension of financial assistance to voluntary organisations to provide services necessary for the rehabilitation of PwDs.
4	District Disability Rehabilitation Centre	To provide comprehensive rehabilitation services at the doorstep of beneficiaries.
5	Day Care Centres	For children with autism, cerebral palsy, mental retardation and multiple disabilities

Source: Information furnished by the Department

Audit observed that as against an amount of ₹441.41 crore released during the period 2017-18 to 2022-23, ₹370.52 crore was spent towards rehabilitation of PwDs including grants to Manasa Kendras, DDRCs and After Care Homes for men and women. Audit observations such as functioning of rehabilitation centres with limited staff, failure to utilise central grants optimally for institutions such as DDRS and DDRCs and non-establishment of Day Care Centres *etc.,* noticed in functioning of these institutions are discussed in subsequent paras in this chapter.

6.1 Manasa Kendras

With a view to provide residential facility to persons with mental disorders who do not require complete hospitalization but cannot function in the community without adequate professional supervision and support, the

Department proposed (August 2006) to set up Manasa Kendras (MKs) in the State. The State Government accorded (August 2007) its sanction to set up five MKs at Ballari, Belagavi, Bengaluru, Raichur and Shivamogga. Each Manasa Kendra was sanctioned a total of 17 posts, which included Social Worker and Psychiatrist. However, only two of the five MKs established are functioning.

In Manasa Kendra Bengaluru, Audit noticed that the Psychiatrist was visiting only once in fifteen days, as against the requirement of once a week for the period 2017-18 to 2019-20.

Exhibit 6.1 Manasa Kendra Bengaluru

Source: Photographs taken during Joint Physical Verification

It was also observed that 48 inmates undergoing treatment in the MK had absconded during the period 2011-12 to 2021-22 and only two were traced so far. In the Exit Conference, it was stated that it was a serious issue and action would be taken to avoid such incidents in future.

In MK Belagavi**,** out of the sanctioned strength of 17 staff, only 11 were working. All the four sanctioned nurse posts were vacant since 2015-16, and only two nurses had worked since inception up to 2014-15 as a result, inmates care was compromised despite regular visits made by doctors. The State Government did not offer any comments.

Further, the State Government also proposed (December 2016) to hand over the maintenance of MKs to the National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru, a globally recognised institute in the area of mental health and neurosciences. NIMHANS had prepared and submitted a pilot project/blueprint for taking over MK, Bengaluru for an initial period of three years and if proved successful, it was ready to take over the other MKs. The Project also proposed to establish an Orphan Care Centre for mentally disabled women to provide professional psychiatric treatment to bring them back to mainstream society.

The lack of initiative on part of the Department to hand over maintenance of MKs to NIMHANS resulted in depriving adequate professional medical supervision and support for patients with mental disorder. In Exit Conference, it was stated that action will be taken to coordinate with NIMHANS with submitted blueprint for taking over of MKs.

6.2 After Care Home for Mentally Retarded Women

The State Government established (1972) the After Care Home for Mentally Retarded Women with the specific objective of providing care, protection, shelter, medical and psychiatric treatment and training (wherever possible) to mentally retarded women and girls above 18 years who are residents of Karnataka. The inmates admitted through orders of Courts/Director of Women and Child/DCs are provided with food, shelter, clothing and bedding and segregated as mild, moderate, profound and severely mentally retarded based on NIMHANS doctors' medical certificate.

The State Government sanctioned (March 1972 and January 1983) 34 posts for running the institution which was revised to 27 while transferring the management of the institute from the Department of Women and Child Development to Department of Empowerment of Differently Abled and Senior Citizens in October 2010. The State Government also accorded (March 1995) sanction for creation of two female Medical Officers (eight hours each in two shifts) and supporting technical and non-technical staff to look after the inmates located in Bengaluru Rehabilitation Complex which includes the After Care Home also.

Further, a Managing Committee comprising of Deputy Commissioner (DC), three officials from the Department of Health, Mental Hospitals and NIMHANS, and non-official members (having experience in the field of work with mentally challenged persons), was to be constituted to advise the Director for the proper management of the After Care Home regarding admission and discharge of inmates, training and rehabilitation *etc*.

In this regard, Audit observed the following:

- Though two female medical officers were appointed, they were not attending to the inmates and recording periodical reports about the health and mental status of the inmates (94 inmates).
- The Managing Committee was not formed as a result of which the non-visit of Medical Officers and other related issues could not be addressed.
- Since the institute is specially meant of women and girls, posting a female probationary Officer and Superintendent would help in better understanding and appreciation of the problems to take suitable measures. Audit observed that the Department had posted male Probationary Officer Grade 2 (May 2018) for supervising the working of this institution. Consequent upon receipt of complaints against him, the Officer was deputed (February 2021) to the vacant post of Probationary Officer in the Social Service Complex, Bengaluru and another female Probationary Officer working in the institute was put in charge of the post of Superintendent.

6.3 Deendayal Disabled Rehabilitation Scheme

In compliance to Section 66 of PWD Act, 1995, the four existing schemes for rehabilitation of persons with disabilities were amalgamated into a single Central Sector Scheme, called the "Scheme to Promote Voluntary Action for Persons with Disabilities" in 1999. During April 2003, the amalgamated

scheme was revised and renamed as the "Deendayal Disabled Rehabilitation Scheme" (DDRS).

Under this Scheme, the Voluntary organisations were provided financial assistance to avail a whole range of services necessary for the rehabilitation of PwDs including early intervention, development of daily living skills, education and training.

Audit observed that only three[10] institutions in the State are receiving funds from GoI under this scheme. It was seen that during the period under review, the State Government had sent only 13 proposals which was less than one *per cent* of the total 2024 proposals received by GoI during this period.

The State Government stated that the proposals of NGOs received, if any, would be recommended and forwarded to Central Government. The reply is not acceptable as guidelines were framed by Central Government, and the State Government failed to take advantage of this central sector scheme to identify and promote more institutions for the benefit of the differently abled citizens of the State.

6.4 District Disability Rehabilitation Centres

The District Disability Rehabilitation Centre (DDRC) scheme of the Ministry of Social Justice and Empowerment, GoI was being implemented since 1999-2000.

The DDRCs are to facilitate conducting survey and identification of PwDs through camp approach, awareness generation, early detection and intervention, provision/fitment, follow up and repair of assistive devices, therapeutic services such as physiotherapy, speech therapy *etc.,* counselling of persons with disabilities, their parents and family members, arrangement of loans for self-employment, promotion of barrier free environment, and maintaining data of organizations working for the empowerment of PwDs in the district.

Each DDRC was to function under the supervision of a District Management Team (DMT) headed by the District Collector. The DMT was to identify an implementing agency which should preferably be a Red Cross Society or such autonomous/semi-autonomous bodies of State Government or a reputed NGO. Audit findings on the review of implementation of the scheme are discussed in the succeeding paragraphs.

6.4.1 Establishment of DDRCs

As per the guidelines of the scheme, DDRCs may have a maximum of 12 staff which includes Clinical Psychologist, Physiotherapist, Prosthetist/Orthoptist, Speech Therapist, Mobility Instructor and other technical and supporting staff having specified qualifications. These professionals were to be paid a fixed honorarium as per prescribed norms and should preferably be registered with RCI.

[10] Sri Ramana Maharshi Academy for the Blind, Bengaluru, Vishwadhama Mahila and Makkala Shikshana Sevashrama Samithi, Dharwad and Sri Ramana Maharshi Trust for Disabled Persons, KGF.

The State Government initially established DDRCs in eight districts through Central Assistance from 1999-2000 and from the year 2011-12 started funding these institutions through budgetary allocations. Subsequently, the State Government accorded (May 2016) approval for establishing DDRCs in all the districts of the State and provided for a total budget of ₹10.80 crore by enhancing the annual grant from the existing ₹28 lakh to ₹36 lakh per centre. At present there are 16 DDRCs in the State.

6.4.1.1 Functioning of DDRCs

A review of the functioning of the DDRCs showed that the duties to be performed by DDRC staff were similar to the duties being discharged by the Village Rehabilitation Workers at the Gram Panchayat level and Multi-Purpose Rehabilitation Workers (MRWs) at the Taluk level such as identification of persons for Physically Handicapped Pension (PHP), issue of disability certificate, identify cards, bus pass, implementation of Aadhara scheme *etc*. Consequently, the role of DDRC in the above matters was negligible and amounted to duplication of work.

Audit test-checked eight DDRCs out of the existing 16 DDRCs. The observations noticed during the review of records of the test checked DDRCs are as below:

- Camps were to be conducted in villages for identifying children with disabilities and to provide them with necessary support. This required the participation of technical staff such as Prosthetics and Orthotics Engineer, Speech Therapist, Mobility Instructor and Ear Mould Technician. However, camps were conducted without technical staff as these posts were vacant since establishment of these DDRCs. Consequently, the camps were just restricted to identifying beneficiaries and therapeutic services were not provided.
- In DDRCs of Hassan, Haveri and Raichur, the records did not indicate the place where camps were held and most of the columns in the prescribed format were blank indicating inadequate documentation and raising concerns on the genuineness of the activities undertaken.
- Promotion of barrier free environment was one of the objectives of DDRC. Except DDRC, Chitradurga, none of the other DDRCs had identified public places/buildings for creation of barrier free environment.
- Workshops were not established in four[11] DDRCs and though established in the four[12] DDRCs, it was either being underutilised or not being utilised due to vacancies in technical staff.

Audit also observed from the minutes of the meeting held on 14 January 2020, by Director with district officers that the staff of DDRCs were being utilised by the Red Cross Societies, which were managing the affairs of DDRCs, for their own activities. Similarly, Additional Deputy Commissioner, Mysuru had reported (March 2020) about having received complaints such as staff of

[11] Bidar, Hassan, Haveri and Raichur.
[12] Bengaluru, Chitradurga, Dakshina Kannada and Mysuru.

DDRC working at other places and staff instigating persons visiting DDRC to go to private therapy clinics for availing therapeutic services of Physiotherapist.

The State Government stated that the nodal officers concerned were instructed to conduct medical camps for a period of three days in a week and initiate steps to implement the scheme as per the guidelines. It was also stated that all the Deputy commissioners, Heads of the Departments and DDRCs were directed to provide the barrier free environment in all public places as per the provisions of the Section 40-46 of RPWD Act, 2016 and Harmonised guidelines of Government of India.

Illustration

DDRC, Bidar

Established in September 2019 through Sri Siddeshwar Handicapped Persons Education Society.

Though Speech Therapist, Physiotherapist, Clinical Psychologist, Psychiatrist, ENT specialist, Ophthalmologist, Ear Mould Technician etc., were shown as working, there were no supporting records/registers indicating the number of cases handled, period of treatment given etc. Records in support of having conducted camps were also not available indicating that camps were not conducted since establishment of DDRC, Bidar. However, an amount of ₹60.19 lakh was drawn for payment of honorarium to the staff of DDRC during the period 2019-20 to 2021-22.

There were discrepancies between the Appointment letters issued and the salary statements in respect of Accountant cum clerk, Computer operator, as shown in ***Table 6.2***.

Table 6.2: Discrepancies between appointment and actual working

(Amount in ₹)

Post	Name as per Appointment letter	Name as per salary drawn register	Salary per month	Salary drawn from April 2019 to November 2020
Accountant cum Clerk	Shri Rajkumar	Keerti	12,000	2,40,000
Computer Operator	Shri Shivakumar	Sangeetha	9,000	1,62,000

Source: Information furnished by DDRC, Bidar

The State Government stated that compliance report was sought from the office of the District Disabled Welfare Officer, Bidar, and Chairman of the organisation on audit findings and steps would be taken to implement the program as per the plan guidelines in this district.

Illustration

DDRC Ramanagara

The State Government accorded (July 2014) approval to M/s Samarthanam Trust for Disabled, Bengaluru to commence DDRC, Ramanagara and released (August 2014 and February 2015) ₹12.04 lakh. The DMT recommended (August 2016) for closure of DDRC following discrepancies noticed in the functioning such as appointment of staff without notification inviting applications from prospective candidates and without informing DMT/Department, drawing salary for staff from September 2014 without performing duties, non-furnishing of monthly reports to DDWO etc.

Audit observed from the minutes of the meeting held on 27 August 2016 that the staff appointed were working at two places simultaneously. The Director directed (June 2018), the DDWO, Ramanagara to recover the amount of ₹12.04 lakh from the Trust. The amount was yet to be recovered (December 2022).

The State Government stated that DDWO Ramanagara had filed a case against the organisation for its failure to run the project and the case is pending before Hon'ble District Court Ramanagara

6.4.1.2 Scheme for Implementation of Rights of Persons with Disabilities Act 2016 (SIPDA)

The GoI formulated (January 2016) the Scheme for Implementation of Rights of Persons with Disabilities Act, 2016 (SIPDA) under which grants are provided to the State Governments and various other bodies set up by the Central and State Governments including Autonomous Bodies and Universities to support various activities like providing barrier free environment, skill development, awareness campaign and sensitisation programmes *etc*.

From 2018-19, the funding of the DDRC Scheme was brought under SIPDA. It was however, observed that no funds were requested by the State Government under this scheme and therefore lost the opportunity for providing comprehensive services to PwDs at the grass root level in the districts even when DDRCs are yet to be established in 14 districts. The State Government did not offer its comments.

6.5 District Early Intervention Centres

All activities such as motor, speech and language, intelligence, vision, hearing is controlled by different centres in the brain. Maximum growth of the brain occurs in utero (50 to 55 *per cent*) and in the first three years (90 *per cent*). The purpose of early intervention services is to enhance the development of infants and toddlers with developmental delays or disabilities and minimize the need for special education and related services after they reach school age.

One of the main objectives of DDRC was to provide comprehensive services to the PwDs including sensitizing on early intervention methods. Further, each DDRC was to set up an early intervention unit and low-cost intervention using locally available material for continuing the intervention at place of their residence. Even though the management of DDRCs were taken over by the

State Government, in the absence of specific guidelines for functioning of these Centres, the Department could not set up any early intervention units.

The State Government stated that the Department of Health and Family Welfare Services, Karnataka was requested to establish District Early Intervention Centres (DEICs) in all the district hospitals and 13 DEICs have been established in the State with effect from 2016-17.

6.6 Establishment of Day Care Centres

The State Government proposed (May 2017) to establish Day Care Centres (DCCs) for children with autism, cerebral palsy, mental retardation and multiple disabilities in the four revenue divisions and issued (May 2017) guidelines. As per the guidelines, each DCC was eligible for a maximum grant of ₹25 lakh (₹10,000 per child for 25 children for 10 months) and the teacher student ratio was fixed at 1:3. Only two DCCs were established (both in Bengaluru) as a result of this, children with above disabilities were deprived of facilities like physiotherapy being offered in DCCs. Though it was again proposed (January 2020) to set up DCCs in the revenue divisions in addition to the existing two in Bengaluru, the Department was yet to establish these DCCs. The State Government did not offer its comments.

Recommendation 9: The State Government should address staff shortage, improve infrastructure facilities, and establish DDRCs in all districts to strengthen rehabilitation mechanism. It should bring DDRCs under the control of DDWOs for effective functioning of DDRCs.

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