

No. 2-2/2014-DDRC  
Government of India  
Ministry of Social Justice and Empowerment  
Department of Disability Affairs

**NOTICE FOR INVITING TENDERS FROM CONSULTANT ORGANISATIONS FOR EVALUATION OF SCHEMES OF THE DEPARTMENT OF DISABILITY AFFAIRS**

The Department of Disability Affairs under the Ministry of Social Justice & Empowerment proposes to get an impact evaluation study on the following schemes / programmes of the Department:

- I. Impact Evaluation study of "District Disability Rehabilitation Centres (DDRCs)" set up and funded by the Department of Disability Affairs. (Details relating to scheme of DDRCs, No. of DDRCs to be visited and studies to be undertaken are at annexure I.)
- II. Impact Evaluation Study of the Schemes for Implementation of Persons with Disabilities Act, 1995 (SIPDA) funded by the Department of Disability Affairs. Details relating to the scheme are at annexure II.
- III. Impact and Evaluation of 'Deendayal Disabled Rehabilitation Scheme (DDRS). Details relating to the scheme are at annexure III.

2. Sealed quotations are invited from Universities / Organisations / Institutions / NGOs for undertaking impact evaluation study in respect of the above schemes. The consultant organization to send the quotation in the prescribed format (as at *Annexure IV*) through Speed Post/Registered Post only so that the same is received at the following address latest by 5.30 pm on.....2<sup>nd</sup> July, 2014:

Director (Admn.)  
Deptt. of Disability Affairs,  
Ministry of Social Justice & Empowerment'  
Room No. 642, A Wing,  
Shastri Bhavan, New Delhi

3. Any quotation incomplete in any respect or received after the due date will not be considered.

## **Eligibility Criteria:**

- 4 (i). The consultant organization should be a registered company, incorporated under the Companies Act or Societies Registration Act etc.
- (ii) Any consultant organization blacklisted or placed under funding restrictions by any Ministry or Department of GoI/State Govt. (s) is not eligible for applying
- (iii) The consultant organization should be of at least 15 years standing in the field and also to have executed at least 5 such type of study of Central Government schemes. The consultant organization shall be required to furnish certificates of completion of such studies.
- (iv) The Consultant organization shall also submit a list of 2 experts of his organisation with at least 15 years experience in carrying out such studies. Turnover of the Consultant Institution/Company/Organisation should be at least Rs.5 crore in the years 2011-12 and 2012-13.

The Consultant Organisation should furnish all these details with the quotation.

## **Selection of Agency/Terms of Reference**

5. Technical bid may also to include
- (i) brief note on the understanding of the assignment
- (ii) a description of technical approach and methodology and work plan,
- (iii) Out line of recent experience (past 5 years) and past performance of the Agency on works of a similar nature, details of currend works in hand and other commitments
- (iv) Curriculum vitae of key staff members & Team leader (one page each) about their educational details, experience etc.
- (v) financial bid should be submitted in separate sealed envelopes. Technically qualified consultants on the basis of previous experience/performance shall be considered for financial bid opening where the lowest financial bid shall be successful bid.

(vi) Organisation structure of the company/ society giving the details of actual strength of its employees  
(v) Copy of Pan Card and latest valid Income Tax Clearance certificate (ITCC)

(vi) A self certified no-conviction certificate declaring that the agency has never been black listed or restricted to apply for any such activities by any Government Department or Court of Law anywhere in the country.

6. The assignment has to be completed within three months from the date of award of contract.

7. The consultant will not further sub-contract the study to any other agency/individual.

8. 50% of the total cost may be sanctioned as advance payment on the date of awarding the assignment. The consulting organisation will have to furnish a bank guarantee in respect of the said amount. 25% of the total cost on submission of the draft Report and its acceptance by the Ministry and balance on submission of final report (10 copies) alongwith its PDF version.

9. The Ministry may invite the Consultant organisation to make a presentation at his / her own cost in the Ministry of Social Justice & Empowerment, Shastri Bhavan, 'A' Wing, New Delhi – 110001, or any other place indicated later.

Yours sincerely,

Sd/-  
(O.P. Dogra)  
Director/24.06.2014  
Tel.No.23070801

## **A. District Disability Rehabilitation Centres**

### **A.1. Background**

District Disability Rehabilitation Centres (DDRCs) started (in 1985-90) as outreach activity of the Ministry of Social Justice and Empowerment of Government of India for providing comprehensive services to the persons with disabilities at the grass root level and for facilitating creation of the infrastructure and capacity building at the district level for awareness generation, rehabilitation and training of rehabilitation professionals.

### **A.2 Objectives of DDRC**

District Disability Rehabilitation Centres (DDRCs) to provide rehabilitative support to persons with disabilities through

- ❖ Survey & identification of persons with disabilities through camp approach;
- ❖ Awareness Generation for encouraging and enhancing prevention of disabilities, early detection and intervention etc.
- ❖ Early Intervention;
- ❖ Assessment of need of assistive devices, provision/fitment of assistive devices, follow up/repair of assistive devices
- ❖ Therapeutic Services e.g. Physiotherapy, Occupational Therapy, Speech Therapy etc.;
- ❖ Facilitation of disability certificate, bus passes and other concession/facilities for persons with disabilities;
- ❖ Referral and arrangement of surgical correction through Govt. & Charitable institutes;
- ❖ Arrangement of loans for self employment, through banks & other financial institutions;
- ❖ Counseling of persons with disabilities, their parents & family members;
- ❖ Promotion of barrier free environment;

- ❖ To provide supportive and complimentary services to promote education, vocational training and employment for persons with disabilities through:-
- ❖ Providing orientation training to teachers, community and families
- ❖ Providing training to persons with disabilities for early motivation and early stimulation for education, vocational training and employment.
- ❖ Identifying suitable vocations for persons with disabilities, keeping in view local resources and designing and providing vocational training and identifying suitable jobs, so as to make them economically independent.
- ❖ Provide referral services for existing educational training, vocational institutions.

### **AIII. Districts identified and approved/DDRC set up**

- In the pre-revised scheme 199 DDRCs were approved for setting up in various districts of the country i.e. upto March, 2010. Out of which 186 are functional as per records available with this Department.
- 100 more DDRCs were approved for setting up during 2010-11 onwards.
- 15 more DDRCs have been approved in 2012 for setting up in DDRCs in districts having high incidence of Japanese Encephalitis (JE)/ Acquired Encephalitis Syndrome (AES) districts in the country, against these 11 DDRCs have been set up.

In all DDRCs have been approved for setting up in 310 districts (4 districts repeated in the lists) whereas on date 243 DDRC have been set up in the districts of States/UTs so far.

### **A.IV Formation and Running of DDRC**

Each DDRC is to be run under a District Management Team (DMT) headed by the District Collector/Magistrate, and comprising of officials from District Social Welfare/Disabled Welfare, Health, Panchayati Raj, Women and Child Welfare Departments and also to include nodal officer from implementing agency and representative from reputed NGOs/ public representatives for better coordination and monitoring. This team is also the custodian of the assets of the centre.

Important functions of the DMT are as follows:

- Selection of registered implementing agencies
- Selection/Deployment of Manpower and finalizing their engagement conditions
- Monitoring, coordination of activities of DDRC, even after handover
- Convergence with other activities of district.
- Fixing of charges for various services provided through DDRCs and identifying other means of resource generation.
- Security of assets of DDRC and material received under ADIP etc.
- This team may meet once in a month but not less than 4 times in a year.

To facilitate better coordination, **a nodal officer i.e., District Disability Rehabilitation Officer** be identified among the district officials included in the DMT to monitor and coordinate the activities of DDRCs. DDRO will be responsible for coordination, management and administration of DDRCs on a day to day basis and will be paid honorarium @ Rs. 2000 p.m. A joint account of *an Officer of State Government, nominated by District Magistrate as District Disability Rehabilitation Officer* of district administration and implementing agency should be opened in the local *bank* for the *receipt of grants*.

The implementing agency should preferably be a Red Cross Society **or** any such autonomous /semi-autonomous bodies of State Govt. **or** a reputed NGO with a good track record who should be capable of managing the DDRC right from its inception.

The functional District Red Cross Societies/registered agencies of State Health Department should be given priority over other NGOs. The DMT through local publicity could call for proposals from the interested registered organizations and then identify the most appropriate among them.

#### **Accommodation for DDRC:**

The District authorities should identify and allocate as suitable rent-free accommodation for setting up of DDRC. The building should preferably barrier-free and easily approachable by the disabled in addition to having electricity and water facility. Minimum space required is 150 sqm approx.

#### **Staff for DDRC:**

Each DDRC may have a maximum of 10 staff members, having specified qualifications, who are paid fixed honorarium as per prescribed norms. The rehabilitation professionals should preferably be registered with Rehabilitation Council of India(RCI). The Scheme does not envisage creation of permanent posts, and staff has to be appointed on honorarium/contractual basis by the Implementing Agency/DMT as far as possible through the local resources in order of priority:-

- Existing professionals of Govt./District hospitals on honorary basis
- Existing professionals of Govt./District hospitals on payment of token honorarium
- Professionals and others on purely contractual basis.

State Govt. needs to issue necessary instructions and guidelines to the DMT regarding advance action, so that personnel are appointed as soon as the DDRC is sanctioned.

### **Admissible manpower and amount of Honorarium**

Each DDRC would have one each of the following manpower with fixed honorarium and predetermined qualifications. The rehabilitation professionals should preferably be registered with Rehabilitation Council of India (RCI).

<b>S. No.</b>	<b>Post</b>	<b>Maximum Honorarium per month (in Rs)</b>	<b>Qualification</b>
1	Clinical Psychologist/ Psychologist	8200	M.Phil in clinical Psychology/MA in Psychology preferably with 2 years experience in the field of disability rehabilitation
2	Sr. Physiotherapist/ Occupational therapist	8200	Post Graduate in related field with 5 years experience
3	Orthopaedically Handicapped Sr. Prosthetist/Orthotist	8200	Degree in Prosthetic and Orthotic preferably from National Institute with 5 yrs experience or a diploma in Prosthetic & Orthotic with 6 years experience.
4	Prosthetist Orthotist technician	5800	ITI trained with 2/3 years experience
5	Sr. speech therapist/ Audiologist	8200	Post graduate in related field/B.Sc (Speech & Hearing)
6	Hearing Assistant/Junior Speech Therapist	5800	Diploma in Speech & Hearing with knowledge of hearing aids repair/ear mould making
7	Mobility Instructor	5800	Matriculation + Certificate/Diploma in Mobility

8	Multipurpose rehabilitation worker	5800	10+2 with diploma in CBR/MRW course or one year diploma course in early childhood special education with two years of experience
9	Accountant cum clerk cum Storekeeper	5800	B.Com/SAS with 2 years experience
10	Attendant cum Peon cum Messenger	3800	VIII class Pass

**Note:-** i) Honoraria to the Rehabilitation professionals of DDRCs located in North-Eastern States, Andaman & Nicobar Islands, Lakshadweep, Puducherry, Daman & Diu and Jammu & Kashmir shall be entitled to 20% more than the honoraria prescribed in respect of the DDRCs of the rest of the country.

ii) These Districts are proposed to be set up in unserved districts where it may be difficult to find staff with matching qualification initially. Hence, in case qualified rehabilitation professionals are not available for a while, until such professionals become available, DMT may recruit persons having lower qualification and proportionately reduce its honorarium. However, non technical persons should not be appointed against technical manpower. *Payment could be more in case technically sound persons are available.*

### **Admissible grant in aid**

The break-up of recurring and non-recurring expenditure in respect of One DDRC under the scheme "Implementation of PwD Act" is as follows:

**(in Rupees lakhs)**

Designation	General States per annum	For special areas (NER, J&K, & UTs) -20% increase
Total Honararium	8.10	9.72
Office Expenses/contingencies	2.10	2.10
Equipments (for 1 <sup>st</sup> year only)	7.00	7.00
Total for 1 <sup>st</sup> year	17.20	18.82
Total for 2 <sup>nd</sup> year	10.20	11.82
Total for 3 <sup>rd</sup> year	10.20	11.82
Total exp.	37.60	42.46



In North-Eastern states, Andaman & Nicobar Islands, Lakshadweep, Puducherry, Daman & Diu and Jammu & Kashmir, 20% additional expenditure (i.e., upto Rs, 42.46 lakhs) is permissible.

Subsequently, funding shall be through Deendayal Disabled Rehabilitation Scheme (DDRS). In accordance with the provision of tapering in the DDRS, grants-in-aid, as per the prescribed cost norms, are granted upto 90% of the budgeted amount and for the DDRCs in the urban area only, tapering of grants-in-aid is effected after seven years of funding @ 5% every alternate year subject to the condition that no further tapering shall be done beyond 75%.

The grant-in-aid to the DDRC shall be released on the basis of single proposal

#### **A.V            FUNDED UNDER SIPDA AND DDRS SCHEMES**

DDRCs are presently funded under the "Scheme for the implementation of Persons with Disabilities (Equal Opportunities, Protection of Rights and Full participation) Act 1995" (SIPDA) for the first 3 years for all States excepts in case of North Eastern States, J&K and the UTs of A&N Islands, lakshadweep, Pudocherry, Dadra & Nagar Haveli and daman & Diu where it is funded for 5 years. Thereafter, DDRCs receive funds under another Scheme namely "Deendayal Disabled Rehabilitation Scheme (DDRS).

#### **Tapering of grant under DDRC:**

Tapering of grants to DDRC, after they start receiving funds under the DDRS Scheme is restricted as follows:

- 5% cut in admissible grant in aid at 2 years interval.
- Tapering in grant in aid to not exceed beyond 25% of the admissible cost.
- Tapering will not apply to projects in rural areas.

#### **A.VI.            Role of State Government**

State Governments are expected to play a more pro-active role in the effective working of DDRCs. In order to ensure greater involvement of State/District Administration, the State Government may suitably supplement the honorarium and other requirements of the DDRCs for undertaking their various activities in an effective manner.

State Governments may authorized District Collectors in their capacity as Chairperson of DMT, to make minor modifications for

effective functioning of DDRCs, considering the ground realities within the broad stipulation of the DDRC Scheme.

State Government may also authorize the District Collectors to make interim advances out of the local funds placed at their disposal to tide over the difficulties caused in the field due to procedural delays in release of central funds.

#### **A.VII Equipments**

The equipment for fabrication and fitment of assistive devices related to all kind of disabilities is to be purchased from this scheme. These equipments will range from Electric oven, workshop anvil, physiotherapy equipments, clinical audiometer, speech trainer, workshop tools and some teaching material for the MR children. Non-recurring expense of Rs.7.00 lakhs per DDRC in the first year has been earmarked for the same. These equipments can also be procured from the ALIMCO (Artificial Limbs Manufacturing Corporation of India, Lucknow Road, Kanpur – an organization under the Department of Disability Affairs).

#### **ii) Raw Materials for fabrication of aids & assistive devices as well as prescribed appliances – for persons with disabilities**

The assistive devices and the material for fabrication of aids and appliances shall be supplied under the ADIP scheme of GOI. The DDRC should annually submit the proposals to the State Govt./UTs in the prescribed proforma along with utilization certificate, audited statement of expenditure, list of beneficiaries, details of aids and *appliances procured, or distributed among persons with disabilities* and calendar of activities through District Collector for availing grants under this scheme.

#### **Maintenance of Project Accounts by DDRC**

Funding of Honorarium to staff members of the DDRC and the requisite equipment for the DDRC is provided under the SIPDA/DDRS schemes while materials for fabrication and aids and appliances funds are provided under ADIP scheme, therefore separate accounts be maintained and submitted with the respective proposals.

#### **A.IX. Training to Manpower of DDRCs in Coordination with State Govt.**

The staff of the NGO and DDRCs will be provided orientation and training though National Institutes (NIs) for capacity building so as to enable them to initiate activities as per the approved action plan.

NIs would undertake the following training programmes in coordination with State Government:

- One day workshop of District collectors & State govt. officials – Sensitization to disabilities issues, *Main Provisions of PWD Act*, DDRC scheme and effective delivery through them, sharing of *best practices*.
- 3 day training for Nodal officers of Implementing agency & Social welfare officers: DDRC Scheme, processing of proposals under ADIP, DDRS etc, maintenance of accounts and other records, facilities, concessions & Schemes for *Persons with Disabilities* & and important referral addresses
- Upto 15 days *in-service* training for technical and professional manpower in DDRCs - focus especially on early intervention and follow up, New techniques of treatment & rehabilitation
- Special courses for *in-service* training courses, which include bridge courses for under-qualified manpower of DDRCs- for 6 months to 1 year sandwich programmes
- Workshop on Communication skills and preparation of educative material
- Repairs & maintenance of aids & appliances for Technical staff, multipurpose workers
- Exposure visits to CRC/ NIs and other DDRC

The training programmes would range from one to three day sensitization workshops to one week to 15 days refresher training to 1 year sandwich courses for improving the skills of under qualified manpower in DDRCs, while the participants could vary from Senior Govt. officials like Secretary/Directors/District Collectors to District welfare officers/nodal officer to professionals and other manpower deployed in DDRCs.

In order to make up delay involved in the release of grants-in-aid under the scheme of Deendayal Disabled Rehabilitation Scheme, District Magistrate shall be competent to provide advance of salaries and office expenses to DDRCs from local resources at the beginning of each year or when there is some delay in release of grants in aid, which could be refunded on receipt of grant-in-aid from the Ministry of Social Justice and Empowerment of Government of India. However, under the General Financial Rules, funds in respect of expenditure incurred under respective scheme can be sanctioned for the past 24 months on the date of sanction.

Within the broad framework of the DDRC Scheme, DDRCs run by NGOs shall be free in the matter of manpower selection as per the provision of the scheme and delegation of financial power to the implementing agency. In addition, minor modification in this Scheme to increase State ownership, effective functioning and streamlining the processing of grants-in-aid to DDRCs under State/District authorities shall be permissible.

**A.X Action plan of DDRCs**

- Action plan of DDRCs should broadly be as follows
- Survey of the *PwDs* and their needs in the districts-10-15 villages per month
- Assessment camps at HQ-Twice in a week;
- At Civil hospital-once every week
- Assessment cum distribution camps at villages-Twice a month
- Awareness generation activities like visits to school/awareness camp in villages for various target groups/training programme of grass root level functionaries-4 times a month.
- Follow up camps in villages-4 times a month

**Assessment/Fitment**

Actual fitment of assistive devices would be one of the major activities of District Centre. A blend of camp approach and institutional approach should be used in fitment of assistive devices. The expenditure on materials/assistive devices should be met out of ADIP Scheme. The implementing agency would be responsible for *making exact* arrangements and following proper procedure in account keeping, as per the ADIP Scheme. Following points may be noted for its implementation:

- The implementing agency *must* ensure precise assessment on the requirement of assistive devices:
- While the implementing agency provides the technical inputs, the organizational and logistics
- All persons with disabilities should be assessed on the number and type of assistive devices required.
- Assessment may be done both on continuous basis through District Disability Rehabilitation Centre and at discreet points of time through the camp approach.

- This should be done in collaboration with Anganwadi Workers (AWWs), Health Workers, *Parateachers NREGA*, Panchayati Raj Institutions, Local NGOs and other grass-root level functionaries.

### **Repair/follow up of assistive devices**

- The implementing agency must ensure through rigorous *follow-up* of persons provided *with* assistive devices *their proper & early repair*.
- The district centre should provide for repair services, adjustment and *follow-up* of assistive devices. A nominal charge for repair of assistive devices should be charged, which can be different for different devices and types of repair.
- Persons with disabilities, who are provided assistive devices, should be categorically informed of the follow up/repair/training services available at the district centres.
- *PwDs* may also be provided training for *effective & correct* use of assistive devices and therapeutic services. They may also be given instructions in local language in *the form* of a pamphlet having sketches/pictures for use and upkeep of the device(s).

### **Promotion of Prevention**

Prevention has been promoted through various National Health Programmes like programmes of Prevention of Blindness, Leprosy etc. as well as various *Routine* Immunization programmes like Pulse Polio etc. The orientation of these programmes needs to focus not only on prevention of mortality, but also on disability. The District Centres, therefore, need to modify the information dissemination on prevention to emphasize the linkage between Health Programmes & Schemes and prevention of disability.

Lack of appropriate nutrition is also known to be a major factor causing disability. Studies indicate that iodine deficiency impairs brain development significantly. Various micronutrient deficiencies account for a large percentage of low birth weight in babies in India. The inadequate gestational weight gain is associated with poor mental and mortal development of surviving infants. Malnutrition during infancy and early childhood is believed to have adverse effects on both physical growth and intellectual performance in later life. Vitamin A deficiency is a major cause of blindness among children.

Another important aspect of prevention of disability that needs to be disseminated through the District Centre is environmental sanitation and hygienic living conditions. For example, polluted water can cause growth of poliovirus leading to poliomyelitis resulting in flaccid paralysis. Similarly, unclean water causes Rota virus infection which results in diarrhea. Diarrhea is known to cause growth retardation. Flaccid paralysis can also be caused by insanitary conditions, which

propagate the growth of poliomyelitis. Insanitary conditions are known to cause trachoma in eyes which can lead to blindness. Even leprosy can be caused by unsanitary conditions. Unhealthy and unhygienic food has been found to be cause of poliomyelitis. *Thus, DDRCs need to synergize the inputs of Total Sanitation Campaign, Nirmal Gram & other such Central & State Programmes and Schemes on Sanitation with Prevention of Disability particularly School Sanitation Programmes.*

The District Centres need to collect and collate the information relating to different aspects of prevention of disabilities and disseminate information in the most suitable form and mode, depending on local conditions.

The District Centres should, therefore, promote prevention by doing following:

- Converge the activities of AWWs, Health Workers, NGOs in promoting prevention;
- Distribute and publicize the information available with the implementing agencies on prevention and early intervention in local language. The material available with DRCs/National Institutes may be compiled/prepared within two months of launching of the Scheme.
- The implementing agency may undertake orientation of the grassroots level workers including ICDS workers, Health Workers, CBRWs with a focus on identification, prevention and early detection.
- The District Disability Rehabilitation Centre set up and functioning in the areas having high incidence of Japanese Encephalitis (JE)/Acute Encephalitis (AES) must have Multiple Disability Component from the National Institute for Empowerment of Persons with Multiple Disabilities, M/o Social Justice & Empowerment, East Road, Mullukadu, Kancheepuram, Tamil Nadu.

### **Early Intervention**

Early identification of disabilities and early intervention is very important for avoiding secondary disabilities and ensuring successful integration of children with disabilities *with other children at all levels*. Hence each DDRC must set up an early intervention unit. Parents of children with disabilities must be encouraged to visit these. In addition, low cost intervention using locally available material should be suggested to them for continuing the intervention at place of their residence.

### **Barrier Free Environment**

- Provision of barrier free environment is the second important compliment of assistive devices for providing accessibility to persons with disabilities;

- All new buildings, especially public sector and public utility e.g. schools and hostels, Panchayat and other Govt. buildings, hospitals, markets, bus stands, parks, public toilets are to be made barrier free, as per the standard bye-laws circulated by Ministry of Urban Affairs and Employment.
- The basic responsibility should be of the local governments.
- Public buildings like Collectorate, District hospital, local bus stand, colleges and schools should be converted into barrier free, to begin with.
- The financial support for Conversion of the buildings into barrier free may be met out of local government funds and/or MPLADS.
- *District Centres must be able to provide technical support to implementing agencies.*

### **Promoting Education/Vocational Training/Placement**

- The implementing agency should organize orientation-training programme for teachers/communities/families.
- They may also provide information on suitable vocations, possible job placements and other facilities like soft credit through NHFDC, vocational training through VRCs etc.
- At least one orientation programme of 3 days to a week should be held once in 6 months.

## **B. Universe for DDRCs - 243 DDRCs in the States/UTs as per details given as under:**

<b>Name of State/UT</b>	<b>No. of DDRCs approved</b>	<b>No. of DDRCs Set up</b>	<b>No. of DDRC yet to be set up</b>
Andhra Pradesh	19	15 (East Godavari, Nalgonda, Kurnool, Chittoor, Nellore, Vizianagram, Prakasam, Cudappah, Guntur, Warangal, Mahbubnagar, Vishakapatnam, Anantpur, Karimnagar & Srikakulam)	4 (Khammam, West Godavari, Rangareddy & Medak)
Arunachal Pradesh	5	3 (Itanagar, Tawang & East Kamang)	2 (Papumpare & West Siang)
Assam	17	12 (Tezpur, Dibrugarh, Silchar, Karimganj, Dhubri, Nagaon, Jorhat, Barpeta, Dhemaji, Sivasagar, Golaghat & Lakhimpur)	5 (Cachar, Darrang, Bongaigon, Tinsukia and Udalgiri)
Andaman & Nicobar	2	2 (Port Blair, Nicobar)	0

Islands			
Bihar	27	22 (Purnia, Supaul, Sitamarhi, West Champaran, Darbhanga, Gaya, Banka, Muzaffarpur, Chapra, Kishan Ganj, Nawada, Jehanabad, Samastipur, Begusarai, Nalanda, East Champaran, Kaimur, Madhubani, Bhojpur, Aurangabad, Vaishali & Araria)	5 (Gopalganj, Siwan, Bhagalpur, Rohtas & Katihar)
Chattishgarh	7	6 (Raipur, Raigarh, Durg, Rajnandgaon, Jashpur & Bastar)	1 (Dhamtari)
Dadra Nagar Haveli	1	1 (Silvassa)	0
Daman & Diu	1	1 (Diu)	0
Goa	1	1 (Panaji)	0
Gujarat	12	12 (Surat, Jamnagar, Ahemdabad, Vadodra, Rajkot, Bhavnagar, Surendranagar, Nadiad, Junagarh, Dahod, Banaskantha & Sabarkantha)	0
Haryana	5	5 (Rohtak, Kurukshetra, Sonapat, Hissar & Fatehabad)	0
Himachal Pradesh	4	3 (Shimla, Dharmshala & Kinnaur)	1 (Chamba)
Jammu & Kashmir	7	7 (Jammu, Udhampur, Leh, Anantnag, Doda, Barmulla & Poonch)	0
Jharkhand	6	6 (Palamu, Ranchi, Hazaribagh, Dumka & Jamshedpur)	0
Karnataka	8	8 (Bellary, Belgaum, Mangalore, Tumkur, Gulbarga, Mandaya, Bidar, Kolar)	
Kerala	11	3 (Kozhikode, Thrissur & Thiruvanthapuram)	8 (Pathanamthitta, Malappuram, Kollam, Ernakulam, Palakkad, Alappuzha, Kannur, Kottayam)
Lakshadweep	1	0	1 (Lakshadweep)
Madhya Pradesh	23	23 (Jabalpur, Balaghat, Rewa, Sagar, Indore, Jabua, Gwalior, Rajgarh, Ujjain, Satna, Khargaon, Khandwa, Agar, Alote-Ratlam, Jawad, Dewas, Mandsaur, Damoh, Shivpuri, Chhindawara, Guna, Vidisha & Sehore)	0
Maharashtra	17	13 (Kolhapur, Buldana, Wardha, Hingoli Latur, Aurangabad, Sindhudurg, Mahim/Dadar, Gondia, Amravati, Pune,	04 (, Nanded, Ahmednagar, Solapur, Nashik)



		Nagpur & Jalgaon)	
Manipur	4	3 (Imphal, Thoubal & Churachandpur)	1 (Imphal West)
Meghalaya	5	4 (Shillong, East Garo Hills, Jantia Hills & West Garo Hills)	1 (West Khasi Hills)
Mizoram	3	3 (Aizawal, Lunglei+Lunglei, Kolasib+Mamit)	0
Nagaland	3	1 (Dimapur)	2 (Tuenseang, Mon)
Odisha	12	8 (Kalahandi, Nabrangpur, Ganjam, Phulbani, Sambalpur, Keonjhar, Mayurbhanj & Koraput)	4 (Jajpur, Puri, Baleswar, Bhadrak)
Puducherry	2	2 (Pondicherry & Karaikal)	0
Punjab	9	8 (Patiala, Sangrur, Ferozepur, Bhatinda, Hoshiarpur, Moga, Nawanshahr & Amritsar)	1 (Ludhiana)
Rajasthan	17	10 (Ajmer, Jodhpur, Tonk, Bikaner, Jaisalmer, Jalore, Pali, Udaipur, Alwar, Bharatpur, Bhilwara)	7 (Chittorgarh, Banswara, Barmer, Nagaur, Sikar, Banswara, Chittor)
Sikkim	3	1 (Gangtok)	2 (South Sikkim and West Sikkim)
Tamil Nadu	7	7 (Vellore, Thoothukudi, Madurai, Salem, Virudhunagar, Kanyakumari & Perambalur)	0
Uttar Pradesh	46	36 (Jaunpur, Hardoi, Deoria, Saharanpur, Rampur, Moradabad, Azamgarh, Aligarh, Bulandshahr, Ghazipur, Siddharthanagar, Kheri, Budaun, Basti, Unnao, Balrampur, Kushinagar, Sant Kabir Nagar, Shravasti, Sitapur, Gorakhpur, Mau, Gonda, Varanasi, Agra, Meerut, Allahabad, Balia, Jhansi, Farrukhabad, Ambedkarnagar, Pilibhit, Rai bareilly, Maharajganj, Muzafarnagar, Mathura)	10 (Barabanki, Bahraich, Ghaziabad, Bareilly, Pratapgarh, Etah, Kanpur Dehat, Bijnor & Shahjahanpur)
Uttarakhand	5	5 (Tehri Garhwal, Almorah, Haridwar, Bageshwar & Nainital)	0
West Bengal	16	11 (Bardhaman, Purulia, Bankura, Howarah, Malda, Nadia, Jalpaiguri, Murshidabad, Cooch Behar, Birbhum, Dakshin Dinajpur,)	5 (24 Pargana North, Hooghly, South 24 Pargana, Darjeeling, Paschim Midnapore)
	310	243	67

### C- Objectives of Impact evaluation study of DDRCs

- To assess the institutional general background in terms of institutional strength and physical and financial performance;
- To find out the outcome of survey for identification of disabled persons carried out by DDRCs in the last five years;
- To assess the role of centers in prevention of disabilities, early detection and intervention;
- To assess the role of centers in providing supportive and complementary services to promote education, vocational training and employment for persons with disabilities;
- To assess the role of centers in pre-school/parent infant programme;
- To assess supportive and complimentary services such as education, vocational training and employment provided to disabled persons in the last five years;
- To assess the role of centers in referral services to educational training and vocational institutions;
- To assess early intervention and counseling services provided by DDRCs during the last five years;
- To find out the number of disabled persons provided assistive devices/fitment of assistive devices and their follow-up during the last five years;
- To assess the therapeutic services e.g. physiotherapy, occupational therapy, speech therapy etc. provided to disabled persons during the last five years;
- To assess the number of disabled persons referred for surgical corrections to Government and charitable Institutions during the last five years;
- To find out the creation of barrier-free environment by DDRCs in places accessible for disabled persons during the last five years;
- To assess number of disabled persons issued disability certificate, etc.;
- To assess the number of disabled persons arranged bank loans for self employment during the last five years;
- To assess awareness programmes organized for welfare and rehabilitation of disabled persons during the last five years;
- To assess the impact of the programme in terms of socio-economic empowerment of disabled persons;
- To assess the procedures of scheme implementation;
- To identify the innovative practices/promising practices and lessons learnt;
- To suggest further improvement in policy for Persons with Disabilities.

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## **Brief Note on SIPDA Scheme**

The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (PwD Act) casts certain obligations on the appropriate Government to provide facilities and services to persons with disabilities (PwDs). In accordance with this, the Ministry has been implementing the Scheme for Implementation of Persons with Disabilities Act, 1995 (SIPDA) for providing financial assistance to undertake various activities outlined in the PwD Act. Though the Department has been releasing funds under the Scheme since 1999, no guidelines have been framed so far. The funds are being released based on the procedure approved by the Ministry on year-to-year basis. However, the guiding principles that have been followed in releasing grants under the Scheme are :

- (i) Providing funds to Government or Government supported organizations. The proposals are to be received from the concerned Government organizations.
- (ii) The activities must relate to a substantive provision of the PwD Act. Providing barrier-free features in various organizations / institutions have been the thrust area for providing funds.

2. As per the procedure / guidelines approved for the last financial year 2013-14 under the Scheme, the following activities were included for financial assistance :

- (i) To provide barrier-free environment in important Government buildings (State Secretariat, other important State level offices, Collectorates, State University Buildings/Campuses, Medical Colleges and Main Hospitals at Divisional Headquarters, other important Government buildings), for PwDs as per Section 46 of the PwD Act. This would include provision for ramps, rails, lifts, adaptation of toilets for wheelchair users, brail signage and auditory signals, tactile flooring, etc.
- (ii) To make Government websites at the State and District levels accessible to PwDs, as per guidelines for Indian Government Websites issued by the Department of Administrative Reforms & Public Grievances (D/o AR&PG), Government of India, which are available on their website “<http://darpg.nic.in>”.

- (iii) To set up early diagnostic and intervention centres in the district headquarters.
- (iv) Skill Development programmes for Persons with Disabilities.
- (v) One time grant to State Governments for providing infrastructure facilities to Offices of State Commissioner for Persons with Disabilities.

3. Objectives of Impact Evaluation Study on SIPDA:

- (a) To examine the outcome and impact of implementation of SIPDA Scheme by intensive interaction with various stakeholders.
- (b) To examine whether the SIPDA scheme is working/functioning as per the prescribed norms and if not the persons thereof.
- (c) To suggest measures for overall improvement of the SIPDA schemes for meeting efficient and timely implementation, fund release and delivery of services to the benefit of PwDs as envisaged.
- (d) To bring out a standard procedures/guidelines for proper implementation of the SIPDA scheme to be adopted on a long-term basis to meet the provisions relating to rehabilitation and provision of barrier-free access.

4. Number of beneficiary organizations / Institutions assisted under SIPDA Scheme during the last five years (2009-10 to 2013-14) is at Annexure-II (A). Statement indicating release of Grants-in-aid during 2011-12, 2012-13 and 2013-14 under Manor Head 3601 is at Annexure-II (B). Details of Grants-in-aid under Major Head 2235 during 2011-12, 2012-13 and 2013-14 is at Annexure-II (C).

**B. Universe for SIPDA –**

During 2011-12, grant in aid under the SIPDA scheme was released to 12 States/UTs and 11 organisations. These States/UTs and organizations concerned are to be studied for evaluation of the scheme.

**Annexure - II(A)**

<b>Number of beneficiaries Organization/Institutions during last 5 years (2009-10 to 2013-14) under SIPDA Scheme</b>				
<b>S.No.</b>	<b>Financial Year</b>	<b>State Govts/Uts</b>	<b>Other Institutions/organization</b>	<b>Total</b>
1	2009-10	5	51	56
2	2010-11	10	20	30
3	2011-12	12	36	48
4	2012-13	6	21	27
5	2013-14	18	60	78
	<b>Total</b>	<b>51</b>	<b>188</b>	<b>239</b>

<b>Annexure-II (B)</b>				
<b>Details of Grant-in-Aid under Major Head"3601) under SIPDA</b>				
<b>S.No</b>	<b>State/UT</b>	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14</b>
<b>1</b>	Andra Pradesh		3300000	
<b>2</b>	Arunachal Pradesh	1000000		1389213
<b>3</b>	Assam		38922000	34778744
<b>4</b>	Bihar			
<b>5</b>	Chhattisgarh	9400000		
<b>6</b>	Goa			
<b>7</b>	Gujarat			
<b>8</b>	Haryana	20357000		
<b>9</b>	Himachal Pradesh	2652041		
<b>10</b>	Jammu and Kashmir			
<b>11</b>	Jharkhand			
<b>12</b>	Karnataka			105013000
				1280000
<b>13</b>	Kerala	5952000	31551000	
<b>14</b>	Madhya Pradesh			
<b>15</b>	Maharashtra			42549309
<b>16</b>	Manipur			2998000
				12350000
<b>17</b>	Meghalaya		3000000	6874401
<b>18</b>	Mizoram	2000000	3000000	7629000
				1007705
<b>19</b>	Nagaland		3926400	7649650
				1500000
<b>20</b>	Orissa			
<b>21</b>	Punjab	1832000		
<b>22</b>	Rajasthan	23313000		2339400
<b>23</b>	Sikkim			14244000
<b>24</b>	Tamil Nadu	43800000		1500000
<b>25</b>	Tripura			804987
<b>26</b>	Uttaranchal	1105000		

27	Uttar Pradesh	41857000		
28	West Bengal			
29	Andaman and Nicobar Islands			635144
30	Chandigarh			
31	Dadar and Nagar Haveli			
32	Daman and Diu			
33	Delhi			3196356
34	Lakshadweep			
35	Pondicherry	1000000		
		<b>154268041</b>	<b>83699400</b>	<b>247738909</b>

**Annexure - II (C)**

<b>Details of Grant-in-Aid Under Major "Head 2235" under SIPDA</b>			
<b>2013-14</b>			
<b>S.No</b>	<b>ORGANIZATION</b>	<b>Purpose</b>	<b>Year</b>
1	Sant Longowal Institute	For creation of Barrier free environment for PwD's	7590000
2	IIT Kharagpur	For creation of Barrier free environment for PwD's	5144986
3	CRC, Guwahati	CRC	8818000
4	CRC, Kozhikkode	CRC	2500000
5	DDRC (*)		51833620
6	ALIMCO	CRC	1811000
7	CRC, Patna	CRC	5250000
8	IIM Trichy	For creation of Barrier free environment for PwD's	1220800
9	NSIC	for Skill Development training for PwDs at Rajpura (Punjab)	150000
10	Rafi Ahmed Kidwai, National Postal Academy, Ghaziabad	For creation of Barrier free environment for PwD's	623505
11	NSIC, Howrah (W.B)	Skill Development Training	112500
12	Central University of Assam	For creation of Barrier free environment for PwD's	24456000
13	CRC, Lucknow	CRC	5000000
14	NITTTR, Chandigarh	For creation of Barrier free environment for PwD's	3950000
15	CRC, Sundernagar	CRC	9972000
16	NSIC - Technical Services Centre, Hyderabad	Skill Development Training	3375000
17	University of Hyderabad	For creation of Barrier free environment for PwD's	43632000
18	NITTTR, Bhopal	For creation of Barrier free environment for PwD's	17954460
19	AYJNIHH, CRC, Bhopal	CRC	7000000
20	CRC Srinagar	CRC	7382000

<b>21</b>	CRC Bhopal	CRC	1000000
<b>22</b>	CRC Srinagar	CRC	3700000
<b>23</b>	CRC Patna	CRC	6000000
<b>24</b>	CRC Bhopal	CRC	8700000
<b>25</b>	Dr. Ambedkar Foundation	Transloation of works of B.R. Ambedkar in Braille.	1350000
<b>26</b>	CRC, Kozhikkode	CRC	2500000
		<b>TOTAL:-</b>	231025871

<b>Details of Grant-in-Aid Under Major "Head 2235" under SIPDA</b>		
<b>2012-13</b>		
<b>S.No</b>	<b>ORGANIZATION</b>	<b>Year</b>
1	CRC, Surrender Nagar, H.P	7000000
2	CRC, Bhopal	1500000
3	Archelological Survey of India, New Delhi	25600000
4	DDRC, Sivanagar, Assam	1882000
5	DDRC, Mahabubnagar, A.P.	1720000
6	DDRC, Bankuara, W.B.	1720000
7	DDRC, Howrah, W.B.	1720000
8	DDRC, Cooch Behar, W.B.	1720000
9	DDRC, Dhallai, Tripura	1005820
10	DDRC, Churachandpur, Manipur	421240
11	DDRC, Dora, J&K	920983
12	DDRC, Tawang, A.P.	1173047
13	DDRC, North Tripura	1181416
14	DDRC, Amravati, Maharashtra	1020000
15	CRC, Ahmedabad	21500000
16	CRC, Dehradun	5200000
17	DDRC, Bhirbhum, W.B.	667018
18	DDRC, Bhatinda, Punjab	1010389
19	NIT, Karnataka	3870000
20	IIIT Allahabad	20604375
21	Central University of Tamil Nadu	15200000
	<b>TOTAL</b>	<b>116636288</b>
<b>2011-12</b>		
<b>S.No</b>	<b>ORGANIZATION</b>	<b>Purpose</b>
1	CRC, Sunder Nagar	Funds to NIVH
2	Registrar Nalsar University of Law, Secundrabad	For preparation of 1st country Report of UNCRPD
3	CRC, Bhopal	Fund to NIHH, Mumbai
4	CRC, Guwahati,	Fund to NIRTAR
5	CRC, Patna	Fund to NIOH, Kolkata
6	CRC, Ahmadabad, fund to NIHH Mumbai	GIA to AYJNIHH, Mumbai for establishment of New CRC at Ahmadabad, Guj 2010-11
7	Jawahar Lal University	Construction of Ramp, Toilet & Lights
8	CRC, Kozhikkode	NIEMPP, Chennai
9	CRC, Patna	NIOH Kolkata
10	Delhi University	Construction of Ramp, Toilet, Textile, & Lights
11	Manipur University	Construction of Lift, Ramp & Conversion of Toilet



**Deendayal Disabled Rehabilitation Scheme (DDRS)**

The Grant in aid to Non Governmental organizations for rehabilitation of persons with disabilities commenced in 1982.

2. In 1999, to enable more effective implementation of Section 66, **of the PwD Act, 1995**, the four schemes then existing for rehabilitation of persons with disabilities were amalgamated into a single scheme called the “Scheme To Promote Voluntary Action for Persons with Disabilities” as an umbrella Central Sector Scheme. The cost norms were revised in 1999.

3. While in 2003 the amalgamated scheme was restructured w.e.f. 01.04.2003 involving amendment of existing model project formats, introduction of new model project formats and rationalization of norms, but the cost norms were not revised. The scheme was restructured and renamed from “Scheme To Promote Voluntary Action for Persons with Disabilities” as the “Deendayal Disabled Rehabilitation Scheme (DDRS)”. The cost norms of DDRS were revised in 2009 and made effective w.e.f. 01.04.2009.

4. This Scheme provides financial assistance to the voluntary sector for projects for providing education, vocational training and rehabilitation of persons with orthopedic, speech, visual and mental disabilities. The Scheme is being implemented since 1999 and provides for 18 model projects covering various services provided by voluntary agencies. Every year this scheme also covers about 2-3 lakh persons with disabilities and above 500 and more NGOs. Some of the services provided under the scheme are programmers for pre-school and early intervention, special education, vocational training and placement, community based rehabilitation, manpower development, psycho-social rehabilitation of persons with mental illness, rehabilitation of leprosy-cured persons, etc .

**Model projects supported under Deendayal Disabled Rehabilitation Scheme (DDRS):-**

**I. Project for Pre-School and Early Intervention and Training**

The primary objective is to prepare infants and children upto 6 years of age for schooling in special schools and/or integration at the appropriate stage in regular schools. The project also provides for therapeutic services, day care and counseling of parents.

**II. Special Schools**

Special school projects for the mentally challenged, the hearing and speech impaired and the visually challenged are supported. The main thrust of special education is to develop communication skills and other sensory abilities, with the end objective varying from acquiring daily living skills to integration in regular institutions of learning and society in general. Residential facilities can also be covered under the grant. Continuing projects for special schools for Orthopedically Handicapped children are being funded, but there is no model project.

- III. **Project for Cerebral Palsied Children**  
The objective is similar to projects for special schools, with more emphasis on catering to the therapy needs of the individual.
- IV. **Vocational Training Centres**  
These projects are meant for persons with disabilities in the age group of 15-35 years and are expected to provide skills to enable such persons to move towards economic independence. An illustrative list of trades and the maximum period of training has been specified in the scheme.
- V. **Sheltered Workshops**  
The objective is similar to vocational training centres and the projects are meant for creating income generation opportunities.
- VI. **Project for Rehabilitation of Leprosy Cured Persons**  
The basic aim of this project is to empower leprosy cured persons with skills to enable them to improve their socio-economic condition. The projects can include vocational training units and homes (only for severely disabled).
- VII. **Half Way Home for Psycho-Social Rehabilitation of Treated and Controlled Mentally Ill Persons**  
The objective of this project is to provide a facilitating mechanism for rehabilitation of persons whose mental illness is treated and controlled, after their discharge from mental hospitals/asylums. The project provides vocational training for such persons and counseling for them and their families to facilitate reintegration with the family/society. Medical advice/treatment relating to their illness is also provided so that periodic psychiatric disturbances can be managed.
- VIII. **Project relating to Survey, Identification, Awareness and Sensitization**  
The objectives include identification of disability to facilitate early intervention through awareness creation, sensitization of parents/guardians on management needs of persons with disabilities, suggesting appropriate rehabilitation programmes and facilitation of research on trends relating to various disabilities.
- IX. **Home Based Rehabilitation Programme/Home Management Programme**  
The objectives of this project include guidance and provision for mobility skills, development of basic communication skills and daily living skills, training and sensitization of families of children with disabilities, in the context of the home environment.
- X. **Project for Community Based Rehabilitation**  
The objective of this project is to rehabilitate and train disabled individuals and integrate them into their communities. The focus is on partnership between the disabled persons, families, community and health professionals to provide needed services in a non-institutional setting, in an environment where services for disabled persons are seriously limited or absent. These projects are particularly relevant in rural areas
- XI. **Project for Low Vision Centres**  
These projects provide facilities for medico-rehabilitation of persons with low vision. The centres provide identification, assessment, rehabilitation and counseling services and assist individuals with low vision to reach their maximum potential through guidance and improvement of visual efficiency

- XII. **Projects for Human Resource Development**  
These projects provide training for trainers in special education, develop resource centres and networking of resources in the field of rehabilitation of the disabled.
- XIII. **Seminars/Workshops/Rural Camps**  
Lump-sum grant is provided under this project to support seminars/ workshops/ rural camps with specified objectives, outcomes and tangible outputs.
- XIV. **Environment Friendly and Eco-Promotive Projects for the Handicapped**  
Environment friendly and eco-promotive projects by the disabled like gardening, horticulture, raising of nurseries and planting of trees are supported.
- XV. **Grant for Computer**  
Computers of appropriate configuration as per requirement can be provided under this project. Grant for computers is also an admissible component under various other projects under this scheme.
- XVI. **Construction of Building**  
Support for construction of class rooms, vocational training or employment centres and hostel buildings is provided under this project.
- XVII. **Project for Legal Literacy, including Legal Counseling, Legal aid and Analysis and Evaluation of Existing Laws.**  
Support for such projects is provided in the form of honoraria for para-legal trainers and other staff, contingencies and court expenses.
- XVIII. **District Disability Rehabilitation Centres**  
The objective is to support the functioning of District Disability Rehabilitation Centres set up by the Government, after these are handed over to voluntary agencies. These Centres are involved in awareness generation, rehabilitation and training at the grassroot level.

The scheme is being reviewed to enhance its scope and also standardize the working of special schools.

**Universe for DDRS** –Impact and evaluation of the DDRS scheme and its implementation in States/UTs.

**Application form**

**1. Institutional Particulars**

- (a) Name of the Organisation
- (b) Mailing Address of the organisation
- (c) Details of individual (s) who will serve as the point of contact/communication with the Department , name, telephone no. mailing address etc.
- (d) Organisation set up under
  - i) University,
  - ii) Organisation set up under Society Act/Trust Act/Section 25 company etc.
  - iii) Autonomous body under Central or State Government
  - iv) Non-Governmental organisation

**2. Brief History of the organisation**

**3. Previous experience**

- a) Number of years in the field
- b) Number of studies of Central Govt. Schemes
- c) Certificate of completion enclosed or not
- d) List of 2 experts of the Department having 15 yrs experience in carrying out such studies

**4. Turnover of the Consultant organization:**

- i) 2011-12
- ii) 2012-13

(Turnover of the Consultant Institution/Company/Organisation should be at least Rs.5 crore in the years 2011-12 and 2012-13. The Consultant Organisation should furnish all these details with quotation.)

Date  
(signature)

Name of the  
authorized  
signatory of the  
organisation

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