

# ADIP SCHEME: AN ANALYTICAL OVERVIEW

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## ABSTRACT

*Assistance to Disabled Persons for purchase/fitting of aids/appliances (ADIP) is a central sector scheme. Its main objective is to provide grants-in-aid to various implementing agencies such as National Institutes (NIs) and Composite Regional Centres (CRCs), Artificial Limbs Manufacturing Corporation of India (ALIMCO), District Disability Rehabilitation Centres (DDRC), State Handicapped Development Corporations (SHDC) and other local bodies and NGOs to assist the needy persons with disabilities (PwDs) for promoting their physical, social, and psychological rehabilitation. The aim of this paper is to highlight the scheme, its process of implementation, outreach, and impact on PwDs. It has been found that ADIP scheme has been able to promote social and physiological rehabilitation of PwDs by enhancing their economic potential and mobility. However, there is a need to generate more awareness and increase the outreach of the scheme across states, as at present, the beneficiaries of the scheme are concentrated in few states only.*

**Keywords:** ADIP, DEPwD, DDRC, SHDC, ALIMCO

## 1. Introduction

Disability is a condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation

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restrictions).<sup>1</sup>Over one billion people in the world are estimated to experience disability. This corresponds to about 15 per cent of the world’s population, with up to 190 million (3.8per cent) people aged 15 years and older having significant difficulties in functioning, often requiring healthcare services.<sup>2</sup>According to the United Nations Convention on the Rights of Persons with Disabilities, people “with disabilities include those who have long-term physical, mental, intellectual or sensory such as hearing or vision impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”.<sup>3</sup>

According to the World Bank, disability prevalence is higher in developing countries. Persons with disabilities are more likely to experience adverse socio-economic outcomes such as less education, poorer health outcomes, lower levels of employment, and higher poverty rates. Poverty may increase the risk of disability through malnutrition, inadequate access to education and healthcare, unsafe working conditions, polluted environment, and lack of access to safe water and sanitation. Disability may also increase the risk of poverty, through lack of employment and education opportunities, lower wages, and increased cost of living with a disability.<sup>4</sup>

In India, the percentage of disabled to the total population increased from 2.13 per cent in 2001 to 2.21 per cent in 2011.As per the Census 2011, the differently-abled population in India is 26.8 million (2.21per cent of the total population). Of these, 14.9 million are men and 11.9 million are women. The total number of differently-abled people is over 18.0 million in rural areas and 8.1 million is enumerated in urban settings. Social group-wise analysis shows that 2.45 per cent of the total disabled population belongs to the scheduled castes (SC), 2.05 per cent to the scheduled tribes (ST) and 2.18 per cent to other than SC/ST.

PwDs face physical, social, economic, and/or environmental barriers to participation. For instance, lack of accessibility in the physical environment and discrimination may prevent them from entering the school system, thus restricting their skills, knowledge, and future ability to work and contribute to

1 Centers for Disease Control and Prevention, Disability and Health Overview, 2020;<https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html>

2 WHO Disability and Health, 2021, <https://www.who.int/news-room/fact-sheets/detail/disability-and-health#:~:text=Overpercent201percent20billionpercent20peoplepercent20are,oftenpercent20requiringpercent20healthpercent20carepercent20services.>

3 United Nations Convention on the Rights of Persons with Disabilities, Article 1 – Purpose, available at [http://www.un.org/disabilities/documents/convention/convention\\_accessible\\_pdf.pdf](http://www.un.org/disabilities/documents/convention/convention_accessible_pdf.pdf) pdf icon

4 World Bank, 2022, Disability Inclusion and Accountability Framework, <https://www.worldbank.org/en/topic/disability>

the economy. Often poverty and disability are linked.<sup>5</sup>The impoverished and disabled population of India lacks access to necessary things including disability aids.<sup>6</sup> Rao<sup>7</sup> has argued that disabled people are not only among the poorest of the poor in the country, but also they remain poor for very long periods of time, from generation to generation.

For some persons with disabilities, having access to mobility devices is a pre-condition to living independently and freely accessing all rights, such as education, employment, and political participation. Article 20 on personal mobility of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) requires the State to ensure that persons with disabilities have independence in their mobility in a manner and at a time of their choice.<sup>8</sup>

The UNCRPD entitles all persons with disabilities to access affordable assistive devices as a means to ensure their full and equal enjoyment of all human rights and fundamental freedoms. Countries that have ratified the UNCRPD are obliged to ensure this (Borg & Larsson, 2011).

Assistive devices are external devices that are designed, made, or adapted to assist a person to perform a particular task. Many people with disabilities depend on assistive devices to enable them to carry out daily activities and participate actively and productively in community life.<sup>9</sup>Due to poverty, most of the PwDs are not able to acquire aids and appliances that can help them in improving their quality of life in terms of mobility, communication and for performing their daily activities. Assistive products and technology help PwDs overcome their impairments, and thus, enable them to live a healthy, productive, independent, and dignified life, in addition to reducing burden on the family and government (Stakeholders' Consultative Workshop, 2018).

The provision of suitable aids and assistive devices is one of the first steps in the process of rehabilitation of Persons with Disabilities (PwDs). There are 26.8 million PwDs in the country, in addition, a large number of children below 14 years of age suffer from delayed development. Many of them suffer from intellectual disabilities and cerebral palsy, and require aids/appliances to attain the capacity for self-care and independent living. With the application of modern technology, a number of aids have emerged which can reduce the effects of disabilities and enhance the overall potential of the PwDs. However, large proportions of the PwDs are from the low-income group and are deprived

5 Kulkarni, V.S., Gaiha, R., Disabled and Extremely Poor, *The Hindu*, March 6, 2020 <https://www.thehindu.com/opinion/op-ed/disabled-and-extremely-poor/article30993219.ece>

6 Bergeron, J.R., Addressing the Link Between Disability and Poverty in India, 2021 <https://www.borgenmagazine.com/disability-and-poverty-in-india/>

7 Rao, A. N. (2009), Poverty and Disability in India, *Social Change*, 39(1), 29-45, <https://doi.org/10.1177/004908570903900102>

8 <https://social.desa.un.org/issues/disability/crpd/article-20-personal-mobility>

9 <https://www.ncbi.nlm.nih.gov/books/NBK310951/>

of the benefits of these appliances because of their inability to garner funds to acquire these and consequently live a dignified life.

It has been a constant endeavour of the Government of India to provide PwDs with aids and assistive devices, which are essential for their overall rehabilitation and empowerment. In order to help disabled population, the Government of India has launched schemes such as Rashtriya Vayoshri Yojana (RVY) and a Scheme of Assistance to Disabled Persons for Purchase/Fitting of Aids and Appliances (ADIP Scheme). The RVY is a scheme for providing Physical Aids and Assisted-living Devices for Senior citizens belonging to BPL category. The scheme which was launched in 2017 helps senior citizens belonging to BPL category suffering from any of the age-related disability/ infirmity viz. low vision, hearing impairment, loss of teeth, and locomotor disability will be provided with such assisted-living devices which can restore near-normalcy in their bodily functions, overcoming the disability/infirmity manifested due to old age. Under the scheme of “Assistance to Differently Aabled Persons for Purchase/Fitting of Aids/Appliances (ADIP)”, the Ministry of Social Justice and Empowerment (MoSJ&E) provides Grant-in-Aid (GIA) to NGOs and other Implementing Agencies (IAs) with an aim to assist the persons with disabilities.

Despite these schemes, the percentage of persons with disability who received aid/help from the Government was 21.8 per cent; 1.8 per cent received aid/help from organization other than the Government and another 76.4 per cent did not receive any aid/help.<sup>10</sup>

This paper focuses on ADIP Scheme, its implementation, outreach, and impact on the lives of PwDs. The paper is divided into 4 sections: section 1 is Introduction, section 2 narrates the objectives and the implementation of the scheme, section 3 presents the performance and impact of the scheme, and in section 4 conclusions and recommendations are made.

## **2. ADIP Scheme**

### **1.1 Objectives**

The ADIP Scheme is in operation since 1981 with the main objective to assist the disabled persons in procuring durable, sophisticated and scientifically manufactured, modern, standard aids and appliances that can promote their physical, social, and psychological rehabilitation by reducing the effects of disabilities and enhance their economic potential. In this scheme assistive devices are given to PwDs with an aim to improve their independent functioning and to arrest the extent of disability and occurrence of secondary disability. The

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<sup>10</sup> Social Statistical Division, 2021, Persons with Disabilities (Divyangjan) in India - A Statistical Profile: 2021, National Statistical Office, MOSPI

aids and appliances supplied under the scheme must have due certification. The scheme also envisages conduct of corrective surgeries, wherever required, before providing an assistive device. Under the scheme, grants-in-aid are released to various implementing agencies (Artificial Limbs Manufacturing Corporation of India (ALIMCO), National Institutes (NIs)/Composite Regional Centres (CRCs), District Disability Rehabilitation Centres (DDRC), State Handicapped Development Corporations (SHDCs), NGOs, etc. for purchase and distribution of aids and assistive devices.

Quality of outsourced aids and assistive devices including individual parts to be procured by Implementing Agencies (IA) for distribution under the scheme is to be ensured through Government certifying agencies as specified by the Department of Empowerment of Persons with Disabilities (DEPwD). The Scheme is implemented through the various Implementing Agencies (PwDs-A Statistical Profile, 2021).

## 1.2 Implementation & Monitoring Mechanism of the Scheme

The ADIP scheme has two parts. The first part is funded and implemented directly by the Ministry of Social Justice and Empowerment (MoSJE). The other part is a cost-sharing scheme with the MoSJE contributing 60 per cent funds and 40 per cent funds being contributed by the Ministry of Human Resource Development (MHRD). Under this assistive scheme, aids and appliances are distributed to the children below 14 years of age and those attending schools under the Sarva Shiksha Abhiyan (SSA) Scheme of MHRD.

Under the ADIP scheme, any person with at least 40 per cent disability and a total monthly household income of less than INR 15,000 (approximately USD 203) receives a free assistive device, including a wheelchair or a tricycle. Those with a monthly household income between INR 15,000 and INR 20,000 (approximately USD 270) receive a 50 per cent subsidy (GoI Office Memorandum, 2021). Ministry of Social Justice & Empowerment allocates fund for each state depending upon the proportion of differently-abled people the state has, but the release depends on the demand that comes from the state for providing the assistance. The state also collects demand from grassroots level implementing agencies and then submits a consolidated figure to the Ministry. The grants are released on recommendations of the concerned State Government upon receipt of an inspection report with regard to a particular Implementing Agency. The recommending authority also conducts 10 per cent (in the case of GIA up to Rs. 10 lakh) and 15 per cent (in the case of GIA exceeding Rs. 10 lakh) test/sample checks of assisted beneficiaries from the previous grant to the organization. The scheme includes essential medical/surgical correction and intervention, prior to fitment of aids and appliances, as per the following norms: (i) From Rs.500 to Rs.1,000 for hearing and speech impairment, (ii) From Rs.1,000 to Rs.2,000 for visual disability, (iii) From Rs.5,000 to Rs.10,000

for orthopaedic disability.

The scheme is implemented through implementing agencies that are given financial assistance for purchase, fabrication, and distribution of the standard aids and appliances that are in conformity with the objectives of the scheme. Artificial Limbs Manufacturing Corporation of India (ALIMCO), National Institutes (NIs), Composite Regional Centres (CRC), District Disability Rehabilitation Centres (DDRCs), State Handicapped Development Corporations (SHDCs), NGOs among others, are actively involved in the implementation process. The IA is required to take care of or make suitable arrangements for fitting and post-fitting care of the aids and appliances distributed under the scheme. They are also responsible for publicizing the distribution of such aids and appliances to PwDs. Further, before the organization of the camp, they are required to inform the District Collector (DC), Block Development Officer (BDO), a Local Public Representative, State Government, and the Department of Empowerment of Persons with Disabilities (DEPwDs) at least one week in advance about the date and location of the camp. Once the camp is organized, they should provide a list of beneficiaries and the details of the distributed aids and assistive devices along with the cost incurred to the State Government and the DEPwD. The list of beneficiaries must be prominently displayed on the website of the implementing agency that organized the camp.

The NGOs should preferably possess professional/technical expertise in the form of professionally qualified staff (from recognized courses) for the identification, prescription of the required artificial aid or appliance, fitment, and post-fitment care of the beneficiaries as well as the aid/appliance. The NGOs should also preferably possess infrastructure in the form of machinery/equipment for the fabrication, fitment, and maintenance of the artificial aids/appliances to be given to PwDs under the ADIP scheme.

Implementing agencies should form network with medical colleges, district hospitals, rural hospitals, PHCs, fitment centres of ALIMCO, DDRCs, and any other professionally competent agencies to acquire/avail the requisite infrastructure for fitment and maintenance of aids/appliances distributed under the ADIP scheme, as available with these bodies. The implementing agencies shall also avail of the professional/technical expertise of the above-mentioned agencies for fitment and post-fitment care of the beneficiaries as well as the aids/appliances. National institutes, fitment centres of ALIMCO and DDRCs functioning under the administrative control of the Ministry of Social Justice and Empowerment shall also assist DRDAs and other autonomous organizations in developing requisite manpower and infrastructure over a period of time to provide satisfactory service to the beneficiaries under the scheme. Such organizations, while applying for grants under the scheme, shall produce sufficient proof of linkages with the professional agencies, preferably in the form of a memorandum of understanding. In the scheme, 5 per cent of the

allocated funds are earmarked for meeting the administrative cost of scheme implementation.

Table 1 presents region-wise distribution of implementing agencies. The table shows that on an average there are 2 implementing agencies per state for every region. However, a region-wise analysis shows that western region has around 5 IAs while other regions have around 1-2 IAs. Thus, a wide variation in the number of IAs is seen among the different regions.

**Table 1: Region-wise Distribution of Implementing Agencies**

Sl. No.	Region	No. of Responding States	Implementing Agencies		Total No. of Implementing Agencies\
			NIs/CRCs/ALIMCO	DDRCs/NGOs	
1	Northern	5	4	4	8
2	Central	4	4	2	6
3	Eastern	3	3	1	4
4	Western	2	2	7	9
5	Southern	5	5	2	7
6	Northeastern	3	-	4	4
<b>Total</b>		<b>22</b>	<b>18</b>	<b>20</b>	<b>38</b>

Source: Report on Evaluation of Assistance to Disabled Persons for Purchase/Fitting of aids/ Appliances (ADIP) submitted to DEPwD, MSJE, by NILERD, 2021

### 3. Performance of the Scheme

The scheme has been implemented across the country with focus on coverage of inaccessible and unserved areas. Implementation of the scheme involves organization of disability camps for need assessment and distribution of assistive devices to persons with disabilities and non-camp activities such as fitment of devices, including surgical intervention. The Agencies are provided with financial assistance for purchase, fabrication and distribution of such standard aids and appliances that are in conformity with the objective of the scheme. The Implementing Agencies take care of/make suitable arrangements for fitting and post-fitting care of the aids and appliances distributed under ADIP Scheme. The scope of the scheme has been further enlarged to include the use of mass media, exhibitions, workshops etc. for exchange of information and promoting awareness, and distribution and use of aids/appliances. The scheme also includes under its ambit, medical/surgical correction & intervention, which is essential prior to fitment of aids and appliances.

The paper looks into the performance of the scheme for the period 2017-18 to 2022-23 in terms of Budget allocation, utilization of Funds, number of camps organized, number of beneficiaries covered and impact of aids and appliances on PwDs.

### a) Budget Utilization

Table 2 presents the allocated, revised, released, and utilized budget for ADIP scheme for the period 2017-18 to 2022-23. It can be seen from the table that Budget allocation to the scheme has increased from 150 crores in 2017-18 to 235 crores in 2022-23. The revised budget for the scheme during 2017-2020 was more than the budget allocation, while during 2020-22 there has been substantial decrease in revised estimates. The amount released also shows a similar trend.

**Table 2: Allocated, Revised, Released and Utilized Budget for ADIP Scheme from 2017-18 to 2022-23**

(Rs. in crores)

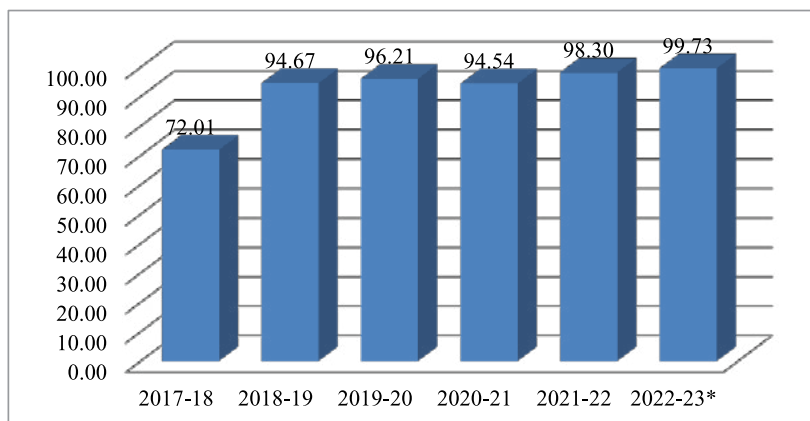
Years	Fund Allocation (Budget Estimate)	Fund Allocation (Revised Estimate)	Fund released	Fund utilized
2017-18	150	200.01	200.01	144.02
2018-19	220	222.50	213.83	202.43
2019-20	230	225.50	213.83	205.72
2020-21	230	195.00	189.13	178.8
2021-22	220	180.00	198.69	195.32
2022-23*	235		145.67	145.27

\*data upto 31.12.2022

Source: Annual Reports of DEPwD, various years

A look at the utilization of funds from Figure 1 reflects that except in 2017-18, the utilization of funds has been more than 94 per cent in all the other years with more than 98 per cent utilization observed during 2021-22 and 2022-23.

**Figure 1: The Percentage of Funds utilized to the Amount released**



\*data up to 31.12.2022 Source: authors' calculations



**Table 3: State-wise Utilization of Funds during the Reference Period  
(in percent)**

State/UT	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
Andhra Pradesh	2.92	5.09	3.90	8.34	9.00	3.53
Arunachal Pradesh	0.20	0.23	0.09	0.18	0.11	0.00
Assam	6.14	0.42	3.32	1.70	2.21	1.91
Bihar	3.09	4.10	1.01	3.73	3.46	4.86
Chhattisgarh	0.32	0.09	2.73	2.24	0.10	0.86
Delhi	2.47	3.00	0.97	1.05	1.35	1.91
Goa	0.38	0.25	0.01	0.97	0.01	0.00
Gujarat	15.05	5.31	5.91	5.42	4.56	4.05
Haryana	3.15	3.31	4.92	1.72	2.47	2.04
Himachal Pradesh	0.37	0.39	0.13	0.61	0.41	0.72
Jammu&Kashmir	1.17	1.22	1.04	1.19	1.65	1.92
Jharkhand	0.74	1.28	0.50	0.91	1.51	4.10
Karnataka	2.45	3.40	3.49	2.69	2.57	6.22
Kerala	2.43	2.03	0.91	1.68	1.36	2.21
Madhya Pradesh	6.80	6.13	4.61	9.49	8.82	4.12
Maharashtra	9.16	11.45	14.45	13.89	13.65	7.30
Manipur	1.13	0.16	0.27	0.40	0.37	0.21
Meghalaya	0.06	0.72	0.02	0.04	0.18	0.34
Mizoram	0.17	0.18	0.00	0.05	0.03	0.00
Nagaland	0.10	0.29	0.11	0.10	0.23	0.03
Odisha	4.88	1.69	3.52	5.49	5.03	2.47
Punjab	1.92	9.07	4.44	2.51	6.20	4.69
Rajasthan	5.95	7.19	5.63	3.40	3.89	4.07
Sikkim	0.16	0.09	0.25	0.07	0.00	0.00
Tamil Nadu	4.10	3.50	4.27	3.12	4.53	3.32
Telangana	3.08	3.22	2.53	2.77	4.11	4.83
Tripura	0.96	1.00	0.31	0.45	0.30	0.70
Uttarakhand	2.02	0.74	0.87	1.47	0.83	1.14
Uttar Pradesh	13.23	17.49	25.45	19.85	17.78	27.40
West Bengal	5.09	6.53	4.01	3.99	2.80	4.73
Andaman & Nicobar Islands	0.14	0.17	0.03	0.03	0.07	0.05
Chandigarh	0.01	0.02	0.06	0.26	0.13	0.18
Dadra & Nagar Haveli	0.01	0.00	0.09	0.01	0.00	0.09

Daman & Diu	0.05	0.02	0.00	0.04	0.01	0.01
Lakshadweep	0.08	0.02	0.00	0.00	0.00	0.00
Puducherry	0.05	0.20	0.15	0.16	0.27	0.00
<b>All India</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>

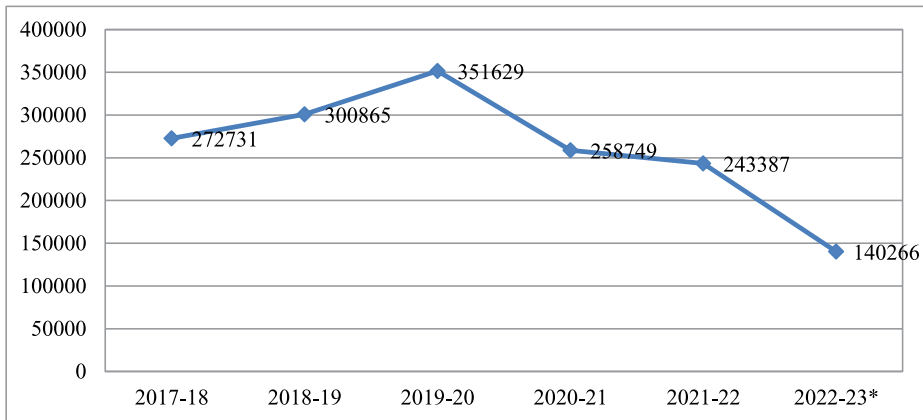
Source: Annual Reports, various years, DEPwDs, MoSJE, GoI

A state-wise percentage of utilization of funds shows that Uttar Pradesh has the highest utilization of funds during the reference period followed by Maharashtra. Table 3 shows that only few states have utilized 50 per cent of the funds each year since 2017-18. These states include Uttar Pradesh, Maharashtra, Gujarat, and Madhya Pradesh. Thus, one finds the utilization of funds under the scheme as highly skewed.

### b) Number of Beneficiaries

The number of beneficiaries covered under the scheme for the period 2017-18 to 31st December, 2022 is presented in Figure 2. An increase in the number of beneficiaries can be observed for the period 2017-18 to 2019-20, and a decrease thereafter. The decrease in the number during 2020-21 can be attributed to various restrictions imposed during Covid-19 pandemic. The decrease after that is a cause of concern and needs further investigation.

**Figure 2: Number of Beneficiaries (2017-18 to 2022-23)**



\*For 2022-23 data is till 31.12.2022.

A state-wise analysis of the number of beneficiaries (Table 4) shows a trend similar to the utilization of funds with a skewed distribution across states. Majority of the beneficiaries during the reference period came from Uttar Pradesh, Maharashtra, and Gujarat.

**Table 4: State-wise Distribution of ADIP Beneficiaries**

State/UT	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
Andhra Pradesh	2.13	3.72	1.80	4.68	4.42	2.10
Arunachal Pradesh	0.16	0.29	0.09	0.14	0.12	0.00
Assam	7.73	0.35	3.70	5.06	3.77	2.88
Bihar	3.32	4.51	1.54	3.89	2.59	6.74
Chhattisgarh	0.58	0.11	2.11	1.95	0.19	0.98
Delhi	1.23	2.13	0.85	0.37	0.79	1.10
Goa	0.36	0.28	0.02	1.01	0.01	0.00
Gujarat	18.58	5.60	7.06	6.17	5.72	7.61
Haryana	2.91	4.16	5.01	1.13	2.36	2.72
Himachal Pradesh	0.50	0.73	0.06	1.09	0.65	0.92
Jammu&Kashmir	1.21	1.48	0.66	1.43	2.19	2.58
Jharkhand	0.59	1.62	0.06	0.80	1.81	7.39
Karnataka	2.09	3.20	1.42	0.99	1.20	4.81
Kerala	2.86	1.91	1.09	1.35	1.28	2.33
Madhya Pradesh	5.37	5.09	5.00	11.57	9.99	4.30
Maharashtra	7.82	14.06	14.15	10.93	10.33	4.44
Manipur	0.90	0.00	0.04	0.61	0.70	0.14
Meghalaya	0.06	0.11	0.07	0.08	0.13	0.61
Mizoram	0.10	0.06	0.00	0.03	0.08	0.00
Nagaland	0.14	0.42	0.07	0.16	0.20	0.05
Odisha	4.35	2.12	2.70	6.39	4.74	3.03
Punjab	2.86	3.88	5.36	1.97	7.81	5.25
Rajasthan	3.63	5.61	4.36	4.41	4.63	2.76
Sikkim	0.19	0.13	0.09	0.07	0.00	0.00
Tamil Nadu	4.17	5.42	4.14	3.47	10.73	4.44
Telangana	1.90	2.79	0.68	0.75	1.09	2.37
Tripura	0.85	1.71	0.10	0.87	0.26	0.95
Uttarakhand	2.24	1.40	1.22	2.23	1.94	1.87
Uttar Pradesh	14.21	18.43	31.07	19.33	16.19	21.94
West Bengal	6.45	7.11	5.13	5.74	3.08	5.22
Andaman & Nicobar Islands	0.21	0.32	0.03	0.06	0.06	0.11
Chandigarh	0.01	0.03	0.06	0.18	0.18	0.23
Dadra & Nagar Haveli	0.03	0.00	0.09	0.04	0.00	0.12
Daman & Diu	0.02	0.02	0.00	0.06	0.02	0.02

Lakshadweep	0.10	0.03	0.00	0.00	0.00	0.00
Puducherry	0.11	0.23	0.20	0.00	0.00	0.00
<b>All India</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>

Source: Annual reports of DEPwD

### c) Amount utilized per Beneficiary

As per the ADIP scheme, the cost ceiling for Aids & Assistive Devices should not be more than Rs.15,000. In the case of multiple disabilities, limit will apply to individual items separately if more than one aid/appliance is required. For expensive items costing above Rs.30,001 except Cochlear Implant and Motorized Tricycle, eligibility for assistance under the Scheme, subject to income ceiling, would be listed out. Government of India shall bear 50 per cent of the cost of these items thus listed by the Committee and the remainder shall be contributed by either the State Government or the NGO or any other agency or by the beneficiary concerned subject to prior approval of Ministry.<sup>11</sup>

Looking at the amount utilized per beneficiary in the last 6 years, Table 5 reveals that on an average around Rs.6,856 has been spent on each differently-abled person in the country which is on the lower side as per the guideline (the guideline mentions that the expenditure per person should not go beyond Rs.15000). The amount utilized per beneficiary has been the highest in 2022-23 at Rs.10,356.75 and the lowest in the year 2017-18 at Rs.5,280.66.

**Table 5: Amount utilized per Beneficiary from 2017-18 to 2022-23**

Year	No. of Beneficiaries	Amount utilized (Rs.)	Amount utilized per Beneficiary
2017-18	272731	1440200000	5280.66
2018-19	300865	2024300000	6728.27
2019-20	351629	2057200000	5850.48
2020-21	258749	1788000000	6910.17
2021-22	243387	1953200000	8025.08
2022-23*	140266	1452700000	10356.75
<b>Total</b>	<b>1567627</b>	<b>10715600000</b>	<b>6835.55</b>

\*For 2022-23 data is till 31.12.2022.

State-wise data show that only Telangana has crossed the ceiling limit by spending more funds for the equipments provided to each beneficiary and only 5 other states: Andhra Pradesh (Rs.12,239.36), Meghalaya (Rs.11,969.99), Karnataka (Rs.11,190.31), Delhi (Rs.11,190.71) and Mizoram (Rs.10,231.19) have spent more than Rs.10,000 per beneficiary. All other states/UTs have spent

11 Annual Report 2022-23, DEPwD <https://disabilityaffairs.gov.in/content/upload/uploadfiles/files/Annualpercent20reportpercent2022-23percent20Printedpercent20Final.pdf>

even less than Rs.10,000.

**Table 6: State-wise Amount utilized per Beneficiary**

States/UTs	Funds Utilized (Rs. Lakhs)	No. of Beneficiaries	Amount utilized per Beneficiary (Rs.)
Telangana	3614.88	23887	15133.25
Andhra Pradesh	6013.32	49131	12239.36
Meghalaya	251.25	2099	11969.99
Karnataka	3646.25	32584	11190.31
Delhi	1890.74	17189	10999.71
Mizoram	74.79	731	10231.19
Puducherry	160.14	1699	9425.544
Rajasthan	5431.25	68681	7907.937
Punjab	5367.72	69794	7690.804
Sikkim	106.24	1390	7643.165
Maharashtra	12820.18	173043	7408.667
Chandigarh	114.59	1551	7388.137
Chhattisgarh	1171.61	16201	7231.714
Manipur	426.35	6094	6996.226
Odisha	4090.14	60038	6812.585
Kerala	1833.07	27255	6725.628
Uttar Pradesh	21683.75	323638	6700.001
Madhya Pradesh	7187.71	107830	6665.779
Bihar	3532.52	53833	6561.997
Jharkhand	1520.73	23529	6463.216
Haryana	3222.52	50572	6372.143
Arunachal Pradesh	146.16	2295	6368.627
Jammu&Kashmir	1442.07	22705	6351.332
Goa	283.86	4547	6242.797
Daman & Diu	21.31	353	6036.827
Nagaland	164.39	2863	5741.879
West Bengal	4827.38	86721	5566.564
Tripura	643.34	12026	5349.576
Dadra & Nagar Haveli	35.66	684	5213.45
Gujarat	6904.15	132913	5194.488
Tamil Nadu	4102.36	83576	4908.538
Himachal Pradesh	450.98	9483	4755.668
Lakshadweep	16.11	367	4389.646

Uttarakhand	1208.07	27747	4353.876
Assam	2663.69	61442	4335.292
A&N Islands	86.18	2098	4107.722
All India	107155.5	1567627	6835.52

Source: Annual Reports, DEPwD

#### **d) Impact of the Scheme**

Two studies have assessed the impact of the ADIP scheme: one by erstwhile Planning Commission and the other by National Institute of Labour Economics Research and Development (NILERD). Both the studies found that the Scheme has a positive impact on the PwDs from economically backward strata of the society and their families.

The evaluation study conducted in 2013 by Programme Evaluation Organisation, Planning Commission revealed that about 66 per cent of the beneficiaries became independent in their living and 63 per cent of them got work after the receipt of appliances. Around 50 per cent of the selected beneficiaries reported decreased dependency on others.<sup>12</sup> A mixed response regarding quality of aids and appliances provided was reported in the study. As the maintenance of aids and appliances is not covered under the scheme, many beneficiaries were unable to maintain these appliances due to lack of money and availability of repair shops in their area. Many of the beneficiaries threw (in the case of hearing aid) or sold (in the case of tricycle) the appliances received by them because those were not working properly. Thus, costly aids and appliances with very minor problems are abandoned by the beneficiaries and they go back to their previous condition of disability.

The Study by NILERD<sup>13</sup> revealed that the scheme has helped in changing the lives of a large number of people. The beneficiaries could move freely, without assistance and could interact with others instead of just being house bound, which was the case before getting the aids and appliances. Their social status has also improved, making them feel confident. Around 52 per cent of the beneficiaries reported having resumed work after getting fitment, 66.1 per cent experienced improvement in mobility, and 52 per cent reported improvements in caretakers' lives. Further, 30.57 per cent beneficiaries reported reduced

12 Programme Evaluation Organisation, Planning Commission (2013), Evaluation Study on "The Scheme of Assistance to Differently Abled Persons for Purchase/Fitting of Aids/Appliances (ADIP), [https://dmeo.gov.in/sites/default/files/2019-10/Evaluationpercent20Studypercent20onpercent20Thepercent20Schemepercent20ofpercent20Assistancepercent20topercent20Differentlypercent20Ablepercent20Personspercent20forpercent20Purchasepercent20Fittingpercent20ofpercent20Aidspercent20Appliancespercent20ADIPpercent29\\_0.pdf](https://dmeo.gov.in/sites/default/files/2019-10/Evaluationpercent20Studypercent20onpercent20Thepercent20Schemepercent20ofpercent20Assistancepercent20topercent20Differentlypercent20Ablepercent20Personspercent20forpercent20Purchasepercent20Fittingpercent20ofpercent20Aidspercent20Appliancespercent20ADIPpercent29_0.pdf)

13 Report on Evaluation of Assistance to Disabled Persons for Purchase/Fitting of aids/Appliances (ADIP) submitted to DEPwD, MSJE, by NILERD, 2021

dependency on others. Overall, 98 per cent of the surveyed beneficiaries found positive changes in reactions of the society after fitment of aids/appliances.

It was observed that 98 per cent of the surveyed beneficiaries experienced improved standards of living. 87 per cent of them expressed that the received appliances are of good quality, while only 13.76 per cent found those to be of very good quality. 19 per cent beneficiaries reported to have faced problems in repair of aids/appliances received. It was found that ADIP scheme has been able to promote social and physiological rehabilitation of PwDs by enhancing their economic potential and mobility.

### e) Issues and Challenges

Though the ADIP scheme has positively impacted PwDs and their families, there are some constraints that hinder effective implementation of the scheme. **Both the studies discussed above found that there was low awareness and knowledge regarding the scheme, variety of aids/equipments provided, the eligibility criteria and also technical know-how of the appliances among the disabled**

The implementation of the scheme is highly skewed with few states having larger share of beneficiaries. Shortage of funds, delayed release of funds, and low operational costs provided under the scheme there are huge challenges that directly affect implementation of the scheme.

The biggest challenge is lack of proper and updated database of Persons with Disabilities in the country as District offices and Implementing Agencies rely on census, which is done once every decade. For effectiveness of the scheme, it is necessary to have proper database that will help in planning the location for organizing the camps.

Most often, due to convenience of implementing agencies the camps are organized in urban locations, because of which beneficiaries in distant and remote areas are unable to attend these camps, and even if they attend the camps, they face difficulty in carrying bulky appliances back to their villages as they cannot afford transport cost. Information regarding repairs of aids and appliances is not available with the beneficiaries. Hence, if an appliance requires repairs, they discard it as junk. Affordability of maintenance is also an issue; most beneficiaries cannot afford the maintenance of the appliance. Breakdown of an appliance affects its functional use by the beneficiary, thus reducing the effectiveness of the scheme. Also, under this scheme a person will be provided the aid next time only after three years, while in many cases the issued appliance becomes non-functional within six months or a year.

Coordination between the centre, state and implementing agencies needs to be strengthened; at present, implementing agencies are directly receiving funds from the central government and states are not intimated about fund disbursement.

Thus, state government is not been able to monitor and assess the process and quality of implementation. Because of this reason, some implementing agencies do not adhere to the implementation guidelines. In addition, there is inadequate networking between IAs and institutions producing the aids and appliances. Implementing agencies have reported that delay in release of fund is a big challenge which is directly affecting the planning of scheme implementation.

An insufficient research and development activity for producing low-cost and quality products for persons with disabilities is another major challenge. Moreover, there is no mechanism to ensure that the scheme is implemented in all tehsils and villages of a district; as centre allocates funds for a specific district the location for camps is selected as per convenience of the implementing agency.

Also, there is no mechanism to ensure that the beneficiary will not sell the appliance given to him/her to some other people or for scrap.

**Beneficiaries especially those residing in the remote areas do not get information regarding the camp., and due to this** a large chunk of population remains un-served. The reach and impact of the scheme being inadequate, there is a need to probe beyond the reasons already documented, such as the lack of awareness about the scheme among the needy PwDs.

#### **4. Conclusion & Recommendations**

There is no doubt that the scheme has helped in changing lives of a large number of persons. Presently, 5 per cent of the allocated funds are earmarked to meet the administrative cost of scheme implementation, which includes assessment camps, camps for distribution and fitting of aids and appliances, spreading awareness about maintenance of aids and appliances etc. Increasing this percentage can ensure better implementation of the ADIP scheme. The overall impact observed include increased mobility-- now the differently abled in the “locomotor” category are able to move freely without constant support from others. Many have been able to find some livelihood as they can now reach workplace easily. Overall, it may be concluded that ADIP has been able to promote social and physiological rehabilitation of PwDs by enhancing their economic potential and mobility.

For increasing the effectiveness of the scheme, advance disbursement of ADIP grants-in-aid to the IAs may be made to enable them to procure and keep the devices available for distribution to the PwDs. More camps may be organized in distant and remote areas so that benefit of the scheme can be availed by more PwDs. For wider coverage, camps can be organized at least twice a year.



There is a need for convergence of efforts among various related departments, such as health, labour, and education; this will help in better coordination among these departments. DEPwD may provide clear guidelines to IAs to involve prominent figures like Gram Pradhans, Village Secretaries, Anganwadi workers, local NGOs, and local public representatives in identification of location of camps so as to boost participation of beneficiaries.

Wider publicity should be given to create awareness about the assessment camps through local PHCs, hospitals, schools, and district administration. Once the Implementing Agencies have identified beneficiaries through assessment camps, there should be an inbuilt mechanism through which beneficiaries maybe provided aids/appliances at their local schools/health centre/panchayat so that they do not have to face inconvenience of travelling long distances.

A robust system/process of repair/maintenance of aids/appliances may be adopted. For this, provision of organizing maintenance camps from time-to-time may be operationalized so that beneficiaries can get their aids and appliances repaired in these camps. This will definitely increase the effectiveness of the scheme.

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