

'Window of Hope'



Hope turns into reality...

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Department of Administrative Reforms and Public Grievances,
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PREFACE

As per the 2001 Census of India, Orissa constitutes 2.77 percent of population with disabilities out of the total population of the State, and those are primarily deprived from the support and services available by the Government. Having no fault of their own, they are suffering a lot for a long time. Nature has been unkind to the Differently Abled Persons, and further they are traditionally marginalized by the insensitive society. In this context, the National Policy on Disabled envisages the Government to ensure that persons with disabilities can obtain the Disability Certificate without any difficulty in the shortest possible time by adoption of simple, transparent and citizen-friendly procedures.

In this backdrop the District administration of Mayurbhanj analyzed the processes involved in the service delivery to Differently Abled Persons (DAPs) for receiving various certificates, to get coverage under various Government schemes and started a noble initiative called "Window of Hope" for quick service delivery to the DAPs in 2005. Keeping this in view, Luminous Infoways Pvt. Ltd. (CSP to State and National Portal) has conducted a survey and made consultations with the service providers and DAPs under "Window of Hope" to understand the strategies and mechanism followed to it. This study is titled as "Window of Hope- A Hope Turns into Reality" with an aim to document the uniqueness of the practice and its replicability.

It is hoped that this piece of documentation will be useful for policy makers, development communication-consultants, development practitioners, intellectuals, Government personnel etc.

The Study Team

ACKNOWLEDGMENT

We owe our primary debt of gratitude and thanks to the Collector and District Magistrate of Ganjam District, whose keen supervision, immense help, stimulating suggestions helped us to prepare this piece of documentation paper.

We are also grateful to General Administration Department, Government of Orissa, Chief District Medical Officer (CDMO), District Project Coordinator (DPC), Tahasildar, Revenue Inspector (R.I.), District Social Welfare Officer (DSWO), Regional Transport Officer (RTO) of Ganjam and Mayurbhanj district who gave us valuable comments and knowledge inputs in each moment of need.

We also express our gratitude to all the stakeholders including District authority of Sarva Shikshya Abhiyan (SSA), District authority of District Disability Rehabilitation Center (DDRC), Bankers, NSS, NCC, Scouts and above all the DAPs of Ganjam and Mayurbhanj Districts, without whose support and cooperation this documentation work could not have been successfully worked out.

Lastly, we owe our deep gratitude to the Administrative Reforms Cell, General Administration Department, Government of Orissa, for providing us most valuable guidance and feedback for preparing this documentation.

ABBREVIATIONS

BDO	-	Block Development Officer
BRCC	-	Block Resource Cluster Coordinator
BRT	-	Block Resource Teacher
CDMO	-	Chief District Medical Officer
CDPO	-	Child Development Programme Officer
CMRF	-	Chief Minister's Relief Fund
DAP	-	Differently Abled Person
DDRC	-	District Disability Rehabilitation Center
DPEP	-	District Primary Education Programme
DPC	-	District Project Coordinator
DRI	-	Differential Rate of Interest
DSWO	-	District Social Welfare Officer
EE	-	Executive Engineer
HI	-	Hearing Impaired
JE	-	Junior Engineer
MR	-	Mentally Retarded
NCC	-	National Cadet Corps
NGO	-	Non-Government Organisation
NSS	-	National Service Scheme
OH	-	Orthopaedically Handicapped
OIC	-	Officer-in-Charge
PHD	-	Public Health Department
PPP	-	Public-Private Partnership
PRI	-	Panchayati Raj Institutions
RI	-	Revenue Inspector
RTO	-	Regional Transport Officer
SSA	-	Sarva Shikshya Abhiyan
S.V.N.I.R.T.A.R	-	Swami Vivekananda National Institute of Rehabilitation Training and Research
VI	-	Visually Impaired

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INTRODUCTION

In a populous country like ours, the society is very indifferent to the needs of the differently abled. In almost all cases, they have become a disillusioned lot and are outcasts or dependants on the family. Disability affects all ages and knows no barriers. It is with these profound thoughts; we welcome the readers to understand the initiatives taken up in "Window of Hope".

Orissa is the ninth largest state by area and the eleventh largest by population. According to the 2001 census of India, the total population of Orissa is 36,706,920. Out of which, there are 10.21 lakh persons with disabilities in Orissa who constitute around 2.77 percent of the total population of the State. This includes persons with visual, hearing, speech, locomotors, and mental disabilities.

According to "Person with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995" "Disability" means–

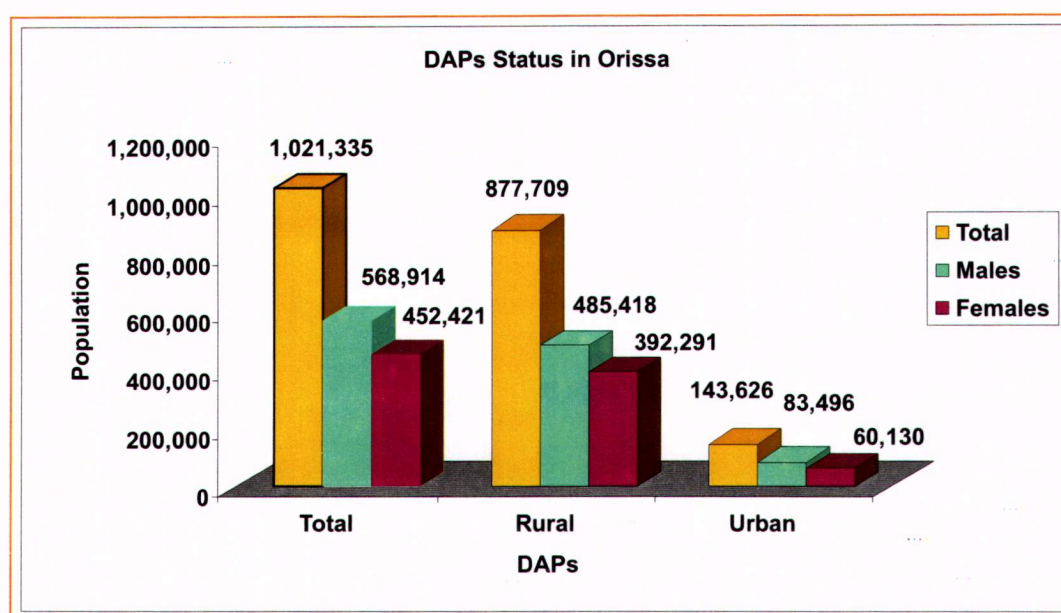
1. Blindness
2. Low vision
3. Leprosy-cured
4. Hearing impairment
5. Loco motor disability
6. Mental retardation
7. Mental illness

Demographic Profile of Disability

Table 1.1: Statistics of DAPs in State of Orissa

Type of disability	Sex	Total	Literate	Illiterate	Rural	Urban
Total disabled population	Males	568,914	341,832	227,082	485,418	83,496
	Females	452,421	156,633	295,788	392,291	60,130
	Total Persons	1,021,335	498,465	522,870	877,709	143,626
In Seeing	Males	274,151	170,560	103,591	230,381	43,770
	Females	239,953	92,018	147,935	205,024	34,929
	Total Persons	514,104	262,578	251,526	435,405	78,699
In Speech	Males	37,625	14,779	22,846	32,509	5,116
	Females	31,048	7,280	23,768	27,165	3,883
	Total Persons	68,673	22,059	46,614	59,674	8,999
In Hearing	Males	45,701	27,147	18,554	41,403	4,298
	Females	38,414	10,518	27,896	34,953	3,461
	Total Persons	84,115	37,665	46,450	76,356	7,759
In Movement	Males	153,077	99,689	53,388	132,454	20,623
	Females	97,774	33,378	64,396	86,501	11,273
	Total Persons	250,851	133,067	117,784	218,955	31,896
Mentally Retarded	Males	58,360	29,657	28,703	48,671	9,689
	Females	45,232	13,439	31,793	38,648	6,584
	Total Persons	103,592	43,096	60,496	87,319	16,273

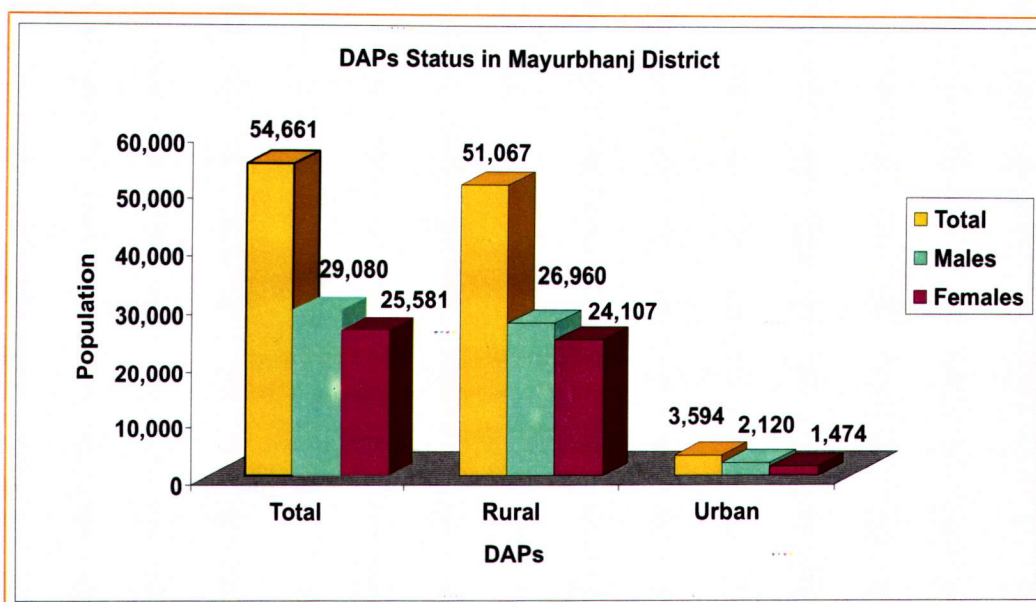
Figure 1.1: DAPs Status in Orissa



Source: Census 2001

State	District	Sex	Total	Rural	Urban
Orissa	Mayurbhanj	Males	29,080	26,960	2,120
		Females	25,581	24,107	1,474
		Total Population	54,661	51,067	3,594

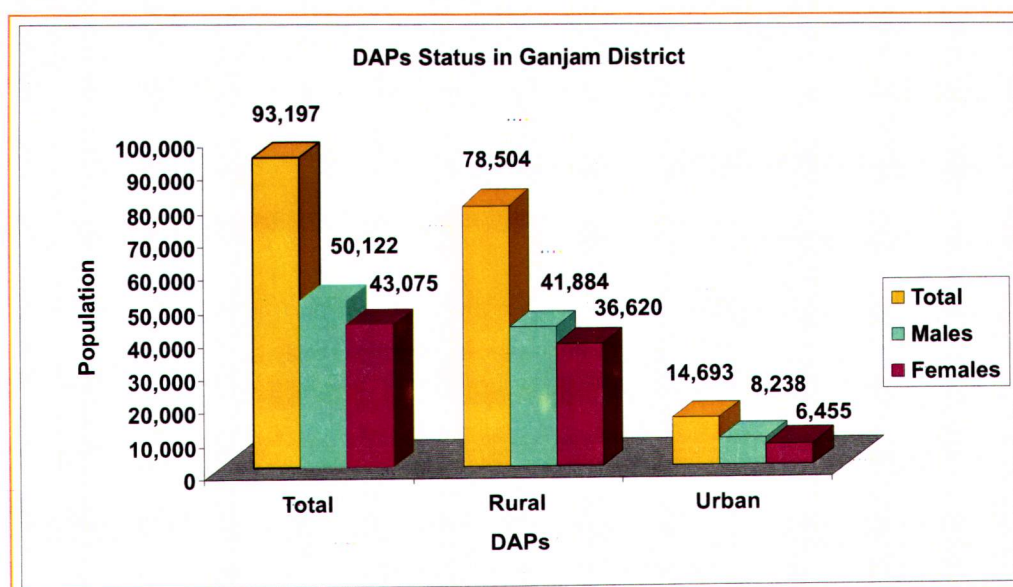
Figure 1.2: DAPs Status in Mayurbhanj District



Source: Census 2001

State	District	Sex	Total	Rural	Urban
Orissa	Ganjam	Males	50,122	41,884	8,238
		Females	43,075	36,620	6,455
		Total Population	93,197	78,504	14,693

Figure 1.3: DAPs Status in Ganjam District



Source: Census 2001

Issues Faced By the DAPs

The Differently Abled Persons (DAPs) were unable to access all the facilities provided by the Govt. and remain deprived of the various schemes and policies that fulfill their basic requirements. To avail the benefits provided by the Govt. they require various certificates like:

- Income certificate
- Residential Certificate
- Medical Certificate
- Disability Certificate from CDMO
- Bus Fare Concession ID Card from RTO
- Eligibility Certificate for Corrective Surgery

The procedure for procuring these certificates is a lengthy and time-consuming process. Because of their physical problems DAPs cannot wait for the lengthy official processing of documents and issuance of certificates. Generally the DAPs face lot of problems because of delay at every level i.e. during the submission of application, processing of documents as well as during service delivery. In order to avail their genuine citizen rights they have even to face a lot of unwanted experiences.

The Normal Procedures

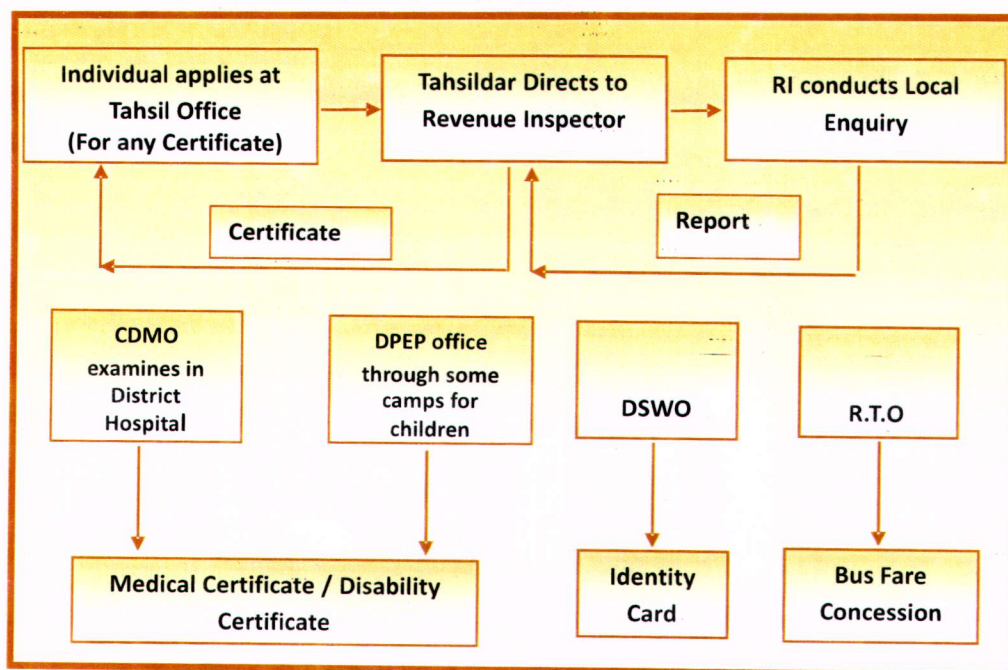


Diagram 1.1: The Normal Procedures Followed

- **Income Certificate:-**

Normally to avail an Income Certificate, Differently Abled Person applies at the Tahsil Office. As per the routine, the Tahsildar directs the R.I to conduct local enquiry and submit report. After receiving the report, the income certificate is issued to the applicant. Normally this procedure should be completed within 30 days as per the Miscellaneous Certificate Rules.

- **Medical Certificate:-**

A medical certificate identifies the category of disability i.e. O.H., V.I., H.I., and M.R. of a DAP. To have a medical certificate a DAP has to appear before CDMO for identification of type of disability.

- **Disability Certificate:-**

It is an important testimonial for a DAP. To avail a Disability Certificate, a DAP has to appear in person before a Medical board, which sits only twice in a month at the district headquarter hospital. Some times the certificate is issued on the same day and in most cases it takes many days.

- **Identity Card:-**

This card is an absolute necessity for a DAP through which, his/her identification is officially proved. District Social Welfare Officer (DSWO) – is the nodal officer for service delivery to DAPs. Together with the income and disability certificates, a DAP applies at the District Social Welfare Office where he/she gets an Identity Card issued by the office.

- **Bus Fare Concession:-**

This Identity card entitles the DAPs to avail fare concession while travelling in the Buses. For this purpose he/she has to apply with prescribed form at the Regional Transport Office. The application is properly verified by the office before issuance of bus pass to the applicant.

Observations

- It is observed that, the service delivery in the existing system is an extremely complex and costly process. It is scattered at various points and takes a longer period with no assurance of access or assistance.
- Those who mustered courage to join the queue had to suffer a lot in the form of repeated visits, demand for bribe, harassment, insensitivity, and wage loss for the companions.

Legal Framework

The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Rules, 1996 provide the broad guidelines for issue of the disability certificates. The Rules lay down that a Medical Board, duly constituted by the Central and the State Government shall issue a Disability Certificate. The certificate issued by the Medical Board makes a person eligible to apply for facilities, concessions and benefits admissible under schemes of the Governments or Non-Government Organizations, subject to such conditions as the Central or the State Government may impose.



CITIZEN CENTRIC BEST PRACTICES

“WINDOW OF HOPE”

Generally the concept of Citizen Centric Practice stands for keeping Citizen at the center stage of focus. In other way around, we may also call it a customer focus approach or user centric or citizen requirement service. It's a participatory approach initiative. To raise citizen satisfaction and improve the quality of life, citizen centric practice is a noble concept. The citizen centric practice is such, which encourage citizens to avail services from the service provider. It builds motivation and confidence among the citizens. In this background “*Window of Hope*” is a noble initiative to its Citizen Centric approach. “*Window of Hope*” – is a single window service delivery system started by Mayurbhanj District Administration for Differently Abled Persons (DAPs). The objective is to facilitate them to get the basic services of the Government and enable them to participate in social set up in day-to-day activities without assistance. This is a camp mode programme to provide all the requisite certificates at one point on the same day of submission of application.

The Mission Statement

*“The mission of this initiative – “**Window of Hope**”- is to identify all DAPs within a definite time frame, empower them with improved access to services, extend them facilities of corrective surgery, aid and appliances in a free, fair, friendly, transparent and time bound manner so as to enable them to exercise their fundamental right of living a life of freedom and dignity”*

The Constitution of India ensures equality, freedom, justice and dignity of all individuals and implicitly mandates an inclusive society by including persons with disabilities. The National Policy on Disabled envisages the Government to ensure that persons with disabilities can obtain the Disability Certificate without any difficulty in the shortest possible time by adoption of simple, transparent and citizen-friendly procedures.

In this background the District Administration of Mayurbhanj analyzed the processes involved in the service delivery to Differently Abled Persons (DAPs) for receiving a Disability Certificate to get benefits under various Government schemes.

This initiative targets universal access to quality services and all other benefits under different schemes. This has been made possible by decentralized service delivery strategies backed by convergence of concerned Departments, Projects, philanthropic organizations, clients, Panchayati Raj Institutions (PRIs) and civil society institutions.

As a first step, it tackled the problem of issuing authentic certificates from competent authority to each genuine beneficiary by facilitating a smooth and speedy completion of prescribed formalities.

The single window system brings together government departments and stakeholders under one umbrella to provide following services at Block level camps:

The Stakeholders of Window of Hope

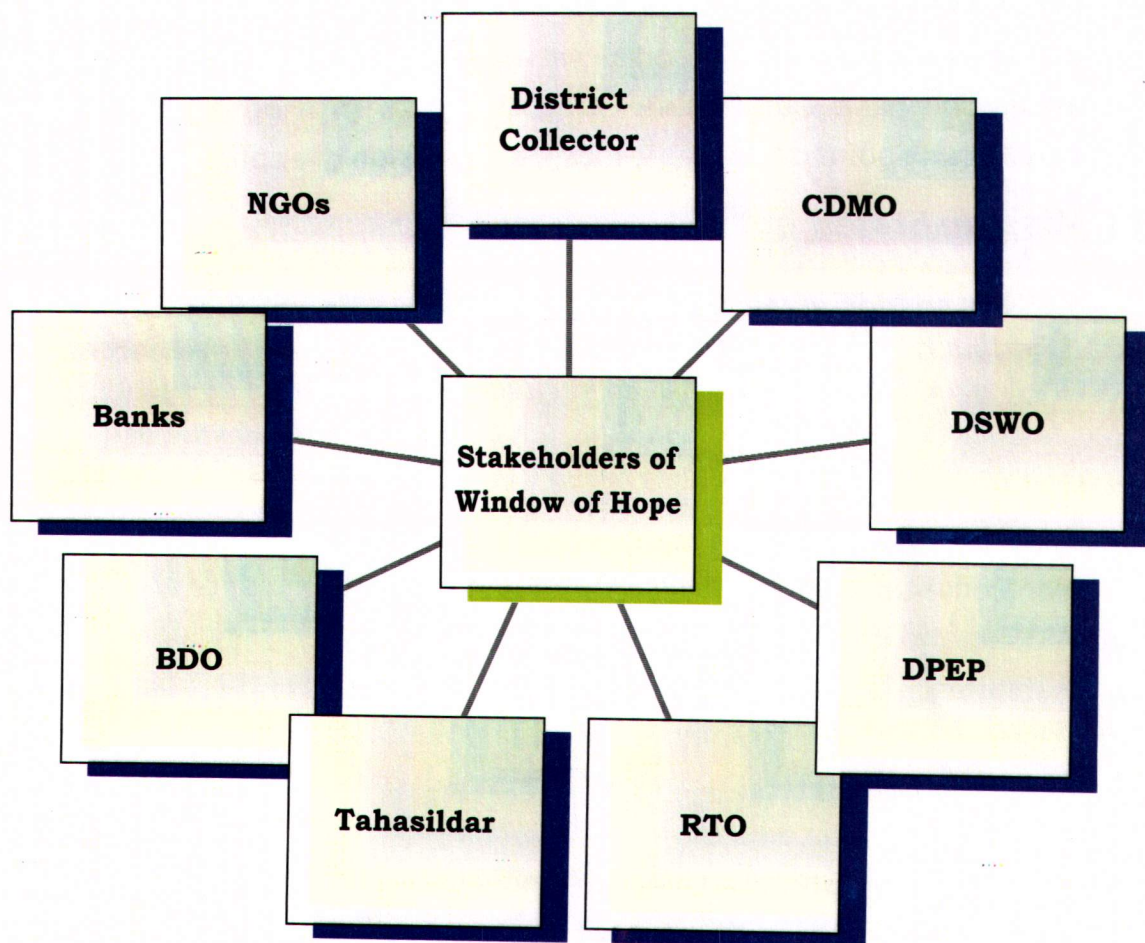


Diagram 2.1: The Stakeholders of "*Window of Hope*"

Role of Stakeholders at a Glance

- (I) **District Collector: -**
Chairs the Preparatory Meeting for “*Window of Hope*” initiative. He is the Chairman of DDRC as well as the Chief functionary of this noble initiative.
- (II) **CDMO: -**
He is the key person for identification of the level of Disability of DAPs. He is the Secretary of DDRC. He issues Disability Certificates.
- (III) **DPEP: -**
Coordinates for need based assessment of DAPs at village level through its BRT. Creation of Database of DAPs is monitored by it.
- (IV) **DSWO: -**
Organizes the meetings related to DAPs. Prepares final list of Aids and Appliances for distribution. The DSWO shoulders main responsibility for “*Window of hope*” initiative.
- (V) **RTO: -**
He is the authority to facilitate the bus travel concession pass. Coordinates bus owners for smooth delivery of the service.
- (VI) **BDO: -**
Chief functionary at block level to conduct “*Window of Hope*” camps. BDO presides over the block level meeting for smooth conduct of the programme. As an authority the BDO manages resource mobilization for the programme and gives instructions to the Anganwadi workers for sensitization alongwith identification of the DAPs.
- (VII) **Tahasildar: -**
Issues the Income certificate and Residential Certificate to the DAPs in the presence of local R.I. on the same day of application at the camp.
- (VIII) **Banks: -**
Render the financial support and DRI loans to the identified DAPs for self-employment.
- (IX) **NGOs: -**
Stretch their supportive hand to mobilize the DAPs to attend the camp. These organizations give other additional support for smooth delivery of services and guide the administration for chalking out plans for DAPs.

Methodology of Study

For documentation on “*Window of Hope*” the team visited Mayubhanj District and Ganjam District. During this phase the team made a comprehensive study on the following aspects. The team also observed the ongoing system, analyzed the coverage on initiative in depth before making final documentation.

Consulting Stakeholders

All the important stakeholders relating to the initiative, DM, CDMO, DSWO, DDRC, RTO, etc were consulted to give their valuable inputs on the ongoing delivery system. They were encouraged to give a fair opinion on “*Window of Hope*”

Consulting Beneficiaries

This aspect was most important. In order to understand the position of DAPs in the “*Window of Hope*” initiative the team consulted them at DDRC. During discussion a number of valuable points emerged on “*Window of Hope*” initiative.

Visiting Innovation Spots

The Team visited the DDRC, which is the best innovation of “*Window of Hope*”. During DDRC visit the team consulted professionals associated with it. The team assessed the facilities available for DAPs treatment. The team understood the initiative taken by DDRC through their service delivery system.

Consulting Civil Societies/ NGOs

This aspect was most important as the civil societies are doing commendable services on disability issues in the district. The team discussed the policies and programmes for DAPs with the local NGOs working on disability issues since some years.

The feedback received from the civil societies gave a new direction to the study, as these organizations are aware of the practicability of the initiative. The team discussed the pros and cons of the initiative of “*Window of Hope*” with the NGOs to give the documentation a broad aspect.

“WINDOW OF HOPE” IN NUMBERS:

Performance on Delivering “*Window of Hope*” –
Report of DDRC, Mayurbhanj

**Table 2.1: Therapeutic Service Delivered
(Excluding Surgeries Performed)**

	Up to last Financial year March 2008	During current financial year		Total (During current financial year	Grand Total
		Category	Present Quarter (July, Aug, Sept) 2008		
Orthopaedically Handicapped (OH)	6045	388	262	650	6695
Mentally Retarded (MR)	2061	85	53	138	2199
Visually Impaired (VI)	1438	102	60	162	1600
Hearing Impaired (HI)	2809	115	12	127	2936
Multiple Disabilities	634	10	4	14	648
Total	12987	700	391	1091	14078

Table 2.2: ADIP Activities of DDRC

Provision / Fitment of Assistive devices (In unit of devices)	Up to last financial year March 2008	During current financial year		Total (During current financial year)	Grand Total
		Up to last quarter (Apr, May, June) 2008	Present Quarter (July, Aug, Sept) 2008		
a. Wheel Chair	160	05	2	7	167
b. Tricycle	696	16	10	26	722
c. Aids to the Hearing Impaired	773	15	23	38	811
d. Aids to visually Impaired	499	05	02	7	506
e. Any other aids and appliances	402	06	Nil	6	408
f. Surgeries performed	772	08	08	16	788
g. Fitment of limbs	68	08	09	17	85
Total	3370	63	54	117	3487
Any other follow up services in units of services)			25	25	25

Table 2.3: Training Related Activities – No. of Persons Trained

Category	Up to Last Financial year March 2008	During current financial year		Total (During current financial year)	Grand Total
		Up to last quarter (Apr, May, June) 2008	Present Quarter (July, Aug, Sept) 2008		
Anganwadiworker	32	Nil	231	231	263
ANM	08	40	Nil	40	48
Teachers	77	10	2	12	89
Nurses	06	Nil	Nil	Nil	6
Any other.	57	Nil	1	1	58
Total	180	50	234	284	464

Table 2.4: Awareness Generation Indicate the Number of Visits/ Programmes

Category	Up to last Financial year March 2008	During current financial year		Total (During current financial year)	Grand Total
		Up to last quarter (Apr, May, June) 2008	Present Quarter (July, Aug, Sept) 2008		
Preparation and free distribution of written material in local language	108	1	Nil	01	109
Radio talk.	08	02	Nil	2	10
T.V. coverage through local network	26	01	Nil	01	287
Publication of article in print media	35	10	04	14	49
Visits to school and addressing teachers / principal and students.	88	10	2	12	100
Meeting with parents of disabled children	299	05	1	6	305
Meeting with parents of non-disabled children	34	07	1	08	42
Self help group	Nil	Nil	Nil	Nil	Nil
Others					

Table 2.5: Employment / Facilities of Concessions Provided

Category	Up to las Financial year March 2008	During current financial year		Total (During current financial year	Grand Total
		Up to last quarter (Apr, May, June) 2008	Present Quarter (July, Aug, Sept) 2008		
Self Employment	555	Nil	Nil	Nil	555
Employment in Govt./ Pvt.Sector	16	10	Nil	10	26
Provided disability certificate/ concessions.	18719	523	369	892	19611
Admission in regular school	331	Nil	Nil	Nil	331

Table 2.6: Broad Activities of the DDRC

Category	Up to last Financial year March 2008	During current financial year		Total (During current financial year	Grand Total
		Up to last quarter (Apr, May, June) 2008	Present Quarter (July, Aug, Sept) 2008		
No. of villages surveyed.	3975	02	Nil	02	3977
Assessment camps (Through camp approach)	254	10	Nil	10	264
Followup camps through camp	71	10	21	31	102
No. of meetings of the DMT.	14	Nil	Nil	Nil	14
Any other please specify (Fitment camps)	40	1	Nil	1	41

OPERATIONAL FLOW OF “WINDOW OF HOPE”

Preliminary Preparations Before Camp

(I) District Level Meeting:

DSWO is the convener of District level meeting, where District Collector, CDMO, DPC of SSA, DDRC, District Red Cross, all Sub-Collectors, all Tahasildars, all BDOs, all CDPOs, J.E., Electricity, E.E., PHED, Deputy Superintendent of Police, Deputy Director of Employment Exchange, Bankers, NABARD Manager etc. sit together and prepare an agenda for preparation of “*Window of Hope*” camps. The District Magistrate himself chairs this first level preparatory meeting. The Collector designs the guidelines and procedures for success of “*Window of Hope*” camp and accordingly the necessary instructions are issued to the different stakeholders of the programme.

(II) Block Level Meeting:

In block level meeting all block level officers like BDO, CDPO Supervisors, Tahasildars, Block Resource Cluster Coordinators (BRCC) & Block Resource Teachers (BRT) of SSA, Medical officer of PHC, Assistant Engineer of Electrical Department, Assistant Engineer of PHED, Bankers, OIC, Local Police station, Block Chairman, Vice Chairman, District office representatives of DSWO and SSWO plan together to make the programme successful. The meeting is chaired by the BDO/ District Level Authority who finalizes the agenda of the camp and modalities related to the camp. Normally the resource mobilization planning is chalked out at the block level and the BDO takes initiatives for its smooth functioning.

(III) Sensitization Campaign:

To incorporate the process and words of previous meetings the BDO calls a sensitization meeting for all block level officers with special reference to Anganwadi workers within the block. Secondly, the Anganwadi workers undertake need base assessment survey. During survey they fill up the forms meant for the DAPs. After the need base assessment is over, the Anganwadi workers submit the forms along with a list of DAPs to the BDO. During the survey they visit households in their areas to identify the DAPs. The list is generally submitted within seven days.



DAPs waiting at the distribution camp for aids and appliances

(IV) Use of Mass Media:

For mass awareness and sensitization about the camp, street play and announcement is done by the block administration. Various NGOs come forward with their street player troupes and make sensitization programme in the region through street play from place to place. Leaflets are circulated among the public. Also awareness is created by hanging of banners and pasting of posters on public walls. Apart from this the Anganwadi workers create alertness among the DAPs about the camp.

(V) Camp Spot Selection and Other Arrangements:

After finalization of DAPs list, the Block level officers fix a suitable date and place to organize the "*Single Window Camp*". Generally the school or college campus is used as suitable place to organize such camps. With the support of the private bodies, NGOs, volunteers and District Administration



DAPs gathered for registration at a camp

all the arrangements like fund collection, utilization of human resources, food preparation etc. are properly organized. While selecting a camp spot the mobility factor for DAPs in the place is given top priority.

Approaches During Camp

(I) Registration of DAPs:



DAPs gathered for registration at a camp

Registration of name is the first activity of the single window camp. The DAPs have to register their name in order to be considered as bona-fide beneficiaries. After registration, the beneficiary gets registration card, which helps him/her for receiving further benefits in camp. To help

out the DAPs the barricades are properly designed near the counters.

(II) Identification of DAPs:

In the single window camp, after the registration, he/she (DAP) moves to his/her prescribed disable category counter. During the identification phase medical board specialists with the help of DDRC professionals and volunteers, examine the DAPs and fill up the Certificates according to their level of disabilities. Thereafter, the certificates are forwarded to the CDMO or ADMO for authorized signature and certificates are sent to the distribution counters for distribution.

(III) Distribution of Certificates in a Single Counter:

It is the beauty of the initiative that all the certificates required by a DAP become readily available in a single counter in this camp. All the certificates are issued by competent authorities to each genuine DAP by



Distribution of certificates at a camp

facilitating a smooth and speedy process. The certificates available in the counter includes: Disability Certificate, Income Certificate, Bus Fare Concession ID card, Identity Card for Aids & Appliances / Corrective Surgery.

(IV) Synergetic Approach:

The uniqueness of the *"Window of Hope"* camp is that it gets cooperation from many corners of society. The NGOs and voluntary organizations help the DAPs to attend the camp. For that purpose they extend their best cooperation. The NCC, NSS, Scouts Guide volunteers function with the commitment by providing DAPs their whole hearted cooperation to avail the services. Even philanthropists extend their cooperation in many ways towards the success of the camp.



DAPs and their escorts at a camp

Services Available for DAPs

(I) Certificates

- a) Income Certificate
- b) Disability Certificate
- c) ~~Bus Fare Concession ID Card~~
- d) Residential Certificate
- e) Eligibility Certificate for Corrective Surgery

(II) Aids & Appliances

(III) DRI Loan

(IV) Financial Scholarship

(V) Self-Employed Finance

(VI) Lunch etc.

Approaches After Camp

(I) Fund Mobilization:

As funding is an integral part for every successful project, so mobilization of fund is a major factor for organizing such a huge programme. The coordination committee better understands the importance of funds, so it



DAPs and their escorts at a camp

starts planning and networking to arrange funds immediate after identification camp. As there is no adequate institutionalized funding for the programme and fund is required at every level of activity, planning of fund arrangements naturally takes good time. When fund is consolidated it becomes easier for the administration to plan further activities accordingly.

(II) Analysis for Requirement of Aids and Appliances:

The requirement of Aids and appliances is generally found from the DAP list and medical assessment. The lists and assessment clearly identifies what type of aids and appliances a DAP really requires for his treatment. When the requirements of DAPs come into picture, the Organizers place their orders to different medical aids and appliances suppliers for procurement of aids and appliances.

(III) Corrective Surgeries:

In some cases the medical assessment team prescribe corrective surgery to rectify the physical disorder of a DAP. In that case some kits may be required for the Surgery, which needs advance planning. Keeping this factor in mind, the coordinator prepares a tentative budget planning required for this purpose.

(II) Delivery of Aids & Appliance Camp:

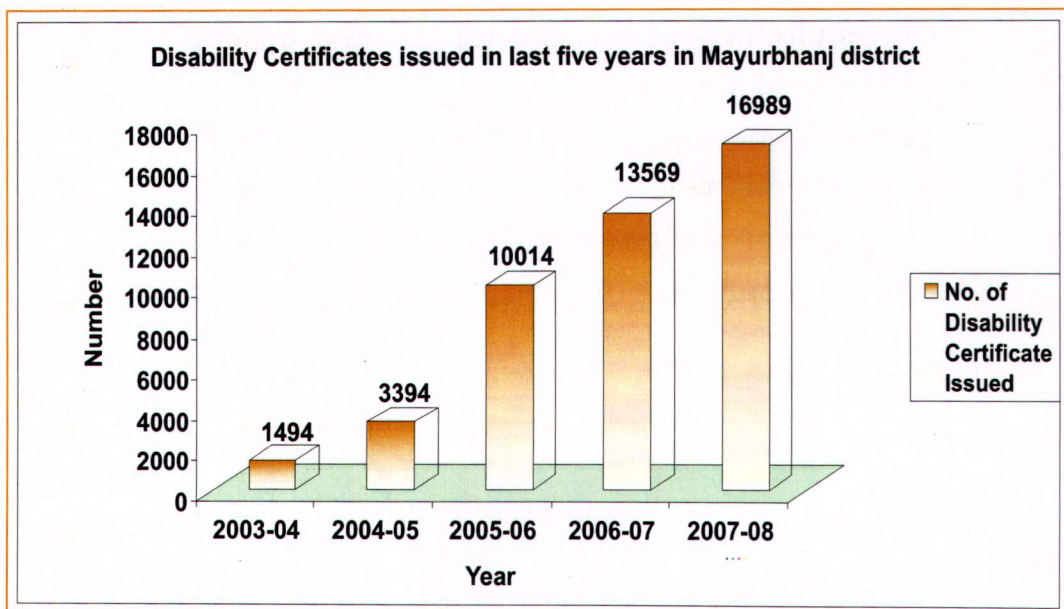
The District Social Welfare Officer (DSWO) is the nodal officer for registration of the DAPs and delivery of aids and appliances. After procurement of the aids and appliances, the District Administration plans for the date and venue of distribution camp and accordingly DAPs are informed by Anganwadi workers to attend the camp and receive their aids and appliances. Some times the distribution of Aids and appliances camp is delayed because of fund constraints. But normally the process may take six to seven months from identification camp to distribution camp.



Chief Minister of Orissa distributing appliances to the DAPs

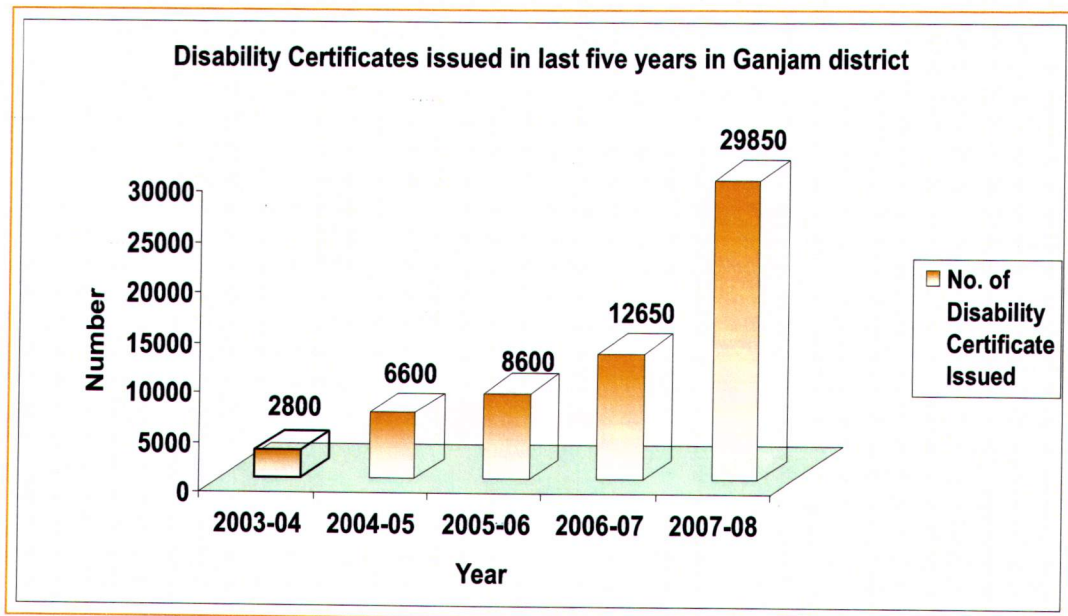
Status of the Initiative

Figure 3.1: Disability Certificates issued in last five years in Mayurbhanj district.



Source: DDRC, Mayurbhanj

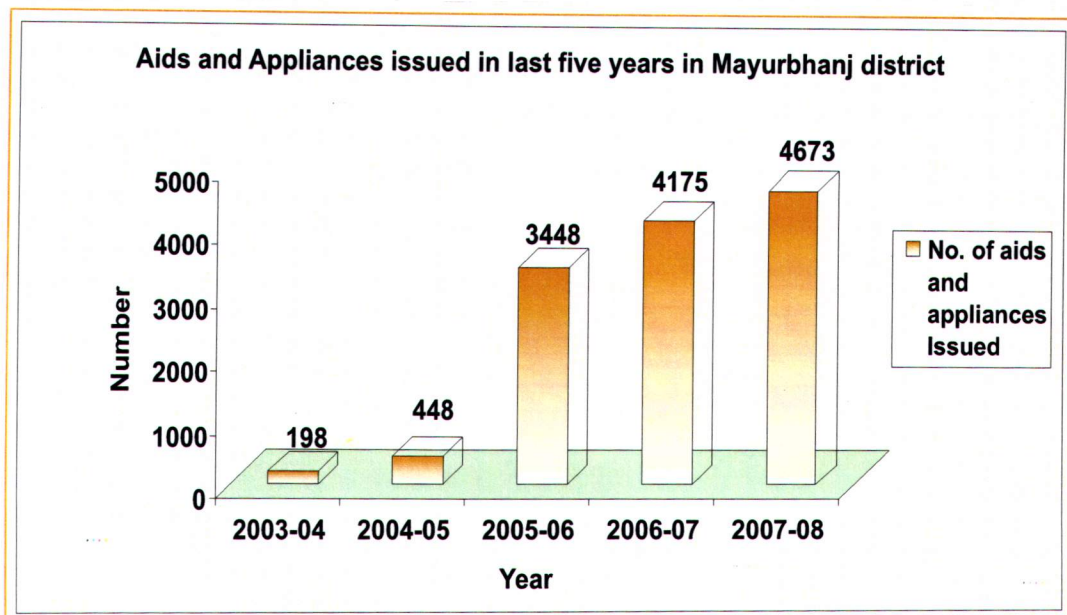
Figure 3.2: Disability Certificates issued in last five years in Ganjam district.



Source: DSWO, Ganjam

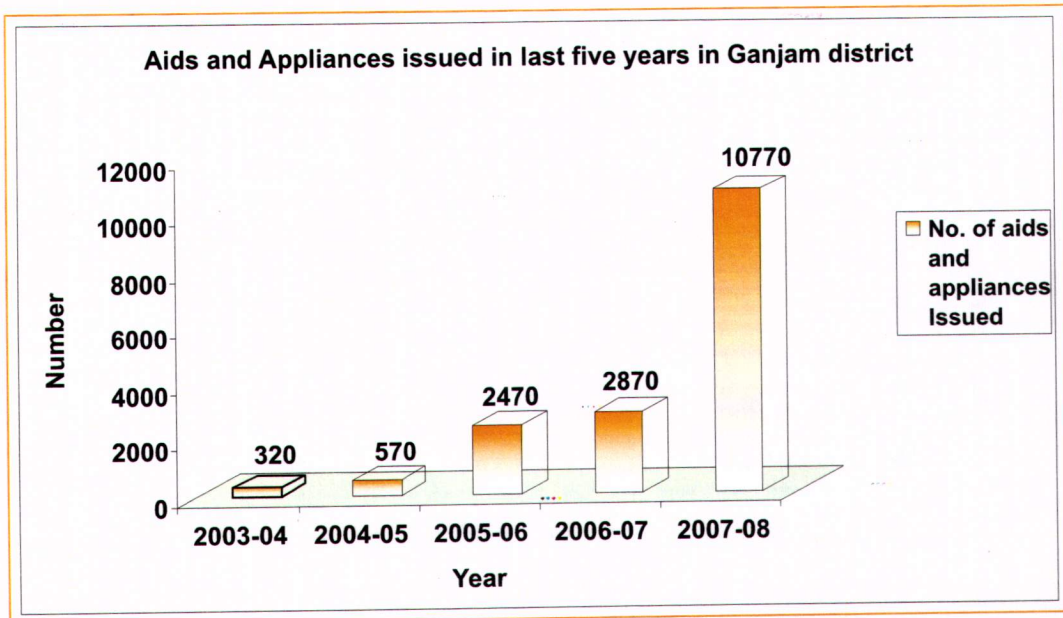
Observation: It has been observed that, the Disability Certificates issued in camp mode is much higher than the certificates issued in last five years all put together.

Figure 3.3: Aids and Appliances issued in last five years in Mayurbhanj district.



Source: DDRC, Mayurbhanj

Figure 3.4: Aids and Appliances issued in last five years in Ganjam district.



Source: DSWO, Ganjam

Observation: The Aids and Appliances provided to the identified beneficiaries in last five years is greater than issued in Window of Hope camp.

Innovations in “Window of Hope”

- Formation of **District Disability Rehabilitation Center (DDRC)**.
- **Differentially Rate of Interest (DRI)** Loans are being provided by banks to the DAPs for their self employment.
- Meritorious DAP students have been facilitated to avail **Scholarships** for higher study.
- **Self Employment Financial Support** for new Entrepreneurship among the DAPs.
- Funds mobilized through **Convergence and Public - Private Partnerships (PPP)** mode.
- Facilitation and integration of various services and schemes for livelihood interventions.

- The strategy adopted through “Single Window System” along with **Decentralization of Service Delivery** at block levels is a unique approach vis-a-vis an earlier vertical and compartmentalized system.
- This initiative “*Window of Hope*” with a mission statement at district and block level is itself a major innovation.
- '**Camp Mode**' ensured that there was no corruption, harassment, red tape and broke physical, geographical, financial, social and gender barriers.
- **Complex government processes are re-engineered** to suit the needs of stakeholders. All facilities provided free of cost in the campsite are to attract the poorest of the poor.



EFFECTIVE FUNCTIONS OF DDRC

District Disability Rehabilitation Centre (DDRC) was setup with a noble vision for the first time in Mayurbhanj District of Orissa. It was the result of a great visionary approach of the then Collector and District Magistrate of Mayurbhanj. As Mayurbhanj is the biggest district of Orissa and number of DAPs in this district is highest in the State, so the need of the hour was to have an effective service delivery mechanism for the DAPs. It was planned to deliver all the services to the DAP in a single window by giving a new ray of hope to their lives. The District Administration visualized a noble idea of treating the DAPs at par with other citizens not by legislation or regulations but by the services being rendered to them. This innovative idea gave birth to DDRC and it was designed to be the Focal Point for materialization of the ultimate vision of *"Window of Hope"*.



DDRC boasts of professionals relating to DAPs who work with zest and zeal towards the treatment of DAPs. This DDRC of Mayurbhanj has another reputation to its fold being the second best Disable Treatment Center after S.V.N.I.R.T.A.R., Olatpur, Cuttack. At DDRC most of the required facilities of DAPs treatment are available. The available resources and facilities listed below:-

Professionals Available

Sl. No.	Personnel Involved	Number
1	Physiotherapist	1
2	PRO	1
3	Audiologist	1
4	Psychologist	1
5	Mobility Instructor	1
6	P & O Technicians	1
7	Leather Technicians	1
8	Peon	1
9	Night watchman	2

Facilities Available

1. Prosthetics & Orthotics

- a) Artificial Limbs- It is meant for the people who have lost limbs due to any accident or those who were born with defective limbs.
- b) Caliper – It is a mechanism that is used on polio affected patients for rectifying any bend limbs.
- c) Wheel chair- It is meant for the people who have either defective limbs or lack of it or those who have undergone any kind of surgery and need the help of an escort.



Picture displaying some artificial limbs



Distribution of Tricycles at a 'Window of Hope' Camp

- d) Tricycle- It is meant for the people who have lower defective limbs but capable of using hands for paddling.
- e) Spiral Brace – It is used for people having spinal injuries incurred either at the time of birth or any time after that.



Equipments used for Physiotherapy at DDRC, Mayurbhanj

2. Physiotherapy

Out door patient unit for:
Cerebral Palsy, Polio, Paralysis,
Neuro-Muscular Diseases, Post
Operation Orthopedic Therapy.

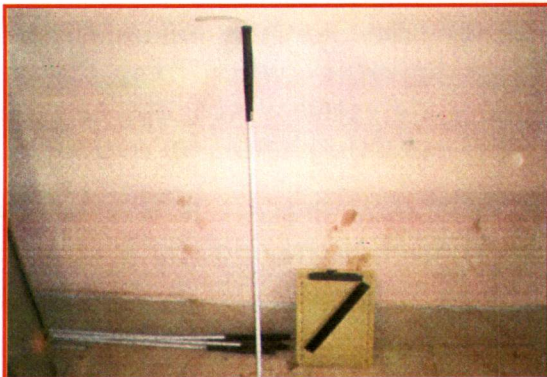
3. Audiology

- a) Audiometry- The process by which hearing capacity of patient is measured.
- b) Speech Therapy- By this procedure DAPs are taught to communicate with others in a understandable voice.
- c) Fabrication of Ear Mould- Manufacturing of hearing aids by taking measurement of DAPs.
- d) Fitting of Ear Aids- After fabrication hearing aids are fitted to the DAPs by the concerned staff.



Equipments used at Audiology Wing of DDRC, Mayurbhanj

4. Visual Impaired

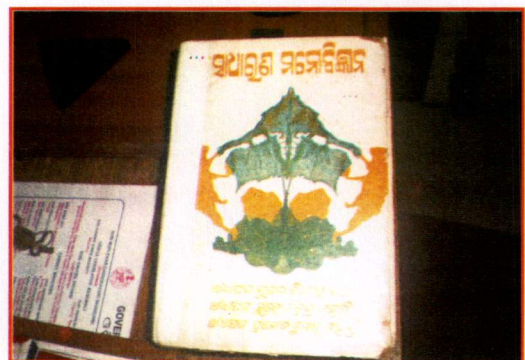


Sticks to be given to blind people by DDRC, Mayurbhanj

- a) Mobility Training- By this training blind peoples are trained to walk or move around by using sticks.
- b) Supply of Stick- After training the concerned peoples are supplied with sticks
- c) Brails- By this instrument blind peoples are trained to learn calculations.

5. Psychology

Psychological Report (for mentally retarded, categorized as Mild, Moderate and Severe) It also tests for Attention, Constitution, Language, Sensory, Audition, Vision, generally on the DAPs up to the age of 18.



Resource materials used for judging psychological level of mentally retarded

STRATEGIES AND MECHANISM

The “*Window of Hope*” initiative comprises the following strategies and Mechanisms: –

- **Calendar of Hope: -**
An annual action plan with monthly target focusing on progressive implementation of objectives envisaged in the 'Mission Statement'.
- **Single Window Camp Mode: -**
Bringing all govt. agencies involved in providing services to the DAPs under a single roof and decentralized service delivery system at block headquarter.
- **On-the-spot evaluation** and provision of certificates.
- **“Sensitizing-Campaign-Mode”** for ensuring maximum coverage.
- **Government process Re-engineering: -**
The procedures involved in service delivery were streamlined to suit the needs of stakeholders.
- **Convergence** of various departments and projects.
- **Local enquiry** for issuance of income certificates replaced by checking land records and crosschecking with **PRI members present** in the camp.
- Instead of the RTO issuing the fare concession cards at the district head quarter, **BDOs are empowered to issue cards at block headquarter.**
- Cent percent coverage of all eligible DAPs by mobilising and converging funds from various sources.
- Single Window System in a **Camp-Mode of Service delivery.**
- The Basic objective is that the DAP comes to a nearby camp and returns back with all the required certificates on the same day.
- Public-Private Partnership mode.

Observations

- The *"Window of Hope"* is a model initiative which has to be properly institutionalized.
- There should be a special cell at least at Collectorate which is desired to frame plans, monitor and evaluate the Single Window Service.
- The need of the hour is to institutionalize DDRC for developing funding pattern for purchases of essential medical equipments and maintenance of the existing infrastructure. The payment of staff salary should be given top priority.
- The time gap between Identification camp and Aids and Appliances distribution camp should be very short to help the DAPs in real sense.
- The Sensitization training programmes for stake holders needs to be organized regularly to improve their sensitivity to serve the DAPs with accountability.
- The District Collector has to streamline DAP issue in District Planning Agenda.
- This initiative needs to be considered as an integral part of development and should be given equal preference as other schemes and programmes.
- Public Private Partnership mode to be campaigned in such a manner that feeling of ownership will emerge among the corporate houses, private bodies as well as philanthropists to gladly join their hands for success of *"Window of Hope"*.

PRACTICES FOLLOWED

Convergence

The concept of convergence is one of the vital components in the *"Window of Hope"*. It means bringing the resources and services of different line departments and stake holders under one roof. This helps overcome the barriers that the persons with disability (PWD) face. The major barriers are physical barriers like stairs, high platforms and narrow doors, which restrict them to reach the authorities like DSWOs or BDOs. The second barrier is the attitudinal barrier among the stake holders who (render services) do not believe in the abilities of the persons with disability. The unique approach of converging the departments and projects enabled identification of children as well as elderly within a short period. The initiative targets universal access to quality services and all other benefits under different schemes. The practice of single window system in a camp-mode of service delivery has been made possible by decentralized service delivery strategies backed by convergence of concerned departments, projects, philanthropic organisations, clients, Panchayats and civil society institutions. Enough research has been done and there are resources with the authorities, which remains unutilized every year. So, convergence can help utilizing these resources to provide benefits to the DAPs of our state. The following ways of convergences are need of the hour.

- Convergence of Information (Related to disability certification, guidelines, GOs, Schemes, facilities and activities in the districts)
- Convergences of Services (Assessment of disability, physiotherapy, speech therapy, occupational therapy, correctional surgery, etc)
- Convergence of Resources (Aids and Appliances, specially trained personnel)
- Research on Convergence
- Convergence through redressing genuine complaints. This is an essential component because the services provided to the DAPs are not charity now

rather these are entitlements to be provided by the government. The DAPs are the rights-holder of these entitlements. Hence any mechanism operating in a rights-based approach must have a redress mechanism inbuilt into it, as rights are always justiciable. Our government has already committed to respect, protect, promote and fulfil the rights of the DAPs in the UNCRPD this year. So, the framework of *"Window of Hope"* through convergence helps our government fulfil its international and national commitments. The model of convergence process is as follows: –

Convergence Process

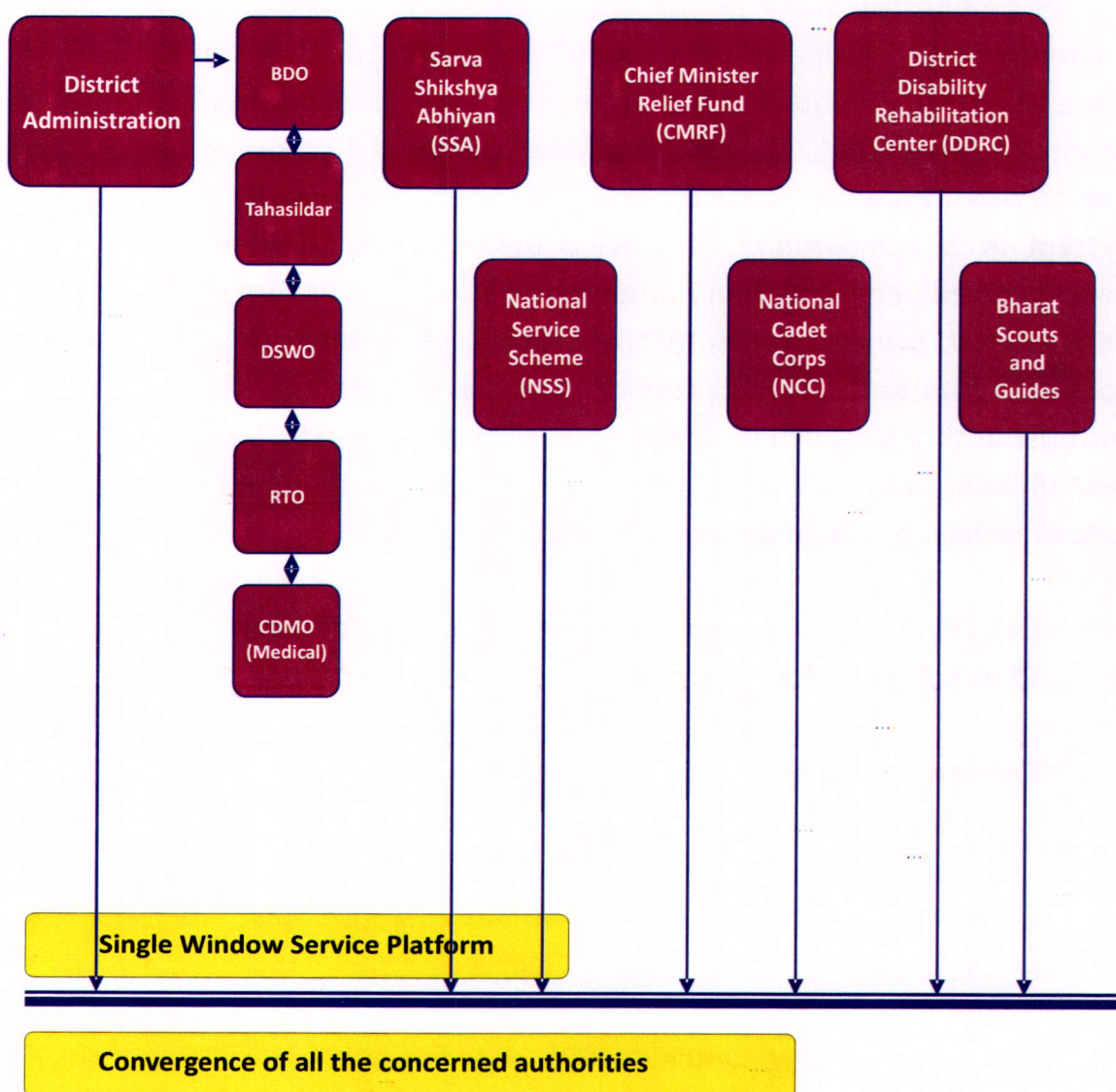


Diagram 6.1: Convergence of all the Concerned Authorities

Public Private Partnership (PPP) Mode

The process of "*Window of Hope*" itself describes a good example of Public-Private Partnership (PPP) mode, where NGOs and some business houses join their hands with administration to make this Programme a success. Here cent percent coverage of all eligible DAPs is done by mobilizing and converging funds from various sources and by fostering Public-Private Partnerships. Some philanthropic organizations have provided the artificial limbs and other materials to single window camp. For sustainability of the initiative the local nationalized banks are also showing their commitment for economic rehabilitation of the DAPs.

Transparency Factor

It is a key aspect of delivering good governance. Through transparency the mission of the programme is best attained. The transparency maintained in a system decides the fate of the project. The "*Window of Hope*" is an initiative where transparency is maintained at every level. The best example of transparency is the process of identifying the DAPs by issuing them disability certificate. The board that decides on the issue of disability certificate remains neutral and never become influenced by any power exercising groups. During distribution of Aids and Appliances the requirement level of DAP is given priority, and supply is made accordingly.

Question of Accountability

It is a well-accepted truth that the factor of Accountability remains a question in Government setup. Government plans a basketful of programmes and services for the masses. But at the implementation level, gaps are found during disbursement of services to the common man. He finds less accountability in the system. Whom to contact for the problem, lands the DAP in problem area. Though the "*Window of Hope*" is a positive initiative but accountability is not seen at every stage. As this initiative is not cent percent institutionalized, so special Govt. employees are not designated for the programme. Government officers having their regular assignments take up this camp mode activity, as a partial activity, so when the camp is over, accountability slows down. This process flow practically creates issues on accountability for smooth functioning of the initiative.

Sustainability

The fate of any good initiative depends upon the factor of sustainability. The Govt. starts a lot of programmes for the public welfare but a lot of those are discontinued because of number of reasons. When a good initiative is planned by the policy makers they have to keep in mind the sustainability factor of the initiative and accordingly steps should be taken.

Sustainability of the programme depends upon 2 key components.

- I. Time line
- II. Cost effectiveness

(I) Time line

Time line is a vital factor for sustainability. If the target or the delivery, which is designed, doesn't complete as per the planned time line, it will loose the enthusiasm of beneficiaries. In the case of *"Window of Hope"*, timely delivery of Aids and Appliances is a major problem. The whole cycle of action takes 7-10 months (From identification camp- Aids Appliances distribution camp). This poses a problem for them who require it immediately. Delayed assistance causes time loss in giving the Aids & Appliances to DAPs.

(II) Cost effectiveness

This is the nucleus of every welfare programme aspired for the development. For sustainability of the initiative the cost effectiveness has to be given priority. It should be manageable at both ends. In *"Window of Hope"*, the beneficiaries don't have to pay anything to avail the services. That is the uniqueness of the initiative. So all the expenses is being managed by the administration. There is no adequate institutionalized funding for *"Window of Hope"* initiative. So arrangement of funds takes a longtime which results in delayed delivery of Aids and Appliances. Well-structured fund flow needs to be planned first for the sustainability of the initiative.

Replicability

"Window of Hope" is an approach, which every serious organization now a days tries to adopt. The idea behind replication is that, if a good model is

operating and giving positive outcomes so why not apply it in other regions. But replicability depends upon some key components, like willingness of the implementers and policy makers, synergy among the stakeholders, ability to provide solutions, presence of institutionalized framework, etc.

When an initiative is bound by institutionalized framework every one associated with it respects it and deliver according to the guidelines. This factor has to be brought into action in *"Window of Hope"*

Willingness of implementers and policy makers is crucial to run a best initiative in long run. Therefore it becomes very important that transfer or change of any leaders or stakeholders should not influence the pace of efforts. The broad vision should be looking at the welfare of the beneficiaries and become citizen-centric.

Any initiative should be judged according to its solution providing capacity. While measuring the impact of any initiative the intuition should be looking after how it fulfills the expectation of target groups. In order to fulfill the expectation of DAPs a proper master plan should be formulated, which can bridge the remaining gaps for providing required services.

A Step Further

After the successful implementation of this initiative in Mayurbhanj (2006-07), it was successfully replicated in Ganjam district in the year 2007-08. The State government replicated and implemented this initiative in the entire state of Orissa in the year 2008-09 and more than one lakh DAPs have been provided with certificates so far. This year the Government has made specific budget allocation for holding single window camps (**"SAMARTHYA SHIBIR"**) at block level in all the districts of the state. The momentum created by this initiative is to sensitize all sections of the society for the cause of Differently Abled Person, transforming this initiative into a movement—A Movement owned and promoted by the stakeholders.

CONCLUSIONS & RECOMMENDATIONS

Barrier-free environment enables people with disabilities to move safely and freely, and use the facilities within the built environment. The goal of barrier free design is to provide an environment that supports the independent functioning of individuals so that they can participate without assistance, in every day activities. Through this *“Window of Hope”*, the District Administration could reach to hitherto unreached, provide services under a single window, at decentralized locations, in a campaign mode. Moreover it also showed an example of re-engineering of a complex government process into stakeholder friendly. It also ensured 100% coverage of all the identified eligible persons within the same year and the gap in resources was met by convergence and fostering Public-Private Partnerships. The District Administration conceptualized and implemented this initiative. It is the collective effort of administration that ensured a *“Window of Hope”* for the differently abled and enabled them to exercise their fundamental right of living a life of freedom and dignity. Positively *“Window of Hope”* is a small but committed step in this direction. The following recommendations will make the initiative more fruitful and sustainable.

Recommendations of the Study

- A recognized Policy or Programme should be framed in the national interest for its sustainability, accountability and constant involvement of Collector and District Social Welfare Officer (DSWO).
- Dedicated Human Resource and specific cell or department should be formulated.
- There should be separate fund or budgetary allocations from the State Government for the programme.
- Communication strategies should be adopted for sensitizing and implementing the programme.
- **Ministry of Personnel, Public Grievances and Pensions, Govt. of India, (Department of Administrative Reforms and Public Grievances,) should take the following actions:**
 - ◆ Document and disseminate best practices to other States;
 - ◆ A well furnished curriculum of training and capacity building for civil servants.
 - ◆ There is need for further sensitization of civil servants to understand and serve the underprivileged sections, especially DAPs of the society.
 - ◆ Human right issues must be addressed and equality before law must be ensured.

Mayurbhanj prepares a masterplan for disabled

By Amarendra Bose/TNN

doorsteps of the disabled persons

District officials, deployed at camp offices from Tuesday to Saturday, issued 425 eligibility certificates at Jashipur-Kusumi, 251 at Betnoti-Barsahi, 378 at Karanjia, and 340 at Rasgovindpur-Muruda block areas. Official sources said such camps would be organised at block and tahasil levels for the benefit of the disabled.

A single window delivery system will ensure instant delivery of eligibility certificates to the disabled beneficiary

low delivery
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eligibility
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beneficiary

The single-window delivery system, mooted by the Mayurbhanj collector, ensured instant delivery of the eligibility certificates at the

Collector V Kartikeya Pandhian told TOI here on Saturday that a week-long eye camp would be held from December 19-25 at Mahatma Gandhi Eye Hospital at Raspoondi. He added that a master plan, prepared by the district administration, was aimed to set up a disabled rehabilitation centre.

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The Samaj Dt. 12.12.05

Single Window programme in Mayurbhanj

A ray for hope for disabled

Baripada, Dec 12: It was not just a ritual celebration of the 'World Disabled Day' on December 3. The day marked the beginning of a major thrust on identifying the disabled in tribal-dominated Mayurbhanj district and equipping them with necessary aids.

Facilitating 'eligibility certificates' through the introduction of a 'single window delivery system' is one of the most important components of the master plan launched by the district administration.

Earlier, the handicapped persons had to run from pillar to post to obtain certificates relating to his or her physical disability from the district headquarters hospital here or an income certificate from the tehsildar and the RTO, Mayurbhanj for a certificate to travel free in any public transport service.

The camp offices that were set up by government agencies at the block level from Tuesday to Saturday facilitat-

The master plan included equipping the handicapped school-going children with

specialty designed tricycles providing 'corrective surgery' to overcome physical deformities, and a cataract operation camp for those suffering from visual impairments.

Mayurbhanj Collector V. Kartikeya Pandey told mediapersons here on Saturday that the handicapped children between 0-14 years would be provided with wheel chairs so that they can gain mobility and attend their schools regularly.

The DPEP (District Primary Education Programme) will be dovetailed with this effort so that the impediments of the school-going children can be overcome as resources added.

The Indian Express (12.12.05

Highlights the Single Window Camp

'Window of hope' for the dist's disabled

Baripada, July 25: The Mayurbhanj district administration has brought hope into lives of 6,451 despondent disabled schoolchildren. Their magic wand is the newly setup 'single window system'.

Widely acclaimed as the 'healing touch' and a 'window of hope' in the region, this system is being experimented in the district for the first time. The system has established a coordination among various government agencies to ensure prompt availability of various facilities to the disabled persons.

The facilities include Anjali award for disability, bus fare concessions, income certificates, identity cards, eligibility certificates for correction of cleft lips which were made available at the doorsteps of the disabled.

ed through various camps conducted at the block and the gram panchayat headquarters.

Collector V. Kartikeyan Pandiar said the coverage under the 'Single Window system' in just one month is 6,451 while the cumulative figure

The window
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ed. Renta Soren of Sialabi village under Gobabandhnagar block said her orthopaedically handicapped daughter had to be carried to school everyday on shoulders but after the implementation of the system, she commutes to the school and home with the help of a tricycle. ■ENS

'Window of Hope' highlighted in Indian Express (25.7.06)

୧୦୪ ଭିନ୍ନସମ୍ପଦ ବାଳିକାବାଳକଙ୍କୁ
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ଭିନ୍ନକ୍ଷମ ପିଲାଙ୍କୁ ନେଇ ଯାଉଥିବା ବସକୁ ଜିଲାପାଳ ଭି.କାର୍ତ୍ତିକେୟନ ପାଣିଘୋସୀ
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ବାର୍ତ୍ତାପତ୍ର ଅଫିସ୍, ୨୩୩୧-ଆଜି ବୟସ ମଧ୍ୟରେ ଥିବା ୧୪୦ଜଣ

The Dharitri Dt. 24.1.06

**'Bon Voyage' for corrective surgery.
104 boys & girls being sent for cleft lip &
Palate correction surgery at Kalinga
Hospital, Bhubaneswar
The Children being flagged off by the
Collector Shri V.K. Pandian , I.A.S.**

Normal Timeline of "Window of Hope"

ACTIVITY/ Weeks	June				July				August				Sept.				Oct.				Nov.				Dec.				Jan.				Feb.				Mar.				Apr.				May.			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Three levels of meeting																																																
Survey through Anganwadi workers																																																
Creation of database																																																
Analysis, Planning and Resource mobilization																																																
Single window camps																																																
Analysis of requirement of aids and appliances; Mobilisation of funds																																																
Corrective surgeries- Cleft lip, Palates, Mega eye camps																																																
Supply of aids and appliances to DAPs																																																
Review & feedback.																																																



.....it is a small but committed step in a positive direction

“Until the great mass of the people shall be filled with the sense of responsibility of each others' welfare, social justice can never be attained”.

..... Helen Keller.