IMPACT EVALUATION OF GOVERNMENT BENEFITS AND CONCESSION PROVIDED TO PERSONS WITH MENTAL RETARDATION BELONGING TO MYSORE DISTRICT

ARF PROJECT REPORT

PRINCIPAL INVESTIGATOR

Dr. G.Jayarama

Reader in Clinical Psychology

CO-INVESTIGATORS

Dr. Kalyan Kumar – Clinical Assistant

Mr. Raju, H.H. - Clinical Assistant

Dr.Purusotham.P – Research Assistant

RESEARCH OFFICER

Mr. Prathap Kumar S

ALL INDIA INSTITUTE OF SPEECH AND HEARING,

Manasagangothri, MYSORE: 570 006

Phone: 0821-2514449, 2515410, 2515805 Fax: 0821-2510515

Website: WWW.aiishmysore,in, e- mail: director@aiishmysore.in

BASIC INFORMATION ABOUT THE PROJECT

- Time frame: 18 months (Original)
- Date of Commencement:25.05.2010
- Date of Initial Closure:25.11.2011
- Date of Final Closure: 25.11.2013
- Total Budget allotted:3.60 Lac (INR)
- Additional grant: 30000.00
- Total Amount Spent: 359189.00 Lac (INR)

SUMMARY OF STATEMENT OF ACCOUNTS*

Sl. No.	Heads of expenditure	Allotted amount (Budget) In Rs.	Expenditure (In Rs.)
1	Salary to Project Officer	300000.00	346316.00
2	Travelling	20000.00	11928.00
3	Printing &Stationary	10000.00	-
4	Contingency	30000.00	945.00
5	Total	3,60000.00	359189.00
6	Unspent amount (360000.00- 359189.00)		811.00

* A letter to the accounts section will be followed for the details o the accounts statement

DECLARATION

This to declare that the project work carried out in this book is original. Any materials related to this project was not published or shared so far.

10.03.14

AIISH, Mysore

PRINCIPAL INVESTIGATOR

Dr. G.Jayarama

Reader in Clinical Psychology

CO-INVESTIGATORS

Dr. Kalyan Kumar – Clinical Assistant

Mr. Raju, H.H. - Clinical Assistant

Dr.Purusotham.P – Research Assistant

RESEARCH OFFICER

Mr. Prathap Kumar S

ACKNOWLEDGEMENT

We acknowledge our sincere thanks to Dr. S R Savithri, Director, AIISH, Mysore, who encouraged and supported throughout the work. We thank the HOD- Clinical Psychology for his encouragement throughout the study. It is our humble duty to submit our gratitude to Late Dr. Vijayakashimi Basavaraj (Ex. Director, AIISH) who was instrumental in the initiation of this project. We extend our thanks to the D.C of Mysore District, Revenue section of Mysore District and Treasury staff of Mysore District and STEPS, Mysore. Our thanks also extends to all the members of different groups namely, Revenue staff, NGO's of Mysore District, Primary school teachers, health worker and Anganavadi workers because, without their support this extensive work would not have completed. It is our duty to extend our thanks to all the families of caregivers – which happens to be the largest group in our study who encouraged for this type of work. Our heartily thanks are due to Ms. R. Manjula, Clerk Cum Typist, Department of Clinical Psychology, AIISH.

Finally we thank all who directly or indirectly helps and encouraged us in carrying out this extensive survey project.

-000-

CONTENTS

LIST OF TABLES

LIST OF FIGURES

Page No.

Impact evaluation of government benefits and concession provided to persons with mental retardation belonging to Mysore district

ARF project report

Principal investigator: *Dr. G.Jayarama, Reader in Clinical Psychology*

Co-investigators: *Dr. Kalyan Kumar – Clinical Assistant, Mr. Raju, H.H. - Clinical Assistant, Dr.Purusotham.P – Research Assistant*

Research officer: *Mr. Prathap Kumar S*

ABSTRACT

Even before the law enforcement by RCI, PWD Act- 1995, the Government of Karnataka introduced a financial benefit scheme (monthly pension scheme) in the year 1979 under the Department of Women & Social Welfare, for the benefits of economically backward individuals with mental retardation and for the individuals with other disabilities such as Hearing impairment, Physical impairment, Visual impairment. Subsequently the Government orders were revised three times till date in which the eligibility for pension (IQ range) and monthly pension amount were enhanced. The All India Institute of Speech and Hearing, Mysore (AIISH) is one the recognised or authorised Institute for the issue of Certificates (functionaries) in order to avail the benefits by the Government of Karnataka. It is the fact that since the implementation of this pension scheme there was a scarce in scientific evaluation study under taken by the Government or the experts in the field. Hence, this study with the aim of exploring the impact of the scheme and study the effectiveness of the process was undertaken. The present study as an evaluation research followed the survey method. There was a component of tool development embedded in the design of this study. In the selection of samples a simple stratified sampling technique was used. The sample of study consisted of six categories (strata) from all the seven Tq. of Mysore Dist. namely, H.D Kote,T. Narasipura, NabjanaGud, Mysore, Hunasur, KR Nagara & Periyapattana. The six groups used for the study were Revenue staff, Staff of any one voluntary organization, Primary school Teachers, Primary health workers, Anganavadi workers (35 each) and the beneficiaries (70). Based on the descriptive statistics the results were analysed. The findings revealed that in terms of 3 components of the process namely, Context, Delivery and Access the entire group was not fully aware of the functionaries involved and their role in the implementation of the scheme and needed orientation. When compared between different functionaries AIISH was found to be less time consuming functionary and the present system **multiple window system** being practiced and takes maximum time for the completion of the process. The **impact evaluation revealed that** overall the quality of the life of the beneficiaries and their families were improved to some extent but there is an ample of scope and need for the betterment. Some suggestions were given by the group. With regards to the knowledge & attitudes about the scheme and Mental retardation, it was found that the majority of the group were having insufficient knowledge about the scheme and the Knowledge and attitude towards the mental retardation found to be satisfactory. The study gives certain recommendations such as introducing the single window system, and conducting series of orientation programs to the functionaries regarding the scheme and mental retardation. As the by-product the tools used in this study may be used elsewhere in such research studies in future**.**

Chapter- I

INTRODUCTION AND REVIEW

Mental retardation is defined as ‘a disability characterised by significant limitations both in intellectual functioning and adaptive behaviour as expressed in conceptual, social and practical adaptive skills and the disability originates before age of eighteen’ (AAMD, 2002). The ultimate aim of any rehabilitative programs about the **differentially able persons** is to improve their quality of life by enhancing their personal, familial, occupational, social and financial aspects of life. So, one way of improving the quality of the life of them is providing benefits and concessions in the form of financial benefits. The monthly pension scheme as introduced by Government of Karnataka is one such program. The prime intension of the scheme is providing a financial relief to the actual beneficiary and family of the concerned so that the major burden as non-productive member in the family will be ameliorated. If one examines the present scenario, the exploration of the processes involved and actual impact of this scheme is one of the most urgent and long felt needs. As a result of this, an effort for the other rehabilitative measures in the area of personal, social, educational and occupational areas can be concentrated and strengthen in a better way.

1.1 PENSION SCHEME

Even before the law enforcement by RCI, PWD Act- 1995, Government of Karnataka introduced a financial benefit scheme (monthly pension scheme) for the benefits of economically backward individuals with mental retardation and for the individuals with other disabilities such as Hearing impairment, Physical impairment, Visual impairment. The Government also stipulated the terms and conditions, the criteria’s, procedures and the authorization to issue the disability certificates to the needy eligible individuals.

This scheme was first introduced in the year 1979, surprisingly, under the **Department of Women & Social Welfare, Government of Karnataka.** Accordingly, under this scheme the eligible individuals were getting Rs. 75/month. Subsequently the Government orders were revised three times till date in which the eligibility for pension (IQ range) and monthly pension amount were enhanced. According to the latest Gazette order, all the individuals with an IQ below 70 are eligible for the financial benefits ranging from Rs. 400/month to Rs. 1000/month depending on the level of mental retardation.

The individuals with an IQ ranging 50-69 (Mild Grade Mental Retardation) is considered as having 50 % disability, individuals with an IQ range of 35 - 49 (Moderate grade of Mental retardation) is considered as having 75 % disability, individuals with 20-34 (Severe grade) and individuals & with below 20 IQ (Profound Grade) is considered as having 90 % disability. The persons with 50 % disability are eligible for Rs. 400/month and 75 % & 90 % are eligible for Rs. 1000/month. It should be noted that unlike in other disabilities the numerical values used in the estimation of the disability that is IQ to the person is indirectly proportional to read the disability. That means more the IQ value less the disability. Example: In case if the IQ is 65 his disability is 50 %. On the other hand if the IQ of a person is 35 his level of disability is 75%.

Following are the Gazette order references.

1. G. O. No. SWL 65PHP 79, Bangalore, dt. 17.10.1979 (Gazette notification Dt. 8.11.1979)
2. G. O. No. SWL 5PHP 84, Bangalore, Dt. 8.6.1988
3. G. O. No. SWL 29 PHP 92, Bangalore, Dt. 20.3.1993
4. No 16-18/97-NI.1, GOVERNMENT OF INDIA, Ministry of Social Justice & Empowerment, New Delhi, Dated 28th August 1998

The All India Institute of Speech and Hearing, Mysore (AIISH) is one the recognised or authorised Institute for the issue of Certificates in order to avail the benefits by the Government of Karnataka.

1.2 PROCEDURE FOR AVAILING THE BENEFITS

The procedure for availing the benefit is a laborious one.

a. The index client will be referred by any NGO/friends/neighbours/medical experts/self – help groups/anganawadi workers/health workers to AIISH.
b. The registered client will be psychologically evaluated and the level of mental retardation will be estimated.
c. After the evaluation if the client is found eligible a certificate will be issued by a Clinical Psychologist.
d. Next, the need to visit the concerned District Hospital and the certificate needs to be counter singed by a psychiatrist.
e. The client then needs to rush to revenue section of the concerned Tq.

f. An application form for obtaining the monthly pension which can be collected from the revenue section and the filled application by enclosing this medical certificate along with the income certificate obtained by village Panchayath/Nemmadi Kendra needs to be submitted.
g. With the repeated visits and follow ups an order will be issue by the concerned Tq. Tehsildar.
h. A joint bank account of the client needs to be opened and monthly pension will be sent to the account through Treasury.
i. In some cases through Post Office the money will be sent to the beneficiary directly.

The entire process approximately requires 6 months.

But in reality in every step the family members may require to take additional strains and stress due the role confusions/non defined additional procedures and practices. For example, the validity of the certificate is not spelled properly or the authorisation about the issue of the guardianship certificate in the event of death of both the parents is not clear. Thus, the extent and how about of the actual beneficiary utilises the scheme is not clear.

1.3 PENSION SCHEME AND AIISH

Ever since the introduction of this scheme, in the year 1979, the All India Institute of Speech and Hearing, Mysore is recognized as an authorized Institute to issue the Certificate for the eligible individuals with mental retardation in order to avail the monthly pension. The staff owing the degree of M. Phil in Clinical psychology (Clinical Psychologist) from a recognized institute & working in the Department of Clinical Psychology, AIISH, is authorized to issue such certificates. The format of the certificate is enclosed in the appendix. To put in a nutshell the certificate consists of two parts, namely Part-A and Part-B (Appendix- I). Part A needs to be filled and certified by psychiatrist of the concerned District Hospitals. Part B needs to be filled and certified by a Clinical Psychologist with signature and seal. Since the enhancement of the amount of monthly pension the number of individuals visiting to the institute has been drastically increased. The following table is showing the increase in the number beneficiaries since last 10 years in the institute. The statistics of the case were collected from the Annual report of concerned years from AIISH departmental annual report.

Further, it may be noted that the certificates are not only issued in the institute but also at the site of the medico-social camps conducted in the rural place of the state. Such camps are

organised by the Voluntary organisations, other socio cultural organisations like Rotary or Lions club.

Table 1: Showing the year wise statistics of certificate issued by the department of Clinical psychology, AIISH in the last 10 years.

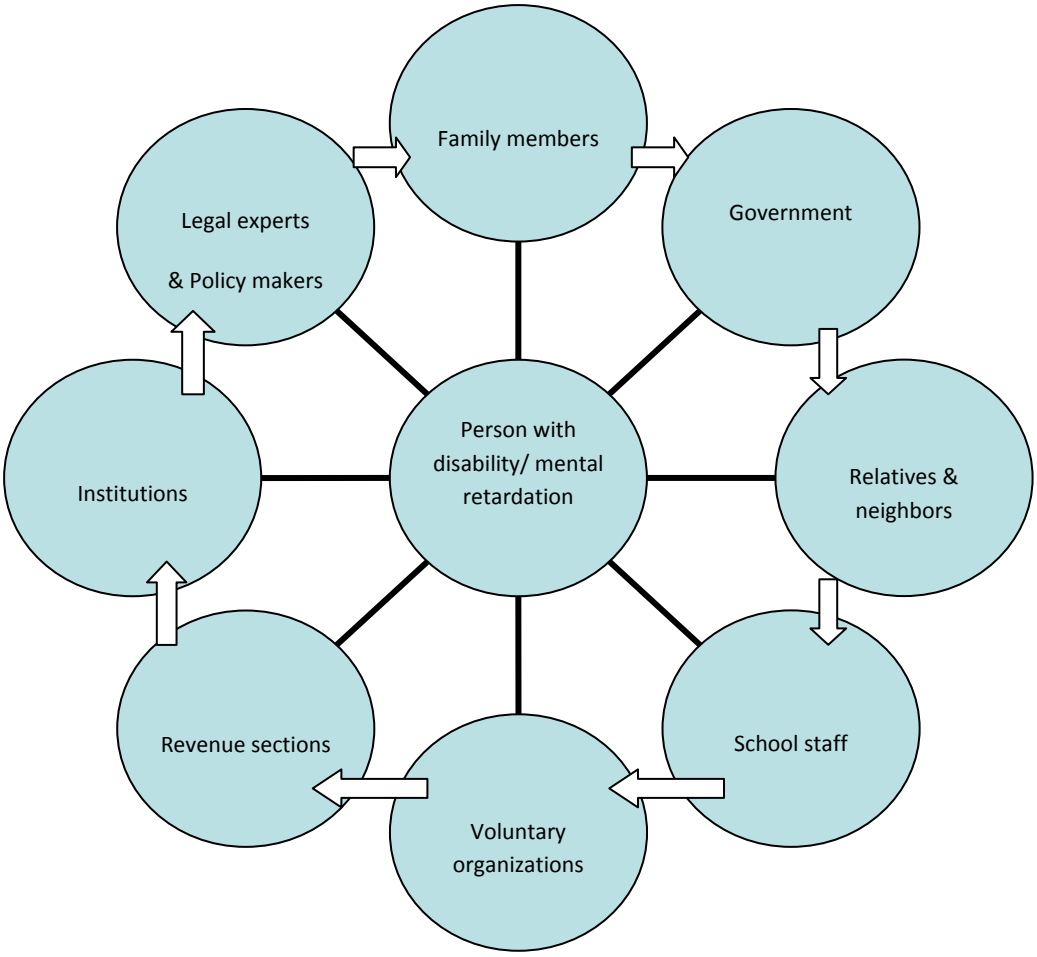
Sl. No.	Year	Number MR certificates issued from the department
1	2003-2004	756
2	2004-05	914
3	2005-06	568
4	2006-07	782
5	2007- 08	984
6	2008-09	1951
7	2009-10	2021
8	2010-11	1287
9	2011-12	669
10	2012-13	996

1.4 NET WORK SYSTEM

It is worth to explore the existing process and network of personal, familial, occupational, social and financial support system. The support system is controlled and processed with the coordination and cooperation of government and non government departments, organisations, agencies and individuals. Starting from the grass root level the complex net work in the operation of the system and the scheme is shown below.

The diagram given below in Figure 1, not only will give an idea about how and who are involved in the system until the benefit reaches the actual beneficiary and also how complex these different functionaries and societal support system is. But, how exactly and effectively these functionaries are operating is not clear. It may be noted that the role of each elements of the system is overlapping and not well defined. It is also not clear that the role of each categories of the system in the effective implementation of the scheme.

Figure 1: Showing the complex network system existing in the implementation of the Pension Scheme.



1.5 EVALUATION RESEARCH

Evaluation is recognized as a dynamic scheme for assessing the strengths and weaknesses of programs, policies, personnel, products and organizations to improve their effectiveness (American Evaluation Association, 2002- cf James, C., Mc. Daivid & Lura, R.L., Hawthorn(2005)).

Process evaluation describes and assesses program materials and activities. Outcome evaluation studies the immediate or direct effects of the program on participants. Impact evaluations look beyond the immediate results of policies, instruction or services to identify long term as well unintended program effects. Regardless of the kind of evaluation, all of them use qualitative as well as quantitative data collected in a systematic manner.

1.6 LITERATURE REVIEW

It is the fact that since the implementation of this pension scheme not any scientific evaluation study under taken by the Government or the experts in the field except one recent study entitled 'Case study on cost benefit analysis for Government sponsored pension scheme for persons with mental disabilities' (Venkatesan S, 2010). In this study a sample of 97 persons with various mental disabilities were studied. The various factors such as family background, socioeconomic status, details on their investment in terms of observable and measurable tangibles like time, effort, money or other allied resources as well as intangibles like felt stress, pain, burden, social stigma or appeasements they had to yield in their venture for securing certificates were studied along with the Cost Benefit analysis of the govt. sponsored financial scheme.

The results highlight the need as well as possibility for undertaking economic analysis of social service programs in disability sector. The various sub types of costs, their meaning, costing techniques, procedures for discounting and monetisation, calculation of simple return on investment, and implications of the evaluated cost benefit ratios derived from this study suggested the need for the improvement of the pension scheme for optimum benefit to the end users. But, the process evaluation in terms of the overall impact of the scheme yet to be explored.

It is surprising fact that apart from this one study cited above, not even a single comprehensive study were carried out by Government, Institutions, or other concerned organisations. Hence, there are hardly any additional studies to review in the area in this section.

1.7 PRESENT SCENARIO

The present day appears to be presumably better when compared to seventies, eighties or even nineties. We are living in best among worst. But, what extent the quality of life of individuals with disabilities and their family has improved? What extent we could reach this unreached group? What extent the benefits are reaching the beneficiaries or really it reaches? What extent the different sectors of the society work hard so that the benefits really, directly, effectively reach the beneficiaries? We hardly have any answers to these questions.

The role of the different authorities, experts supposed to be carried out and actually being carried out is confusing and unanswered. Reportedly the role of intermediate agencies and persons are interfering in the entire process and so, the scheme is not reaching the deserved person and family effectively.

As a result the actual beneficiaries are surfing with the unwanted and unnecessary costs. At every steps the actual struggle faced by the families are unaccounted. Their inner feelings, stress and strains are remaining as cry in the midst of the forest.

1.8 JUSTIFICATION OF STUDY AND STATEMENT OF PROBLEM

By keeping above issues, after issuing the certificate what happens to these individuals and their family is not clear. Hence, there was an urgent need for a scientific study of the effectiveness of this scheme in the society.

This study will be useful not only in identifying the actual role of different functionaries being operating but also the actual utilization of the benefits by the real beneficiaries. This study attempts to study the impact of the scheme.

The by-product of the study would be giving suitable recommendations for the speedy and effective implementation of the scheme across the other districts of the state. Since the study area is restricted to the Mysore district, the limitations and generalized recommendations based on the findings will help in the further effective implementation of the scheme across the districts. **The high light of this study is that it will be a scientific pioneer study in India, in the area of concessions and benefits to the individuals with mental retardation & conducted by the professional experts in the field and is a field study.**

1.9 AIM OF THE STUDY

The aim of the present study is to explore the impact of the scheme and study the effectiveness of the process.

1.10 OBJECTIVES

Following are the objectives of the study.

1. To study the impact of the scheme to the beneficiaries

2. To undertake a process evaluation of Monthly Pension Scheme introduced by Govt. Karnataka for the Persons with mental retardation (PWMR) belonging to Mysore District.

2. As by product to develop appropriate practical model and tools to enable such evaluations from time to time for such programs in other districts and across the states where such scheme is being implemented.

3. To study the knowledge based component of the attitudes (Cognitive component) of public and functionaries about the scheme and about mental retardation.

Chapter- 2

METHODOLOGY

2.1 RESEARCH DESIGN

This essentially is an **evaluation research.** The present study seeks to follow a survey method and exploratory in nature. There is a component of tool development embedded in the design of this study.

2.2 SAMPLE

In the selection of samples a **simple stratified sampling technique** was used. The sample of study was grouped into six categories (strata) from all the seven Tq. of Mysore Dist. The seven Tq. selected for survey was as follows.

1. H.D Kote
2. T. Narasipura
3. NabjanaGud
4. Mysore
5. Hunasur
6. KR Nagara
7. Periyapattana

The procedure used in the selection of the sample was purposive in nature. In general the selection subjects under each group were carried out randomly. The details of the groups were given below.

Group I - Revenue staff

The 5 revenue staffs were selected from each Tq. – total 35.

The revenue staff included Upper Division Clerk of Tq. office, Village accountant and concerned case worker of Tq. Office.

Group II - Staff of any one voluntary organization

There was 5 staff selected from each Tq. per each organization – total 35.

Group III –Primary school Teachers

The teachers were belonging to each Tq. and 5 teachers from each school – total- 35

Group IV –Primary health workers

The primary health workers were belonging to each Tq. and 5 health workers from each Tq. Total- 35

Group V – Anganavadi workers

The Anganavadi workers were belonging to each Tq. and 5 Angananawadi workers

from each Tq- Total – 35

The samples under group- I, II, III, IV & V were selected randomly.

Group VI - The beneficiaries

This happens to the large group consisting of 70 beneficiaries hailing from each Tq

Total - 490

The beneficiaries include father and mother (if both are alive) and guardians (if both are dead) of the persons with mental retardation. They are selected randomly from the pool of persons with Mental retardation who get the person (Treasury, Mysore).

2.3 TOOLS

The readymade, standardized tools that take into consideration the aims and objectives of the study are not available. Hence, in the context of the aims and objectives of this study proposal, the tools were prepared. The tools supposed to encompasses four inter-related but distinct components.

The following measuring instruments were prepared.

(a) Socio demographic data sheet for the beneficiary group
(b) Process evaluation tool
(c) Impact evaluation tool
(d) Knowledge & attitude assessment scale

2.3.1 Procedures in the preparation of the tools (English version)

The logic applied in the selection and preparation statements were-

- The items should be in the form of simple statement or question form
- The items were supposed to cover the important or core components under each section.
- Number of items under each section should be as minimum as possible because the extensive survey needed to be carried out in the available time frame.
- The selected items at least should possess the face validity.

(a) Socio demographic data sheet of the beneficiaries

This sheet was divided into two parts- Part A & part B. Part- A covers age, education, occupation, gender & address of the informant with whom interview was carried out and information collected. Part- B consists of residence(Stay in premises, levels of mental retardation, IQ, Name, Age, education & occupation of father, mother or guardian (If both are not alive) of the persons with mental retardation. This part also included Type of the family& total members in the family (Appendix- II).

(b) Process evaluation tool

Since the study is dealing with the process evaluations and impact evaluation of the said scheme following steps were followed in the preparation of the tools.

1. Initially a pool of 100 related items was prepared. This was done by keeping in mind that the items should cover or represent the three components of process evaluation namely, contest, delivery and accessibility.
2. Next, this pool was distributed to each of the investigator and asked to select most suitable items that depict the context, delivery and access component of the process evaluation.

3. The items with inter-rater consistency of more than 75% in each items were kept in the final tool.
4. By keeping in mind that the survey procedure which should cover large sample in the final step only 5 items under each component (Context, Delivery and Access Category) was selected randomly.

So, in total the process evaluation tool in its final form consisted of 15 items (Appendix – III).

The **context component** depicts the environment or the condition under which the process is taking place. It also mention who is all the functionaries involved in the implementation of the scheme.

The **delivery component** indicates the procedures, terms and conditions involved in the execution of the scheme.

The Access component reflects the way in which the process is taking place. It also depicts the cooperation of the functionaries, time taken to reach this scheme to the end user.

(c) Impact evaluation tool

The main purpose of this tool was to explore what extent the quality of the actual beneficiaries and their family improved after introducing this pension scheme. The tool also gives the provision to get their suggestions to know what exactly they need and so that the reasonable recommendations may be given to the concerned authority to further improve the efficacy of the scheme.

The similar procedure of tool construction as carried out in the construction of Process evaluation tool was followed in the preparation of this tool. The tool covers most critical five areas of life namely, Finance, Family, Social, Occupational and Personal life. In this study the quality of the life was measured based on this 5 components. Only most suitable items under each component were selected randomly from the final list of items.

The tool consists of two parts-

I. Quality of life of the actual beneficiaries and family
II. Any suggestions proposed to improve the quality of the life of the beneficiaries. Their suggestions were further classified under same five components-Finance, Family, Social, Occupational and Personal life.

So, in total this tool consisted of 10 items (two items under each component) in part- I and one section for suggestions in part II (Appendix-IV).

(d) Knowledge & attitude assessment scale

This tool was included in order to know the perception and knowledge of the group about the scheme and about the condition (mental retardation) by the entire group of support systems (Revenue staff, Anganawadi workers, Health worker, Teachers and NGO's staff) and also from the beneficiary group. The information obtained from this tool was aimed and utilised will be utilized in enhancing & creating the awareness in the support system as well as in the beneficiary group.

In the preparation of this tool, similar procedures were followed as in the preparation of above tools.

This tool consisted of two parts.

1. Knowledge or attitude of teacher/revenue staff/health workers/Anganwadi workers/NOG's staff/ family of beneficiaries towards pension scheme. The total items in this section was 5
2. Knowledge or attitude towards mental retardation. The total items in this section was 7 in number.

Thus, in total, this tool consisted of 12 items. (Appendix V)

2.3.2 Tools in Kannada language

It may be noted that the tool originally in English language was translated into kannada language also. This is because majority of the beneficiary group are not comfortable in English language. The procedure for this was as follows.

The original English version of the tools was handed over to the English and Kannada proficient two persons. The translated Kannada version was further retranslated into English by another two such experts. The correction if any was made and incorporated in the final Kannada version of tools.

2.3.3 PILOT STUDY

Before the finalization of the tools an attempt was made to administer the tools for two members of each group in order to see the appropriateness and also the nature of the response. Finally all the selections under each tool were retained and got ready for the main survey or data collection. The results of pilot study were not included in the main study.

2.4 PROCEDURE

The entire data collection was made with an extensive door to door survey. Data collection from each subject was done though the combination of interview and administering the tools. The address of the beneficiaries was collected from treasury office and clinical data bank of the department of clinical Psychology, AIISH. The route map of all the Tq. was collected from the dept. SIPET, Mysore. So, the door to door survey could be possible with great difficulty particularly in the rural places. The beneficiaries, either father or mother of the persons with mental retardation were interviewed and the entry was made in the research tools. In the event of the death of both the parents the guardian were interviewed. The entire process of data collection consisted of extensive travelling in the rural and remote places of seven Tq.s

2.5 COMPILATION AND ANALYSIS OF THE DATA

In order to make the data entry, statistical analysis and interpretationSPSS-16 software was utilized. Since, the project is of exploratory and pioneer study the maximum importance given for qualitative analysis of the data. Further, the information collected will remain as a base line and basis for further studies , the attempt was made not to delete any data collected. Since the nature of the data was nominal in nature only the descriptive statistical parameters such as percentage table and pictorial representations (Graphs) were made. This analysis of the data, findings and interpretation will be discussed in the next chapter.

Chapter- 3

RESULTS AND DISCUSSION

Since the study essentially is of exploratory & evaluation research type the results were presented & discussed in item wise descriptive form. More over the data collected were in nominal scale. The values presented under each table and figures were simple percentage values or frequency. The results of the study was presented and discussed in the following format.

3.1.0 Sample characteristics
3.1.1 Overall distribution of samples (Tq. & group wise)
3.1.2 Socio demographic data of beneficiaries
3.1.3 Details of persons with mental retardation (PWMR)
3.2.0 Main Survey Findings
3.2.1.0 Overall findings (Sample of all the Tqs. and groups combined)
3.2.1.1 Process evaluation
3.2.1.1.0. Context
3.2.1.1.1. Delivery
3.2.1.1.2. Access
3.2.1.2 Impact evaluation
3.2.1.2.0. Quality of life of the actual beneficiaries
3.2.1.2.1. Suggestions proposed to improve the quality of the life of the beneficiaries
3.2.1.3 Knowledge & Attitudes
3.2.1.3.0. Knowledge of teachers /revenue staff/Health workers/NGO's/Anganawadi Workers and family of the beneficiaries towards the pension scheme.
3.2.1.3.1 Knowledge & attitudes towards the mental retardation
3.2.2.0 Group wise findings
3.2.2.1 Process evaluation
3.2.2.1.0. Context
3.2.2.1.1. Delivery
3.2.2.1.2. Access

3.2.2.2 Impact evaluation

3.2.2.2.0. Quality of life of the actual beneficiaries

3.2.2.2.1. Suggestions proposed to improve the quality of the life of the beneficiaries

3.2.2.3 Knowledge & Attitudes

3.2.2.3.0. Knowledge of teachers /revenue staff/Health workers/NGO's/Anganawadi Workers/family of the beneficiaries towards the Pension Scheme

3.2.2.3.1. Knowledge and attitudes towards the mental retardation

3.3.0. Final discussion

3.1.0 SAMPLE CHARACTERISTICS

Under this section the details of number of subjects distributed in each group across the Tq.sis given first. The members in each group selected as a stratified group and their perception and knowledge is assumed to be not influenced significantly by the age. The educational background of the members & their occupation is already defined and hence, the socio-demographic data are not tabulated and explained for first five groups.

3.1.1 OVERALL DISTRIBUTION OF SAMPLES TQ. & GROUP WISE.

Table 2 explains this. A total number of 35 revenue staff (G1), 35 primary school teachers (G2), 35 Ngo's staff (G3), 35 Health workers (G4), 35 Anganavadiworkers (G5)and 490 beneficiaries (G6) were surveyed from all the 7 Tq.s. The reasons for this uneven number of sample selection were given below.

1. The first five groups are only the support system in the implementation of the scheme and hence the data collected from them will give the information about the role of these groups in the implementation of scheme and also their perception about the scheme. Hence, only small groups were selected.
2. The beneficiary group is the real end user and so from the larger group it is expected to depict the real scenario. The beneficiary group includes parents (Father- N= 438; Mother=36), Guardians (N=16) in the event of the death of both the parents and persons with mental retardation.

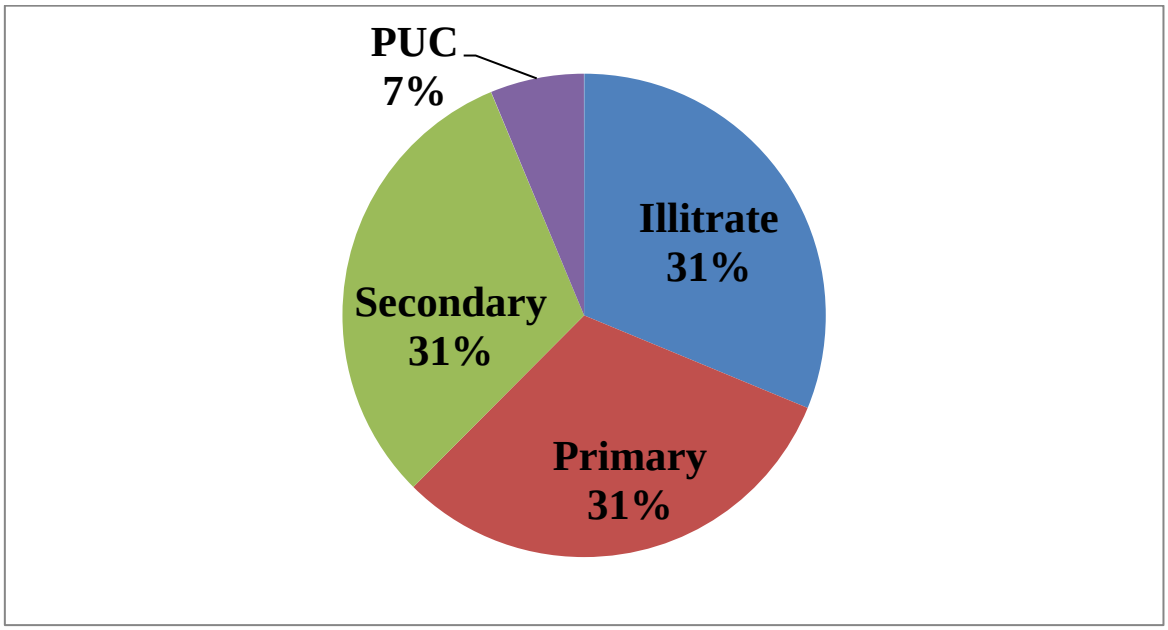
Table 2: Showing overall distribution of samples across Tq.s and groups

Sl. No.	Tq. Name	Number of subjects in each group						Total
		Revenue staff (G1)	Teachers (G2)	NGO's Staff (G3)	Heath workers (G4)	Anganavadi workers (G5)	Beneficiaries (G6)	
1	HD Kote	5	5	5	5	5	70	95
2	T. Narasipura	5	5	5	5	5	70	95
3	Nanjanagoud	5	5	5	5	5	70	95
4	Mysore	5	5	5	5	5	70	95
5	Hunsur	5	5	5	5	5	70	95
6	KR Nagar	5	5	5	5	5	70	95
7	Periapattana	5	5	5	5	5	70	95
Total		35	35	35	35	35	490	665

3.1.2. SOCIO DEMOGRAPHIC DATA OF THE CARE GIVERS

Since the socio-demographic data such as age, education and occupation of the first five groups are not relevant and much important in the study such details are tabulated and explained only of the caregivers group under the following headings. The beneficiaries group (G6) consisted of parents of the persons with mental retardation and guardians in the event of death of parents and PWMR. Hence separate data are provided to these sub groups namely father, mother and persons with mental retardation.

Figure 2: Showing the Education Levels of Fathers of Individuals with Mental Retardation (N= 438)



According the figure 2, the educational level of fathers did not extended beyond PUC (7%). The 31% were illiterate, 31 % completed primary education and only 31 % did secondary level of education. Thus, overall 93% of the fathers of beneficiary group were educationally completed secondary level of education. Since the actual implementation of the scheme partially depends on what extent they make use of the scheme which in turn depends on their level of education, the lower levels of education may influence on this matter. . Even though the information about their income levels were not collected during the survey it was found that majority of the beneficiary families are hailing from economically below poverty line.

Figure 3: shows the occupation and socio economic status of fathers of PWMR. The 81% were engaged themselves in doing cooli type of works. Only 13 % were agriculturist that too with small piece of lands and only 6 % were doing pretty busyness. These two set of soico-demographic data reveal that the scheme is actually reaching to the group of beneficiaries who are socio- economically at the lower strata of the society. But what extent it reaches will be explored in the later sections.

Figure 3: Showing the Occupation of Fathers of Individuals with Mental Retardation (N= 438)

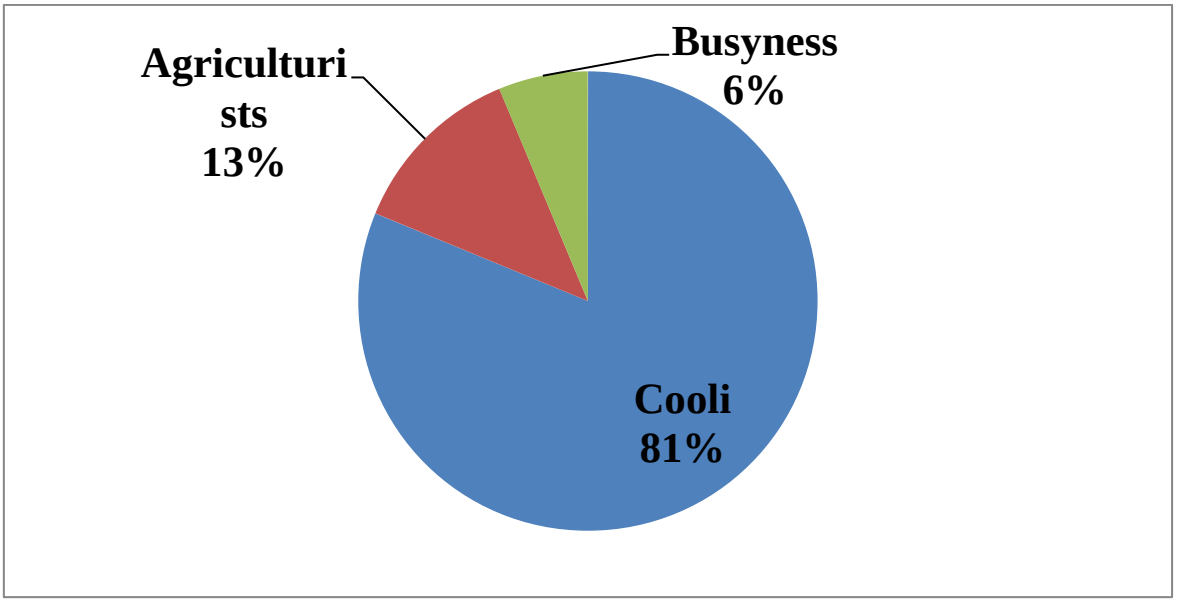


Figure 4: shows that in terms of their education, compared to fathers the percentage of illiteracy is more in mothers group (31% in fathers and 70 % in mothers) and 3 % were completed degree. Thus it shows that educationally the mothers are relatively backward than father of beneficiary group. This will also hint that if the responsibility of looking after the

persons with mental retardation of concerned family, it is advisable to assign the responsibility to fathers than to mothers.

Figure 4: Showing the Education Levels of Mothers of Individuals with Mental Retardation (N-36)

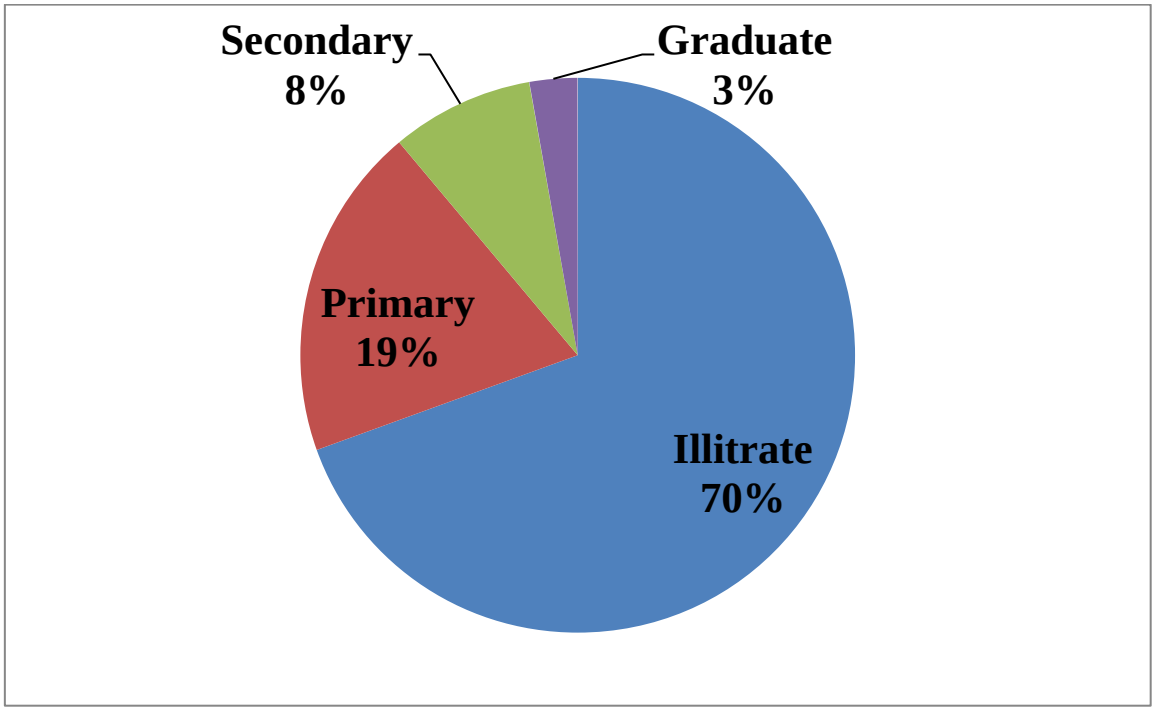
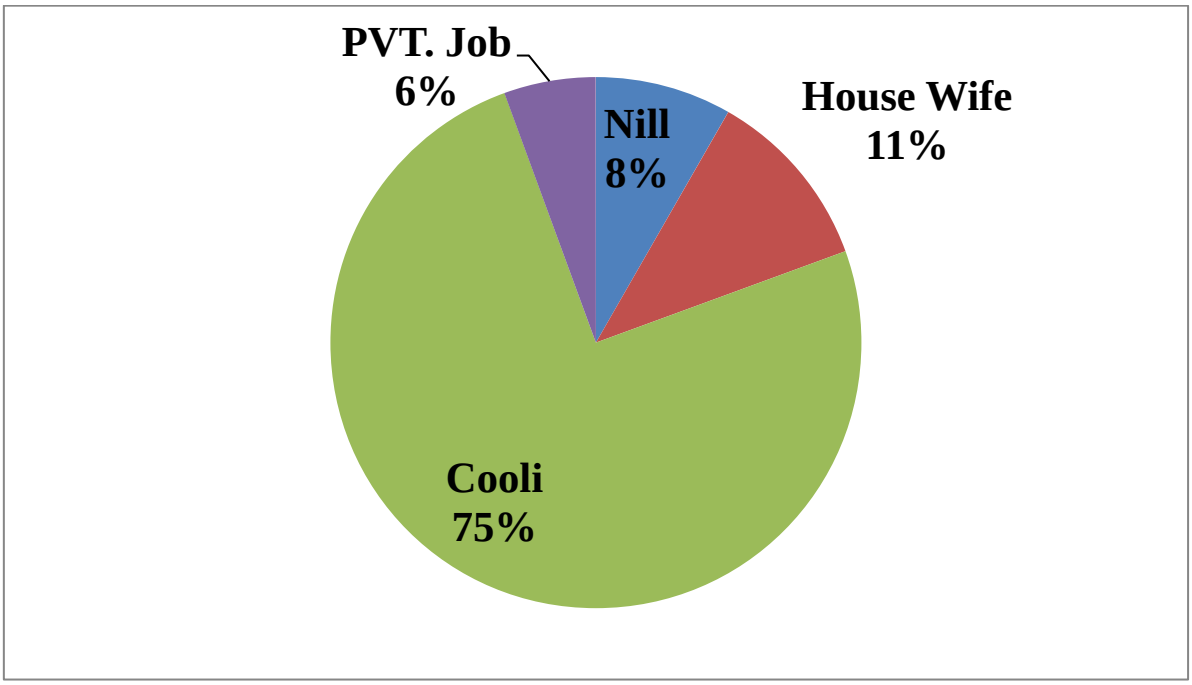
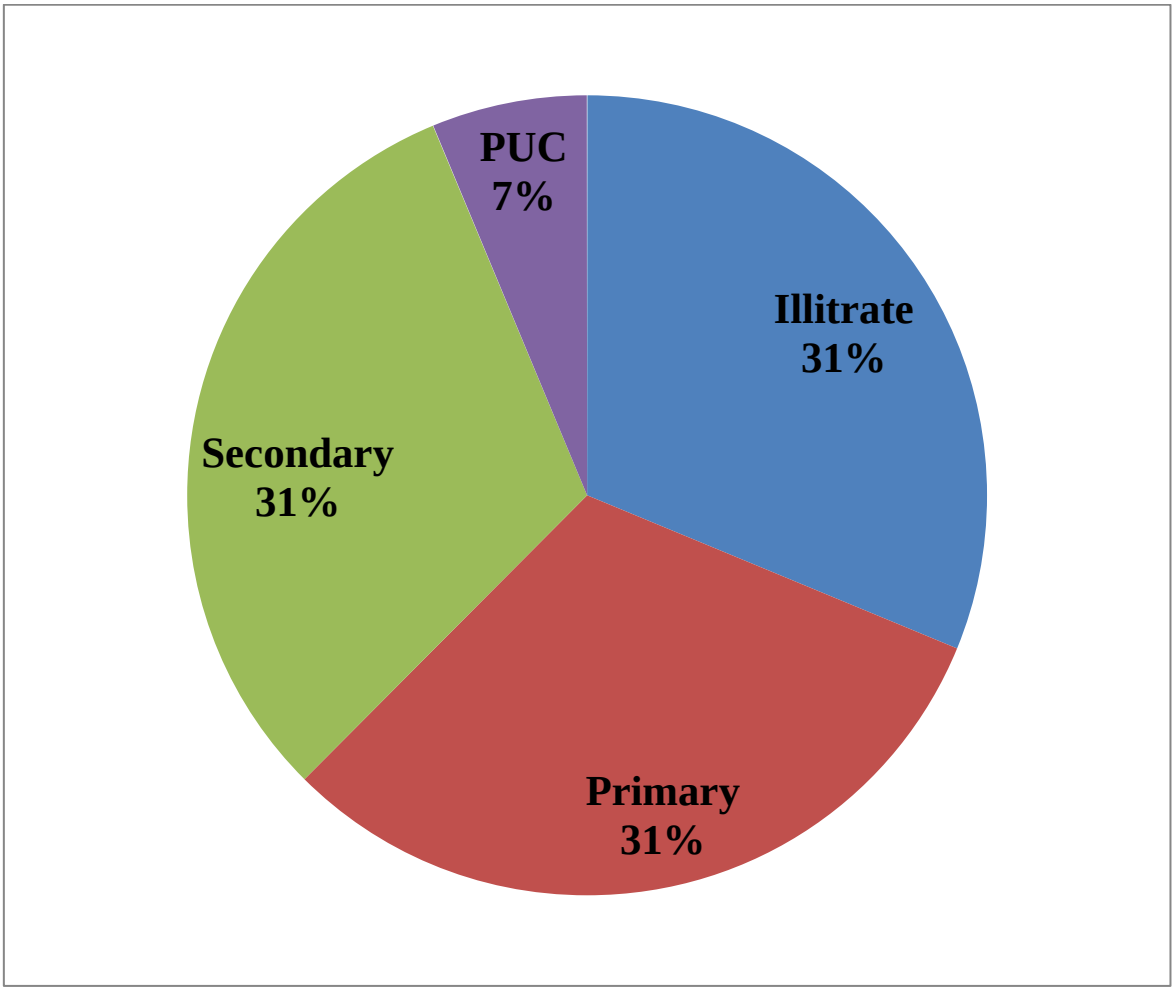


Figure 5: Showing the Occupation of Mothers of Individuals with Mental Retardation.



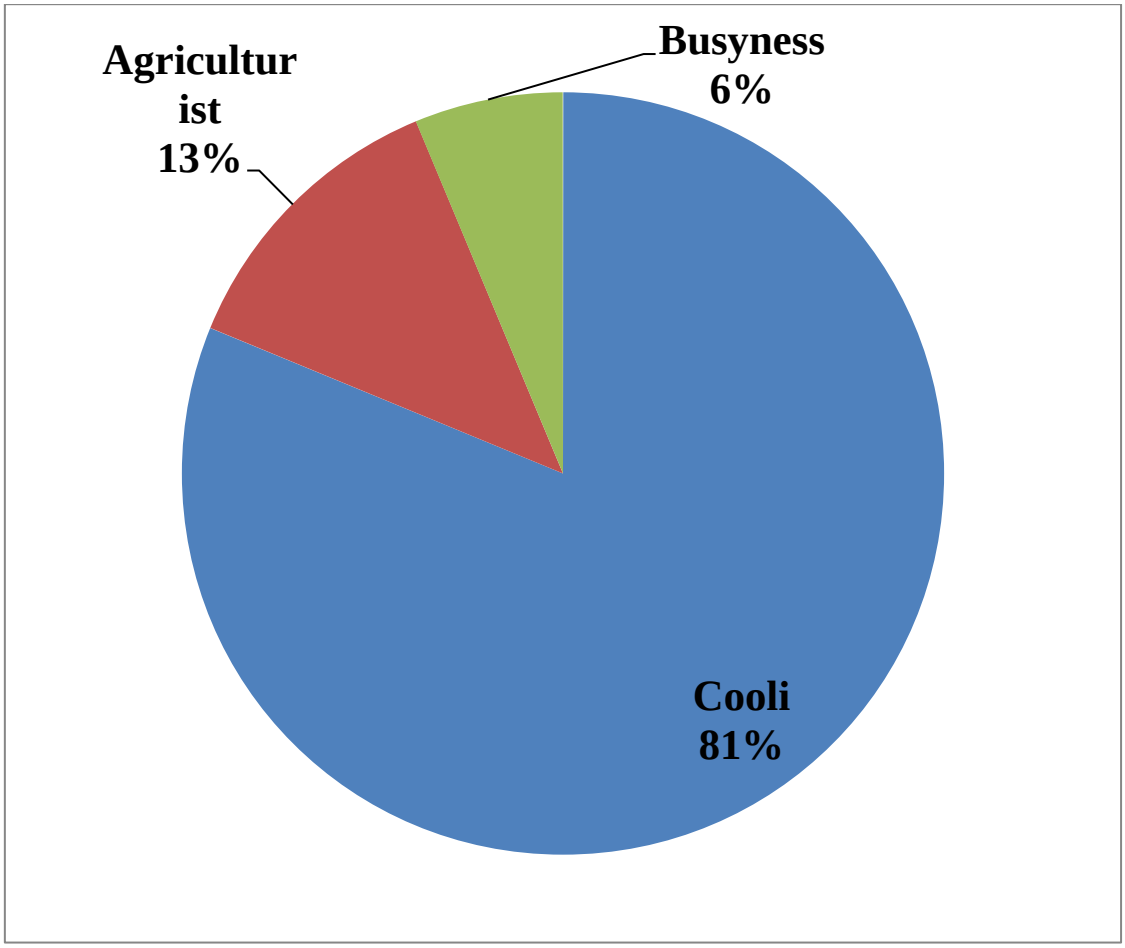
According to figure 5, the majority of the mothers were doing cooli works (75 %). Only 6 % were engaged in private jobs with a limited salary. Some of them were house wives (11 %) and 8% of mothers were not doing any occupation! Thus, the findings indicate that educationally and occupationally the parents of PWMR are backward.

Figure 6: Showing the Education Levels of Guardians of Individuals with Mental Retardation (N-16).



As per the figure 6, it is interesting to note that percentage of illiteracy among guardians are less (31%) when compared to father and mothers group. However, in terms of the overall educational level of guardians there were no much variations. The primary and secondary educations were achieved by 31 % of the group. The rest of the members in the group could complete PUC level of education (7%).

Figure 7: Showing the occupation of Guardians of Individuals with Mental Retardation (N- 16).



As per the figure 7, occupationally majority of these group members were cooli (81%), 13 % agriculturists and only a small section doing agro- based busyness. Surprisingly, in terms of education and occupation the fathers group and guardian group were identical.

Thus, the socio- demographic data of sub groups of beneficiaries shows that educationally and occupationally they are only at lower level of socio- economic status. **During the interview of the subjects it was expressed and suggested that in order to improve their quality of the life of the persons with mental retardation and their family the existing financial assistance needs to increase. This information is given while doing the impact evaluation of the scheme.**

3.1.3 DETAILS OF PERSONS WITH MENTAL RETARDATION

In addition to the above findings, the details such as type of residence, level of mental retardation of persons with mental retardation also collected &mentioned in this study. The

details are given below. This information further shows the living style and strategies adopted by the family to look after the persons with mental retardation.

The figure -8- indicates that 98 % of the PWMR and their families were having their own house for stay and only 2 % are staying away from home (residential set up). That means a small group of persons with mental retardation were admitted to residential special schools run by Government or NGO,s. Even though the type of house is not mentioned here the majority of the members were staying in a bare minimum.

Figure 8: Showing the Type of the Residence in Which the Persons with Mental Retardation Stays (N- 490)

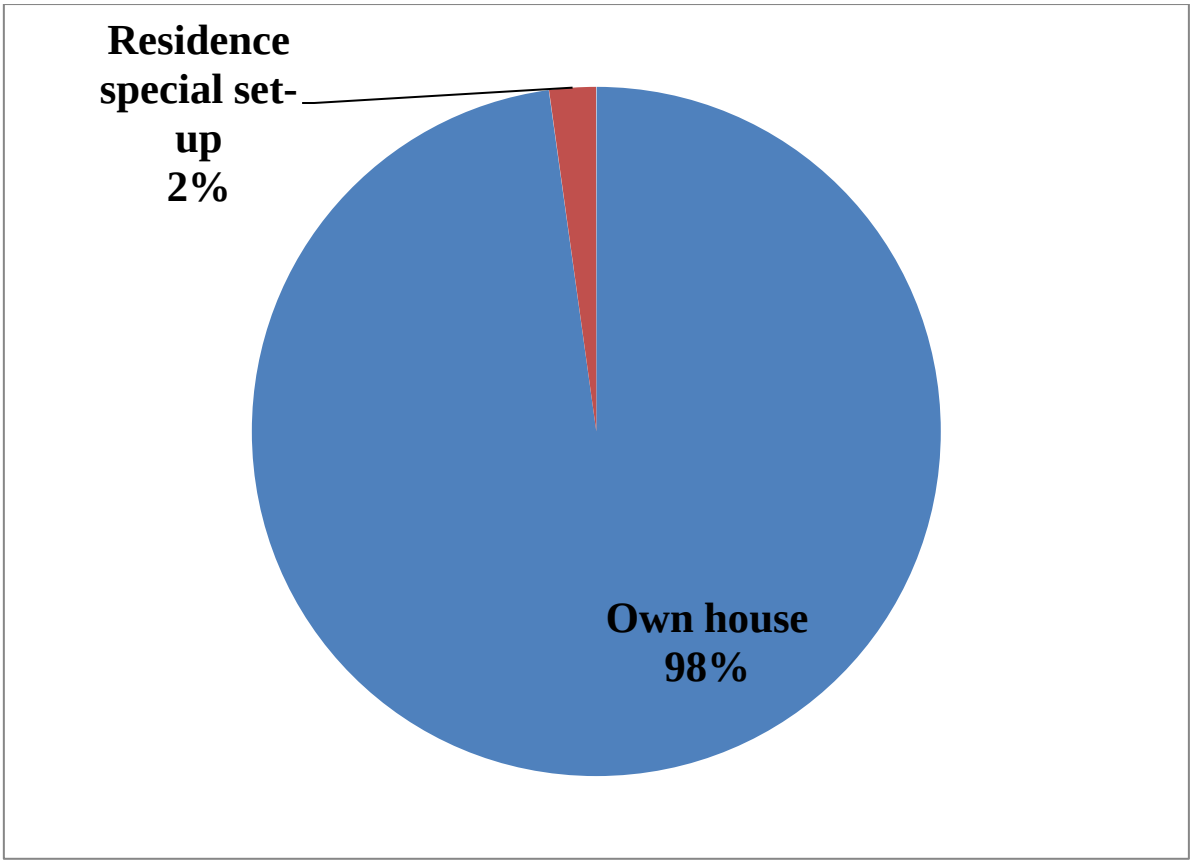
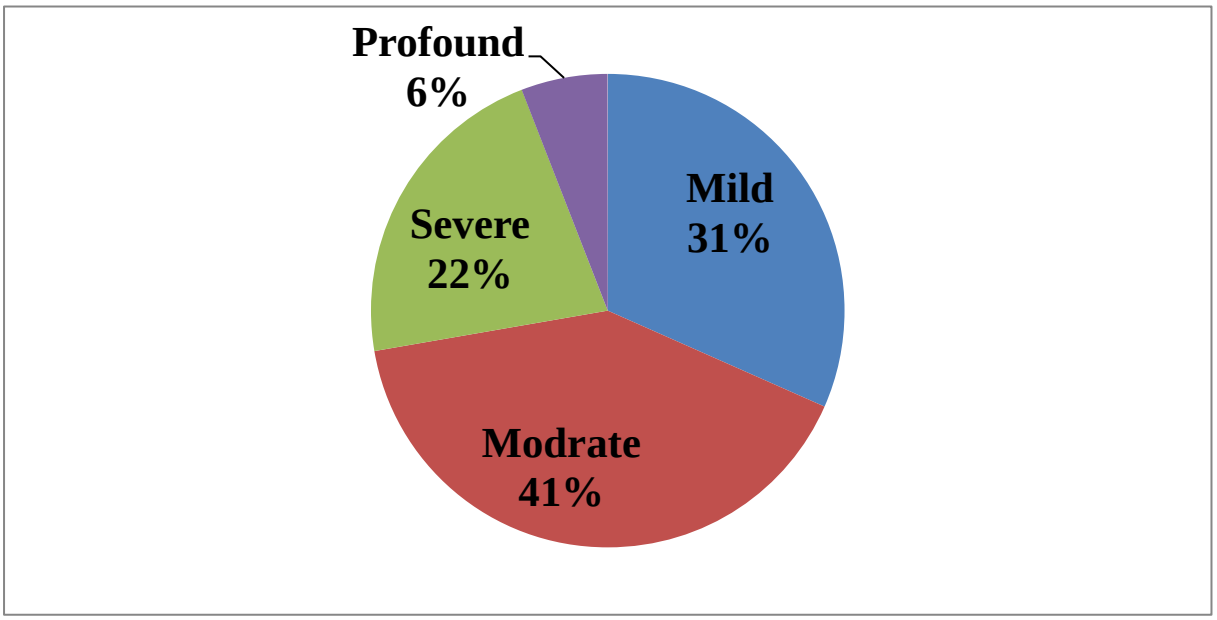


Figure 9: Showing the Level of Mental Retardation of the Persons with Mental Retardation (N- 490)



As per the figure 9, the 41 % of persons were at moderate grade mental retardation. The 31 % were at mild level, 22% at severe level and 6 % were at profound level of mental retardation. In short, the socio demographic analysis of the beneficiaries group indicates following.

One of the criteria to issue the monthly pension is low socio economic status (Families with Below Poverty line) as defined by the Govt. of Karnataka. The financial burden to look after such persons in the family along with the lower socio economic status is added with the levels of retardation in the effected persons. So, just providing the financial aids to the family may ameliorate the problems but is not the ultimate solution. Based on these finding following few suggestions can be made.

- **Home based training by the specially trained persons from the society such as anganavadi workers or school teachers and health workers.**
- **These support system needs to be empowered by providing special training about how to look after the persons with mental retardation at their natural home set- up is the most urgent need.**
- **The Government and departments need to take initiation in this regard.**
- **Short term training by the experts to the support system is most urgent need.**

3.2.0. MAIN SURVEY FINDINGS

Under this section the results and discussions of the findings of the main survey were presented. As it was mentioned elsewhere the findings are presented and discussed item wise. This will be discussed according to the following format for overall groups and for all the six groups separately. Conceptually the area covered in the study was given below.

a. Process evacuation
b. Impact evaluation of the scheme
c. Knowledge and attitudes

In the following sections, the findings on these three aspects (a, b and c) will be presented and discussed.. The findings and discussion will be done in two parts- **Overall Group findings and Group wise findings**. Further, it may be noted that the data of the survey will be presented in the form of percentages

3.2.1.0 OVERALL GROUP FINDINGS

Here the information given by entire group is presented in a tabular form. The each value is representing the answers for each questions or sub questions. The values are presented in terms of percentages. In order to go the better conceptualisation of the whole issues, the same tools as given in the appendix were utilised in the tabulation and discussion. The answers or information as given by the group are presented and entered in the answer Colum of the tools.

3.3.1.1 PROCESS EVALUATION

This section explains-

- What extent the scheme is implemented?
- What is the process involved in reaching the benefit to the end user?
- Who are all the functionaries involved in implementing the scheme?
- What are the modes of the delivery of the service provided?
- This describes how aspect of the service.
- The evaluation also deals with the issue of accessibility of the functionaries, services, and procedure being involved in the implementation to of the scheme.

The findings were given for each components of the process evaluation such as context, delivery and access separately.

3.2.1.1.0. CONTEXT

The able 3 represents the context component of the process evaluation. This provides the information that who are all involved in the implementation of the scheme from the introduction of the scheme till it reaches the end user.

- **Who is the actual beneficiary?**

Majority of the group members said that the PWMR and the family are the real beneficiaries (59.2% & 54.4 % respectively). At the same time few members included the school also under the beneficiary group (2.6%) and 1.2% of the members could not identify the beneficiaries. **This show that even though majority of the members could identify the actual beneficiaries the confusion still remains among few members. Thus, these groups need an orientation in this respect**.

- **The functionaries involved in the implementation of scheme and their role.**

According the survey findings the four functionaries and their role in the implementation of the scheme had been well defined (Table- 3). They were District Disabled Welfare Office (90.2%), Taluq Office (91.4%), All India Speech and Hearing (AIISH) (90.1%)and District Medical Board/KR Hospital (85.9%). But it is surprised to know that the role of **Department of Women & Social Welfare, Government of Karnataka.** which actually introduced the scheme was not recognised by only 11.15% of the group. Similarly, the role of central government which functions indirectly as a partial funding agency also not well recognised by the entire group (11.0%). Other functionaries such as Treasury (47.15), Village accountant/Revenue officer(32.2%), (Nemmadi Kendra/ NaadaKacheri(43.5%) & Village health workers(10.8%) who were all directly linked with implementation of the scheme also not much recognised by the group.

Thus, this finding reflects that there is lack of awareness about the role of all the related functionaries involved in the implementation of scheme as perceived by the overall survey group. These groups thus require awareness.

- **Who started first time this scheme?**

As per the survey findings the entire group were not aware of this information. Only 14.4% of the group said that it the **Department of Women & Social Welfare, Government of Karnataka.** Majority said that it is The Central Government (46.35%) which is not true.

- **When this program first implemented?**

Once again, only a small percentage of the group gave right answer. That means 14.9% of the group said the year of implementation of the program ie 1979. The majority of the group (70.1%) were not aware of this information. Further, with regard to the other states where such programs are in practice, the majority of the group were not aware of this information (63.9%).**In short, it is evident from the survey that the entire group are not fully aware of the functionaries' involved and their role in the implementation of the scheme.**

Table 3: showing the overall findings of all the groups about the information given on **Context component of the process evaluation**. The answers are depicted in the form of percentage value.

Sl. No.	Questions	% Value
1.	Who is the actual beneficiary?	
	a) Person with Mental Retardation	59.2
	b) Family	54.4
	c) School	2.6
	d) Don't know	1.2
2.	Please tick the functionaries involved in the implementation of this program?	
	a) District Disabled Welfare Office	90.2
	b) Taluq Office	91.4
	c) All India Speech and Hearing(AIISH)	90.1
	d) District Medical Board/KR Hospital	85.9
	e) Treasury	47.1
	f) Village accountant/Revenue officer	32.2
	g) Nemmadi Kendra/ NaadaKacheri	43.5
	h) Village health workers	10.8
	i) Department of Women and Child Development	11.1
	j) Central Government	11.0
3.	Who started first time this program?	
	a) Department of Women and Child Development	14.4
	b) Central Government	46.3
	c) Taluqoffice	12.5
	d) Can't say	26.8
4.	When this program first implemented?	
	a) 1979	14.9
	b) 1965	4.6
	c) 1988	10.4
	d) Can't say	70.1
5.	Name the other state who implemented this program?	
	a. Kerala	18.5
	b. Tamil Nadu	25.9
	c. Maharastra	8.6
	d. Not in other states	1.7
	e. Can't say	63.9

3.2.1.1.1. DELIVERY

This component of the process evaluation deals with the procedures involved and time required executing the scheme so that the benefit reaches the end users at the earliest. As per the findings seen on **Table 4** the procedure is lengthy one. The beneficiaries needs to consult and contact many set ups. This starts from the referral of the beneficiary to AIISH and continues through visit to District hospital (KR Hospital), District disability welfare office, Tq. Office, Treasury and finally either through Post office or Bank the benefit reaches to the end user. Thus, there is no single window procedure which is most warranted. The time required to reach the benefit to the end user form the initiation of process till the end varies from 3months to 6 months (43.8% of the group indicated less than 3months and 33.7% indicated less than 6 months. But rarely will it be completed within a month (As indicated by 9.8 % of the group) and it may prolong even one year (5.9% of the group indicated). Further 6.9% of the group were not sure about the time frame required in reaching the benefit to the end user. **When compared between different functionaries AIISH was found to be less time consuming functionary (88.6% 0f the group indicated this).** This will be followed by District Disabled Welfare Office (87.4% of the group indicated) and District Medical Board/KR Hospital (85.3% of the group indicated). The maximum time required as per the findings were at Taluq Office (66.7% of the group said less than 6 months) and Treasury (38.9% of the group indicated this).

Thus, in terms of the delivery of the service about this scheme multiple window system is being practiced and maximum time taken by Tq. Office and Treasury office. The single window system is the only solution for these complications for the speedy functioning of the scheme. In a study quoted earlier (Venkatesan S, 2010) similar findings and conclusions were made.

Table 4: showing the overall findings of all the groups about the information given on **delivery component** of the process evaluation. The answers are depicted in the form of percentage value.

6.	What are the procedures involved from the beginning till the benefit reaches to the actual beneficiary?					
	AIISH	KRH	Dist. Office	Tq. office	Treasury	Post office
	92.8	94.0	82.1	89.6	33.5	51.6
7.	How many amendments taken places so far at the Govt. & revenue level? Specify: (If possible give the detail of G.O. of other Govt./revenue orders) **None of the group members answered this question**					
8.	How much time is required from the beginning till the end of the procedure for the each beneficiary?					
	a) Less than one month					9.8
	b) Less than three month					43.8
	c) Less than 6 month					33.7
	d) One year					5.9
	e) Can't say					6.9
9.	How much time is required at each functionary level?					
	Sl. No.	Functionaries	Less than one month	Less than 3 months	Less than 6 months	One year	Can't say
	1.	District Disabled Welfare Office	87.4	6.6	1.1	1.1	3.8
	2.	Taluq Office	16.6	66.7	10.5	0.5	5.7
	3.	All India Speech and Hearing(AIISH)	88.6	4.5	0.3	1.4	5.2
	4.	District Medical Board/KR Hospital	85.3	6.9	2.0	0.8	5.0
	5.	Treasury	15.5	38.9	23.0	0.9	21.7
	6.	Village accountant/ Revenue officer	54.7	10.4	1.5	0.8	32.6
	7.	Nemmadi Kendra/ NaadaKacheri	69.5	8.0	0.9	1.1	20.5
	8.	Village health workers	19.2	3.3	0.5	0.6	76.4
	9.	Department of Women & Social Welfare, Government of Karnataka.	17.1	3.0	0.6	0.5	78.8
	10.	Central Government	17.4	4.8	3.8	0.6	73.4

3.2.1.1.2. ACCESS

This component of the process evaluation speaks about the quality of the service and the accessibility (able to be reached and or obtained) and approaches of the functionaries and procedures. This is depicted in the **table 5.** According to our survey findings the 53.87% of overall group indicates that the functionaries in total are friendly; 19.5% of the group indicated non-cooperation of the functionaries and 26.7% of the group could not answer or decide the accessibility of the functionaries.

The District Disabled Welfare Office and AIISH were found to be accessible as per the 79.7% and 72.5% of the group respectively. The 61.2% of the group recognised the District Medical Board/KR Hospital accessible. Whereas the group found it difficult to get accessed with Tq. Office and Treasury (29.6% and 22.9% of the group indicated this). It may be noted that the amount sanctioned by the department of Women & Child welfare, Government of Karnataka are less than their expectation.
This was expressed by 61.5% of the group.

Thus, in terms of the accessibility of the scheme and functionaries according to this survey two functionaries namely Tq. Office and Treasury were found to be less accessible whereas The District Disabled Welfare Office and AIISH were found to be more accessible. But the entire group felt that the monthly amount stationed to the beneficiaries are not to the level of expectation. However, how much expected was not mentioned.

Table 5: showing the overall findings of the all the groups combined about the information given on **access component** of the process evaluation. The answers are depicted in the form of percentage value.

11.	What extent the functionaries are co-operative in availing the benefits?					
	a) Friendly					53.8
	b) Not cooperative					19.5
	c) Can't say					26.7
12.	Who is the functionary with which the beneficiaries or family found easily accessible/not accessible?					
	Sl. No.	Functionaries	Easily accessible	Not easily accessible	Accessible to some extent	Can't say
	1.	District Disabled Welfare Office	79.7	4.1	11.2	5.0
	2.	Taluq Office	29.6	24.1	36.4	9.9
	3.	All India Speech and Hearing(AIISH)	72.5	7.5	13.7	6.3
	4.	District Medical Board/ KR Hospital	61.2	9.1	21.7	8.0
	5.	Treasury	22.9	22.9	29.8	24.4
	6.	Village accountant/Revenue officer	44.5	10.8	13.2	31.5
	7.	Nemmadi Kendra/ NaadaKacheri	57.7	6.0	15.5	20.8
	8.	Village health workers	50.2	3.8	3.2	42.8
	9.	Department of women and Child Development	39.7	2.9	3.0	54.4
	10.	Central Government	24.5	8.1	3.9	63.5
13	What is the procedure with which the beneficiaries/caregivers found accessible or not accessible					
	Sl. No.	Procedure	Easily accessible	Not easily accessible	Accessible to some extent	Can't say
	Not answered					
14	What do you think about the money spent by the caregivers to reach this benefit till the beneficiary?					
	a	Reasonable				26.3
	b	Less than the expectation				61.5
	c	Heavy				3.5
	d	Can't say				8.7
15	Any suggestions to improve the scheme					
	Context level :		No suggestions given			
	Delivery level :					
	Access level :					

3.2.1.2 IMPACT EVALUATION

The impact evaluation deals with the extent of the benefits actually reached to the end user. This is explaining essentially about the changes that took place in the life persons with mental retardation and their family in terms of their financial, familial, social, occupational and personal aspects of the life.

Impact evaluation was done in two parts. The first part deals with the quality of life of the actual beneficiaries and their family. This section also explores the extent of impact of this scheme in the various dimensions of the life of PWMR and their family. The second part attempted to get the suggestions or expectations of the group. That means apart from the exiting provisions and benefits this section explains the expectations of the group from this scheme.

3.2.1.2.0. QUALITY OF LIFE OF THE ACTUAL BENEFICIARIES

The table 6 indicates these aspects. The impact was seen in five areas/dimensions of the actual beneficiaries and their families namely, Finance, Family, Social, Occupational and Personal aspects.

Finance

According to 51.2% of the group the financial burden of the beneficiary & family reduced to some extent and 51.4% of the group said that the money received are utilised for the clothes and medicines (66.5% gave this answer) of the PWMR.

Family

The 59.8% of group mentioned improvement in the interaction between family members and 52.5% of the group of opinion that communication system between family members also improved following this benefit.

Social

According to 43.8% of the group the neighbour's attitude towards the family and beneficiaries and 48.7% of the group the support and attitudes of relatives towards the beneficiaries and family changed positively after availing this benefit.

Occupational

As per the 43.8% of the group the family and the concerned people had taken action for the improvement of daily leaving skills of actual beneficiary after receiving the pension. But 48.6% of the group said that no action was taken by the family for the vocational trainings and earnings of actual beneficiary (PWMR).

The personal life

The 57.0% of the group said that the health condition of the beneficiary is improved to some extent. With regards to the intellectual condition the group are not sure that what actually happened after the introduction of this scheme. Because 40.3% of the group said it did not improve but 39.7% of the group also said that the condition improved considerably.

Thus, with regards to the impact of the scheme overall opinion of the group is positive and overall the quality of the life of the beneficiaries and their families were improved to some extent. But there is an ample of scope and need for the betterment. The areas like occupational and personal life need to be attended more intensively. Occupational rehabilitation is the priority area to which action needs to be taken by NGO's and Government.

Table 6: showing the impact of the pension scheme on various dimensions of the life of PWMR and their family- over all findings. The values given in the table are percentages.

A-FINANCE

1. Financial burden of the beneficiary & family.

Reduced maximum	Reduced to some extent	Not reduced	Can't say
12.0	51.2	32.0	4.8

2. The pension money is used for

Clothes	Medicines	Any other (specify)	Can't say
51.4	66.5	41.2	7.7

B – FAMILY

3. Interaction between family members

Improved	Not improved	Became worst	Can't say
59.8	24.5	6.0	9.7

4. Communication system between family members

Improved	Not improved	Became worst	Can't say
52.5	31.9	7.2	8.4

C - SOCIAL

5. Neighbours attitude towards the family and beneficiaries

Changed positively	Changed negatively	Not changed	Can't say
43.8	15.0	31.1	10.1

6. Support and attitudes of relatives towards the beneficiaries and family

Changed positively	Changed negatively	Not changed	Can't say
48.7	11.9	24.5	14.9

D - OCCUPATIONAL

7. Action taken by the family for the improvement of daily leaving skills of actual beneficiary after receiving the pension

Taken	Not Taken	Taken a little extant	Can't say
42.0	13.5	37.6	6.9

8. Action taken by the family for the vocational trainings and earning of actual beneficiary

Taken	Not Taken	Not earning	Can't say
23.0	48.6	12.6	15.8

E – PERSONAL

9. What extent the health condition of the beneficiary is improved?

Improved considerably	Improved to some extent	Not improved	Can't say
26.0	57.0	13.4	3.6

10. Whether his intellectual condition improved?

Improved considerably	Not improved	Deteriorated	Can't say
39.8	40.3	5.7	14.2

3.2.1.2.1. SUGGESTIONS PROPOSED TO IMPROVE THE QUALITY OF THE LIFE OF THE BENEFICIARIES

The second part of the impact evaluation deals with the **suggestions given by the group**. The table 7 summarises these findings and table is self-explanatory. The suggestions given were as follows.

1. Increase the pension amount
2. Provide other benefits (scholarships, Job reservation etc.)
3. Give more emotional support to the family members.
4. Improvement of self-confidence, motivation of persons with mental retraction
5. Give training or orientation to the care givers
6. Treat them with the sense of equality & non discrimination
7. Encourage and support the work of PWMR
8. Encourage the family for social participation
9. Give occupational training
10. Ngo's should support
11. Encourage the PWMR for living as an independent and productive person
12. Provide proper diet/food
13. Encourage Skill training
14. Support and give training in the talents and aptitudes.

It is the right time to think and take the action in this regards by The Government,GO's and other groups. The proper coordination of these groups is essential in this regard.

Table 7: showing the suggestions given by entire group about to improve the quality of the life of the beneficiaries. The value given in the table are percentage of answers given for the concerned questions.

Areas	Suggestions	Percentage values
Financial	Increase the pension amount	55.6
	Provide other benefits (scholarships, Job reservation etc.)	51.0
	Don't know How to utilise the money	20.3
	Can't say	14.3
Familial	Expecting emotional support from the family members	37.4
	Improvement of self-confidence, motivation of persons with mental retraction	33.4
	Give training or orientation to the care givers	21.1
	Can't say	40.9
Social	Treat them with the sense of equality & non discrimination	36.8
	Encourage and support the work of PWMR	33.7
	Encourage the family for social participation	11.6
	Can't say	48.3
Occupational	Give occupational training	46.3
	Ngo's should support	45.4
	Living as an independent and productive person	12.6
	Can't say	40.9
Personal	Provide proper diet/food	25.6
	Skill training	35.0
	Support and training in the talents and aptitudes	29.9
	Can't say	43.8

3.2.1.3 KNOWLEDGE AND ATTITUDE

The knowledge and attitudes of the all six groups towards the scheme and mental retardation will be presented and discussed here.

This section deals with awareness about this scheme and about mental retardation by the group. The section is divided into two parts. First part is the awareness about the pension scheme & second part is about mental retardation. Here the awareness is described about the entre groups.

3.2.1.3.0 KNOWLEDGE AND ATTITUDE TOWARDS PENSION SCHEME

The table 7 summarises the findings. The majority of the group were not aware of the information about the introduction of the scheme. It was said by the group that the scheme started by central Government (58.5%). Because of the scheme was introduced by **Department of Women & Social Welfare, Government of Karnataka.** Further the group mentioned that the Financial, family and personal life of the beneficiaries improved considerably. But compared to other two areas namely Finance (55.0%) and Family (45.0 %) the Personal life (31.9%) was not improved much. The 74.9% of the group were aware the eligibility criteria for the availability of the pension. It is interesting to note that the majority of the group (66.8%) said that the major role taken in the implementation of the scheme is by Clinical psychologist (The functionary, responsible to issue the Certificate at AIIH)to issues . This will be followed by revenue staff (47.2% of the group) and District Disabled welfare office (46.6% of the group). According to the group (57%), the actual funding source for this scheme is Treasury. Even though it is partially true the original source is from Government of Karnataka.

Table 8: shows the attitude and knowledge of the entire group about the scheme. The values are given in percentages.

1. The pension scheme is introduced by

District Disabled welfare office	Taluq Office	Central Govt.	Can't say
12.9	12.0	58.3	16.8

2. The life style of the beneficiaries improved considerably after introducing this scheme in following areas.

Finance	Family	Personal Life	Can't say
55.0	45.9	31.9	8.3

3. The eligibility for availing Rs. 1000 monthly pension amount of is

Moderate Grade MR (75%)	Mild Grade MR (50%)	Borderline intelligence (25%)	Can't say
74.9	11.3	1.5	12.3

4. The main role taken in the implementation of this pension scheme is by

Revenue staff	Clinical Psychologist	District Disabled welfare office	Can't say
47.2	66.8	46.6	5.4

5. The actual funding source for this scheme is

District Hospitals	Treasury	District Disabled welfare office	Can't say
6.6	57.0	16.8	19.6

Table 9: shows the attitude and knowledge of the entire group about mental retardation. The values are given in percentages.

6. Consanguineous marriage is one of the cause of mental retardation

Agree	Partially agree	Don't agree	Can't say
52.3	29.8	8.7	9.2

7. If a child shows global delay in developmental milestones one can suspect the presence of mental Retardation

Agree	Partially agree	Don't agree	Can't say
59.2	29.6	4.7	6.5

8. Because of this "problem child" the family looses its social & family comforts.

Agree	Partially agree	Don't agree	Can't say
26.2	34.1	23.3	16.4

9. A person with mental retardation has equal rights in the family properties

Agree	Partially agree	Don't agree	Can't say
51.0	30.7	5.6	12.7

10. A person with mental retardation can be treated only with medicine

Agree	Partially agree	Don't agree	Can't say
8.6	38.2	42.0	11.2

11. A person with mental retardation can be improved by proper training

Agree	Partially agree	Don't agree	Can't say
53.5	33.1	8.1	5.3

12. Mental Retardation can be cured by marriage

Agree	Partially agree	Don't agree	Can't say
1.8	12.0	63.2	23.0

3.2.1.3.1. KNOWLEDGE AND ATTITUDE TOWARDS THE MENTAL RETARDATION

The table 9 represents the same. The 52.3% of the group agree that consanguineous marriage is one of the causes of mental retardation. The fact that if a child shows global delay in developmental milestones one can suspect the presence of mental retardation is agreed by 59.2% of the group. The most surprising finding is that the negative attitude towards mental retardation is not evident among the group. The 34.1% of the group only partially agree the statement 'Because of this problem child" the family loses its social & family comforts'. Further the group (51%) is well aware of the fact that a person with mental retardation has equal rights in the family properties. The medical approach towards the management of the PWMR was not accepted by the group. The 42% of group disagree the statement that 'a person with mental retardation can be treated only with medicine'. According to53.5 % of the group a person with mental retardation can be improved by proper training. The age old misconception that mental retardation can be cured by marriage was not accepted by 63.2% of the group.

Thus, in short, the knowledge and attitude of the group towards mental retardation were surprisingly positive. So, when the training programs are planned in future the curriculum or modules need to be stressed in the pension scheme with the topic on mental retardation.

3.2.2.0. GROUP WISE FINDINGS

It may be recalled that the study followed purposive or stratified sampling procedures. It is because, the groups selected for the study are closely related each other in the implementation of the scheme. The study hence expects that each group should have equal information related to the scheme and its implementation. However, based on the type of the data which was of in nominal sale, only descriptive statistics (Percentage) and simple trend analysis were carried out while comparing the groups. The sequence of data presentation and discussion will be similar as followed in the overall group presentations and discussions. In this section the findings are presented and discussed group wise.

List of groups-

G1- Revenue staff (N- 35)

G2- Primary school teachers (N-35)

G3- NGO's staff (N-35)

G4- Health workers (N-35)

G5- Anganawadi workers (N- 35)

G6- Beneficiaries – (N- 490)

3.2.1.1. PROCESS EVALUATION

Just like in the discussion section for overall group here also the three components of the process namely Context, Delivery and Access were compared and contrasted.

3.2.1.1.0 CONTEXT

As per the table 10, all most all the group could identify the actual beneficiaries namely PWMR & the concerned family (in each group more than 50 % gave this answer). But the group 5 (Anganawadi worker) had some confusion regarding the selection. For example: only 34.3% this group could recognise PWMR as the actual beneficiary. Rather, they had shown more favour towards the family of the affected (68.2%).

Regarding the functionaries involved in the implementation of this program except Group 2 – Anganavadi workers all other groups were congruent for the role of District Disabled Welfare Office, Taluq Office, All India Speech and Hearing (AIISH) and District Medical Board/KR Hospital. But surprisingly the role of **Department of Women & Social Welfare, Government of Karnataka.** which started the scheme, all the groups were least recognized its role. Further, all the groups were not awareof the information about the department which started this program. Except the revenue group (45%) other groups were not sufficiently aware of the year of the beginning of this scheme. All the groups are not aware whether such schemes implemented in other states or not. Surprisingly, the Revenue group and Anganavadi workers group were having least knowledge about this because the 51.4% of the revenue staff and 80% of Anganawadi workers were given can't say answers.

Thus, with regards to the context component of the process evaluation the groups were heterogeneous. The orientation in this regard for all the groups is essential.

Table 10: showing the group wise information collected in the **context component of the process evaluation** of the scheme. The value given in the table are percentage of answers given for the concerned questions.

Sl. No.	Items under context component	Percentage of answer given					
		G1	G2	G3	G4	G5	G6
1.	Who is the actual beneficiary?						
	a. Person with Mental Retardation	62.9	54.3	51.4	74.3	34.3	62.2
	b. Family	62.9	60.0	57.1	74.3	68.6	50.8
	c. School	5.7	11.4	5.7	2.9	2.9	1.4
	d. Don't know	2.9	3.1	2.9	2.9	2.9	.8
2.	Please tick the functionaries involved in the implementation of this program?						
	a. District Disabled Welfare Office	97.1	65.7	91.4	80.0	94.3	91.8
	b. Taluq Office	94.3	74.3	94.3	77.1	85.7	93.7
	c. All India Speech and Hearing(AIISH)	97.1	80.0	100.00	82.9	68.6	91.6
	d. District Medical Board/KR Hospital	97.1	74.3	91.4	77.1	68.6	87.3
	e. Treasury	77.1	37.1	71.4	40.0	17.1	46.5
	f. Village accountant/Revenue officer	60.0	25.7	42.9	25.7	14.3	31.6
	g. Nemmadi Kendra/ NaadaKacheri	68.6	25.7	48.6	25.7	37.1	44.1
	h. Village health workers	8.6	20.0	8.6	28.6	8.6	9.4
	i. Department of Women and Child Development	8.6	14.3	22.9	14.3	8.6	10.2
	j. Central Government	8.6	14.3	11.4	11.4	5.7	11.2
3.	Who started first time this program?						
	a. Department of Women & Social Welfare, Government of Karnataka.	5.7	17.1	6.8	11.4	5.7	16.7
	b. Central Government	68.6	65.7	80.0	60.0	57.1	39.2
	c. Taluq office	17.1	11.4	5.7	8.6	8.6	13.1
	d. Can't say	8.6	5.7	14.3	20.0	28.6	30.8
4.	When this program first implemented?						
	a. 1979	45.7	28.6	8.6	22.9	11.4	11.6
	b. 1965	2.9	8.6	2.9	8.6	2.9	4.7
	c. 1988	20.0	17.1	11.4	11.4	8.6	9.2
	d. Can't say	31.4	45.7	77.1	57.1	77.1	74.5
5.	Name the other state who implemented this program?						
	a. Kerala	28.6	40.0	45.7	37.1	11.4	13.5
	b. Tamil Nadu	37.1	62.9	51.4	60.0	17.1	18.8
	c. Maharastra	8.6	28.6	31.4	11.4	2.9	5.7
	d. Not in other states	2.9	2.8	11.4	1.5	5.9	1.2
	e. Can't say	51.4	20.0	25.7	31.4	80.0	71.8

G1- Revenue staff (N- 35); G2- Primary school teachers (N-35); G3- NGO's staff (N-35)

G4- Health workers (N-35); G5- Anganawadi workers (N- 35); G6- Beneficiaries – (N- 490)

3.2.1.1.1 DELIVERY

Table 11 & 12 explains this. According to the findings as seen in this table, in terms of the procedures involved from the beginning till the benefit reaches to the actual beneficiary all the groups are almost equally aware of the steps. But, it was mentioned elsewhere that multiple window approach needs to be changed into single window system which will likely to reduce the time, money (expenditure) and burdens in the beneficiary's point of view.

But none of the groups were aware of the fact that how many amendments taken places so far at the Govt. & revenue level. Even the Revenue staff were not aware this.

With regards to the time required from the beginning till the end of the procedure to reach the benefits to beneficiary, the findings from the beneficiary group will give the actual picture of the process. According to them the time required will range from 3 months to 6 months 38.9% and 39.9% of the group gave this answer. But these findings were contradictory with other groups. For example, according to revenue staff 88.6% of the group said that it will take less than 3 months.

When the delivery of the service across the functionaries was compared, the time required at each functionary level was found to be different. All the groups agreed that the three functionaries namely, District Disabled Welfare Office, All India Speech and Hearing (AIISH) and District Medical Board/KR Hospital could complete their work in less than one month. Here also none of the groups were aware of the functions of Department of Women & Social Welfare, Government of Karnataka**.** However, the Beneficiary group recognized (71%) the speedy functions in less than one month by Nemmadi Kendra/ NaadaKacheri.

Thus, with regards to the delivery component of the process evaluation is concerned in terms of the procedures involved and time required for the completion the process all the groups were homogeneous. However, single window system is recommended.

None of the groups were aware of the amendments taken in the scheme over the years.

Among the functionaries all the groups recognized the three functionaries namely District Disabled Welfare Office, All India Speech and Hearing (AIISH) and District Medical Board/KR Hospital for their speedy actions in the process.

Further, the beneficiary group exclusively recognized the role of another functionary namely Nemmadi Kendra/ NaadaKacheri for its speedy actions.

Table 11: showing the group wise information collected in the **delivery component of the process evaluation** of the scheme. The value given in the table are percentage of answers given for the concerned questions.

6.	What are the procedures involved from the beginning till the benefit reaches to the actual beneficiary?	G1	G2	G3	G4	G5	G6
	a. AIISH	97.1	88.6	97.1	88.6	65.7	94.7
	b. KRH	97.1	85.7	97.1	91.4	97.1	94.1
	c. District medical officer	97.1	45.7	91.4	68.6	65.7	85.6
	d. Tq. office	100.0	74.3	94.3	91.4	91.4	89.4
	e. Treasury	100.0	8.6	31.4	22.9	11.4	33.1
	f. Post office	91.4	25.7	51.4	48.6	42.9	51.4
7.	How many amendments taken places so far at the Govt. & revenue level? **Specify:** (If possible give the detail of G.O. of other Govt./revenue orders)						
	1988	Did not answer					
	1993						
	1988						
8.	How much time is required from the beginning till the end of the procedure for the each beneficiary?						
	Less than one month	11.4	22.9	28.6	14.3	5.7	7.3
	Less than three month	88.6	51.4	42.9	60.0	48.6	38.6
	Less than 6 month	nil	17.1	14.3	20.0	34.3	39.6
	One year	nil	5.7	8.6	5.7	2.9	6.3
	Can’t say	nil	2.9	5.7	?	8.6	8.3

G1- Revenue staff (N- 35); G2- Primary school teachers (N-35); G3- NGO’s staff (N-35)

G4- Health workers (N-35); G5- Anganawadi workers (N- 35); G6- Beneficiaries – (N- 490)

Table 12: showing the group wise information collected in the **delivery component of the evaluation** of the scheme. The value given in the table are in percentages.

9.	How much time is required at each functionary level?			G1	G2	G3	G4	G5	G6
	Sl.No.	Functionaries	Time period taken to complete the work						
	1	Dstrict Disabled Welfare Office	Less than one month	94.3	74.3	88.6	80.0	82.9	88.8
			Less than 3 months	0.0	8.6	11.4	8.6	5.7	6.5
			Less than 6 months	0.0	2.9	0.0	2.9	0.0	1.0
			One year	0.0	0.0	0.0	0.0	0.0	1.4
			Can't say	5.7	14.2	0.0	8.5	11.4	2.3
	2.	Taluq Office	Less than one month	25.7	22.9	14.3	11.4	8.6	16.7
			Less than 3 months	74.3	62.9	60.0	65.7	74.2	65.5
			Less than 6 months	0.0	2.9	5.7	8.6	8.6	12.4
			One year	0.0	0.0	0.0	0.0	0.0	0.6
			Can't say	0.0	11.3	17.0	11.4	8.6	4.3
	3.	All India Speech and Hearing(AIISH)	Less than one month	85.7	91.4	94.2	91.4	71.4	89.2
			Less than 3 months	2.9	5.7	2.9	0.0	0.0	5.3
			Less than 6 months	0.0	0.0	0.0	0.0	0.0	0.4
			One year	0.0	2.9	0.0	0.0	0.0	1.6
			Can't say	11.4	0.0	2.9	8.6	28.6	3.5
	4	District Medical Board/KR Hospital	Less than one month	97.1	80.0	94.2	85.7	85.7	84.1
			Less than 3 months	2.9	5.7	2.9	11.4	2.9	7.8
			Less than 6 months	0.0	2.9	0.0	0.0	0.0	2.2
			One year	0.0	0.0	0.0	0.0	0.0	1.0
			Can't say	0.0	11.4	2.9	2.9	11.4	4.9
	5	Treasury	Less than one month	57.2	17.1	8.4	5.7	17.1	13.5
			Less than 3 months	37.1	20.0	28.6	40.0	28.6	41.8
			Less than 6 months	0.0	28.6	11.4	31.4	22.9	24.5
			One year	0.0	2.9	2.9	0.0	0.0	0.8
			Can't say	5.7	31.4	45.7	22.9	31.4	19.4
	6	Village accountant / Revenue officer	Less than one month	88.6	51.4	45.7	62.9	65.7	51.8
			Less than 3 months	0.0	11.4	2.9	11.4	5.7	11.6
			Less than 6 months	0.0	8.6	0.0	0.0	0.0	1.4
			One year	5.7	0.0	0.0	0.0	0.0	0.6
			Can't say	5.7	28.6	51.4	25.7	28.6	33.6
	7.	Nemmadi Kendra/ NaadaKacheri	Less than one month	85.7	65.7	57.1	60.0	57.1	71.0
			Less than 3 months	0.0	11.4	0.0	5.7	8.6	8.6
			Less than 6 months	0.0	2.9	0.0	0.0	0.0	1.0
			One year	5.7	0.0	0.0	0.0	0.0	1.0
			Can't say	2.9	20.0	42.9	34.3	34.3	18.4
	8	Village health workers	Less than one month	8.6	22.9	2.9	37.1	11.4	20.2
			Less than 3 months	5.7	5.7	0.0	0.0	2.9	3.7
			Less than 6 months	0.0	0.0	0.0	0.0	0.0	0.4
			One year	0.0	0.0	0.0	0.0	0.0	0.8
			Can't say	85.7	71.4	97.1	62.9	87.7	74.9
	9	Dept. of women and Child Development	Less than one month	2.9	25.7	11.4	25.7	11.2	17.8
			Less than 3 months	2.9	2.9	0.0	8.6	2.9	3.1
			Less than 6 months	0.0	2.9	0.0	2.9	0.0	0.2
			One year	0.0	0.0	0.0	0.0	0.0	0.6
			Can't say	94.2	68.6	88.6	62.9	82.9	78.3
	10.	Central Government	Less than one month	11.4	11.4	14.3	20.0	14.3	18.6
			Less than 3 months	0.0	8.6	5.7	8.6	0.0	4.9
			Less than 6 months	0.0	2.9	5.7	5.7	0.0	3.9
			One year	2.9	2.9	0.0	2.9	0.0	0.6
			Can't say	85.7	74.2	74.3	62.9	85.7	72.0

G1- Revenue staff (N- 35); G2- Primary school teachers (N-35); G3- NGO's staff (N-35);G4- Health workers (N-35); G5- Anganawadi workers (N- 35); G6- Beneficiaries – (N- 490)

3.2.1.1.2 ACCESS

The table 13 & 14 explains the findings.

With regards to the cooperation and accessibility of the functionaries were concerned it has been found that except the revenue staff (94.3%) all other groups were not in favour of the co-operation and friendliness and accessibility of the functionaries. According to the beneficiary group, only 47% were in favour of accessibility of the functionaries whereas 27.7% said that the functionaries were not cooperative. It may be noted that the revenue group being one of the functionary themselves claimed their excellent accessibility. But the actual beneficiaries did not agree this. It is evident that the actual beneficiaries only the real judge of the accessibility of the functionaries.

About the procedures with which the beneficiaries/caregivers found accessible or not accessible none of the groups answered this question. Which indirectly hint that either they were not aware of the procedures involved or the role of the functionaries were not clearly understood.

How much money or investment the beneficiaries need to spend in order to avail the benefit? How much expenditure they need to incur in order to avail the benefit? Does the expenditure was heavy or more than expectations or reasonable?

The answers to these questions were given by different group's differently.

Only the revenue staff (65.7%) said that the money spent by beneficiaries to avail the benefit was reasonable. Whereas other groups including the beneficiary group said that the money spent is less than their expectations.

What do you think about the money spent by the caregivers to reach this benefit till the beneficiary? Only few percentage of other groups except the Revenue group said that the money spent is more than the expectation and heavy. In this section suggestions were invited. But none of the groups gave the suggestions. Further their overall suggestions were listed in the next section under Access component.

Who is the functionary with which the beneficiaries or family found easily accessible/not accessible? These questions were answered in the table 14. All most all the groups were identified the District Disabled Welfare Office, Taluq Office, All India Speech and Hearing (AIISH) and District Medical Board/KR Hospital, Village accountant/Revenue officer and

Nemmadi Kendra/ Naada Kacheri as easily accessible functionaries. The percentages of the opinions of the groups were ranging from 48.6% to 91.4%. Whereas the other functionaries such as Treasury, Dept. of women and Child Development and Central Government were found to be less accessible functionaries by all the groups.

Thus, in terms of accessibility component of the process evaluation District Disabled Welfare Office, Taluq Office, All India Speech and Hearing (AIISH) and District Medical Board/KR Hospital, Village accountant/Revenue officer and Nemmadi Kendra/ Naada Kacheri as easily accessible functionaries.

The Treasury, Department of Women & Social Welfare, Government of Karnataka. and Central Government were found to be less accessible functionaries by all the groups.

Overall, except the Revenue group, five groups were of opinion that the money spent or invested to avail the benefit is reasonable and less than their expectations. But, percentage said that the money spent is heavy.

Table 13: showing the group wise information collected in the **Access component of the evaluation** of the scheme. The value given in the table are in percentages.

11.	What extent the functionaries are co-operative in availing the benefits?						
		G1	G2	G3	G4	G5	G6
	Friendly	94.3	60.0	68.6	68.6	62.9	47.0
	Not cooperative	0.0	8.6	8.5	5.7	2.9	24.7
	Can't say	5.7	31.4	22.9	25.7	34.3	27.3
13	What is the procedure with which the beneficiaries/caregivers found accessible or not accessible						
	Easily accessible	Not given the answer					
	Not easily accessible						
	Accessible to some extent						
	Can't say						
14	What do you think about the money spent by the caregivers to reach this benefit till the beneficiary?						
	Reasonable	65.7	37.2	34.3	14.3	34.3	22.4
	Less than the expectation	14.3	51.4	51.4	65.7	65.7	65.7
	Heavy	0.0	5.7	2.9	5.7	0.0	3.7
	Can't say	20.0	5.7	11.4	14.3	0.0	8.2
15	Any suggestions to improve the scheme						
	Context level	Not given the answer					
	Delivery level						
	Access level						

G1- Revenue staff (N- 35); G2- Primary school teachers (N-35); G3- NGO's staff (N-35)

G4- Health workers (N-35); G5- Anganawadi workers (N- 35); G6- Beneficiaries – (N- 490)

Table 14: showing the group wise information collected in the **Access component of the evaluation** of the scheme. The value given in the table are in percentages.

12.	Who is the functionary with which the beneficiaries or family found easily accessible/not accessible?								
	Sl. No.	Functionaries		G1	G2	G3	G4	G5	G6
	1.	District Disabled Welfare Office	Easily accessible	80.0	68.6	80.0	71.4	88.6	80.4
			Not easily accessible	0.0	11.4	2.9	8.6	2.8	3.9
			Accessible to some extent	0.0	11.4	14.2	11.4	0.0	12.4
			Can't say	20.0	8.6	2.9	8.6	8.6	3.3
	2.	Taluq Office	Easily accessible	91.4	22.9	22.9	8.6	31.4	27.6
			Not easily accessible	8.6	8.6	25.7	22.9	14.3	26.9
			Accessible to some extent	0.0	45.7	40.0	57.1	40.0	36.3
			Can't say	0.0	22.8	11.4	11.4	14.3	9.3
	3	All India Speech and Hearing(AIISH)	Easily accessible	77.2	85.7	82.9	77.1	62.9	70.8
			Not easily accessible	11.4	0.0	5.7	5.7	5.7	8.2
			Accessible to some extent	0.0	14.3	5.7	8.6	11.4	15.7
			Can't say	11.4	0.0	5.7	8.6	20.0	5.3
	4	District Medical Board/ KR Hospital	Easily accessible	54.3	48.6	68.6	68.6	54.3	62.0
			Not easily accessible	5.7	8.5	8.6	5.7	2.9	10.2
			Accessible to some extent	14.3	20.0	17.1	17.1	28.6	22.4
			Can't say	25.7	22.9	5.7	8.6	14.2	5.4
	5	Treasury	Easily accessible	5.7	14.3	5.7	20.0	5.8	23.1
			Not easily accessible	5.7	40.0	37.1	28.6	11.4	22.2
			Accessible to some extent	20.0	14.3	22.9	25.7	31.4	32.2
			Can't say	8.6	31.4	34.3	25.7	51.4	22.5
	6	Village accountant/Revenue officer	Easily accessible	82.9	48.6	48.6	37.1	45.7	41.6
			Not easily accessible	8.6	5.7	5.7	5.7	8.6	12.2
			Accessible to some extent	0.0	5.7	14.3	31.4	17.1	13.1
			Can't say	8.5	40.0	31.4	25.7	28.6	33.1
	7	Nemmadi Kendra/ NaadaKacheri	Easily accessible	85.7	60.0	48.6	62.9	45.7	56.7
			Not easily accessible	5.7	2.9	5.7	17.1	5.7	6.7
			Accessible to some extent	0.0	2.9	14.3	0.0	17.1	17.8
			Can't say	8.6	34.2	31.4	20.0	31.5	18.8
	8	Village health workers	Easily accessible	31.4	62.9	48.6	71.4	68.6	47.6
			Not easily accessible	2.9	0.0	5.7	2.9	2.9	4.8
			Accessible to some extent	5.7	0.0	8.6	0.0	0.0	3.5
			Can't say	60.0	37.1	37.1	25.7	28.5	44.1
	9	Department of women and Child Development	Easily accessible	14.2	34.3	54.3	51.4	54.3	39.0
			Not easily accessible	2.9	2.9	0.0	2.9	0.0	3.1
			Accessible to some extent	2.9	8.6	0.0	5.7	0.0	2.7
			Can't say	80.0	54.2	45.7	40.0	45.7	55.2
	10	Central Government	Easily accessible	17.1	11.4	17.1	20.0	28.6	26.5
			Not easily accessible	2.9	14.2	2.9	5.7	0.0	9.2
			Accessible to some extent	0.0	5.7	11.4	5.7	2.9	3.5
			Can't say	80.0	65.7	68.6	68.6	68.5	60.8

G1- Revenue staff (N- 35); G2- Primary school teachers (N-35); G3- NGO's staff (N-35)

G4- Health workers (N-35); G5- Anganawadi workers (N- 35); G6- Beneficiaries – (N- 490)

3.2.2.2. IMPACT EVALUATION

Just like in the overall groups the impact evaluations were presented and discussed under five dimensions of the life. It is through these five dimensions that the quality of the life the beneficiaries was commented.

3.2.2.2.0 QUALITY OF LIFE OF THE ACTUAL BENEFICIARIES

This will be discussed with reference to Table 15.

Finance

With regard to the financial burden of the beneficiary & family was concerned all the groups expressed their opinion that it reduced to some extent. But 35.1% of the beneficiary group said that the burden did not reduce. The monthly pension received to the beneficiaries were utilised for the expenditure of medicine and clothes. But the revenue group (48.6%) and beneficiary group (44.7%) also mentioned that some portion of the money also spent for miscellaneous expenditure.

Family

The interaction between family members was improved as per all the groups including the beneficiary group. The opinions were ranging from 48.6% to 82.9% between the groups.

With regards to the Communication system between family members except the revenue group in which 48.5% of the group gave ‘can’t say’ answers all the other groups’ including the beneficiary groups agreed that the communication system had improved.

Social

The social impact was explored through neighbours attitude towards the family and beneficiaries and support and attitudes of relatives towards the beneficiaries and family.About the neighbours attitude towards the family all the three groups except Primary school teachers (G2), NGO’s staff and beneficiary group agreed that both were changed positively. Only the 34.1% of teacher group and 31.4% of NGO’s staff agreed this. Whereas the 30.4% of beneficiary group said that the attitude of the neighbours did not change much.

With regards to the support and attitudes of relatives towards the beneficiaries and family except NGO’s group (37.1%), the majority of the subjects of all other groups agreed that the support and attitudes of relatives changed positively.

Occupation

With respect to the action taken by the family for the improvement of daily leaving skills of PWMR after receiving the pension and action taken by the family for the vocational trainings and earning of actual beneficiary the answer given by all the groups were disappointing. According to them only very minimum actions were taken in this regards. Whereas according to the beneficiary group only 45.7% said that actions were taken in the improvement of daily leaving skills of actual beneficiary after receiving the pension.

Personal

With regards to the personal life two aspects were taken into consideration namely improvement in the health condition of the beneficiary and intellectual condition.

About the health condition all the groups agree that the condition of the PWMR improved to some extent. It may be noted that the max money was spent for the medicines of PWMR. But still the health conditions did not improve considerably. This indicates minimum health care provided by the family members towards the PWMR.

With regards to intellectual condition according to the beneficiary group (42%) it was not improved. A very small percentage of beneficiary groups (5.9%) also expressed that the intellectual condition deteriorated over the years.

This finding is very important. It shows that the scheme is not actually helping or enhancing to improve the personal and occupational area of the beneficiaries particularly in the life of PWMR. This is in fact the objective of the scheme.

Thus, in short, the impact of the scheme was positive in the financial, social and familial areas of beneficiaries. Where as in other two areas, namely occupational and personal life no much positive impact were evident. This is the opinion of all most all the groups.

It is evident that the concerned or related group's initiation and more involvement is necessary in this regard. More orientation programs or awareness programs, home based training, working for agro based rehabilitation and occupational trainings to the PWMR are the priority areas. The government, along with existing infrastructure of the society need to plan and execute such programs and activities.

Table 15: showing the **impact of the pension scheme** on various dimensions of the life of PWMR and their family- group wise findings. The values given in the table are percentages.

A- Finance						
1. Financial burden of the beneficiary & family.						
	G1	G2	G3	G4	G5	G6
Reduced maximum	22.9	8.6	5.7	5.7	2.9	13.2
Reduced to some extent	77.1	62.9	62.9	48.5	57.1	47.2
Not reduced	0.0	17.1	22.9	42.9	34.3	35.1
Can't say	0.0	11.4	8.5	2.9	5.7	4.5
2. The pension money is used for						
Clothes	31.4	37.1	51.4	62.9	80.0	51.0
Medicines	48.6	62.9	68.6	82.9	74.3	66.1
Any other (specify)	48.6	11.4	34.3	25.7	37.1	44.7
Can't say	20.0	22.9	22.9	8.6	2.9	4.9
B- Family						
3. Interaction between family members						
Improved	54.2	82.9	60.0	62.9	48.6	59.2
Not improved	2.9	5.7	14.3	20.0	45.7	26.9
Became worst	2.9	0.0	0.0	0.0	0.0	8.0
Can't say	40.0	11.4	25.7	17.1	5.7	5.9
4. Communication system between family members						
Improved	42.9	65.7	57.1	65.8	25.7	52.9
Not improved	5.7	11.4	22.9	17.1	62.9	37.6
Became worst	2.9	0.0	0.0	0.0	8.5	9.0
Can't say	48.5	22.9	20.0	17.1	2.9	3.5
C - SOCIAL						
5. Neighbours attitude towards the family and beneficiaries						
Changed positively	48.6	34.2	31.4	40.0	42.9	45.3
Changed negatively	2.9	20.0	8.6	11.4	17.1	16.1
Not changed	31.4	22.9	42.9	37.2	31.4	30.4
Can't say	17.1	22.9	17.1	11.4	8.6	8.2
6. Support and attitudes of relatives towards the beneficiaries and family						
Changed positively	42.9	45.8	37.1	60.0	45.7	49.6
Changed negatively	0.0	11.4	8.6	2.9	11.4	13.7
Not changed	22.8	17.1	25.7	22.9	22.9	25.3
Can't say	34.3	25.7	28.6	14.2	20.0	11.4
D - OCCUPATIONAL						
7. Action taken by the family for the improvement of daily leaving skills of actual beneficiary after receiving the pension						
Taken	22.9	31.4	42.9	40.0	25.7	45.7
Not Taken	14.3	2.9	5.7	2.9	28.5	14.1
Taken a little extant	45.7	57.1	40.0	40.0	42.9	34.9
Can't say	17.1	8.6	11.4	17.1	2.9	5.3
8. Action taken by the family for the vocational trainings and earning of actual beneficiary						
Taken	8.6	14.2	62.9	25.7	2.9	23.1
Not Taken	45.5	34.3	20.0	31.4	82.9	50.6
Not earning	5.9	8.6	0.0	22.9	0.0	14.7
Can't say	40.0	42.9	17.1	20.0	14.2	11.6
E - PERSONAL						
9. What extent the health condition of the beneficiary is improved?						
Improved considerably	5.7	11.4	20.0	11.4	14.2	30.8
Improved to same extent	77.1	71.4	74.2	74.3	82.9	50.2
Not improved	5.7	14.3	2.9	8.6	0.0	15.9
Can't say	11.5	2.9	2.9	5.7	2.9	3.1
10. Whether his intellectual condition improved?						
Improved considerably	17.1	42.9	48.6	45.7	22.9	41.5
Not improved	22.9	40.0	28.6	31.4	54.3	42.0
Deteriorated	8.6	2.9	0.0	2.9	11.4	5.9
Can't say	51.4	14.3	22.9	20.0	11.4	10.6

G1- Revenue staff (N- 35); G2- Primary school teachers (N-35); G3- NGO's staff (N-35); G4- Health workers (N-35); G5- Anganawadi workers (N- 35); G6- Beneficiaries – (N- 490)

3.2.2.2.1. SUGGESTIONS PROPOSED TO IMPROVE THE QUALITY OF THE LIFE OF THE BENEFICIARIES

This will be discussed based on the findings as seen in table 16.

Financial

The two suggestions namely increase the pension amount and Provide other benefits (scholarships, Job reservation etc.) were given unanimously by all the groups. The 62.9% revenue staffs were in favour of the second suggestion. Except the beneficiary group all other groups also said that the beneficiaries don't know how to utilise the money.

Family

All the groups were expecting emotional support from the family members and improvement of self-confidence, motivation of persons with mental retraction

Social

All the groups suggested for giving training or orientation to the care givers by treating them with the sense of equality & non discrimination, encouraging and supporting the work of PWMR and encouraging the family for social participation

It is interesting to note that beneficiary group (54.3%) not sure that socially what they want.

Occupational

All the groups suggested for giving occupational training to PWMR. Ngo's should support in this regard. It is surprising that none of the groups accepted that the objective of the occupational area is to make PWMR as an independent and productive person in the society. Once again the beneficiary group (47.6%) were not sure that what they want and occupationally what is their role and what should be the objective.

Personal

In this area suggestions given by different groups were heterogeneous.

All the groups except beneficiary group suggested providing proper diet/food to PWMR.

Only 18.4% of the beneficiary group suggested this. In fact 51.4% of the group could not give constructive suggestions. The small percentage of revenue group (5.7%) was in favour of giving skill training to PWMR. Except revenue groups (2.9%) other groups were in favour of supporting and training the talents & aptitudes of PWMR.

Table 16: showing the suggestions given by each groups regarding to the improvement of quality of the life of PWMR

Areas	Suggestions	Suggestions of the groups					
		G1	G2	G3	G4	G5	G6
Financial	Increase the pension amount	37.1	60.0	60.0	60.0	40.0	57.1
	Provide other benefits (scholarships, Job reservation etc.)	62.9	31.4	60.0	45.7	57.1	50.8
	Don't know How to utilise the money	25.7	20.0	37.1	25.7	25.7	18.0
	Can't say	11.3	17.1	5.7	5.7	14.3	15.5
Familial	Expecting emotional support from the family members	51.4	48.6	665.7	37.1	42.9	33.3
	Improvement of self-confidence, motivation of persons with mental retraction	34.3	28.6	60.0	34.3	60.0	29.8
	Give training or orientation to the care givers	28.6	31.4	42.9	37.1	28.6	16.5
	Can't say	25.7	20.0	14.3	22.9	17.1	48.4
Social	Treat them with the sense of equality & non discrimination	51.4	62.9	51.4	42.9	37.1	32.4
	Encourage and support the work of PWMR	45.7	51.4	57.1	37.1	34.3	29.6
	Encourage the family for social participation	5.7	8.6	25.7	28.6	14.3	9.8
	Can't say	31.4	25.7	17.1	37.1	45.7	54.3
Occupational	Give occupational training	74.3	57.1	82.9	48.6	45.7	40.8
	Ngo's should support	54.3	57.1	82.9	60.0	51.4	39.8
	Living as an independent and productive person	11.4	14.3	8.6	8.6	22.9	12.4
	Can't say	17.1	25.7	5.7	25.7	37.1	47.6
Personal	Provide proper diet/food	42.9	42.9	62.9	48.6	54.3	18.4
	Skill training	5.7	48.6	62.9	48.6	57.1	29.2
	Support and training in the talents &aptitudes	2.9	31.4	40.0	60.0	31.4	26.7
	Can't say	48.6	20.0	14.3	11.4	20.0	51.4

G1- Revenue staff (N- 35); G2- Primary school teachers (N-35); G3- NGO's staff (N-35); G4- Health workers (N-35); G5- Anganawadi workers (N- 35); G6- Beneficiaries – (N- 490)

Thus, the suggestions given by different groups were not similar. It indicates that the actual needs to the PWMR were not conceptualised reasonably and constructively by all most all the groups.

But, among the groups revenue groups and beneficiaries group were far behind in this way. However, the suggestions given by them in total needs to be considered by the Government and other related agencies and organisations and institutes.

3.2.2.3. KNOWLEDGE & ATTITUDES

Now this section is important in the sense that all the sex groups who are involved with implementation of the pension scheme is expected to have similar knowledge and attitudes regarding the scheme and also regarding the Mental retardation. Hence, here also the responses of different groups were presented and analysed with the same sequence as it was done in overall group discussions.

3.2.2.3.0. KNOWLEDGE OF TEACHERS /REVENUE STAFF/HEALTH WORKERS/NGO'S/ANGANAWADI WORKERS/FAMILY OF THE BENEFICIARIES TOWARDS THE PENSION SCHEME

This section is presented discussed based on the finding as seen in Table 17. The majority of the group were not aware of the information about the introduction of the scheme. Except the beneficiary group all other five groups said that the scheme started by central Government. The percentage of opinion ranges from 71.4% (Anganavadi workers) to 88.5% (Primary school teachers). Whereas, 50.4% of the beneficiary group gave this information. In fact 21% of the beneficiary group were not aware of this information. Further, 77.1% of revenue group gave this wrong information. The scheme was actually introduced by **Department of Women & Social Welfare, Government of Karnataka.** Further differences of opinion were observed among all the groups with regards to the improvement in the life style of the beneficiaries after introducing this scheme in financial, family and personal life of the beneficiaries. For example, according to Anganavadi workers (14.3% of the group) said in the personal life of the PWMR considerable improvement observed. In other words no munch improvements were seen according to this group. However, with regards to the financial and familial areas concerned all the groups observed improvement. Except the Anganavadi workers (48.65%) all the groups knew the eligibility criteria for availing Rs. 1000/- monthly pension amount. Interestingly in NGO's Group 100% of the members gave this answer.

The main role taken in the implementation of this pension scheme according to the entire group was Clinical Psychologist. This is the most unexpected answer. It is true that the issue of the certificate for obtaining the benefit is the base for the availability of the pension or benefits. Generally it is understood that the certificate can be issued even by any Psychologist. All the groups gave the opinion that the Treasury if the funding source even though it s not fully correct. It is because, originally the funding needs to sanction in the annual budget every year by the State Government.

Table 17: showing the knowledge and attitudes of the groups towards the pension scheme. The values against each item are in percentages.

1. The pension scheme is introduced by						
Types of answers given	G1	G2	G3	G4	G5	G6
District Disabled welfare office	8.6	2.9	5.7	2.9	5.7	15.7
Taluq Office	14.3	5.7	2.9	11.4	14.3	12.9
Central Govt.	77.1	88.5	85.7	80.0	71.4	50.4
Can't say	0.0	2.9	5.7	5.7	8.6	21.0
2. The life style of the beneficiaries improved considerably after introducing this scheme in following areas.						
Finance	57.1	45.7	68.6	57.1	62.9	53.9
Family	62.9	57.1	68.6	62.9	60.0	40.0
Personal Life	28.6	28.6	31.4	20.0	14.3	34.5
Can't say	8.6	5.7	5.7	5.7	4.8	9.4
3. The eligibility for availing Rs. 1000 monthly pension amount of is						
Moderate Grade MR (75%)	97.1	71.4	100.0	74.3	48.6	73.7
Mild Grade MR (50%)	2.9	14.3	0.0	14.3	22.9	11.6
Borderline intelligence (25%)	0.0	8.6	0.0	0.0	0.0	1.4
Can't say	0.0	5.7	0.0	11.4	28.6	13.3
4. The main role taken in the implementation of this pension scheme is by						
Revenue staff	91.4	51.4	57.1	62.9	37.1	42.7
Clinical Psychologist	85.7	68.6	97.1	80.0	51.4	63.3
District Disabled welfare office	60.0	62.9	68.6	57.15	71.4	40.4
Can't say	5.7	5.7	2.9	5.7	2.9	5.7
5. The actual funding source for this scheme is						
District Hospitals	8.6	8.6	5.7	8.6	0.0	6.7
Treasury	91.4	68.5	85.7	65.7	71.4	50.0
District Disabled welfare office	0.0	20.0	5.7	11.4	8.6	19.6
Can't say	0.0	2.9	2.9	14.3	20.0	22.9

G1- Revenue staff (N- 35); G2- Primary school teachers (N-35); G3- NGO's staff (N-35); G4- Health workers (N-35); G5- Anganawadi workers (N- 35); G6- Beneficiaries – (N- 490)

3.2.2.3.1. KNOWLEDGE AND ATTITUDES TOWARDS THE MENTAL RETARDATION

Table 18: showing the knowledge & attitudes of the groups towards the mental Retardation. The values against each item are in percentages.

6. Consanguineous marriage is one of the cause of mental retardation						
Types of answers given	**G1**	**G2**	**G3**	**G4**	**G5**	**G6**
Agree	71.4	71.4	88.6	42.9	54.3	46.3
Partially agree	20.0	28.6	8.5	25.7	42.9	30.8
Don't agree	2.9	0.0	0.0	17.1	2.9	11.0
Can't say	5.7	0.0	2.9	14.3	0.0	11.9
7. If a child shows global delay in developmental milestones one can suspect the presence of mental Retardation						
Agree	54.2	65.7	85.5	80.0	74.2	54.5
Partially agree	40.0	28.6	5.7	17.1	22.9	32.0
Don't agree	2.9	5.7	2.9	0.0	2.9	5.9
Can't say	2.9	0.0	5.9	2.9	0.0	7.6
8. Because of this "problem child" the family loses its social & family comforts.						
Agree	28.6	22.9	14.3	42.9	20.0	26.3
Partially agree	20.0	42.9	37.1	25.7	28.6	35.3
Don't agree	31.4	17.1	42.9	17.1	25.7	22.5
Can't say	20.0	17.1	5.7	14.3	25.7	15.9
9. A person with mental retardation has equal rights in the family properties						
Agree	48.6	80.0	68.6	51.4	40.0	48.6
Partially agree	45.7	11.4	25.6	37.1	48.6	29.6
Don't agree	5.7	2.9	2.9	0.0	2.9	6.5
Can't say	0.0	5.7	2.9	11.5	8.5	15.3
10. A person with mental retardation can be treated only with medicine						
Agree	5.7	45.7	40.0	11.4	0.0	10.5
Partially agree	62.9	48.6	60.0	54.3	68.6	32.5
Don't agree	22.9	5.7	0.0	22.9	25.7	44.1
Can't say	8.5	0.0	0.0	11.4	5.7	12.9
11. A person with mental retardation can be improved by proper training						
Agree	62.9	74.3	97.1	77.1	65.7	45.7
Partially agree	37.1	25.7	2.9	22.9	34.3	36.4
Don't agree	0.0	0.0	0.0	0.0	0.0	11.0
Can't say	0.0	0.0	0.0	0.0	0.0	6.9
12. Mental Retardation can be cured by marriage						
Agree	20.0	0.0	5.7	0.0	2.9	2.2
Partially agree	62.9	28.6	65.7	20.0	8.6	10.2
Don't agree	17.1	57.1	28.6	71.4	68.6	62.7
Can't say	0.0	14.3	0.0	8.6	20.0	24.9

G1- Revenue staff (N- 35); G2- Primary school teachers (N-35); G3- NGO's staff (N-35); G4- Health workers (N-35); G5- Anganawadi workers (N- 35); G6- Beneficiaries – (N- 490)

According to table 18, the Revenue group 91.4%), Primary school teachers (88.6%), NGO's group (88.6%) agreed that consanguineous marriage is one of the causes of mental retardation. Other groups, especially the health workers (42.9%) not much aware of this just like in case of Beneficiary groups (46.3%). Among the groups the NGO's group (88.6%) could identify the presence of mental retardation if a child shows global delay in developmental milestones. It could lest identified by the beneficiary groups (54.5%).

In short, the NGO's group showing more knowledge & more positive attitudes towards mental retardation among the groups towards the mental Retardation and beneficiary groups were having least knowledge and less positive attitude and the beneficiary group were more medically oriented than other groups.

Chapter- 4

CONCLUSION AND SUGGESTIONS

4.1. CONCUSIONS

1. This is essentially an evaluation research which included an extensive stratified sample survey of 665 subjects of different groups. The groups consisted of 35 Revenue staff (G1), 35 Primary school teachers (G2), 35 NGO's staff (G3), 35 Health workers (G4), 35 Anganavadiworkers (G5) and 490 beneficiaries (G6) from all the 7 Tq.s. The seven Tqs. were – H.D. Kote, Nanjanagud, T. Narasipura, Mysore, KR Nagara, Hunsur and Periyapattana – all belonging to Mysore District. This is the pioneer study which is of comprehensive, extensive with the involvement of professionals.
2. The project was carried out to explore the process evaluation, impact evaluation and the study of knowledge and attitudes towards the Monthly Pension Scheme introduced by Department of Women & Social Welfare, Government of Karnataka.
3. Following four tools all investigators made were used in the study.
   a. Socio- demographic data sheet
   b. Process evaluation tool
   c. Impact evaluation tool
   d. Knowledge & Attitude Scale
4. Since the study was exploratory in nature and data collected were in Nominal scale, the collected data were statistically analysed with frequencies, percentages and Department of Women & Social Welfare, Government of Karnataka trend analysis.

The findings could be summarised and concluded as follows.

4.1.1 OVER ALL GROUP FINDINGS

4.1.1.0 Socio- demographic analysis

1. Social demographically the beneficiary group (only for beneficiary group) revealed that the group was educationally and occupationally hails from lower level of socio- economic status.

2. The financial burden to look after PWMR in the family along with the lower socio economic status was multiplied with the Moderate to Profound levels of retardation in the effected persons.

3. So, just providing the financial aids to the family may be one way of ameliorating the burden but is not the ultimate solution.

4.1.1.1. PROCESS EVALUATION

This was done through 3 components of the process namely, Context, Delivery and Access

1. Contextually, it was evident from the survey that the entire group not fully aware of the functionaries' involved and their role in the implementation of the scheme and needs orientation.

2. With regards to the **Delivery component**, when compared between different functionaries AIISH was found to be less time consuming functionary.

3. It was also found that the present system **multiple window system** is being practiced and maximum time taken by Tq. Office and Treasury office in the delivery of the process.

4. The single window system is the only solution for these complications for the speedy and user friendly functioning of the scheme.

5. In terms of the **accessibility of** the scheme and functionaries, according to this survey two functionaries namely Tq. Office and Treasury were found to be less accessible whereas the District Disabled Welfare Office and AIISH were found to be more accessible.

6. But the entire group felt that the monthly amount sanctioned to the beneficiaries were not to the level of expectation. However, how much expected was not mentioned.

4.1.1.2. IMPACT EVALUATION

1. With regards to the impact of the scheme overall opinion of the group is positive and overall the quality of the life of the beneficiaries and their families were improved to some extent.

2. But there is an ample of scope and need for the betterment.

3. Following were the suggestions proposed to improve the quality of the life of the beneficiaries by overall groups

- Increase the pension amount
- Provide other benefits (scholarships, Job reservation etc.)
- Give more emotional support to the family members.

- Improvement of self-confidence, motivation of persons with mental retraction
- Give training or orientation to the care givers
- Treat them with the sense of equality & non discrimination
- Encourage and support the work of PWMR
- Encourage the family for social participation
- Give occupational training
- Ngo's should support
- Encourage the PWMR for living as an independent and productive person
- Provide proper diet/food
- Encourage Skill training
- Support and give training in the talents and aptitudes.

4.1.1.3.KNOWLEDGE AND ATTITUDE

Towards pension scheme

1. The majority of the group were not aware of the information about who introduced the scheme.

2. Further, the group mentioned that the Financial and family life of the beneficiaries improved considerably.

3. There was no much improvement in social, Occupational and personal life the PWMR

4. It is interesting to note that the majority of the group said that the major role taken in the implementation of the scheme is by Clinical psychologist. This will be followed by revenue staff, and District Disabled welfare office

5. According to the group the actual funding source for this scheme is Treasury. It is partially true because the original funding source is from Government of Karnataka.

Knowledge and attitude towards the mental retardation

1. The knowledge and attitude of the group towards the scheme was found to be satisfactory.

2. However, the attitudes towards mental retardation were surprisingly positive.

4.1.2. GROUP COMPARISON

In the section of group comparisons only the percentage values taken in to consideration and based on this the trend analysis was carried out.

4.1.2.1 PROCESS EVAUATION

Context

1. With regards to the context component of the process evaluation, the groups were heterogeneous.
2. But relatively, NGO's and health workers were better.
3. However, the orientation in this regard for all the groups is essential.

Delivery

1.With regards to the delivery component of the process evaluation is concerned in terms of the procedures involved and time required for the completion the process all the groups were homogeneous.

2. None of the groups were aware of the amendments taken in the scheme over the years.

3. Among the functionaries all the groups recognized the three functionaries namely District Disabled Welfare Office, All India Speech and Hearing (AIISH) and District Medical Board/KR Hospital for their speedy actions in the process.

4. The beneficiary group exclusively recognized the role of another functionary namely Nemmadi Kendra/ NaadaKacheri for its speedy actions.

Access

1. In terms of accessibility component of the process evaluation District Disabled Welfare Office, Taluq Office, All India Speech and Hearing (AIISH) and District Medical Board/KR Hospital, Village accountant/Revenue officer and Nemmadi Kendra/ Naada Kacheri found to be as easily accessible functionaries according to all the groups.
2. The Treasury, **Department of Women & Social Welfare, Government of Karnataka.** and Central Government were found to be less accessible functionaries by all the groups.
3. Interestingly the beneficiary group opinions that the revenue group was less accessible.

4. Overall, except the Revenue group, five groups were of opinion that the money spent or invested to avail the benefit is reasonable and less than their expectations.

5. But, a small percentage of all the groups said that the money spent is heavy.

4.1.2.2. IMPACT EVALUATION

1. According to the entire group the impact of the scheme was positive in the financial, social and familial areas of beneficiaries.

2. Where as in other two areas, namely occupational and personal life no much positive impact were evident. This is the opinion of all most all the groups.

3. The two suggestions namely increase the pension amount and Provide other benefits (scholarships, Job reservation etc.) were given unanimously by all the groups.

4. Except the beneficiary group all other groups also said that the beneficiaries don't know how to utilise the money.

5. It is surprising that none of the groups accepted the fact that 'the objective of the occupational area is to make PWMR as an independent and productive person in the society'.

6. All the groups except beneficiary group suggested providing proper diet/food to PWMR.

7. In short, the NGO's group showing more knowledge & more positive attitudes towards mental retardation among the groups towards the mental Retardation and beneficiary groups were having least knowledge and less positive attitude and the beneficiary group were more medically oriented than **other groups.**

4.2. STRENGTHS AND WEAKNESS OF THE STUDY

4.2.1. STRENGTH

1. An extensive door to door survey.
2. Pioneer study first time professionals conducted this extensive survey research and so has more authenticity.
3. Tools were prepared by the investigators only though it was a laborious time consuming process.
4. The same tools can be used for similar studies in other districts too.

5. The same model can be adopted in the process evaluation, impact evaluation and in the study of knowledge and aptitudes about the scheme and disability in the subsequent and other related studies in other districts.
6. This study will be basis for further studies in this field.

4.2.2. WEAKNESS OF THE STUDY

1. The scoring of the tools needs to be uniformed.
2. The directionality of the scores is not uniform.
3. A separate study to standard the above tools can be carried out.

4.3. SUGGESTIONS

Based on the above findings following few suggestions were made.

1. Home based training by the specially trained persons from the society such as anganavadi workers or school teachers and health workers.
2. These support system needs to be empowered by providing special training about how to look after the persons with mental retardation at their natural home set- up is the most urgent need.
3. The Government and departments need to take initiation in this regard.
4. Short term training by the experts to the support system is most urgent need.
5. The areas like occupational and personal life need to be attended more intensively.
6. Occupational rehabilitation is the priority area to which action needs to be taken by NGO’s and Government.
7. When the training programs are planned in future the curriculum or modules need to be stressed on the pension scheme when compared with the topic on mental retardation.
8. More orientation programs or awareness programs, home based training, working for agro based rehabilitation and occupational trainings to the PWMR are the priority areas.
9. The government, along with existing infrastructure of the society need to plan and execute such programs and activities.
10. Similar studies needs to be extended in other districts of Karnataka.

REFERENCES

Mc David, J.C., & Hawthorn, L.R. (2006). Program evaluation & performance measurement: An Introduction to practice. Sage, 2006

Ministry of social justice & empowerment, Government of India, (1998). Government orders new delhi No 97-NI.1, 16-18. Gazette Notification 28.08.1998.

Ministry of social justice & empowerment, Government of Karnataka, (1979). Government orders bangalore No SWL65 physically handicapped persons, 79, Gazette Notification 08.11.1979.

Ministry of social justice & empowerment, Government of Karnataka, (1988). Government orders bangalore No SWL 5 physically handicapped persons, 84, Gazette Notification 08.06.1988.

Ministry of social justice & empowerment, Government of Karnataka, (1992). Government orders bangalore No SWL 29 physically handicapped persons, 92, Gazette Notification 20.03.1993.

Venkatesan, S. (2010). Case study on cost benefit analysis for government sponsored pension scheme for persons with Mental disabilities. Asian Journal of Development Matters, 4 (1), 176-188.

Appendix I

Sl.Nos. : 9034

ALL INDIA INSTITUTE OF SPEECH AND HEARING
NAIMISHAM CAMPUS, MANASAGANGOTHRI, MYSORE - 570 006.

Certificate No. : AIISH / CLIPSY / / / Dated : C.R.F. No. :

PROFORMA FOR MEDICAL CERTIFICATE IN RESPECT TO MENTALLY HANDICAPPED

1. G.O. No. SWL 64 PHP 79, Bangalore, Dt. 17.10.1979 (Gazette Notification Dt. 8.11.1979)
2. G.O. No. SWL 5 PHP 84, Bangalore, Dt. 8.6.1988
3. G.O. No. SWL 29 PHP 92, Bangalore, Dt. 20.3.1993

PART A

Certified that I, Dr. .....of (Institution) .....
have this day examined the candidate whose particulars are given below :

1. Name of the candidate :
2. Fathers Name :
3. Male / Female :
4. Approximate Age :
5. Identification Marks :
6. Neurological Deficits :
7. Behavioral Disorders :
8. Evidence of Epilepsy and Treatment Suggested :

PART B

Certified that I, Dr. .....of All India Institute of Speech & Hearing,
Mysore, have this day of ..... examined .....

1. Binet-Kamat
2. Seguin Form Board
3. Opinion regarding intelligence quotient :

Signature of Clinical Psychologist
Designation
Office Stamp :

Signature of Psychiatrist :
Designation
Office Stamp :

Appendix-II

ALL INDIA INSTITUTE OF SPEECH AND HEARING, MYSORE – 06
DEPARTMENT OF CLINICAL PSYCHOLOGY

SOCIO– DEMOGRAPHIC DATA SHEET

Part – A

GENERAL INFORMATION

Category:

1	2	3	4	5

Taluk_____ Hobli _____
Village_____

1. Name of the informant : _____
2. Age : _____
3. Sex : Male/Female
4. Education : _____
5. Occupation/ Designation : _____
6. Address with contact No. : _____

   _____

   _____
7. Any Relevant Information : _____

-2-

Part – B

FOR CAREGIVERS

1	Stay in Premises	Own house	Residential School	Specify:		
2	MR Grade of the actual beneficiary		Mild	Moderate	Severe	Profound
3	IQ of the actual beneficiary					
4	Father Name	Age	Education	Occupation	Total Annual Income	Alive/ Dead
5	Mother Name	Age	Education	Occupation	Total Annual Income	Alive/ Dead
6	Name of the Guardian	Age	Education	Occupation	Total Annual Income	
7	Type of Family	Joint		Nuclear		
8	Total No. of Members in the Family:					

Up to 6 Yrs.		6-12 Yrs.		12-24 Yrs.		24-48 Yrs.		48 and above	
M	F	M	F	M	F	M	F	M	F

Any other (specify):

Date: Name and Signature of Investigator

Appendix-III

ALL INDIA INSTITUTE OF SPEECH AND HEARING, MYSORE – 06
DEPARTMENT OF CLINICAL PSYCHOLOGY

PART – A

PROCESSES EVALUATION

MONITORING THE IMPLEMENTATION- FUNCTIONARIES & PROCESS

I-CONTEXT

Sl. No.	Questions	✓ Tick
1.	Who is the actual beneficiary?	
	e) Person with Mental Retardation	
	f) Family	
	g) School	
	h) Don't know	
2.	Please tick the functionaries involved in the implementation of this program?	
	k) District Disabled Welfare Office	
	l) Taluq Office	
	m) All India Speech and Hearing(AIISH)	
	n) District Medical Board/KR Hospital	
	o) Treasury	
	p) Village accountant/Revenue officer	
	q) Nemmadi Kendra/ Naada Kacheri	
	r) village health workers	
	s) Department of Women and Child Development	
	t) Central Government	
	u) Any other – **Specify:**	
3.	Who started first time this program?	
	e) District Disabled Welfare Office	
	f) Central Government	
	g) Taluq office	
	h) Can't say	
4.	When this program first implemented?	
	e) 1979	
	f) 1965	
	g) 1988	
	h) Can't say	

5.	Name the other state who implemented this program?	
	Kerala	
	Tamil Nadu	
	Maharastra	
	Not in other states	
	Can't say	

-2-

II - DELIVERY

6.	What are the procedures involved from the beginning till the benefit reaches to the actual beneficiary? **Specify:**						
7.	How many amendments taken places so far at the Govt. & revenue level? **Specify:** (If possible give the detail of G.O. of other Govt./revenue orders)						
8.	How much time is required from the beginning till the end of the procedure for the each beneficiary?						
	f) Less than one month						
	g) Less than three month						
	h) Less than 6 month						
	i) One year						
	j) Can't say						
9.	How much time is required at each functionary level?						
	Sl. No.	Functionaries	Less than one month	Less than 3 months	Less than 6 months	One year	Can't say
	1.	Dstrict Disabled Welfare Office					
	2.	Taluq Office					
	3.	All India Speech and Hearing(AIISH)					
	4.	District Medical Board/KR Hospital					
	5.	Treasury					
	6.	Village accountant/ Revenue officer					
	7.	Nemmadi Kendra/ Naada Kacheri					
	8.	village health workers					
	9.	Department of women and Child Development					
	10.	Central Government					

10		Any other – **Specify:**	

-3-

III - ACCESS

11.	What extent the functionaries are co-operative in availing the benefits?					
	d) Friendly					
	e) Not cooperative					
	f) Can't say					
12.	Who is the functionary with which the beneficiaries or family found easily accessible/not accessible?					
	Sl. No.	Functionaries	Easily accessible	Not easily accessible	Accessible to some extent	Can't say
	1.	District Disabled Welfare Office				
	2.	Taluq Office				
	3.	All India Speech and Hearing(AIISH)				
	4.	District Medical Board/ KR Hospital				
	5.	Treasury				
	6.	Village accountant/Revenue officer				
	7.	Nemmadi Kendra/ Naada Kacheri				
	8.	village health workers				
	9.	Department of women and Child Development				
	10.	Central Government				
	11.	Any other – **Specify:**				
13	What is the procedure with which the beneficiaries/caregivers found accessible or not accessible					
	Sl. No.	Procedure	Easily accessible	Not easily accessible	Accessible to some extent	Can't say
14	What do you think about the money spent by the caregivers to reach this benefit till the beneficiary?					
	a	Reasonable				
	b	Less than the expectation				
	c	Heavy				
	d	Can't say				
5	Any suggestions to improve the scheme					
	Context level :					
	Delivery level :					
	Access level :					

Appendix- IV

IMPACT EVALUATION

I. QUALITY OF LIFE OF THE ACTUAL BENEFICIARIES AND FAMILY

A-FINANCE

1. Financial burden of the beneficiary & family.

Reduced maximum	Reduced to some extent	Not reduced	Can't say

2. The pension money is used for

Clothes	Medicines	Any other (specify)	Can't say

B – FAMILY

3. Interaction between family members

Improved	Not improved	Became worst	Can't say

4. Communication system between family members

Improved	Not improved	Became worst	Can't say

C - SOCIAL

5. Neighbors attitude towards the family and beneficiaries

Changed positively	Changed negatively	Not changed	Can't say

6. Support and attitudes of relatives towards the beneficiaries and family

Changed positively	Changed negatively	Not changed	Can't say

-2-

D - OCCUPATIONAL

7. Action taken by the family for the improvement of daily leaving skills of actual beneficiary after receiving the pension

Taken	Not Taken	Taken a little extant	Can't say

8. Action taken by the family for the vocational trainings and earning of actual beneficiary

Taken	Not Taken	Not earning	Can't say

E - PERSONAL

9. What extent the health condition of the beneficiary is improved?

Improved considerably	Improved to same extent	Not improved	Can't say

10. Whether his intellectual condition improved?

Improved considerably	Not improved	Deteriorated	Can't say

II Any suggestion proposed to improve the quality of the life of the beneficiaries

Sl. No.	Areas	Suggestions
1	Financial	
2	Familial	
3	Social	
4	Occupational	
5	Personal	

Appendix- V

KNOWLEDGE & ATTITUDE ASSESSMENT SCALE

I Knowledge & Attitude of teachers / Revenue staff / Health workers / Voluntary Organizations/ family of Beneficiaries towards pension scheme.

13. The pension scheme is introduced by

District Disabled welfare office	Taluq Office	Central Govt.	Can't say

14. The life style of the beneficiaries improved considerably after introducing this scheme in following areas.

Finance	Family	Personal Life	Can't say

15. The eligibility for availing Rs. 1000 monthly pension amount of is

Moderate Grade MR (75%)	Mild Grade MR (50%)	Borderline intelligence (25%)	Can't say

16. The main role taken in the implementation of this pension scheme is by

Revenue staff	Clinical Psychologist	District Disabled welfare office	Can't say

17. The actual funding source for this scheme is

District Hospitals	Treasury	District Disabled welfare office	Can't say

II Towards the mental Retardation

18. Consanguineous marriage is one of the cause of mental retardation

Agree	Partially agree	Don't agree	Can't say

19. If a child shows global delay in developmental milestones one can suspect the presence of mental Retardation

Agree	Partially agree	Don't agree	Can't say

20. Because of this "problem child" the family looses its social & family comforts.

Agree	Partially agree	Don't agree	Can't say

21. A person with mental retardation has equal rights in the family properties

Agree	Partially agree	Don't agree	Can't say

22. A person with mental retardation can be treated only with medicine

Agree	Partially agree	Don't agree	Can't say

23. A person with mental retardation can be improved by proper training

Agree	Partially agree	Don't agree	Can't say

24. Mental Retardation can be cured by marriage

Agree	Partially agree	Don't agree	Can't say

Appendix- VI

CT® ¨sÁgÀvÀ ªÁPï ±ÀæªÀt ¸ÀA¸ÉÜ, ªÉÄÊ¸ÀÆgÀÄ – 06
aQvÁì ªÀÄ£ÉÆÃ«eÁÕ£À «¨sÁUÀ
“ªÉÄÊ¸ÀÆgÀÄ f¯Áè ªÁå¦ÛAiÀÄ°è §gÀÄªÀ §Ä¢ÞªÀiÁAzÀåvÉAiÀÄÄ¼ÀîªÀjUÉ
¸ÀPÁðgÀ¢AzÀ PÀ°à¹gÀÄªÀ
¸Ë®¨sÅå ªÀÄvÀÄÛ jAiÀiÁ¬ÄwUÀ½AzÀÄAmÁzÀ ¥ÀjuÁªÀÄzÀ §UÉÎ MAzÀÄ
ªÀiË®åªÀiÁ¥À£À ”
¸ÀªÀiÁfPÀ – zÀvÁÛA±À ªÀiÁ»w
¨sÁUÀ – C
¸ÁªÀiÁ£Åå ªÀiÁ»w

ªÀUÀð:

1	2	3	4	5

vÁ¯ÉÆèÃPÀÄ_____ ºÉÆÃ§½/£ÀUÀgÀ _____
UÁæªÀÄ_____

8. ªÀiÁ»wzÁgÀgÀ ºÉ¸ÀgÀÄ : _____

9. ªÀAiÀÄ¸ÀÄì : _____

10. °AUÀ : UÀAqÀÄ/ºÉtÄÚ

11. «zÁåºÀðvÉ : _____

12. GzÉÆåÃUÀ/ºÀÄzÉÝ : _____

13. «¼Á¸À ªÀÄvÀÄÛ zÀÆgÀªÁtÂ : _____

_____

_____

14. EvÀgÉ ¸ÀA§AzsÀ¥ÀlÖ ªÀiÁ»w : _____

-2-

¨sÁUÀ – D

¥ÉÆÃµÀPÀjUÁV

À ¸ÀÜ¼À	¸ÀéAvÀ ªÀÄ£É	ªÀ¸Àw ±Á¯É	¸ÀÆa¹:		
¯Á£ÀÄ¨sÀ«AiÀÄ ÞªÀiÁAzÀåvÉAiÀÄ lÖ		®WÀÄ§Ä¢ÞªÀiÁAzÀåvÉ (ªÉÄÊ¯ïØ JA.Dgï)	UÀt¤ÃAiÀÄ §Ä¢ÞªÀiÁAzÀåvÉ (ªÀiÁqÀgÉÃmï JA.Dgï)	wÃªÀævÀgÀ §Ä¢ÞªÀiÁAzÀåvÉ (¹«AiÀÄgï JA.Dgï)	UÀjµÀ×ªÀ §Ä¢ÞªÀiÁ (¥ÉÆæÃ¥ JA.Dgï)
¯Á£ÀÄ¨sÀ«AiÀÄ §Ä¢Þ QÛ (L.PÀÆå)					
zÉAiÀÄ gÀÄ	ªÀAiÀÄ¸ÀÄì	«zÁåºÀðvÉ	GzÉÆåÃUÀ	MlÄÖ ªÁ¶ðPÀ DzÁAiÀÄ	fÃªÀAvÀ/
ÄAiÀÄ gÀÄ	ªÀAiÀÄ¸ÀÄì	«zÁåºÀðvÉ	GzÉÆåÃUÀ	MlÄÖ ªÁ¶ðPÀ DzÁAiÀÄ	fÃªÀAvÀ/
ÉÃµÀPÀgÀ gÀÄ	ªÀAiÀÄ¸ÀÄì	«zÁåºÀðvÉ	GzÉÆåÃUÀ	MlÄÖ ªÁ¶ðPÀ DzÁAiÀÄ	
iÁªÀ ÀªÁzÀ lÄA§À	C«¨sÀPÀÛ PÀÄlÄA§			¸ÀtÚ PÀÄlÄA§	
Ö PÀÄlÄA§zÀ ¸ÀzÀ¸ÀågÀ ¸ÀASÉå:					

µÀðzÉÆ¼ÀV£ÀªÀgÀÄ		6 jAzÀ 12 ªÀµÀðzÀªÀgÉUÉ		12 jAz 24 ªÀµÀðzÀªÀgÉUÉ		24 jAz 48 ªÀµÀðzÀªÀgÉUÉ		48 ªÀµÀð QÌAvÀ ºÉZÀÄÑ	
UÀ	ºÉ	UÀ	ºÉ	UÀ	ºÉ	UÀ	ºÉ	UÀ	º

EvÀgÉ AiÀiÁªÀÅzÉÃ ªÀiÁ»w:

¢£ÁAPÀ: ¥ÀjÃ«PÀëPÀgÀ ºÉ¸ÀgÀÄ ªÀÄvÀÄÛ
¸À»

Appendix- VII

CT® ¨sÁgÀvÀ ªÁPï ±ÀæªÀt ¸ÀA¸ÉÜ, ªÉÄÊ¸ÀÆgÀÄ – 06
aQvÁì ªÀÄ£ÉÆÃ«eÁÕ£À «¨sÁUÀ
¨sÁUÀ – C
¥ÀæQæAiÉÄAiÀÄ ªÀiË®åªÀiÁ¥À£À
PÁAiÀÄð£ÀÄµÁ×£ÀzÀ ªÉÄÃ°éZÁgÀuÉ – PÁAiÀÄð«¨sÁUÀUÀ¼ÀÄ ªÀÄvÀÄÛ
¥ÀæQæAiÉÄ
I - ¸À¤ßªÉÃ±À

PÀæ. ¸ÀASÉå	¥Àæ±ÉßUÀ¼ÀÄ	✓ UÀÄwð¹
1.	F ¦AatÂ ºÀtzÀ ¸Ë®¨sÀåªÀ£ÀÄß ¥ÀqÉzÀÄPÉÆ¼ÀÄîªÀ ¤dªÁzÀ ¥sÀ¯Á£ÀÄ¨sÀ« AiÀiÁgÀÄ?	
	C) §Ä¢ÞªÀiÁAzÀåvÉAiÀÄÄ¼Àî ªÀåQÛ	
	D) DvÀ£À PÀÄlÄA§zÀªÀgÀÄ	
	E) DvÀ¤gÀÄªÀ ±Á¯ÉAiÀÄªÀgÀÄ	
	F) UÉÆwÛ®è	
2.	F PÁAiÀÄðPÀæªÀÄªÀ£ÀÄß eÁjUÉÆ½¸À®Ä F PÉ¼ÀPÀAqÀ AiÀiÁªÀ AiÀiÁªÀ «¨sÁUÀ/E¯ÁSÉUÀ¼ÀÄ ¨sÁVUÀ¼ÁVzÁÝgÉ?	
	C) «PÀ®ZÉÃvÀ£ÀgÀ ªÀÄvÀÄÛ »jAiÀÄ £ÁUÀjPÀgÀ ¸À§°ÃPÀguÁ¢üPÁjUÀ¼ÀÄ, ªÉÄÊ¸ÀÆgÀÄ	
	D) vÁ®ÆPÀÄ PÀbÉÃj	
	E) CT® ¨sÁgÀvÀ ªÁPï ±ÀæªÀt ¸ÀA¸ÉÜ, ªÉÄÊ¸ÀÆgÀÄ	
	F) f¯Áè ªÉÊzÀåQÃAiÀÄ ªÀÄÄAqÀ°/ P.É Dgï. D¸ÀàvÉæ, ªÉÄÊ¸ÀÆgÀÄ	
	G) ReÁ£É E¯ÁSÉ	
	H) UÁæªÀÄ ¯ÉQÌUÀ/ PÀAzÁAiÀÄ ¤jÃPÀëPÀgÀÄ	
	I) £ÉªÀÄä¢ PÉÃAzÀæ / £ÁqÀPÀbÉÃj	
	J) UÁæªÀÄ DgÉÆÃUÀå PÁAiÀÄðPÀvÉðAiÀÄgÀÄ	
	K) ªÀÄ»¼Á ªÀÄvÀÄÛ ªÀÄPÀÌ¼À C©üªÀÈ¢Ý E¯ÁSÉ	
	L) ¨sÁgÀvÀ ¸ÀPÁðgÀ	
	M) EvÀgÉ AiÀiÁªÀÅzÉÃ ªÀiÁ»w:	
3.	F PÁAiÀÄðPÀæªÀÄªÀ£ÀÄß ªÉÆzÀ®Ä ¥ÁægÀA©ü¹zÀªÀgÀÄ AiÀiÁgÀÄ?	
	C) «PÀ®ZÉÃvÀ£ÀgÀ ªÀÄvÀÄÛ »jAiÀÄ £ÁUÀjPÀgÀ ¸À§°ÃPÀgÀt E¯ÁSÉ	
	D) ¨sÁgÀvÀ ¸ÀPÁðgÀ	
	E) vÁ®ÆPÀÄ PÀbÉÃj	
	F) ºÉÃ¼À¯ÁUÀzÀÄ	
4.	F PÁAiÀÄðPÀæªÀÄªÀ£ÀÄß AiÀiÁªÀ ªÀµÀðzÀ°è ¥Àæ¥ÀæxÀªÀÄªÁV eÁjUÉÆ½¸À®ànÖvÀÄÛ	
	C) 1979	
	D) 1965	
	E) 1988	
	G) ºÉÃ¼À¯ÁUÀzÀÄ	
5.	F PÁAiÀÄðPÀæªÀÄªÀ£ÀÄß eÁjUÉÆ½¹zÀ EvÀgÉ ¨ÉÃgÉ gÁdåUÀ¼ÁªÀÅ?	
	PÉÃgÀ¼À	
	vÀ«Ä¼ÀÄ£ÁqÀÄ	
	ªÀÄºÁgÁ¥ÀÖç	
	¨ÉÃgÉ AiÀiÁªÀÅzÉÃ gÁdåzÀ°è eÁjAiÀÄ°ègÀÄªÀÅ¢®è	

	ºÉÃ¼À¯ÁUÀzÀÄ	

-2-

II - ¥ÀÆgÉÊPÉ

6.	¦AatÂAiÀÄÄ ¥À¯Á£ÀÄ¨sÀ«UÉ vÀ®Ä¥À¨ÉÃPÁzÀgÉ ¥ÁægÀA¨sÀ¢AzÀ ªÀÄÄPÁÛAiÀÄzÀªÀgÉUÉ C£ÀÄ¸Àj¸À¨ÉÃPÁzÀ ««zsÀ PÀæªÀÄ «zsÁ£ÀUÀ¼ÁªÀÅªÀÅ? «ªÀj¹:						
7.	F PÁAiÀÄðPÀæªÀÄ eÁjUÉÆ½¹zÀ DgÀA¨sÀ¢AzÀ E°èAiÀÄªÀgÉUÀÆ JµÀÄÖ ¨Áj wzÀÄÝ¥Àr ªÀiÁqÀ¯ÁVzÉ. «ªÀgÀUÀ½zÀÝgÉ- EvÀgÉ ¸ÀPÁðj/PÀAzÁAiÀÄ DzÉÃ±ÀUÀ¼À ªÀiÁ»wAiÀÄ£ÀÄß w½¹.						
8.	¥ÀæwAiÉÆ§â ¥sÀ¯Á£ÀÄ¨sÀ«UÉ ¸Ë®¨sÅå vÀ®Ä¥À®Ä ¨ÉÃPÁUÀÄªÀ CªÀ¢üAiÀÄµÀÄÖ?						
	C) MAzÀÄ wAUÀ¼ÉÆ¼ÀUÉ						
	D) ªÀÄÆgÀÄ wAUÀ¼ÉÆ¼ÀUÉ						
	E) DgÀÄ wAUÀ¼ÀÄ						
	F) MAzÀÄ ªÀµÀð						
	G) ºÉÃ¼À¯ÁUÀzÀÄ						
9.	¥ÀæwAiÉÆAzÀÄ PÁAiÀÄð «¨sÁUÀzÀ ºÀAvÀUÀ¼À°è vÉUÉzÀÄPÉÆ¼ÀÄîªÀ CªÀ¢ü JµÀÄÖ?						
	PÀæ.¸ÀASÉå	PÁAiÀÄð«¨sÁUÀUÀ¼ÀÄ/E¯ÁSÉ	MAzÀÄ wAUÀ¼ÉÆ¼ÀUÉ	ªÀÄÆgÀÄ wAUÀ¼ÉÆ¼ÀUÉ	DgÀÄ wAUÀ¼ÀÄ	MAzÀÄ ªÀµÀð	ºÉÃ¼À¯ÁUÀzÀÄ
	1.	«PÀ®ZÉÃvÀ£ÀgÀ ªÀÄvÀÄÛ »jAiÀÄ £ÁUÀjPÀgÀ ¸À§°ÃPÀgÀt E¯ÁSÉ					
	2.	vÁ®ÆPÀÄ PÀbÉÃj					
	3.	CT® ¨sÁgÀvÀ ªÁPï ±ÀæªÀt ¸ÀA¸ÉÜ (D¬Äµï), ªÉÄÊ¸ÀÆgÀÄ					
	4.	f¯Áè ªÉÊzÀåQÃAiÀÄ ªÀÄAqÀ°/ PÉ. Dgï. D¸ÀàvÉæ, ªÉÄÊ¸ÀÆgÀÄ					
	5.	ReÁ£É E¯ÁSÉ					
	6.	UÁæªÀÄ ¯ÉQÌUÀ/ PÀAzÁAiÀÄ ¤jÃPÀëPÀgÀÄ					

	7.	£ÉªÀÄä¢ PÉÃAzÀæ / £ÁqÀPÀbÉÃj					
	8.	UÁæªÀÄ DgÉÆÃUÀå PÁAiÀÄðPÀvÉðAiÀ ÄgÀÄ					
	9.	ªÀÄ»¼Á ªÀÄvÀÄÛ ªÀÄPÀÌ¼À C©üªÀÈ¢Ý E¯ÁSÉ					
	10.	¨sÁgÀvÀ ¸ÀPÁðgÀ					
	11.	EvÀgÉ AiÀiÁªÀÅzÉÃ ªÀiÁ»w:					
10.	¤ªÀÄä ¥ÀæPÁgÀ AiÀiÁªÀÅzÁzÀgÀÆ PÁAiÀÄð«¨sÁUÀªÀÅ C£ÀUÀvÀåªÉAzÀÄ C¤ß¸ÀÄvÀÛzÉAiÉÄÃ? DVzÀÝ°è PÁAiÀÄð«zsÁ£ÀªÀ£ÀÄß «ªÀj¹.						

-3-

III - ªÀiÁUÀð/ ¥ÀæªÉÃ±À

11.	F ¸Ë®¨sÀåUÀ¼À£ÀÄß ¥ÀqÉAiÀÄÄªÀ°è PÁAiÀÄð ¤zÉÃð±À£ÀzÀ «¨sÁUÀUÀ¼ÀÄ JµÀÄÖ ¸ÀºÁPÁjAiÀiÁVgÀÄvÀÛzÉ?					
	C) ¸ÉßÃºÀ¥ÀgÀªÁVzÉ					
	D) ¸ÀºÁAiÀÄPÁjAiÀiÁV®è					
	E) ºÉÃ¼À¯ÁUÀzÀÄ					
12.	F PÉ¼ÀPÀAqÀ AiÀiÁªÀ PÁAiÀÄð«¨sÁUÀUÀ¼ÀÄ ¥sÀ¯Á£ÀÄ¨sÀ«UÀ¼À/PÀÄlÄA§UÀ½UÉ ¸ÉßÃºÀ¥ÀgÀªÉAzÀÄ PÀAqÀÄ §A¢zÉ					
	PÀæ. ¸ÀASÉå	PÁAiÀÄð«¨sÁUÀ/E¯ÁSÉ	¸ÀÄ®¨sÀªÁV ¸ÀA¥ÀQð¸À§ ºÀÄzÀÄ	PÀµÀÖPÀgÀ ªÁV ¸ÀA¥ÀQð¸À§ ºÀÄzÀÄ	¸Àé®àªÀÄnÖUÉ ¸ÀA¥ÀQð¸À§º ÀÄzÀÄ	ºÉÃ¼À¯ÁUÀzÀÄ
	1.	«PÀ®ZÉÃvÀ£ÀgÀ ªÀÄvÀÄÛ »jAiÀÄ £ÁUÀjPÀgÀ ¸À§°ÃPÀgÀuÁ¢üPÁjUÀ¼ÀÄ, ªÉÊ¸ÀÆgÀÄ					
	2.	vÁ®ÆPÀÄ PÀbÉÃj					
	3.	CT® ¨sÁgÀvÀ ªÁPï ±ÀæªÀt ¸ÀA¸ÉÜ, ªÉÊ¸ÀÆgÀÄ					
	4.	f¯Áè ªÉÊzÀåQÃAiÀÄ ªÀÄAqÀ°/ PÉ.Dgï.D¸ÀàvÉæ, ªÉÊ¸ÀÆgÀÄ					
	5.	ReÁ£É E¯ÁSÉ					
	6.	UÁæªÀÄ ¯ÉQÌUÀ/ PÀAzÁAiÀÄ ¤jÃPÀëPÀgÀÄ					
	7.	£ÉªÀÄä¢ PÉÃAzÀæ / £ÁqÀPÀbÉÃj					
	8.	UÁæªÀÄ DgÉÆÃUÀå PÁAiÀÄðPÀvÉðAiÀÄgÀÄ					
	9.	ªÀÄ»¼Á ªÀÄvÀÄÛ ªÀÄPÀÌ¼À C©üªÀÈ¢Ý E¯ÁSÉ					
	10.	¨sÁgÀvÀ ¸ÀPÁðgÀ					
	11.	EvÀgÉ AiÀiÁªÀÅzÉÃ ªÀiÁ»w:					
13	AiÀiÁªÀ PÁAiÀÄðUÀvÀ «zsÁ£ÀªÀÅ ¥sÀ¯Á£ÀÄ¨sÀ«UÀ½UÉ/¥ÉÆÃµÀPÀjUÉ ¤gÁAiÀiÁ¸À ¸ÀA¥ÀPÀð CxÀªÁ zÀÄ¸ÁÛgÀ ¸ÀA¥ÀPÀðªÁVzÉ					
	PÀæ. ¸ÀASÉå	PÉ®¸ÀzÀ jÃw-«zsÁ£ÀUÀ¼ÀÄ	¸ÀÄ®¨sÀªÁV ¸ÀA¥ÀQð¸À§ ºÀÄzÀÄ	PÀµÀÖPÀgÀ ªÁV ¸ÀA¥ÀQð¸À§ ºÀÄzÀÄ	¸Àé®àªÀÄnÖUÉ ¸ÀA¥ÀQð¸À§º ÀÄzÀÄ	ºÉÃ¼À¯ÁUÀzÀÄ

14	¤ªÀÄä ¥ÀæPÁgÀ F ¸Ë®¨sÀåªÀ£ÀÄß ¥ÀqÉzÀ ¥ÉÆÃµÀPÀgÀÄ ¥sÀ¯Á£ÀÄ¨sÀ«UÀ½UÉ RZÀÄðªÀiÁrzÀ ºÀtzÀ ªÉÆvÀÛzÀ §UÉÎ ¤ªÀÄUÉÃ£É¤¸ÀÄvÀÛzÉ?					
	C.	AiÀÄÄPÀÛªÁzÀÄzÀÄ				
	D.	¤jÃPÉëVAvÀ PÀrªÉÄ				
	E.	zÀÄ¨ÁjAiÀiÁzÀÄzÀÄ				
	F.	ºÉÃ¼À¯ÁUÀzÀÄ				
15	F AiÉÆÃd£ÉAiÀÄ£ÀÄß ¸ÀÄzsÁj¸À®Ä ¸À®ºÉ ªÀÄvÀÄÛ ¸ÀÆZÀ£ÉUÀ¼À£ÀÄß ¤Ãr.					
	¸À¤ßªÉÃ±À ªÀÄl Ö:					
	¥ÀÆgÉÊPÉAiÀÄ ªÀÄlÖ :					
	¥ÀæªÉÃ±À ªÀÄlÖ :					

Appendix- VIII

¨sÁUÀ – D

¥ÀjuÁªÀÄzÀ ªÀiËå°ÃPÀgÀt

I. ¥sÀ¯Á£ÀÄ¨sÀ«UÀ¼À ªÀÄvÀÄÛ PÀÄlÄA§zÀ fÃªÀ£À ±ÉÊ°AiÀÄ UÀÄtªÀÄlÖ

C - ºÀtPÁ¸ÀÄ

1. ¦AatÂAiÀÄ ªÉÆvÀÛ¢AzÀ ¥sÀ¯Á£ÀÄ¨sÀ« ªÀÄvÀÄÛ PÀÄlÄA§zÀ ºÀtPÁ¹£À ºÉÆgÉAiÀÄÄ

§ºÀÄ¥Á®Ä PÀrªÉÄAiÀiÁVzÉ	¸Àé®à PÀrªÉÄAiÀiÁVzÉ	K£ÀÄ PÀrªÉÄAiÀiÁV®è	ºÉÃ¼À¯ÁUÀzÀÄ

2. ¦AatÂ ªÉÆvÀÛªÀ£ÀÄß EzÀPÁÌV §¼À¸À¯ÁVzÉ

§mÉÖUÀ¼ÀÄ	OµÀ¢üUÀ¼ÀÄ	K£ÁzÀgÀÆ EvÀgÉ RaðUÉ «¤AiÉÆÃV¹zÀÝgÉ «ªÀj¹...	ºÉÃ¼À¯ÁUÀzÀÄ

D – PÀÄlÄA§

3. PÀÄlÄA§zÀ ¸ÀzÀ¸ÀågÀ eÉÆvÉAiÀÄ°è MqÀ£ÁlªÀÅ

¸ÀÄzsÁj¹zÉ	¸ÀÄzsÁj¹®è	ºÀzÀUÉnÖzÉ	ºÉÃ¼À¯ÁUÀzÀÄ

4. PÀÄlÄA§zÀ ¸ÀzÀ¸ÀågÀ eÉÆvÉ ¸ÀAªÀºÀ£À ¸ÀA¥ÀPÀðªÀÅ

¸ÀÄzsÁj¹zÉ	¸ÀÄzsÁj¹®è	ºÀzÀUÉnÖzÉ	ºÉÃ¼À¯ÁUÀzÀÄ

E - ¸ÁªÀiÁfPÀ

5. ¥sÀ¯Á£ÀÄ¨sÀ« ªÀÄvÀÄÛ PÀÄlÄA§zÀªÀgÀ §UÉÎ £ÉgÉºÉÆgÉAiÀÄªÀgÀ ªÀÄ£ÉÆÃ¨sÁªÀ£ÉAiÀÄÄ

¸ÀPÀgÁvÀäPÀ §zÀ¯ÁªÀuÉAiÀi ÁVzÉ	£ÀPÀgÁvÀäPÀ §zÀ¯ÁªÀuÉAiÀi ÁVzÉ	§zÀ¯ÁªÀuÉAiÀiÁV®è	ºÉÃ¼À¯ÁU ÀzÀÄ

6. ¥sÀ¯Á£ÀÄ¨sÀ« ªÀÄvÀÄÛ PÀÄlÄA§gÀªÀgÀ §UÉÎ ¸ÀA§A¢üPÀgÀ ¨ÉA§® ªÀÄvÀÄÛ ªÀÄ£ÉÆÃ¨sÁªÀ£ÉAiÀÄÄ

¸ÀPÀgÁvÀäPÀ §zÀ¯ÁªÀuÉAiÀi ÁVzÉ	£ÀPÀgÁvÀäPÀ §zÀ¯ÁªÀuÉAiÀi ÁVzÉ	§zÀ¯ÁªÀuÉAiÀiÁV®è	ºÉÃ¼À¯ÁU ÀzÀÄ

-2-

F – OzÉÆåÃVPÀ

7. F ¦AatÂ ºÀtªÀ£ÀÄß ¥ÀqÉzÀ £ÀAvÀgÀ ¥sÀ¯Á£ÀÄ¨sÀ«AiÀÄ ¢£À¤vÀåzÀ fÃªÀ£À±ÉÊ°AiÀÄ ¸ÀÄzsÁºÀgÀuÉUÉ PÀÄlÄA§ªÀÅ AiÀiÁªÀÅzÁzÀgÀÄ PÀæªÀÄ vÉUÉzÀÄ PÉÆArzÉAiÉÄÃ?

vÉUÉzÀÄPÉÆ ¼Àî®ànÖzÉ	vÉUÉzÀÄPÉÆ¼ Àî®ànÖ®è	¸Àé®àªÀÄnÖUÉ vÉUÉzÀÄPÉÆ¼ Àî®ànÖzÉ	ºÉÃ¼À¯ ÁUÀzÀ Ä

8. ¥sÀ¯Á£ÀÄ¨sÀ«AiÀÄ ªÀÈwÛ¥ÀgÀ vÀgÀ¨ÉÃw ªÀÄvÀÄÛ ¸ÀA¥ÁzÀ£ÉUÁV PÀÄlÄA§ªÀÅ PÀæªÀÄ vÉUÉzÀÄ PÉÆArzÉAiÉÄÃ?

vÉUÉzÀÄPÉ Æ¼Àî®ànÖzÉ	vÉUÉzÀÄPÉÆ¼ Àî®ànÖ®è	¸ÀA¥ÁzÀ£É¬Ä®è¢ gÀÄªÀÅzÀÄ	ºÉÃ¼À¯ ÁUÀzÀ Ä

G – ªÀåAiÀÄQÛPÀ

9. ¥sÀ¯Á£ÀÄ¨sÀ«AiÀÄ ±ÁjÃjPÀ DgÉÆÃUÀå ¹ÞwAiÀÄÄ JµÀÖgÀªÀÄnÖUÉ ¸ÀÄzsÁºÀgÀuÉUÉÆArzÉ.

UÀt¤ÃAiÀÄªÁV ¸ÀÄzsÁj¹zÉ	¸Àé®à ªÀÄnÖUÉ	¸ÀÄzsÁj¹®è	ºÉÃ¼À¯ÁUÀzÀÄ

	¸ÀÄzsÁj¹zÉ		

10. ¥sÀ¯Á£ÀÄ¨sÀ«AiÀÄ ¨Ë¢ÞPÀ ¹ÜwAiÀÄ°è£À §zÀ¯ÁªÀuÉAiÀiÁVzÉAiÀiÁ?

UÀt¤ÃAiÀÄªÁV ¸ÀÄzsÁj¹zÉ	¸ÀÄzsÁj¹®è	ºÀzÀUÉnÖzÉ	ºÉÃ¼À¯ÁUÀzÀÄ

II. ¥sÀ¯Á£ÀÄ¨sÀ«AiÀÄ fÃºÀ£À ±ÉÊ°AiÀÄ ¸ÀÄzsÁºÀgÀuÉ §UÉÎ ¤ªÀÄä ¸À®ºÉ ¸ÀÆZÀ£ÉUÀ¼À£ÀÄß ¤Ãr.

PÀæ. ¸ÀASÉå	PÉëÃvÀæUÀ¼ÀÄ	¸À®ºÉUÀ¼ÀÄ
1	ºÀtPÁ¸ÀÄ (DyðPÀªÁV)	
2	PËlÄA©PÀªÁV	
3	¸ÀªÀiÁfPÀªÁV	
4	OzÉÆåÃVPÀªÁV	
5	ªÀåAiÀÄQÛPÀªÁV	

Appendix- IX
ªÀÄ£ÉÆÃ¨sÁªÀ ªÀiÁ¥À£À

C. ¦AatÂ AiÉÆÃd£ÉAiÀÄ §UÉÎ ¥sÀ¯Á£ÀÄ¨sÀ«AiÀi PÀÄlÄA§zÀªÀgÀÄ, ±Á¯Á ²PÀëPÀgÀÄ, DgÉÆÃUÀå PÁAiÀÄðPÀvÉðAiÀÄgÀÄ, ¸ÀéAiÀÄA ¸ÉÃªÁ ¸ÀA¸ÉÜAiÀÄªÀgÀÄ ªÀÄvÀÄÛ PÀAzÁAiÀÄ E¯ÁSÁ ¹§âA¢ EªÀgÉ®èjVgÀÄªÀ ªÀÄ£ÉÆÃ¨sÁªÀ£É.

1. ¦AatÂ AiÉÆÃd£ÉAiÀÄ AiÀiÁjAzÀ ¥ÁægÀA©ü¸À®ènÖzÉ

«PÀ®ZÉÃvÀ£ÀgÀ ªÀÄvÀÄÛ »jAiÀÄ £ÁUÀjPÀgÀ ¸À§°ÃPÀgÀt E¯ÁSÉ	vÁ®ÆPÀÄ PÀbÉÃj	¨sÁgÀvÀ ¸ÀPÁðgÀ	ºÉÃ¼À¯ÁUÀzÀÄ

2. F ¦AatÂAiÉÆÃd£ÉAiÀÄ£ÀÄß eÁjUÉÆ½¹zÀ £ÀAvÀgÀ ¥sÀ¯Á£ÀÄ¨sÀ«AiÀÄ fÃªÀ£À ±ÉÊ°AiÀÄ°è F AiÀiÁªÀ AiÀiÁªÀ PÉëÃvÀæUÀ¼À°è ¸ÀPÁgÁvÀäPÀ §zÀ¯ÁªÀuÉAiÀiÁVªÉ.

ºÀtPÁ¸ÀÄ (DyðPÀªÁV)	PËlÄA©PÀªÁV	ªÀåAiÀÄQÛPÀ fÃªÀ£À ±ÉÊ°AiÀÄ°è	ºÉÃ¼À¯ÁUÀzÀÄ

3. ªÀiÁ¹PÀ 1000 gÀÆ ¦AatÂAiÀÄ£ÀÄß ¥ÀqÉAiÀÄ®Ä ¥sÀ¯Á£ÀÄ¨sÀ«UÉ ¨ÉÃPÁUÀÄªÀ CºÀðvÉ

ªÀiÁqÀgÉÃmï ªÉÄAl¯ï jmÁqÉÃð±À£ï (75%)	ªÉÄÊ¯ïØ ªÉÄAl¯ï jmÁqÉÃð±À£ï (50%)	¨ÁqÀðgï¯ÉÊ£ï EAl°d£ïì (25%)	ºÉÃ¼À¯ÁUÀzÀÄ

4. F ¦AatÂ AiÉÆÃd£ÉAiÀÄ£ÀÄß PÁAiÀÄð£ÀÄµÁ×£ÀUÉÆ½¸À®Ä ¥ÀæªÀÄÄR ¥ÁvÀæªÀ£ÀÄß ªÀ»¹gÀÄªÀªÀgÀÄ

PÀAzÁAiÀÄ ¹§âA¢	aQvÁì ªÀÄ£ÉÆÃ«eÁÕ¤	«PÀ®ZÉÃvÀ£ÀgÀ ªÀÄvÀÄÛ »jAiÀÄ £ÁUÀjPÀgÀ ¸À§°ÃPÀgÀt E¯ÁSÉ	ºÉÃ¼À¯ÁUÀzÀÄ

5. F AiÉÆÃd£ÉUÉ ¤dªÁzÀ ªÀÄÆ®zsÀ£ÀªÀ£ÀÄß MzÀV¸ÀÄwÛgÀÄªÀªÀgÀÄ

f¯Áè D¸ÀàvÉæ	ReÁ£É E¯ÁSÉ	«PÀ®ZÉÃvÀ£ÀgÀ ªÀÄvÀÄÛ »jAiÀÄ £ÁUÀjPÀgÀ ¸À§°ÃPÀgÀt E¯ÁSÉ	ºÉÃ¼À¯ÁUÀzÀÄ

D. §Ä¢ÞªÀiÁAzÀåvÉAiÀÄÆ¼ÀîªÀgÀ §UÉÎ

6. gÀPÀÛ¸ÀA§zsÀzÀ «ªÁºÀUÀ¼ÀÄ §Ä¢ÞªÀiÁAzÀåvÉUÉ MAzÀÄ PÁgÀtªÁVzÉ

M¥ÀÄàvÉÛÃ£É	¨sÁUÀ±ÀB M¥ÀÄàvÉÛÃ£É	M¥ÀÄàªÀÅ¢®è	ºÉÃ¼À¯ÁUÀzÀÄ

7. ªÀÄUÀÄ«£À ¸ÁªÀiÁ£Àå ¨É¼ÀªÀtÂUÉAiÀÄ ºÀAvÀUÀ¼À°è PÀÄApvÀªÁzÁUÀ §Ä¢ÞªÀiÁAzÀåvÉAiÀÄ EgÀÄ«PÉAiÀÄ §UÉÎ C£ÀÄªÀiÁ£À vÁ¼À§ºÀÄzÀÄ

M¥ÀÄàvÉÛÃ£É	¨sÁUÀ±ÀB M¥ÀÄàvÉÛÃ£É	M¥ÀÄàªÀÅ¢®è	ºÉÃ¼À¯ÁUÀzÀÄ

8. F ‘¸ÀªÀÄ¸ÁåvÀäPÀ ªÀÄUÀÄ’ «¤AzÁV PÀÄlÄA§zÀ ¸ÁªÀiÁfPÀ ªÀÄvÀÄÛ PËlÄA©PÀ £ÉªÀÄä¢UÉ ¨sÀAUÀªÁUÀÄwÛzÉAiÉÄÃ?

M¥ÀÄàvÉÛÃ£É	¨sÁUÀ±ÀB M¥ÀÄàvÉÛÃ£É	M¥ÀÄàªÀÅ¢®è	ºÉÃ¼À¯ÁUÀzÀÄ

9. §Ä¢ÞªÀiÁAzÀåvÉAiÀÄÄ¼Àî ªÀåQÛAiÀÄÄ PÀÄlÄA§zÀ D¹ÛAiÀÄ°è ¸ÀªÀiÁ£À ºÀPÀÄÌªÀÅ¼Àîª À£ÁVgÀÄvÁÛ£É

M¥ÀÄàvÉÛÃ£É	¨sÁUÀ±ÀB M¥ÀÄàvÉÛÃ£É	M¥ÀÄàªÀÅ¢®è	ºÉÃ¼À¯ÁUÀzÀÄ

10. §Ä¢ÞªÀiÁAzÀåvÉAiÀÄÄ¼ÀîªÀjUÉ OµÀzsÉÆÃ¥ÀZÁgÀ¢AzÀ ªÀiÁvÀæªÉÃ UÀÄt¥Àr¸À§ºÀÄzÁVzÉ.

M¥ÀÄàvÉÛÃ£É	¨sÁUÀ±ÀB M¥ÀÄàvÉÛÃ£É	M¥ÀÄàªÀÅ¢®è	ºÉÃ¼À¯ÁUÀzÀÄ

11. vÀgÀ¨ÉÃw ¤ÃqÀÄªÀÅªÀgÀ ªÀÄÆ®PÀ §Ä¢ÞªÀiÁAzÀåvÉAiÀÄÄ¼Àî ªÀåQÛAiÀÄ£ÀÄß ¸ÀÄzsÁj¸À§ºÀÄzÀÄ

M¥ÀÄàvÉÛÃ£É	¨sÁUÀ±ÀB M¥ÀÄàvÉÛÃ£É	M¥ÀÄàªÀÅ¢®è	ºÉÃ¼À¯ÁUÀzÀÄ

12. «ªÁºÀ¢AzÀ §Ä¢ÞªÀiÁAzÀåvÉAiÀÄ£ÀÄß ªÁ¹ªÀiÁqÀ§ºÀÄzÀÄ

M¥ÀÄàvÉÛÃ£É	¨sÁUÀ±ÀB M¥ÀÄàvÉÛÃ£É	M¥ÀÄàªÀÅ¢®è	ºÉÃ¼À¯ÁUÀzÀÄ