The World AIDS Day

GS-Paper-3 Health (PT-MAINS-IV)

HIV stands for Human Immunodeficiency Virus. It is the virus that leads to acquired immunodeficiency syndrome, or AIDS, if not treated. Unlike some other viruses, the human body can’t get rid of HIV completely, even with treatment.

**Human Immunodeficiency Virus (HIV) is a lentivirus, which is a sub-classification of the retrovirus.** It causes the HIV infection which over time leads to AIDS (Acquired Immunodeficiency Syndrome).

- AIDS is a deadly condition in which the affected person’s immune system fails, leading to the spread of life-threatening infections and cancers in his body.
- HIV demolishes a particular type of WBC (White Blood Cells) and
T-helper cells. This virus also makes copies of itself inside these cells. T-helper cells are also known as CD4 cells.

- The average survival period for a person affected with HIV without treatment is nine to eleven years, subject to the subtype of HIV.
- HIV infection can occur by the transference of blood, breast milk, vaginal fluid, semen, or pre-ejaculate.
- HIV occurs as both free virus particles and as a virus inside the infected immune cells within the above-mentioned bodily fluids.
- A weak immune system makes a person prone to opportunistic infections and cancer.
- It becomes difficult for a person infected with this virus to recover from even a minor injury or sickness. By receiving treatment, a severe form of HIV can be prevented.

### Types of HIV

<table>
<thead>
<tr>
<th>Type One</th>
<th>Type Two</th>
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<tbody>
<tr>
<td>Most Common</td>
<td>This is found primarily in Western Africa, with some cases in India and Europe.</td>
</tr>
<tr>
<td>Further categorized in 4 groups</td>
<td>There are 8 known HIV-2 groups (A to H).</td>
</tr>
<tr>
<td>Group M [Major]</td>
<td>HIV-2 is closely related to the simian immunodeficiency virus endemic in a monkey species (sooty mangabeys).</td>
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<tr>
<td>Group N [Non-M &amp; Non-O]</td>
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<tr>
<td>Group O [Outlier]</td>
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<tr>
<td>Group P</td>
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<tr>
<td>90% of the cases are caused by Group M HIV.</td>
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</tbody>
</table>

### AIDS vs HIV

<table>
<thead>
<tr>
<th>AIDS</th>
<th>HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acquired Immunodeficiency Syndrome (AIDS) is a disease.</td>
<td>Human Immunodeficiency Virus (HIV) is the causal factor (reason) for AIDS</td>
</tr>
<tr>
<td>Complications and secondary infections from this disease kill the host.</td>
<td>The virus is incapable of killing a host by itself.</td>
</tr>
<tr>
<td>AIDS is a condition acquired only after the contraction of HIV.</td>
<td>HIV is a virus and like other viruses, can spread from person to person.</td>
</tr>
</tbody>
</table>

### Some FACTS

...
Transmission: HIV is transmitted from person to person through bodily fluids including blood, semen, vaginal secretions, anal fluids and breast milk.

**To transmit HIV, bodily fluids must contain enough of the virus. A person with ‘Undetectable HIV’ cannot transfer HIV to another person even after transfer of fluids. ‘Undetectable HIV’ is when the amount of HIV in the body is so low that a blood test cannot detect it. Treatment can make this possible. But regular monitoring of the same through blood tests is also required.**

Symptoms

Around 80% of people infected with HIV develop a set of symptoms known as Acute Retroviral Syndrome, around 2-6 weeks after the virus enters into body. The early symptoms include fever, chills, joint pains, muscle aches, sore throat, sweats particularly at night, enlarged glands, a red rash, tiredness, weakness, unintentional weight loss and thrush. A person can carry HIV even without experiencing any symptoms for a long time. During this time, the virus continues to develop and causes immune system and organ damage.

Global Stats

- Since the beginning of epidemic, more than 70 million people have got infected with HIV virus and about 35 million have died.
- Globally, 36.9 million People were living with HIV at the end of 2017. Of these, 1.8 million were children under 15 years of age.
- According to Global HIV & AIDS statistics, only 59% of those infected with HIV are receiving the antiretroviral drugs.
- The African Region is the most affected region with 1 in 25 adults living with HIV.

Indian Stats

The total number of people living with HIV was estimated at 21.40 lakh in 2017. India witnessed over 87,000 new cases in 2017 and saw a decline of 85% compared to 1995.

Treatment-Strategies

Anti-Retroviral Therapy:

- It is a combination of daily medications that stop the virus from
reproducing. The therapy helps in protecting CD4 cells thus keeping the immune system strong enough to fight off the disease.
- It, besides reducing the risk of transmission of HIV, also helps in stopping its progression to AIDS (a spectrum of conditions caused by infection due to HIV).

Stem Cell Transplant:
- Under this, an infected person is treated with stem cell transplant from donors carrying a genetic mutation that prevents expression of an HIV receptor CCR5.
- CCR5 is the most commonly used receptor by HIV-1. People who have mutated copies of CCR5 are resistant to HIV-1 virus strain.
- It has been reported that till now, only two people have been cured of HIV by experts using this method of treatment. The first person is Timothy Ray Brown (Berlin Patient) who was cured in 2007 and the second is known as London Patient, who just got cured of HIV. The difference in the treatment of both patients is that the Berlin Patient was given two transplants and he underwent total body irradiation while the London Patient received just one transplant and also less intensive chemotherapy. Researchers find this method very complicated, expensive and risky.

UNAIDS
- Established in 1996, UNAIDS has been leading and inspiring global, regional, national and local leadership, innovation and partnership to consign HIV to history.
- It is headquartered in Geneva, Switzerland.
- It places people living with HIV and people affected by the virus at the decision-making table and at the centre of designing, delivering and monitoring the AIDS response.
- It charts paths for countries and communities to get on the fast-track to end AIDS and is a bold advocate for addressing the legal and policy barriers to the AIDS response.
- Also, it is leading the global effort to end AIDS as a public health threat by 2030 as part of the Sustainable Development Goal-3 (SDG-3).
- SDG-3 deals with ensuring healthy lives and promoting wellbeing for all at all ages (including universal access to HIV prevention services, sexual and reproductive health services and drug dependence treatment and harm
National AIDS Control Programme (NACP)

The National AIDS Control Programme (NACP), launched in 1992, is being implemented as a comprehensive programme for prevention and control of HIV/AIDS in India. Over time, the focus has shifted from raising awareness to behaviour change, from a national response to a more decentralized response and to increasing involvement of NGOs and networks of People living with HIV (PLHIV).

The NACP I started in 1992 was implemented with an objective of slowing down the spread of HIV infections so as to reduce morbidity, mortality and impact of AIDS in the country.

In November 1999, the second National AIDS Control Project (NACP II) was launched to reduce the spread of HIV infection in India, and (ii) to increase India’s capacity to respond to HIV/AIDS on a long-term basis.

NACP III was launched in July 2007 with the goal of Halting and Reversing the Epidemic over its five-year period.

NACP IV, launched in 2012, aims to accelerate the process of reversal and further strengthen the epidemic response in India through a cautious and well defined integration process over the next five years.

NACP - IV - Objectives

- Reduce new infections by 50% (2007 Baseline of NACP III)
- Provide comprehensive care and support to all persons living with HIV/AIDS and treatment services for all those who require it.

Key strategies

- Intensifying and consolidating prevention services, with a focus on High Risk Groups (HRGs) and vulnerable population.
- Increasing access and promoting comprehensive care, support and treatment
- Expanding IEC services for (a) general population and (b) high risk groups with a focus on behaviour change and demand generation.
- Building capacities at national, state, district and facility levels
- Strengthening Strategic Information Management System

**Key priorities under NACP IV**
Preventing new infections by sustaining the reach of current interventions and effectively addressing emerging epidemics

- Prevention of Parent to Child transmission
- Focusing on IEC strategies for behaviour change in HRG, awareness among general population and demand generation for HIV services
- Providing comprehensive care, support and treatment to eligible PLHIV
- Reducing stigma and discrimination through Greater involvement of PLHA (GIPA)
- De-centralizing rollout of services including technical support
- Ensuring effective use of strategic information at all levels of programme
- Building capacities of NGO and civil society partners especially in states with emerging epidemics
- Integrating HIV services with health systems in a phased manner
- Mainstreaming of HIV/AIDS activities with all key central/state level Ministries/departments will be given a high priority and resources of the respective departments will be leveraged. Social protection and insurance mechanisms for PLHIV will be strengthened.

Package of services provided under NACP IV

**Prevention Services**

- Targeted Interventions for High Risk Groups and Bridge Population (Female Sex Workers (FSW), Men who have Sex with Men (MSM), Transgenders/Hijras, Injecting Drug Users (IDU), Truckers & Migrants)
- Needle-Syringe Exchange Programme (NSEP) and Opioid Substitution Therapy (OST) for IDUs
- Prevention Interventions for Migrant population at source, transit and destination
- Link Worker Scheme (LWS) for HRGs and vulnerable population in rural areas
- Prevention & Control of Sexually Transmitted Infections/Reproductive Tract Infections (STI/RTI)
- Blood Safety
- HIV Counseling & Testing Services
- Prevention of Parent to Child Transmission
- Condom promotion
- Information, Education & Communication (IEC) & Behaviour Change Communication (BCC)
- Social Mobilization, Youth Interventions and Adolescent Education Programme
- Mainstreaming HIV/AIDS response
- Work Place Interventions
Care, Support & Treatment Services

- Laboratory services for CD4 Testing and other investigations
- Free First line & second line Anti-Retroviral Treatment (ART) through ART centres and Link ART Centres (LACs), Centres of Excellence (COE) & ART plus Centres.
- Pediatric ART for children
- Early Infant Diagnosis for HIV exposed infants and children below 18 months
- HIV-TB Coordination (Cross- referral, detection and treatment of co-infections)
- Treatment of Opportunistic Infections
- Drop-in Centres for PLHIV networks

New Initiatives under NACP IV

- Differential strategies for districts based on data triangulation with due weightage to vulnerabilities
- Scale up of programmes to target key vulnerabilities
  - Scale up of Opioid Substitution Therapy (OST) for IDUs
  - Scale up and strengthening of Migrant Interventions at Source, Transit & Destinations including roll out of Migrant Tracking System for effective outreach
  - Establishment and scale up of interventions for Transgenders (TGs) by bringing in community participation and focused strategies to address their vulnerabilities
  - Employer-Led Model for addressing vulnerabilities among migrant labour e. Female Condom Programme
- Scale up of Multi-Drug Regimen for Prevention of Parent to Child Transmission (PPTCT) in keeping with international protocols
- Social protection for marginalised populations through mainstreaming and earmarking budgets for HIV among concerned government departments
- Establishment of Metro Blood Banks and Plasma Fractionation Centre
- Launch of Third Line ART and scale up of first and second Line ART
- Demand promotion strategies specially using mid-media, e.g., National Folk Media Campaign & Red Ribbon Express and buses (in convergence with the National Health Mission)

HIV and AIDS (Prevention and Control) Act

The Government of India enacted the HIV and AIDS (Prevention and Control) Act under the Ministry of Health and Family Welfare in the year 2017 and was in force in 2018. The State and Central Government are responsible for the
following measures:

- Preventing the spread of HIV/AIDS
- Providing ART (Anti-Retroviral Therapy) for infected patients
- Providing awareness about HIV & AIDS
- Conducting educational programmes about AIDS & HIV
- Prohibiting discrimination of infected patients
- Providing HIV treatment and counselling services under the state care facilities

The Act lists various grounds on which discrimination against HIV positive persons and those living with them is prohibited.

HIV and AIDS (Prevention and Control) Act maintain that without the consent of the person, no one can conduct any HIV tests or treatment related to HIV. Also, the person won’t be under any compulsion to disclose his/her HIV status except when required by the Court. Informed consent for an HIV test will not be required in case of screening by any licensed blood bank, a court order, medical research, and epidemiological purposes where the HIV test is anonymous and not meant to determine the HIV status of a person. Establishments keeping records of information of HIV positive persons shall adopt data protection measures. The requirement for HIV testing as a prerequisite for obtaining employment or accessing health care or education is also prohibited.

In the case of violation of the act, the party disclosing information on a person with HIV or advocating hatred against them will be punished with a fine of one lakh rupees or imprisonment ranging from 3 months to 2 years.

Ombudsman Appointment under HIV and AIDS Bill

- An ombudsman will be appointed by each state government to inquire into complaints related to the violation of the Act and the provision of health care services.
- The Ombudsman shall submit a report to the state government every six months stating the number and nature of complaints received, the actions taken and orders passed.

Recent News

The World AIDS Day is observed on 1st December every year all over the world. It was founded in 1988 by the World Health Organization (WHO) and was the first
ever global health day with a motto of raising public awareness about Acquired Immuno Deficiency Syndrome.

AIDS is a pandemic disease caused by the infection of Human Immunodeficiency Virus (HIV), which damages the human immune system. In 2019, 6,90,000 people died from HIV-related causes and 1.7 million people were newly infected, with nearly 62% of these new infections occurring among key populations and their partners.

**Theme for 2020:** “Global solidarity, resilient HIV services.”

- On World AIDS Day 2020, WHO is calling on global leaders and citizens to rally for “global solidarity” to **overcome the challenges posed by Covid-19 on the HIV response.**
  - HIV prevention, testing, treatment and care services are all being **disrupted** particularly in countries with fragile health systems.
  - Slowing progress means the world will be missing the “90-90-90” **targets for 2020**, which were to ensure that: 90% of people living with HIV are aware of their status, 90% of people diagnosed with HIV are receiving treatment, and 90% of all people receiving **treatment** have achieved **viral suppression**.
  - Any slowing down in provision of these services will leave many vulnerable populations at greater risk of HIV infection and AIDS-related deaths and missing these intermediate targets will make it difficult to **achieve the target of elimination of AIDS by 2030.**

In 2020, the International Year of the Nurse and the Midwife, it is a call for more protection and support to these health workers who have long been on the frontline of HIV service delivery.

**Significance:** It reminds the public and government that HIV has not gone away and there is still a vital need to raise money, increase awareness, fight prejudice and improve education. It is an opportunity to show solidarity with the millions of people living with HIV worldwide.

Source: Vikaspedia
Researchers at Sweden’s Karolinska institute have tried to answer why influenza infections lead to an increased risk of bacterial pneumonia. They have described findings leading to so-called “superinfections”.

They cite the example of Spanish flu, which was an influenza pandemic that swept across the world in 1918–20. Unlike many other pandemics, the Spanish flu hit young healthy adults, due to the superinfections caused by bacteria, in particular pneumococci.

Superinfections: These are infections occurring after or on top of an earlier
infection, especially following treatment with broad-spectrum antibiotics. It is an overgrowth of an opportunistic pathogen from the bacterial or yeast imbalance of systemic antibiotics. For example, influenza is caused by a virus, but the most common cause of death in influenza patients is secondary pneumonia, which is caused by bacteria. However, the reason behind influenza infections leading to an increased risk of bacterial pneumonia is not known.

Researchers looked at mechanisms behind this increased susceptibility. They found that different nutrients and antioxidants leak from the blood. This creates an environment in the lungs that favours growth of bacteria.

The bacteria adapt to the inflammatory environment by increasing the production of HtrA enzyme. HtrA weakens the immune system and promotes bacterial growth in the influenza-infected airways. The results of the research could be used to find new therapies for double infections between the influenza virus and pneumococcal bacteria.

**Influenza**

- It is a viral infection that attacks the respiratory system i.e. nose, throat and lungs and is commonly called the flu.
- **Symptoms:** Fever, chills, muscle aches, cough, congestion, runny nose, headaches and fatigue.
- **Common Treatment:**
  - Flu is primarily treated with **rest and fluid intake** to allow the body to fight the infection on its own.
  - **Paracetamol may help** cure the symptoms but **Non Steroidal Anti-inflammatory Drugs** (NSAIDs) should be avoided. **An annual vaccine can help prevent** the flu and limit its complications.
- Young children, older adults, pregnant women and people with chronic disease or weak immune systems are at high risk.

**Pneumonia**

- It is an infection that inflames the air sacs in one or both lungs. The air sacs may fill with fluid or pus.
- **Cause:** Variety of organisms, including bacteria, viruses and fungi.
- **Symptoms:** Cough with phlegm or pus, fever, chills and difficulty breathing.
- **Treatment:** Antibiotics can treat many forms of pneumonia. Some forms of pneumonia can be prevented by vaccines.
The infection can be life-threatening to anyone, but particularly to infants, children and people over 65.

Source: IE

Arunachal Kiwi

GS-III | Biodiversity & Environment

Arunachal Kiwi
Arunachal Kiwi got organic certification for Kiwi under Mission Organic Value Chain Development for North East Region (MOVCD-NER). [MOVCD-NER is a scheme for the north-eastern states by the Ministry of Agriculture & Farmers’ Welfare under the Central government.]

Arunachal Pradesh is first in the country to get this certification for kiwi. These kiwis are grown Ziro Valley located in the Lower Subansiri district in Arunachal. An agricultural practice/product is considered organic when there are no chemical fertilisers or pesticides involved in its cultivation process. Such certifications can be obtained after scientific assessment done by Agricultural and Processed Food Products Export Development Authority (APEDA).

Source: IE

Zebrafish Gene-Heart regeneration

GS-III | S&T
Scientists at Pune-based Agharkar Research Institute have identified Zebrafish’s genes that can promote heart regeneration. They have sought to decode the heart regeneration processes, which can illuminate strategies to improve human cardiac regeneration.

Zebrafish is a tiny freshwater fish found in the tropical and subtropical regions. It is native to South Asia’s Indo-Gangetic plains, where they are mostly found in the paddy fields and even in stagnant water and streams. It can regenerate almost all its organs, including the brain, heart, eye, spinal cord within a short time period.

Its unique characteristics lie in its transparency during its embryonic stages, allowing observing all organs. This is why the zebrafish is used as a model organism.
Peacock soft-shelled turtle

GS-III | Biodiversity & Environment

Peacock soft-shelled turtle

Peacock soft-shelled turtle - vulnerable species have been rescued from a fish market in Assam’s Silchar. Scientific Name: Nilssonia hurum.

Features:
They have a large head, downturned snout with low and oval carapace of dark olive green to nearly black, sometimes with a yellow rim.

The head and limbs are olive green; the forehead has dark reticulations and large yellow or orange patches or spots, especially behind the eyes and across
the snout.

**Males** possess relatively longer and thicker tails than females.

**Habitat:** India, Bangladesh and Pakistan. In India, it is widespread in the northern and central parts of the Indian subcontinent. These are found in rivers, streams, lakes and ponds with mud or sand bottoms.

**Threats:** The species is heavily exploited for its meat and calipee (the outer cartilaginous rim of the shell). Threats in the River Ganga to the species are those generic for all large river turtles, including reduction of fish stock, as a result of overfishing, pollution, increase in river traffic, and sand-mining, among others.

- **Wildlife Protection Act, 1972**: Schedule I
- **IUCN Red List**: Vulnerable
- **CITES**: Appendix I

Source: IE

**Shanghai Cooperation Organisation** – Virtual exhibition

GS-Paper-2 EURASIA (PT-MAINS)
India has launched the first ever **SCO Online Exhibition on Shared Buddhist Heritage.** The launch happened during the 19th Meeting of the Shanghai Cooperation Organisation Council of Heads of Government (SCO CHG), held in **New Delhi.** India highlighted that the cross border terrorism is the biggest challenge for the SCO countries.

**SCO Online International Exhibition:**

**Developed by:** First ever of its kind the exhibition was developed and curated by the **National Museum, New Delhi,** in active collaboration with SCO member countries.

**Participants:** Museums from India, Kazakhstan, China, Kyrgyz Republic, Pakistan, Russia, Tajikistan and Uzbekistan.

**Significance:**

**Buddhist Connection:** Buddhist philosophy and art of Central Asia connects SCO countries to each other and presents an excellent opportunity for visitors to access, appreciate and compare Buddhist art antiquities from SCO countries on a single platform.

**Knowledge about Different Schools of Buddhism:** The visitors can explore the
Indian Buddhist treasures from the Gandhara and Mathura Schools, Nalanda, Amaravati, Sarnath, etc. in a 3D virtual format.

### Difference between Mathura and Gandhara School of Art

Although both the Mathura and Gandhara schools of Art share some rudimentary similarities between themselves, there are some fundamental differences between the two: which is highlighted in the table given below:

<table>
<thead>
<tr>
<th>Areas of differences</th>
<th>Gandhara School of art</th>
<th>Mathura School of Art</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reign</td>
<td>Kushana Dynasty</td>
<td>Kushana Dynasty</td>
</tr>
<tr>
<td>Area</td>
<td>Gandhara (Now located in the Peshawar Valley of Modern-day Pakistan)</td>
<td>Mathura</td>
</tr>
<tr>
<td>Outside influences</td>
<td>Greek and possibly Macedonian influence</td>
<td>Entirely indigenous</td>
</tr>
<tr>
<td>Religious influence</td>
<td>Buddhism</td>
<td>Hinduism</td>
</tr>
<tr>
<td>Material Used</td>
<td>Bluish- Grey sandstone</td>
<td>Grey sandstone</td>
</tr>
<tr>
<td>Features of Buddha sculptures</td>
<td>Spiritual Buddha</td>
<td>Smiling Buddha</td>
</tr>
<tr>
<td></td>
<td>Sad Buddha</td>
<td>Less emphasis on spiritual aspects</td>
</tr>
<tr>
<td></td>
<td>Bearded Buddha</td>
<td>Shaven head and face</td>
</tr>
<tr>
<td></td>
<td>Less ornamentation</td>
<td>Muscular Physique</td>
</tr>
<tr>
<td></td>
<td>Great detailing</td>
<td>Graceful posture of Buddha</td>
</tr>
<tr>
<td></td>
<td>Buddha in Yogi postures</td>
<td>Seated in Padmasana</td>
</tr>
<tr>
<td></td>
<td>Greek factors like wavy hair, large forehead, long ears</td>
<td>Buddha surrounded by two monks: Padmapani (holding Lotus) and Vajrapani (Holding Vajra)</td>
</tr>
</tbody>
</table>
Halo around the head of Buddha decorated with geometrical motifs

The Standing Buddhas of the Sravasti, Sarnath, and Kausambhi

Various Mudras of Buddha in Gandhara Art

Abhayamudra- Don’t fear —
Bhumisparshamudra
- Touching the earth
Dhyana mudra- Meditation
Dharmachakramudra- A preaching mudra

Artistic Wealth and Excellence: The international exhibition gives a glimpse of the artistic wealth displayed in various museums across Asia and also represents the artistic excellence embedded within an eclectic historical timeline.

Features:
The Pakistan Hall depicts the life of Gautama Buddha and buddhist art through a collection of impressive Gandhara art objects including fasting Siddhartha and footprint of Buddha from Sikri, meditating Buddha from Sahri Bahlol, miracle of Sravasti from Gandhara, etc.

The State Oriental Art Museum, Moscow contributed objects which depict the Buddhist Buriyat Art of Russia through icons, ritual objects, monastery traditions etc.

The Dunhuang Academy of China contributed a rich digital collection on buddhist art which include ingenious architecture, resplendent murals, decorative designs, costumes etc.

India stand on Terrorism: India raised the issue of terrorism at the meeting and
highlighted it as the enemy of humanity. It expressed its concerns on the state sponsored terrorism and in particular crossborder terrorism. India supports the BRICS Counter-Terrorism Strategy

Recently, India’s annual resolution on the issue of counter-terrorism was adopted by consensus in the First Committee of the United Nations General Assembly (UNGA).

India also criticised Pakistan for using terrorism as an instrument of state policy and called upon the members of SCO to fight it collectively.

Shanghai Cooperation Organisation

- It is a permanent intergovernmental international organisation and a Eurasian political, economic and military organisation aiming to maintain peace, security and stability in the region created in 2001.
- The SCO is widely regarded as the “Alliance of the East”, due to its growing centrality in Asia-Pacific, and has been the primary security pillar of the region.
- It is the largest regional organisation in the world in terms of geographical coverage and population, covering three-fifths of the Eurasian continent and nearly half of the human population.
- Members: Kazakhstan, China, Kyrgyzstan, Russia, Tajikistan, Uzbekistan, India and Pakistan.
- Observer states: Afghanistan, Belarus, Iran and Mongolia.

Source: PIB

Assistance to Disabled Persons (ADIP) Camp

GS-I | Social issues
Minister of Social Justice and Empowerment has virtually inaugurated an **Assistance to Disabled Persons Camp** for free distribution of assistive aids and devices to *Divyangjan* or *Divyang*. These are Hindi word meaning the ‘one with a divine body’. The Prime Minister decided that persons with disabilities should no longer be referred to as disabled persons or *viklang* (someone with non-functional body parts).

**Facts:**

The camp was organized by the **Artificial Limbs Manufacturing Corporation of India (ALIMCO), Kanpur. ALIMCO** is a not-for-profit Central Public Sector Undertaking (PSU) established in 1972 and it works under the aegis of the **Department of Empowerment of Person with Disability (DEPwD)**.

**Assistance to Disabled Persons Scheme:** It is in operation since 1981.

**Definition:** The scheme follows the definitions of various types of disabilities as given in the **Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) (PWD) Act 1995.**

PWD Act was replaced by the **Right of Persons with Disabilities Act 2016.**
Act Provisions

Rights and entitlements

- Responsibility has been cast upon the appropriate governments to take effective measures to ensure that the persons with disabilities enjoy their rights equally with others.
- Additional benefits such as reservation in higher education (not less than 5%), government jobs (not less than 4%), reservation in allocation of land, poverty alleviation schemes (5% allotment) etc. have been provided for persons with benchmark disabilities and those with high support needs.
- Every child with benchmark disability between the age group of 6 and 18 years shall have the right to free education.
- Government funded educational institutions as well as the government recognized institutions will have to provide inclusive education to the children with disabilities.
- For strengthening the Prime Minister's Accessible India Campaign stress has been given to ensure accessibility in public buildings (both Government and private) in a prescribed time-frame.

Guardianship

- The Act provides for grant of guardianship by District Court under which there will be joint decision – making between the guardian and the persons with disabilities.

Establishment of Authorities

- Broad based Central & State Advisory Boards on Disability are to be set up to serve as apex policy making bodies at the Central and State level.
- Office of Chief Commissioner of Persons with Disabilities has been strengthened who will now be assisted by 2 Commissioners and an Advisory Committee comprising of not more than 11 members drawn from experts in various disabilities.
- Similarly, the office of State Commissioners of Disabilities has been strengthened who will be assisted by an Advisory Committee comprising of not more than 5 members drawn from experts in various disabilities.
- The Chief Commissioner for Persons with Disabilities and the State Commissioners will act as regulatory bodies and Grievance Redressal agencies and also monitor implementation of the Act.
- District level committees will be constituted by the State Governments to
address local concerns of PwDs. Details of their constitution and the functions of such committees would be prescribed by the State Governments in the rules.

- Creation of National and State Fund will be created to provide financial support to the persons with disabilities. The existing National Fund for Persons with Disabilities and the Trust Fund for Empowerment of Persons with Disabilities will be subsumed with the National Fund.

Penalties for offences

- The Act provides for penalties for offences committed against persons with disabilities and also violation of the provisions of the new law.
- Any person who violates provisions of the Act, or any rule or regulation made under it, shall be punishable with imprisonment up to six months and/or a fine of Rs 10,000, or both. For any subsequent violation, imprisonment of up to two years and/or a fine of Rs 50,000 to Rs five lakh can be awarded.
- Whoever intentionally insults or intimidates a person with disability, or sexually exploits a woman or child with disability, shall be punishable with imprisonment between six months to five years and fine.
- Special Courts will be designated in each district to handle cases concerning violation of rights of PwDs.

Objective: To assist the needy disabled persons in procuring durable, sophisticated and scientifically manufactured, modern, standard aids and appliances that can promote their physical, social and psychological rehabilitation by reducing the effects of disabilities and enhance their economic potential.

Grants: Grants-in-aid are released to various implementing agencies (Artificial Limbs Manufacturing Corporation of India, National Institutes, Composite Regional Centres, District Disability Rehabilitation Centres, State Handicapped Development Corporations, NGOs, etc.) for purchase and distribution of aids and assistive devices.

Assistance: Aids/appliances which do not cost more than Rs. 10,000 are covered under the Scheme for single disability. However, in some cases the limit would be raised to Rs.12,000. In the case of multiple disabilities, the limit will apply to individual items separately in case more than one aid/appliance is required.

Full cost of aid/appliance is provided if the income is up to Rs. 15,000 per
month and 50% of the cost of aid/appliance is provided if the income is between Rs. 15,001 to Rs. 20,000 per month.

**Government Initiatives:**

**Right of Persons with Disabilities Act 2016:** "Person with disability" means a person with long term physical, mental, intellectual or sensory impairments which, in interaction with barriers, hinders his full and effective participation in society equally with others.

**Accessible India Campaign: Creation of Accessible Environment for PwDs:** A nation-wide flagship campaign for achieving universal accessibility that will enable PwDs to gain access for equal opportunity and live independently and participate fully in all aspects of life in an inclusive society.

**DeenDayal Disabled Rehabilitation Scheme:** Under the scheme, financial assistance is provided to NGOs for providing various services to PwDs, like special schools, vocational training centres, community-based rehabilitation, pre-school and early intervention etc.

**National Fellowship for Students with Disabilities:** It aims to increase opportunities for students with disabilities for pursuing higher education and grants 200 fellowships per year to students with disability.

**Unique Disability Identification Project:** It aims to create a national database for PwDs and issuing Unique Disability Identity (UDID) Card along with disability certificate. Once the project covers all persons with disabilities, UDID Cards will be made mandatory for availing various government benefits.

**Assistance to Disabled Persons for Purchase/fitting of Aids and Appliances:** It aims at helping the disabled persons by bringing suitable, durable, scientifically-manufactured, modern, standard aids and appliances within their reach.

**International Day of Persons with Disabilities:** It is celebrated worldwide on 3rd December and was proclaimed in 1992 by United Nations General Assembly resolution 47/3. It aims to promote the rights and well-being of persons with disabilities in all spheres of society and development and to increase awareness of the situation of persons with disabilities in every aspect of political, social, economic and cultural life.
**Initiatives for Mental Health:** National Mental Health Programme, which was launched in 1982 to improve the status of mental health in India.

**KIRAN: Mental Health Rehabilitation Helpline** for addressing mental health issues, coordinated by the National Institute for the Empowerment of Persons with Multiple Disabilities (NIEPMD), Tamil Nadu and National Institute of Mental Health Rehabilitation (NIMHR), Madhya Pradesh.

Source: PIB