

Challenges faced by the Indian State in serving scattered and disenfranchised groups with special needs

Theme concept note

SJ Phansalkar, Vikasanvesh Foundation

The nomadic groups like banjara, bharwads, nat etc. are small, scattered and mobile. Development levels among them are quite poor. Particularly vulnerable tribal groups have remained more or less in the 19th Century ever since. Persons with disability in rural India; particularly with mental disability, though far more numerous than above two, are not only invisible but till recently more or less out of the purview of any formal action save some pensions or welfare schemes. There are millions of destitute women cast away by families and society. It is moot if all children without adult protection find care in homes. Each of these categories belongs to a class of people. For the sake of specificity, the class is named "Scattered and Disenfranchised Groups" (S&DG).

Features that characterize this class are as follows. (a) The number of individuals in the class is small in relation to the total number of people in its social milieu. (b) the individuals of the class are scattered over a wide geography. (Perhaps smaller groups of PVTG live in compact areas, but when viewed together the 27 lakhs PVTG are scattered in 11 States across the country.) (c) In none of their locales are their numbers strong enough for any efforts to consolidate and mobilize them significant. (d) they lack the savvy and the skills to negotiate their way in the world to eke out a decent existence or the capacity to navigate their way in the administration run by the State apparatus. (e) Civil Society actors are the principal groups taking interest in the well-being of these people. There are some policies and sporadic efforts on the part of the State; usually mounted at the behest and persistence of the former, to look after them but implementation of these faces challenges.

Academics and civil society actors often look at the issues concerning sub-categories within the S&DG class. They tend to delve deep into specific problems and challenges of that category. For instance in regard to PVTG, attention is focused on their poor condition caused by remoteness, primitive farming techniques and conflicts with ecology conservation groups and with Forest administration. When dealing with PwD the issues looked at relating to stigma, insensitivity of the families, superstition, lack of access and incomplete efforts to make facilities "disabled friendly". When engaged with destitute women the focus shifts on issues like domestic violence, superstitions like "dayan persecution" (witch-hunt) tradition, their property rights, safety and infringement of their personal space.

However, the structural and process problems and challenges faced by the State apparatus in engaging with these categories are not studied. These problems and challenges of the State apparatus are as, if not more, responsible for the continuing woes of the S&DG as the issues specific to each of the category. Not enough attention is paid to the issues concerning the nature and dynamic of the State response to the well-being of these categories.

It has been instructive to focus on structural and process problems and challenges faced by the sections of the State apparatus engaged with each of these categories and look at patterns that are common to these challenges and processes. There are established theories of bureaucracy and of organization which can be applied as now we do have at least the outline of the basic pattern. The study could possibly contribute to both knowledge as well as to improved practice within the state apparatus.

Abstracts

“How can the crippled Government process serve persons with disability”; a note prepared for Vikasanvesh Foundation, December 2018

Kailas Kokre, Vikasanvesh Foundation

Abstract

In Maharashtra, persons with disability, and in certain cases, their escorts are provided with transport at zero or concessional prices in the buses run by the State owned Maharashtra State Road Transport Corporation. To avail of this facility the concerned PwD must obtain a Concession Pass that certifies her eligibility to the facility. This note describes the process which needs to be followed in order to obtain this pass.

The note states that there are 8 pre-requisites and stages through which an applicant needs to navigate to finally get the above concession. Some of these steps, such as getting an Aadhar Card or Birth Certificate are one time actions. They are also useful in a very wide range of applications and procedures through out life. Some others however are specific to obtaining a valid authorisation for concessional transport. The note describes how a potential beneficiary must visit a number of offices; often away from his place of residence in a village and make application or satisfy conditions for the eligibility. These procedures are arduous if the applicant is mobility impaired. The note also argues that due to the usual issues in administration: officers on duty called elsewhere, officers on duty overloaded or engages in work deemed to be of higher priority; difficulty in transport schedules matching office timings etc. multiple visits entailing expenses and loss of wages for the guardian of the PwD are caused. This note therefore argues that even in such an obvious instance, the complex procedures lead to a situation in which only a small number of persons; who are located closer to seats of administration or those who can engage services of middlemen and touts; can benefit. The note ends with a suggestion about simplification of the procedures and elimination of repetitive or superfluous documentation.

A Care-less State: Status of Persons with Disabilities and access to benefits in rural Rajasthan; paper prepared for Vikasanvesh Foundation, Pune, March 2019

Jayapadma RV and Kailas Kokre; Vikasanvesh Foundation

Abstract

1.56 million persons with disabilities, which is 5.83% of the 26.8 million persons with disabilities in India, reside in Rajasthan. As with the rest of India, in Rajasthan too, more number of disabled persons reside in rural areas than in urban areas.

In February 2019, a study was undertaken by a few students of IIM Udaipur, as part of a Rural Immersion Program in the Course on Indian Social and Political Environment. The key objective of the study was to understand the status of people with disabilities in rural areas of Rajasthan and their access to various government schemes and support.

50 persons with disability and their families across 10 villages in rural areas of Udaipur were interviewed as part of the study. The study revealed that a large number of Persons with Disability, over 60% are illiterate. Overwhelmingly, 82% of the PwD work, 66% of them in agriculture and livestock care.

Rajasthan is one of the leading states in issuing UDID, however, it appears slow in reaching the villages surveyed. Only 38% of the respondents (18 men and 1 woman) had got Disability Certificates, and only 10% (5 men) have got UDID cards, pointing to the fact that penetration of UDID in rural areas is slow.

PwDs and their families as well as representatives of local governments have limited awareness of schemes and benefits available for PwDs. Most of them are left to their own devices, and consider it their fate. A majority of PwDs interviewed shared that they have no aspirations, except to be treated with dignity.

Counting persons with disabilities, a pre-requisite to “making them count”;

Research note prepared for Vikasanvesh Foundation, August 2019.

Jayapadma RV, Vikasanvesh Foundation

Abstract

A person is defined as a person with disability if she has not less than 40% disability in any one of the diverse aspects (vision, motor, use of hands, hearing etc.) as certified by Medical Board. AAs per the data released by the Department of Empowerment of persons with disability, there are about 26.8 million persons with disability in India. Of these 18.7 million live in rural areas. Locomotion impairment, hearing impairment and vision impairment account about equal proportion of this number and together make up for two thirds of the total population of the PwD.

This paper argues that the above is an unverified count. After the list of disabilities included for defining what qualifies an individual to be called a PwD was expanded following passage of the Rights of Persons with Disabilities Act in 2016, no headcount of PwD has been done.

Government of India launched a program of issuing Swabhimaan Cards (also called Unique Disability Identity Number Card or UDID Card) in 2016 with the objective that PwD would receive all their due benefits and realise all their rights irrespective of their domicile and place of current stay. Of the 26.8 million PwD, the number of persons issued Swabhimaan Cards is about 5% as of March 2019.

This paper depicts the process and the mechanism for issuing Swabhimaan Cards. This paper notes that there are many administrative and procedural issues which lead to non-issuance or delays in issuing the UDID cards. Some of these are delays, hardships and corruption in issuing a Disability Certificate; which is among the chief requirement for issuing a UDID card. This in turn arises because of the complexity of the process and the need for examination by a panel competent in assessing the extent of disability.

The paper makes a strong case for arriving at a reliable count of persons with disability so that they can be reached and services provided to them.

The paper recommends that

- a cadre of village level volunteers needs to be created (at Gram Panchayat level) and trained in early identification of disability to assist in speedy medical interventions to minimise the extent of disability and better quality of life;
- this cadre should be encouraged and motivated to assist PwD in rural areas in completing the formalities connected with issuance of a Disability Certificate as well as a UDID Card;
- procedures adopted by Department of Health in examination and certification of extent of disability need to be simplified.

Understanding Government Mechanisms and Challenges faced by the Administration in providing welfare services to persons with disabilities in Maharashtra; paper prepared for Vikasanvesh Foundation, July 2019

Kailas Kokre, Vikasanvesh Foundation

Abstract

Of the 26.8 million persons with disability, Maharashtra is home to close to 3 million. This paper addresses the issue of understanding the current administrative processes at work for reaching out welfare schemes to these persons with disability. The paper has identified 14 different welfare schemes relevant to the PwD and has recorded inferences from field based study of the processes about how these reach the target population.

Commissioner of Persons with Disability within the Department of Social Justice of the Government of Maharashtra is the nodal office governing the program implementation. This office has the coordination, monitoring and oversight roles while the actual welfare administration is done through the Panchayati Raj Institutions. These in Maharashtra comprise the Zilla Parishad at District Level, Panchayat Samity at the Block/ tehsil level and Gram Panchayat at the village level. This paper records that there are 2 persons officially assigned the task of implementing the welfare schemes for the PwD at the District level. The expected load per implementing officer is over 41000 PwD. Thus grossly overworked, these staff members have to take recourse to voluntary or requisitioned help from social workers drawn from Government Special Schools (meant for PwD) or NGO run institutions meant for welfare of PwD or otherwise. Considering that the work locations of these persons so requisitioned may be away from seats of Zilla Parishad or Panchayat Samity and that systems of providing transport to them may often be inadequate, there is a lacunae in the system. The paper further records the absence of adequate mechanisms of making welfare schemes known to PwD leading often to a huge waste of time and mis-directed effort as potential benefits may approach with incomplete or incorrect applications.

The paper has identified seven main challenges in administering the welfare measures for the PwD. These are:

- Absence of any designated person responsible for welfare of the PwD at village level;
- Gross work overload on staff designated for the purpose at District level;
- Policies that do not adequately promote integration of PwD with the mainstream;
- Inadequate budget and little efforts at publicising the welfare schemes or making them known to target population;
- Lack of data on numbers of PwD and of beneficiaries reached for monitoring progress at Block or district level;
- Reliance on collaboration from Special Schools or NGOs for implementation without any provision to compensate them;
- Insensitive orientation and inadequate experience of officers at Commissioner's office with the task of welfare of the PwD

Challenges faced in the implementation of UDID (Unique ID for Persons with Disabilities) scheme of Department of Empowerment of Persons with Disabilities, paper prepared for Vikasanvesh Foundation, October 2019

Nikhil Tripathi, Transform Rural India Foundation

Abstract:

According to Census 2011, there are 2.68 crore Persons with Disabilities (PwD) in India (2.21 percent of the total population)[5]. In an attempt to create a National Database for PwDs, Department of Empowerment of Persons with Disabilities has been issuing a Unique Disability Identity Card (UDID) to each person with disabilities. Data available from the Union Social Justice and Empowerment Ministry shows that a minuscule percentage i.e. 7 per cent of the total 1.44 crore PwDs having Disability Certificates (DCs) have been issued the UDID cards[3]. In this paper the focus has been to identify the challenges and issues faced in UDID generation by the involved stakeholders such as beneficiaries, dependents, medical staff, welfare department officials, political representatives and other ground level functionaries related to the scheme. The detailed study has been conducted in one of the districts with nearly 11000 PwD population in Jharkhand state where UDID scheme has been initiated in the first phase of the programme. The research was conducted on the basis of qualitative data based on the conversation with these stakeholders and quantitative data available from the departments.

It has been found that the challenges faced by administration in the generation of UDID cards is linked to lack of dedicated skilled staff at the district level for data collection and verification of applicants. Another important reason is the lack of funds for awareness and required IT infrastructure to facilitate the program at the district level. UDID certificate is not mandatory for availing any direct benefits for PwDs whereas Disability Certificate is. Hence, the demand for DCs is much higher among people than that of UDID. The research suggests and implements steps which can be taken to speed up the performance in the UDID scheme. Increased focus on awareness generation, data collection with the help of Anganwadi Sevika, data entry from the block level operator and fast track verification from District health department can lead to increase in performance for the success of the program. For an increase in the number of people applying on their own, UDID can be mandatorily associated with the existing schemes such as Indira Gandhi National Disability Pension Scheme (IGNDPS) and Swami Vivekananda Nishakt Swalamban Protsahan Yojna.

Challenges experienced by bureaucracy in reaching welfare to scattered and disenfranchised groups (S&DG): A cross-sectional study in Jharkhand specific to Particularly Vulnerable Tribal Groups (PVTGs), paper prepared for Vikasanvesh Foundation, October 2019

Mihir Sahana, Sarve Seva Sangh

Abstract

The scattered and disenfranchised groups (S&DG) describe a group of people who are stripped of their power, scattered and with special needs. It includes different types of groups like nomadic groups (Banjara, Bharwads, Nat etc.), Destitute women, Persons with disability (PwD), Particularly Vulnerable Tribal Groups (PVTG) etc. The current study had considered the last category, i.e. PVTG.

PVTGs are one of the most exposed communities among all tribal groups and need special attention, as it has some basic characteristics like- primitive traits, backwardness, homogeneity within a small population/community, physical isolation, absence of written dialect, pre-agriculture level of technology, stagnant or declining population, subsistence level of economy and a slower rate of change. The state of Jharkhand is home to PVTGs, who are spreading over 2931 Hamlets of 126 Blocks of all the 24 Districts of Jharkhand with a total population of 183814. There are eight PVTGs in the state namely Asur, Birjia, Birhor, Korwa, Hill Kharia, Sauriya Paharia, Mal Paharia, and Savar. Absence of reliable database for these vulnerable communities is a matter of serious concern.

Few research studies were conducted to understand about socio-economic-cultural status of PVTGs, challenges being faced by them, issues pertaining to their stagnant or declining population, etc, focusing mainly on the demand side. Based on the findings of those studies, it is understood that government welfare is not reaching/accessed by PVTGs as compared to other segments of the society. The present work desired to take it a step ahead by understanding the other side of the coin, i.e. the supply side challenges. And hence the study was focused only on the challenges experienced by bureaucracy/government in reaching welfare to such groups and finding its probable solutions/recommendations.

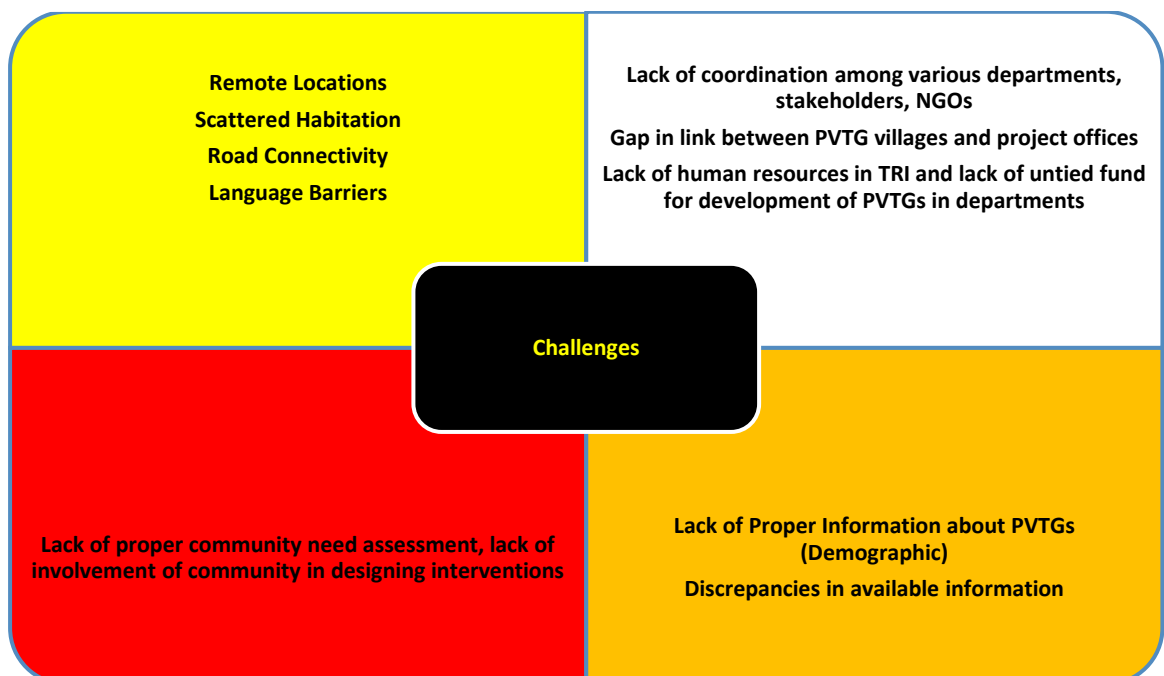
To keep the study guided and directed, few key indicators were selected and examined to achieve the aim of the study like Food Security (through PDS), Social Development (Institutional development), Health, Awareness about rights and entitlements, Livelihood (Agriculture/Horticulture/NTFP), Financial Inclusion, Skill Development, Drudgery reduction, hygiene, education. Along with that the study also reviewed few welfare schemes dedicated to PVTGs like Dakia Yojna, Birsa Munda Awas Yojna, Janshree Yojna. Based on the above selected parameters, the study team interviewed concerned departments and officials.

Challenges Experienced (Findings of the study):-

- Logistic Challenges:- Habitations of PVTGs are scattered and remote. Hence it is difficult to manage logistics for providing them benefits. Mobilization of larger number of people is difficult as their habitations are scattered. Lack of proper road connectivity

is a key issue. ***(Remoteness of habitation, scattered habitation, Lack of proper road connectivity)***

- Communications problem:- PVTGs are very shy in nature and it is very difficult to establish communication with them, as their language is also not known to the facilitators ***(Language Barrier)***
- Middlemen have access to such villages and they buy their produces at a very lesser price. Despite of that villagers sell their produce which was supposed to be stored by them for their own consumption. This problem has recently started in few villages. And this is hampering the overall objective of ensuring food security of the PVTGs ***(Middlemen Influence)***
- ***(Lack of coordination among various departments, stakeholders, NGOs)***
- ***(Lack of proper community need assessment, Lack of involvement of PVTGs in designing interventions)***
- ***Lack of Proper Information about PVTGs (Demographic), Discrepancies in available information)***
- ***Gap in link between PVTG villages and project office. Village level cadres act as the intermediary link between PVTG villages and project offices. And their roles are very critical in all stages of reaching welfare to the community.***
- ***Lack of human resources in TRI and untied fund for development of PVTGs in departments)***



Tasneem Raja, Tata Trusts

Abstract

The lifetime prevalence rate of persons suffering from mental health issues is over 13%, translating to about 15 cr patients in the country. The health issues counted in this include both severe mental disorders (SMD), common mental disorders (CMD) and substance abuse. By clinging to the old mindset of undermining or neglecting mental afflictions; at least the CMDs and not fully overcoming the stigma seen as attaching to families of patients of SMDs, the Government as well as the society are desperately trying to remain in a comfortable if myopic denial mode.

The capacity to provide care is severely limited as of now. The Mental Health Care Act notified in 2019 is compliant with the requirements of United Nations Convention on Rights of Persons with Disability (UNCRPD) and is thus a model legislation. However, mechanisms to give effect to the provisions of the Act are very limited. The Act provides for mental health care at the Community Health Centres (third layer of healthcare in rural areas, after Health Centres at village cluster and Primary Health Centre at cluster levels). However, these Centres are simply not equipped to handle mental health patient load as of now.

There is a huge deficit in trained personnel as expected by the MHCA 2019. Based on international guidelines, India will need an additional 30,000 psychiatrists, 37,000 psychiatric nurses, 38,000 psychiatric social workers and 38,000 clinical psychologists. What we have currently is 9000 psychiatrists, 2000 psychiatric nurses, 1000 clinical psychologists, and 1000 psychiatric social workers. Even assuming that total population and patient load to remain constant, it will take decades to train adequate number of these professionals if the action of the State is to match the pious intentions of the MHCA 2019.

Institutions providing mental health care (popularly known as Mental Hospitals) are designed to treat and care for patients of SMD. These too are fewer than needed and inadequately equipped in almost every respect.

Whether while dealing with creating more training centres for preparing professionals needed as noted above or while dealing with expanding the capacity of institutional care, budgetary allocations appear to be the chief constraining factors. Life threatening communicable diseases and rampant NCDs appear to occupy the attention of the policy makers. While the country has passed a Model Act to appear to be keeping pace with global standards of care, the country will need to play catch up for decades before a realistic claim of providing reasonable care can be made tenable.

Stakeholder Consultation: to understand issues of Persons who are disabled consequent to a Motor Accident

By Shaswati Ghose and Shiwa Brata Ghose, Consultus, Ranchi

Executive Summary

Accidents arising out of use of motor vehicles are a motor accident. They may result in death on the spot or in course of treatment, and disability (temporary or permanent) of the driver, owner, passengers including those travelling in excess of the authorized carrying capacity of the vehicle, persons on other vehicles or on the road at the site of the accident apart from damage to vehicles/other property. All matters pertaining to motor vehicles in India are governed by the Motor Vehicles (MV) Act 1988 (as amended) under which Motor Accident Claims Tribunal (MACT) is constituted.

Methodology and limitations: This paper is based on discussions with stakeholders – in motor accidents conducted in the months of September end early October 2019. A limited number of respondents across various stakeholders were consulted. They were – victims or their family, perusal of two fresh cases for specific situation of lack of insurance cover, truck drivers, police in two police stations and Superintendent of Police Simdega, welfare/social welfare/ social justice officials, doctors and personnel at Sadar hospital Simdega, the advocates of victim and of insurance companies at court, and insurance investigators mainly at Simdega and some at Ranchi (second author is Surveyor). The limitations in this approach include the fact that this process does not include concerns of persons who did not move MACT. Jharkhand witnesses a lot of migration but this paper does not include problems of migrants who meet with an accident in their place of work. The paper draws on the experience of the first author in MACT. This paper does not make use of secondary information like the National Crime Records Bureau (NCRB), as the scale of motor accident issue is not relevant to understanding its impact on specific PwD. Also not all motor accidents, including sometimes serious ones, do not result in the filing of a police report that is the basis of NCRB data.

Disability certification - To access compensation for motor accident commences the disabled person has to appear before the District level Disability Certification Board (locomotor, eye, ENT, hearing and speech and mental) constituted for reviewing and which issue certificate indicating the extent of disability. In the case of Multiple Disability, the final disability certificate is issued by the Disability Board, which awarded a higher score of disability. A permanent disability certificate's validity is 'Permanent' and victims are entitled to compensation for loss of income and quality of life in addition to reimbursement of medical expenses and for pain. However, the issuance of the certificate itself does not assure commencement of any benefit on its strength. The holder has to proactively apply – for disability pension, for ration under disability quota if not otherwise eligible for the right to food, apply for compensation under section 166 of MV Act

None of the handicapped persons or their family in Ranchi and Simdega who we talked to had heard of Swawalamban card or Unique Disability Identity (UDID). The process requires the applicant to register online and then the Civil Surgeon office will validate the disability certificate mentioned therein and only then the UDID card will be sent vide post. This approach bears no consonance to report of internet penetration in the rural areas. The UDID's website site itself has no pull factor – it

does not even provide any worthwhile information relevant to a person with a disability in Jharkhand. Swawalamban card, as of now, is more an exercise of identifying numbers of handicapped persons at the national level – a national census

Motor Accident claims are of different types:

No-Fault Liability earlier was a separate chapter where claimant did not have to prove the fault of owner or driver of vehicle for getting Rs. 25000 in case of grievous injury and Rs. 50000 for death. This provision continues. However, in Third-party claims (chapter XI) amended section 164 provides for no-fault liability claim of Rs. 2.5 lac for disability injury and Rs. 5 lac for death but with the cessation of the application under section 166 of MV Act.

Other third party provisions are: **Hit and Run motor accident claim** - section 161(1) (b) (chapter XI) – where the identity of the motor vehicle cannot be established. For accidents resulting in minor injury: fixed compensation of Rs.20,000. For fatal accidents: fixed compensation of Rs.5 lacs and for disability the range is in the proportion of disability into the amount.

For Fault liability - Section 166 (chapter XI) – claimant under this have to prove the fault of the identified vehicle's owner or driver at the time of the accident. For Sec 166 often claim amounts are high due to loss of income. If no liability claim under sec 164 is taken, this right is forfeited. For such claims, the MACT levy fee as per Bihar Motor Rules and there are cases awaiting admission for filing of fees in courts acting as MACT, while MACT may take a more liberal view. Our stakeholder consultation with victim shows compensation applications were filed 14 to 60 months after the date of the accident is there in the filing of even the case under section 140 (sec 166 often follows after its decision). The PwD may have spent even 10 months in the hospital itself. A statutory limit of six months to filing application under this section was removed in 1994 to ameliorate hardship. In 2019, the period allowing for filing under this section has been inexplicably limited to six months again with no provision vesting power on MACT for condoning of delay.

Problems with the filing of Motor Accidents Claim

- In Simdega by one estimate, some 20 per cent of claims are being filed in MACT courts in Rourkela/Ranchi. The lawyers of those courts persuade claimant that with the presence of insurance offices chances of success are more. Such lawyers or their representative proactively reach the claimant it or the next day of the accident. Barely 10 per cent claims for accidents are filed in Simdega by same estimate. Despite this few all litigants are filing case even while amendments in section 166 are changing the long-tailed character of MACT applications. Some are not reached by lawyers seeking commission since they are remotely located, the quantum of injury reported in news report does not hold potential for claims, or there is no insured vehicle involved.
- As per Sec 166(4), the Claims Tribunal is meant to treat any report of accidents forwarded to it by police under section 158(6) as an application for compensation under this Act. Supreme Court opined, the “object of Section 158(6) read with Sec 166(4) of the MV Act is essential to reduce pendency of claim case and quicken the process of determination of compensation¹”. The police in Jharkhand as learnt in Simdega since the new Jharkhand Motor accident rules are submitting such report of the accident to MACT when the vehicle has been identified and to the District Transport Office when it is a hit and run case with no offending vehicle identified. However, the copies are not provided to the victim since the rules do not require. The authors have read a few hundred case files pertaining to claims for compensation following motor accident and have never

¹ https://sci.gov.in/supremecourt/2016/16124/16124_2016_Judgement_16-Nov-2018.pdf

seen in Jharkhand any case note sheet indicating the case was instituted on intimation by police. In every case, an advocate presented the application. MV Act does not mandate proactively providing any documents needed for filing of case to the victim. The FIR is a critical supporting document to initiate MACT case under sec 140; further charge sheet is also needed to file for a claim under section 166 and these must be obtained from court where the criminal case was instituted. The Investigators also struggle to get papers of the vehicle since their certified copies are not available in criminal or MACT case and hence they cannot be officially obtained.

- Given the beneficial nature of the claims provisions, the investigator's report should become a statutory document brought on court's record in MACT. It cannot be a document to guide the insurer only to deny liability but also aid the claimant to assert what he should claim.
- Most victims and attendants do not know about motor accident claims or provision for reimbursement of hospitalisation expenses and do not file a claim unless approached by a lawyer. Even when so approached they cannot produce all the bills since they were not warned to preserve the bills they did get. Expense reimbursement for treatment is only against bills, out of pocket expenses for food of victim, attendant, travel, hiring of vehicles are not reimbursed usually in the absence of bills. A cash outlay parameter is needed for expenses as well even when treated in government hospitals.
- Even earlier, when the claim value was known to be high under sec 166 the insurers pressed for settlement through Lok Adalat but could not do it when only sec 140 application was filed. However, this helped to cut the insurer's losses. One 100 per cent handicapped rendered paraplegic who filed for compensation in 2012 received only Rs 3.5 lac as compensation (after lawyer collected Rs. 1.5 lac). This appears inadequate considering the need for another person to nurse him, or interest due. The 2019 amendments include proactive provision for settlement of insurer with third-party claimant but there are no methods of educating the claimant or aiding him. Old definitions of a family continue even when grandparents survive and are dependant on the deceased grandchild who was an adult.
- While statutory provision on Golden hour provisions will protect good Samaritans who ferry a victim to the patient and not be harassed but beyond that will do little in preventing disability. There is no trauma care or oxygen administration feasible at the site of the accident as ambulances are not equipped. Often they must be moved to the tertiary care government hospital. There is no provision to counsel the injured to adjust to life after accident nor expenses reimbursed.
- Even after the accident and injury are proved, settlement of the claim is delayed as insurers resort to grounds like close Proximity Insurance (where the existence of valid cover of insurance is doubted as insurance commenced close to date of accident). In case of uninsured vehicles, friends travelling on the defaulting vehicle do not get similar protection like a motor third-party if no second vehicle is involved. With permanent disability or death, it leaves their poor family further impoverished for no fault of theirs.

There is a need for case-based training of MACT presiding officials, police, government officials and doctors etc to better understand the impact of the lacunae in planning and lending victims a voice in the planning. The problems of persons rendered handicapped through motor accident are many and cohesive planning is needed incorporating the feedback of claimants who have grappled with the system