

DEPARTMENT OF SOCIAL JUSTICE AND SPECIAL ASSISTANCE DEPARTMENT
GOVERNMENT OF MAHARASHTRA
NOTIFICATION

Mumbai, Dated: th May, 2019

Rule No.	Sub-rule No.	Clause No.	Provisions	Corresponding Provisions of the Principal Act.	Headings
			<p style="text-align: justify;">WHEREAS a draft of the Maharashtra State Rights of Persons with Disabilities Rules, 2019 was published as required by sub-section (1) of section 101 of the Rights of Persons with Disabilities Act, 2016 (49 of 2016) in the Maharashtra State Gazette, dated the .. nd/th January, 2019, inviting objections and suggestions from all persons likely to be affected thereby, before the expiry of thirty days from the date on which the copies of the Official Gazette containing the said notification were made available to the public;</p> <p style="text-align: justify;">AND WHEREAS the copies of the Official Gazette in which the said notification was published, were made available to the public on the nd/th.....(Month), 2019;</p> <p style="text-align: justify;">AND WHEREAS objections and suggestions received from the public on the said draft rules were considered by the Government of Maharashtra;</p> <p style="text-align: justify;">NOW, THEREFORE, in exercise of the powers conferred by sub-section (1) of section 101 of the Rights of Persons with Disabilities Act, 2016 (49 of 2016), the Governor of the State of Maharashtra hereby makes the following rules, namely:-</p>		

CHAPTER-I PRELIMINARY				
1.			Short title, extent and Commencement.-	Short title, extent and Commencement
	(1)		These rules shall be called the Maharashtra State Rights of Persons with Disabilities Rules, 2018.	
	(2)		They shall come into force on the date of its publication in the Official Gazette of the Government of Maharashtra.	
2.			Definitions.-	Definitions
	(1)		In these rules, unless the context otherwise requires-	
		(a)	"Act" means the principal Act, i.e. the Rights of Persons with Disabilities Act, 2016 (49 of 2016;	
		(b)	“ Appellate Medical Authority” means and includes an appellate medical authority constituted by the State Government, vide Government Resolution dated 14.09.2018, issued by the Public Health Department, Government of Maharashtra or such other appellate medical authority which may be designated by the State Government, as the case may be.	
		(c)	"Certificate" means a certificate of disability issued by a designated certifying medical authority referred to in sub-section (1) of section 57 of the Act.	
		(d)	“ Designated Certifying Medical Authority” means and includes a medical authority constituted by the State Government vide Government Resolution dated 14.09.2018 in view of the provisions of the sub-section (1) of section 57 of the Act, issued by the Public Health Department, Government of Maharashtra or the authority which may be designated by the State Government, as the case may be.	
		(e)	“Certificate of registration” means a certificate of registration issued by the competent authority under section 51 sub-section (2) of the Act.	
		(f)	"Form" means forms appended to these rules;	

		(g)	<p>“limited guardian” means a person having the care of the person of a person with disability or of his property or of both his person and property, and includes—</p> <p>(i) a natural guardian,</p> <p>(ii) a guardian appointed by the will of the person with disability’s father or mother,</p> <p>(iii) a guardian appointed or declared by a court under the Act of 2016 or repealed Act, and</p> <p>“Natural guardian” means any of the guardians mentioned above in sub-clause (i).</p>		
		(h)	<p>“MDC Home” means and includes an aided or unaided ‘Mentally Deficient Children’s’ residential homes meant for persons with intellectual disabilities and / or multiple disabilities including autism, who are orphan or deserted and have nobody to support them.</p>		
		(i)	<p>“Permanent disability” means specified disability certified by the designated certifying medical authority and / or designated appellate medical authority, which shall be either permanent and non-progressive or permanent and progressive.</p>		
		(j)	<p>“Registered Organization” means an association of persons with disabilities or a disabled person organization, association of parents of persons with disabilities, association of persons with disabilities and family members, or a voluntary or non-governmental or charitable organization or trust, society, or non-profit company working for the welfare of the persons with disabilities, duly registered under an Act of Parliament or a State Legislature; means and includes the Societies’ Registration Act, 1860 and Bombay Public Trust Act, 1950 as well as the Rights of Persons with Disabilities Act, 2016, including registered under the repealed Act of 1995.</p>		
		(k)	<p>“Repealed Act” means the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (1 of 1996).</p>		
		(l)	<p>“Researcher” means and includes a person holding a research in any of the specified disability, recognized by the Competent Authority, established under any of the</p>		

			Central or State Acts or Rules, for the time being in force.		
		(m)	“Rule” means rule under these rules.		
		(n)	“Section” means the section of the Act.		
		(o)	“Temporary disability” means specified disability certified by the designated certifying medical authority and / or designated appellate medical authority, which shall be temporary and progressive and for specified period which shall not be exceed five years.		
	(2)		Words and expressions used herein and not defined but defined in the Act shall have the same meanings respectively assigned to them in the Act.		
			CHAPTER II STATE COMMITTEE FOR RESEARCH ON DISABILITY	Section 6, Sub-section (2)	RESEARCH COMMITTEE
3.			State Committee for Research on Disability.-		State Committee for Research on Disability
	(1)		The Committee for Research on Disability at the State Level shall consist of the following members, namely:-		
		(a)	The State Commissioner, appointed by the Government under section 79 of the Act, shall be the ex-officio chairman.		
		(b)	The Deputy Commissioner alias District Rehabilitation Officer, District Rehabilitation Center, shall be the ex-officio Member Secretary and / or the State Government may appoint an officer not below the rank of Deputy Commissioner, whichever case may be. Provided that a person holding the post of member secretary shall be an eminent person having experience in the field of education, science and medical research.		
		(c)	Three members as representatives from a scientists / researchers to be nominated by the Government of Maharashtra – Members: Provided that these scientists / researchers persons shall have duly notified		

		by the Central or State Government and their thesis shall have been recognized by the eminent institution.		
	(d)	Three members as Representative from an autonomous national level research institution in the field of Disability under the Government of India - Member;		
	(e)	Four members as representatives of persons with disabilities from any of the specified disabilities under the Act - Member. <p style="text-align: center;">Provided such member shall be nominated by the Government, who shall be scientist and or researcher in any of the specified disabilities under the Act.</p> <p style="text-align: center;">Provided further that such scientist and or researcher person having any of the specified disabilities under the Act shall be preferred for said nomination.</p>		
	(2)	The Chairperson may co-opt any expert in the subject matter of disability in which the research is proposed.		Functions and powers of the Committee
	(3)	The term of office of the nominated members shall be for a period of three years from the date on which they enter upon office but the nominated members shall be eligible for re-nomination.		
	(4)	One half of the members shall constitute the quorum of the meeting.		
	(5)	The non-official members and special invitees shall be entitled for travelling allowance and dearness allowances admissible to a Group A or equivalent officer of the Government of Maharashtra.		
	(6)	The Committee shall be provided with such clerical and other staff as the Government of Maharashtra may consider necessary.		
	(7)	The Committee shall hold a meeting quarterly in a year.		
	(8)	The Committee will discuss all the issues discussed in last meeting and it will send appropriate proposal to the government with specific recommendations.		
	(9)	No person with disability shall be considered to be a subject of research without prior approval of this Committee.		

CHAPTER-III LIMITED GUARDIANSHIP			Appointment of Limited Guardianship
4.	(1)	<p>Limited Guardianship.- Notwithstanding the provisions of the National Trust For the Welfare of Persons with Autism, Cerebral Palsy Mental Retardation and Multiple Disabilities Act, 1999, the District Court shall be act as designated authority and the High Court shall be act as Appellate Authority for the purpose of appointment of limited guardian for the persons with disabilities.</p>	Section 14, sub-section (1) and sub-section (3)
	(2)	The District Court, on its own motion or on an application filed by the person with disability, or through a blood relative or filed on behalf of the person with disability or through a Government organization or a Registered organization under whose care the person with disability is living, shall grant the support of a limited guardianship to take a legally binding decision on behalf of the person with disability, in consultation with such person.	
	(3)	The District Court, before granting the support of a limited guardianship for the person with disability, shall satisfy itself that such a person is not in a position to take legally binding decision on one's own.	
	(4)	The District Court shall hold hearings to determine the legal capacity of the person with disabilities; during such hearings, the person with disabilities shall be present. If required, expert opinion shall be sought by the District Court or the Appropriate Authority to determine the legal capacity of the person with disabilities.	
	(5)	<p>The validity period for limited guardianship as appointed under sub-rule (1) shall be for the period for which the designated authority may decide, which can be further extended by the District Court.</p> <p style="padding-left: 40px;">Provided that the District Court shall follow the same procedure while extending the validity of the limited guardianship as followed while granting the</p>	

		initial guardianship.		
	(5)	<p>The District Court, shall take a decision preferably within a period of three month from the date of receipt of an application regarding grant of limited guardianship or from the date of coming to its notice of the need of such limited guardianship:</p> <p>Provided that the consent of the person to act as a limited guardian shall also be obtained before grant of such limited guardianship:</p> <p>Provided that the District Court shall follow the same procedure while extending the validity of the limited guardianship as followed while granting the initial guardianship.</p>		
	(6)	<p>While taking a decision for the appointment of limited guardianship, the designated authority shall ensure that the person whose name has been suggested for appointment as limited guardian,---</p> <p>(a) is not of unsound mind;</p> <p>(b) does not have a history of criminal conviction;</p> <p>(c) is not dependent on others for his own living; and</p> <p>(d) has not been declared insolvent or bankrupt.</p>		
	(7)	<p>While granting the support of such limited guardianship, the District Court or the Appropriate Authority shall consider a suitable person to be appointed as a limited guardian in the following preference of merit, namely:-</p>		Persons qualified for appointment of limited guardian.
		(a)	The parents, either spouse or adult children of the person with disability;	
		(b)	Immediate brother or sister;	
		(c)	Other Blood relatives or care givers or prominent personality of the locality; and	
		(d)	In case the family of the person with disability is not known, superintendent of the Government Institution if said person with disability is institulised in government institution or in-charge of the registered organization under whose care the person with disability is residing, may be considered.	

	(8)		The limited guardian appointed under sub-rule (1) shall consult the person with disability in all matters before taking any legally binding decisions on behalf of the person with disability.		
	(9)		The appointed limited guardian shall ensure that the legally binding decisions taken on behalf of the person with disability are in the interest of the person with disability.		
	(10)		If the natural parent, has reason to believe that after his death, no one will within his blood relation or nearest relatives takes proper care of his disabled ward and he makes a will indicating proposed name of limited guardian for said person with disability, the District Court shall consider said Will preferably and pass orders appointing such limited guardian in accordance with said Will.		
			Duties and Functions of the Limited Guardian		Duties and Functions of the Limited Guardian
	(11)		Every person appointed as a guardian of a person with disability under this Chapter shall, wherever required, either have the care of such persons of disability and his / her property or be responsible for the maintenance of the person with disability, which will be limited a system of joint decision which operates on mutual understanding and trust between the guardian and the person with disability.		
	(12)	(i)	Procedure for Removal of Limited Guardian The designated authority, upon receiving an application for removal of a limited guardian from the person with disability or a parent or a relative of a person with disability or a registered organization on the grounds such as failure to fulfill obligations, abuse of powers, abuse or neglecting a person with disability, misappropriation or neglecting the property or any other genuine reasons shall appoint a team of investigators consisting not less than three persons.		Procedure for Removal of Limited Guardian
		(ii)	The team shall consist of the District Social Welfare Officer, one representative of any reputed registered organization and any other official or non-official as		

			nominated by the designated authority, working in any of the specified disabilities.		
		(iii)	The team of investigators shall submit their report within a period of fifteen days.		
		(iv)	Upon receiving the report of the investigation team, the designated authority shall take the final decision within the period of fifteen days on the removal of the limited guardian against whom the complaint has been received, after giving the said guardian an opportunity of being heard.		
		(v)	The designated authority shall record in writing its reasons for removal of the limited guardian or rejection of the application.		
		(vi)	The designated authority shall have power to suspend or stay the operation of the limited guardianship with immediate effect, without notice, pending his removal, if the designated authority is satisfied that grave and irrevocable loss will be caused to the persons with disabilities on account of the continuance of the limited guardianship or when the person with disability himself applies for a revocation of the limited guardianship.		
		(vii)	Bar of suits and legal Proceedings. If the designated authority has passed order under clause – (iv) and clause - (vii) in this rule, the person so appointed as limited guardian is not entitled to challenge said orders before the appropriate court of law.		Bar of suits and legal Proceedings.
8.			Appellate Authority for limited guardianship. -	Section -14 sub-section (3)	Appellate Authority for limited guardianship
	(1)		The aggrieved person / organization to appeal against any of the decision of the District Court on the issue of an appointment of limited Guardian under sub- rule (1) of rule 7 shall be the High Court, within thirty days from the decision of the District Court or the Appropriate Authority. Provided the aggrieved person / organization may file appeal before the High Court beyond the period of limitation, if he / it satisfies the High Court with reasonable cause that delay in filing the appeal was beyond his / its control.		

9.			Designated authority.-	Section -15	Designated Authority
			The District Social Welfare Officer, Zillah Parishad and / or Assistant Commissioner, Social Welfare or any officer appointed by the Government, as the case may be, within their territorial jurisdiction, shall be the designated authority to mobilize the community and create social awareness to support persons with disability in exercise of their legal capacity as mentioned in section 15 of the Act. He shall involve registered organizations located in the district for creating social awareness and support for persons with disability living in group homes and those with high support needs.		
			CHAPTER V Certificate of Registration of Institution		
10.			The State Commissioner in the Department of Disability Affairs, Government of Maharashtra shall be the competent authority to deal issues of certificate of registration, renewal and refusal thereof of Institutions for Persons with Disabilities and grants to such Institutions, under section 49 of the Act. Provided that the Competent Authority, herein above mentioned, shall not grant certificate of registration to any of the institution seeking registration under the Act, unless said institution is duly registered under provisions of law, for the time being in force, made and enacted by the Central and / or State Legislature.	Section -51	Certificate of Registration of Institution
11.			Application for, and grant of certificate of registration.-		
	(1)		A person desirous of establishing or maintaining an institution for person with disabilities may make an application in Form A and on online under the Rights to Service Act, 2015, to the competent authority referred to in rule 10. Provided that said application shall be in the form appended in Form-A or forms prescribed by the State Government from time to time.	Section – 51, sub-section (1)	
	(2)		Every application made under sub-rule (1) shall be accompanied with documents	Section – 51, sub-section (3)	

		enlisted in Form B.		
	(3)	The certificate of registration under this rule, unless revoked under section 52 of the Act, shall remain in force for a specified period in the certificate from the date on which it has been granted or renewed.	Section – 51, sub-section (4)	
	(4)	<p>An application for the renewal of certificate of registration may, be made in the same manner as the application for grant of certificate under sub-rule (1) and on online as per the provisions of the Rights to Service Act, 2015, accompanied with the previous certificate of registration and a statement that the applicant is applying for renewal of the certificate so accompanied or the form of renewal of certificate of registration may be decided by the competent authority, considering development of technology, safety of disabled students, hygienic condition of foods provided by the managements, etc.</p> <p>Provided that such application shall be made before sixty days of the expiry of the validity of such certificate:</p> <p>Provided further that the competent authority may consider application for renewal of the certificate of registration after sixty days but not later than one hundred and twenty days, if he is satisfied that sufficient reasons have been provided for such delay.</p> <p>Provided further that if proposal for renewal of certificate of registration has received beyond prescribed period of sixty days and or after lapse of extended period on one hundred and twenty days, said certificate shall be deemed to canceled with effect from the next day of last certificate and the aggrieved institutions shall to proceed with provisions of appeal, as provided hereafter.</p>		Renewal of certificate of registration.
	(5)	If the application for renewal of certificate of registration is made before its expiry as specified in the proviso to sub-rule (5), the certificate of registration shall continue to be in force until orders are passed on the application and the certificate		

			of registration shall be deemed to have expired if application for its renewal is not made within sixty days as specified in the said proviso.		
	(6)	(a)	Every application made under sub-rule (1) or sub rule (5), in which the competent authority referred to in subsection (1) of section 51 of the Act, is satisfied that the requirements for grant of certificate of registration under the Act and these rules have been complied with, shall be disposed of by it within a period of ninety days thereafter.	Section – 51, sub-section (7)	
		(b)	The competent authority may, by its own or on receipt of complaint or otherwise, may cancel or suspend the certificate of registration for the period, during validity thereof, which it deems fit. Provided such order of cancellation or suspension shall not be passed without affording opportunity of being heard to said institution and the complainant.		
	(7)		Form of issue of Certificate of Registration, refusal and revocation.-		Registration, refusal and revocation
		(a)	Upon making suitable enquiry into the functioning of the organization and being satisfied that the organization can be registered under the provisions of section 51, the competent authority shall issue the Certificate of registration to the organization in Form C .		
		(b)	The Competent authority may refuse to grant the certificate of Registration after suitable enquiry and the same shall be communicated to the organization within a period of ninety days of its application for registration in Form D . Provided that such communication shall be preceded by the granting of opportunity of being heard to the applicant organization to present its case before the competent authority on a date not later than 15 days from the date of issue of the letter intimating the grant of opportunity and / or date specified in the letter of intimation of proposed hearing.		
		(c)	A certificate of Registration granted under section 51 of the Act may be revoked by		

		the competent authority under provisions of sub-section (1) of section 52 of the Act and such revocation shall be communicated to the organization in Form E or in any form of the order which deemed fit by the competent authority.		
12.		Appeal against the order of competent authority.-	Section – 53, sub-section (1)	Appeal
	(1)	<p>Any organization, aggrieved by the order of the competent authority referred to in sub-section (1) of section 51 of the Act, refusing to grant a certificate of registration or revoking a certificate of registration may, within thirty days from the date of the order, prefer an appeal against that order to the Social Justice and Special Assistance Department, Government of Maharashtra, who shall function as appellate authority under sub-section (1) of section 53 of the Act.</p> <p><i>Explanation</i> – “Appellate Authority” means and includes the Principal Secretary / Secretary of Social Justice and Special Assistance Department.</p> <p>The Appellate Authority may, after such enquiry into the matter as is considered necessary and after giving the appellant and other concerned parties, an opportunity of hearings, make such order as deemed fit, which may be passed within thirty days or on such date as may be decided by the appellate authority:</p> <p>Provided that where an order is issued by the Appellate authority, as the competent authority, any appeal or writ petition against such order shall be heard and decided by the High Court.</p> <p>Provided, none of the employees aggrieved by the order of the competent authority under section 52 of the Act, is entitled to make appeal before the appellate authority.</p>		
	(2)	An appeal before the appellate authority shall be in following manner and accompanied by –		
	(a)	Memorandum of appeal,		
	(b)	Name, description and the address of the appellant organization;		

		(c)	Name, description and the address of the opposite party or parties, as the case may be, so far as they may be ascertained;		
		(d)	Facts relating to appeal and cause of action when and where it arose;		
		(e)	Documents in support of the allegations contained in the complaint; including order of the competent authority, against which appeal being filed.		
		(g)	The reliefs which the appellant claims.		
			CHAPTER IX CERTIFICATE OF DISABILITY		
13.			Designated Medical Authorities for certification:		Disability Certification
			Designated Medical Authorities means and includes a medical authority constituted by the State Government vide Government Resolution dated 14.09.2018, issued by the Public Health Department, Government of Maharashtra or such other medical authority which may be designated by the State Government from time to time, as the case may be, shall be competent for the purpose of issuing certificate of disabilities.		
14.			Application for certificate of disability.-	Section – 59, sub-section (1)	
	(1)		Any person with specified disability, may apply to the designated medical authority in the prescribed form developed by the Government from time to time for a certificate of disability, and submit the application to,-		
		(a)	a medical authority or any other notified competent authority to issue such a certificate in the district of residence of the applicant as mentioned in the proof of residence in the application; Provided afore said provision shall not be applicable to a person with disability belonged from armed forces of the Central Government and public servants of State Government. Provided that persons from armed forces and public servant may apply for		

			certificate for specified disability to the medical authority at his own choice.		
		(b)	<p>the concerned medical authority in a government hospital where the person with specified disability from armed forces and public servant may be undergoing or may have undergone treatment in connection with such disability:</p> <p>Provided that where a person with disability is a minor or having intellectual disability or any other disability which renders the person with disability unfit or unable to make such an application, the application on behalf of the person with disability may be made by the natural or legal guardian of such a person with disability or the authorize representative of a Government organization having the person with disability under its care or any organization registered under the Act having the person with disability under its care.</p>		
	(2)		The application shall be accompanied by,-		
		(a)	For the proof of residence, the concerned medical authority shall consider the directions issued by the State Government vide Notification dated 14.09.2018 or such other directions, as the case may be, issued by the State Government from time to time.		
		(b)	two recent passport size photographs; and		
		(c)	Adhaar number or Aadhar Enrollment Number		
15.			Issue of certificate of disability for children below 6 years age:-		
			<p>A child with delayed development milestones or a child with disability may be issued with temporary certificate of Global Developmental Delays (disability) by medical officer of primary health center for availing provisions relating to health and education enumerated in Sections III, V of the present rules and sub-section (1) of section 31 of the Act. The certificate issued by medical officer of PHC shall expire after the child attains the age of 6 years and beyond.</p>		
16.			The Public Health Department, Government of Maharashtra shall notify the		

		certifying authorities who shall be competent to issue a certificate of disability and the jurisdiction and terms and conditions subject to which the certifying authority shall perform its certification functions as per the provisions of sub- sections (1) and (2) of section 57 of the Act.		
17.		Issue of certificate of disability.-		
	(1)	On receipt of an application under rule 21, the medical authority or any other notified competent authority shall, verify the information as provided by the applicant and shall assess the disability in terms of the relevant guidelines issued by the Central Government and after satisfying itself that the applicant is a person with disability, issue a certificate of disability in favor of the applicant in the forms as prescribed by the Government, as the case may be.		
	(2)	The medical authority shall issue the certificate of disability within a month from the date of receipt of the application.		
	(3)	The medical authority shall, after due examination,-		
		(i) issue a permanent certificate of disability in cases where there are no chances of variation of disability overtime in the degree of disability; or		
		(ii) issue a certificate of disability indicating the period of validity, in cases where there is any chance of variation over time in the degree of disability.		
	(4)	If an applicant is found ineligible for issue of certificate of disability, the medical authority shall convey the reasons to the applicant in writing in the form prescribed by the Government, within a period of one month from the date of receipt of the application.		
18.		Validity of Certificate issued under rule 17 .-		Validity of Certificate
		A person to whom the certificate is issued under rule 17 shall be entitled to apply for facilities, concessions and benefits admissible for persons with disabilities under schemes of the Government and of non-Governmental		

		<p>organizations funded by the Government.</p> <p>Provided that temporary and non-progressive disability certificate shall be valid for specific period mentioned in the certificate for the purpose of temporary benefits and shall not be applicable for permanent benefits, unless said disability is in permanent nature, which has been certified by designated certifying medical authority and / or appellate medical authority in due course.</p>		
19.		Validity of certificate of disability issued under the repealed Act.-		Validity of certificate of disability under repealed Act.
		<p>The certificate of disability issued under the repealed Act of 1995, shall continue to be valid after commencement of the Act of 2016, for the period specified therein.</p> <p>Provided that offline certificate obtained under the old enactment and under Software of Assessment of Disability in Maharashtra (SADM), the person with disability shall be required to obtain new certificate under Unique Disability Identity Card (UDID), as directed by the Government of India.</p> <p>Provided further that disability certificate granted under these rules, shall not be valid for medico-legal purposes.</p>		
20.		Appeal against the decision of the authority issuing certificate of disability.-	Section – 59, sub-section (2)	Appeal against authority issuing certificate of disability
	(1)	Any person aggrieved with the decision of the certifying authority issuing the certificate of disability may within thirty days from the date of the decision, prefer an appeal online, if provided, to the appellate authority as notified by the Government of Maharashtra for the purpose under sub-section (1) of section 59 of the Act in the following manner:-		
	(a)	The appeal shall contain brief background and the grounds for making the appeal;		

	(b)	<p>The appeal shall be accompanied by a copy of the order of rejection or certificate issued by the certifying authority, against which the appeal is being filed.</p> <p>Provided that where a person with disability is a minor or having any disability which renders the person with disability unfit to make such an appeal, the appeal on behalf of the person with disability may be made by his legal or limited guardian as the case may be.</p>		
	(2)	On receipt of such an appeal, the appellate authority shall provide the appellant an opportunity to present the appellant's case and thereafter pass such reasoned and detailed order as it may deem fit.		
	(3)	Every appeal preferred under sub-rule (1) shall be decided as expeditiously as possible as and not later than a period of thirty days from the date of receipt of the appeal.		
		CHAPTER X STATE ADVISORY BOARD ON DISABILITY		STATE ADVISORY BOARD
21.	(1)	Every State Government shall, by notification, constitute a body to be known as the State Advisory Board on disability to exercise the powers conferred on, and to perform the function assigned to it, under this Act.	Section - 66	Constitution of State Advisory Board Disability
	(2)	<p>The State Advisory Board shall consist of—</p> <p>(a) the Minister in charge of the Department in the State Government dealing with disability matters, Chairperson, ex officio;</p> <p>(b) the Minister of State or the Deputy Minister in charge of the Department in the State Government dealing with disability matters, if any, Vice-Chairperson, ex officio;</p> <p>(c) secretaries to the State Government in charge of the Departments of Disability Affairs, School Education, Literacy and Higher Education, Women and Child Development, Finance, Personnel and Training, Health and Family Welfare, Rural</p>		

		<p>Development, Panchayati Raj, Industrial Policy and Promotion, Labour and (d) three Members of the State Legislature of whom two shall be elected by the Legislative Assembly and one by the Legislative Council, if any, and where there is no Legislative Council, three Members shall be elected by the Legislative Assembly, Members, ex officio;</p> <p>(d) Employment, Urban Development, Housing and Urban Poverty Alleviation, Science and Technology, Information Technology, Public Enterprises, Youth Affairs and Sports, Road Transport and any other Department, which the State Government considers necessary, Members, ex officio;</p> <p>(e) Members to be nominated by the State Government:—</p> <p>(i) five Members who are experts in the field of disability and rehabilitation;</p> <p>(ii) five Members to be nominated by the State Government by rotation to represent the districts in such manner as may be prescribed: Provided that no nomination under this sub-clause shall be made except on the recommendation of the district administration concerned;</p> <p>(iii) ten persons as far as practicable, being persons with disabilities, to represent non-Governmental Organizations or associations which are concerned with disabilities: Provided that out of the ten persons nominated under this clause, at least, five shall be women and at least one person each shall be from the Scheduled Castes and the Scheduled Tribes;</p> <p>(iv) not more than three representatives of the State Chamber of Commerce and Industry;</p> <p>(f) officer not below the rank of Joint Secretary or the State Commissioner in the Department dealing with disability matters in the State Government, Member-Secretary, ex officio.</p>		
22.		Allowances for the Members of the State Advisory Board.-		Section – 67, sub-section (7)

		<p>The nominated non-official Members of the State Advisory Board on disability shall be paid an allowance per day for each day of the actual meetings of the said Board, which may be decided by the State Government from time to time.</p> <p>Provided said travelling allowance shall not below the rank of officer of group A in the State government establishments.</p>		
23.		Procedure for transactions of business of the Board		
	(1)	Notice of the Meeting.-	Section – 70	Notice of the Meeting
		<p>The meetings of the State Advisory Board on disability constituted under sub-section (1)of section 66 of the Act (hereinafter in this Chapter referred to as ‘the Board’) shall ordinarily be held in the office of the Minister in charge of the Department of Social Justice and Special Assistance, on such dates as may be fixed by the Minister in charge of the Department of Social Justice and Special Assistance, being its Chairperson:</p> <p>Provided that it shall meet at least once in every six months and wherever is possible, the first meeting shall be held on 25th April and the second meeting shall be held on 25th October of the every year.</p> <p>Provided that, if the holiday occurs on appointed day of meeting, same shall be convened on next working day.</p>		
	(2)	The Chairperson of the Board may, upon the written request of not less than one third members of the Board, call a special meeting of the Board, in case of exceptional circumstances..		
	(3)	Fifteen clear days’ notice of an ordinary meeting and five clear days’ notice of a special meeting specifying the time and the place at which such meeting to be held and the business to be transacted thereat, shall be given by Member-Secretary of the Board to the members of the Board.		
	(4)	Notice of a meeting may be given to the members of the Board by delivering the		

			same to them by messenger or sending it by registered post to their respective last known places of residence or business or by email or in such other manner as the Chairperson of the Board may, in the circumstances of the case, thinks fit.		
	(5)		No member of the Board shall be entitled to bring forward for the consideration of the meeting any matter of which the member has not given ten clear days' notice to the Member Secretary of the Board, unless permission is granted to the member to do so on the discretion of the Chairperson of the Board.		
	(6)		The Board may adjourn its meeting from day to day or to any particular day as under:-		
		(a)	Where a meeting of the Board is adjourned from day to day, notice of such adjourned meeting shall be given, to the members of the Board available at the place where the meeting which was adjourned was to be held and it shall not be necessary to give notice of the adjourned meeting to the rest of the members;		
		(b)	Where a meeting of the Board is adjourned not from day to day but from the day on which the meeting is to be held to another date, notice of such meeting shall be given to all the members of the Board in the manner as specified in sub-rule(4)		
			Presiding officer.-		Presiding officer
24.			The Chairperson of the Board shall preside at every meeting of the Board and in the absence of the Chairperson, the Vice-Chairperson thereof shall preside, but when both the Chairperson and the Vice-Chairperson of the Board are absent from any meeting, the members of the Board present shall elect one of the members to preside at the time of meeting.		
25.			Quorum.-		Quorum
	(1)		One-third of the total members of the Board shall form the quorum for any meeting.		
	(2)		If at any time fixed for any meeting or during the course of any meeting less than one-third of the total members of the Board are present, the Chairperson thereof		

			may adjourn the meeting to such hours on the following or on some other future date as may be fixed by the Chairperson.		
	(3)		No quorum shall be necessary for the adjourned meeting of the Board.		
	(4)		No matter which had not been on the agenda of the ordinary or the special meeting of the Board, as the case may be, shall be discussed at its adjourned meeting.		
	(5)	(a)	Where a meeting of the Board is adjourned under sub-rule(2) for want of quorum to the following day, notice of such adjourned meeting shall be given to the members of the Board available at the place where the meeting which was adjourned was to be held and it shall not be necessary to give notice of the adjourned meeting to other members; and		
		(b)	Where a meeting of the Board is adjourned under sub-rule(2) for want of quorum not to the following day, but on a date with sufficient gap, notice of such adjourned meeting shall be given to all the members of the Board in the manner as specified in sub-rule (4) of rule 31.		
26.			Minutes.-		
	(1)		Record shall be kept of the names of all the members of the Board who attended the meeting of the Board and of the proceedings at the meetings in a book to be maintained for that purpose by the Member-Secretary of the Board.		Minutes
	(2)		The minutes of the previous meeting of the Board shall be read at the beginning of every succeeding meeting, and shall be confirmed and signed by the presiding officer at such meeting.		
	(3)		The proceedings shall be open to inspection by any member of the Board at the office of the Member-Secretary of the Board during office hours.		
27.			Business to be transacted at meeting.-		Business of meeting

			Except with the permission of the presiding officer, no business which is not entered in the agenda or of which notice has not been given by a member under sub-rule (5) of rule 31 shall be transacted at any meeting of the Board.		
28.			Agenda for the meeting of the State Advisory Board		Agenda of meeting of the Board
			At any meeting of the Board, business shall be transacted in the order in which it is entered in the agenda, unless otherwise resolved in the meeting with the permission of the presiding officer: Provided that either at the beginning of the meeting of the Board or after the conclusion of the debate on a motion during the meeting, the presiding officer or a member of the Board may suggest a change in the order of business as entered in the agenda and if the Chairperson of the Board agrees, such a change shall take place.		
29.			Decision by majority.-		Majority Decision
			All questions considered at a meeting of the Board shall be decided by a majority of votes of the members of the Board present and voting and in the event of equality of votes, the Chairperson of the Board, or in the absence of the Chairperson, the Vice-Chairperson of the Board or in the absence of both the Member presiding at the meeting, as the case may be, shall have a second or casting vote.		
30.			No proceeding to be invalid due to vacancy or any defect.-		
			No proceeding of the Board shall be invalid by reasons of existence of any vacancy in or any defect in the constitution of the Board.		
31.			District level Committee.-	Section-72	District level Committee
	(1)		The District Level Committee on disability referred to in section 72 of the Act, shall consist of the following persons, namely:-		
		(i)	An officer of the civil services of the Union or of the State, not below the rank of a District Magistrate, as the Ex-officio Chairperson;		

	(ii)	Municipal Commissioner or Chief Officer of the concerned Municipality with in the district; - Member		
	(iii)	Chief Executive Officer, Zillah Perished - Member		
	(iv)	Civil Surgeon or Chief Medical Officer - Member		
	(v)	Psychiatrist of a District Hospital - Member;		
	(vi)	Public Prosecutor of the concerned District Court - Member;		
	(vii)	Executive Engineer from Public Works Department of concerned district – Member.		
	(viii)	Education Officer (Primary& Secondary)- Member;		
	(ix)	District Manager, Maharashtra State Disability Finance and Development Corporation of concerned district – Member.		
	(x)	Assistant Commissioner (Labor) - Member		
	(xi)	Representative from Lead Bank form concerned district – Member.		
	(xii)	District Women and Child Development Officer from concerned district – Member.		
	(xiii)	Five members as representatives from registered organizations in the state representing each of the five groups of specified disabilities in the Schedule of the Act to be nominated by the Guardian minister of the State such that at least two of them shall be persons with disability and there shall be minimum one female out of nominated representatives – Members: Provided said nomination shall be from persons or organizations engaged in rehabilitation, health, law, Industry and Services and Sports and Arts of specified disabilities.		
	(xiv)	Experts invited by the Chairperson – Member		
	(xv)	District Social Welfare Officer, Zillah Perished / Assistant Commissioner, Social Welfare - Member Secretary		
(2)		The District Level Committee for each District shall be constituted by an order		Term of District Level Committee

			issued by the Collector of the District and its tenure shall be for a period of two years from the date of its constitution.		
32.			Functions of the Committee.-		Functions of the Committee
	(1)		The District-Level Committee on disability shall perform the following functions, namely:-		
		(a)	The District-Level Committee on disability shall meet quarterly in a year.		
		(b)	advise the District authorities on matters relating to rehabilitation and empowerment of persons with disabilities;		
		(c)	monitor the implementation of the provisions of the Act and the rules;		
		(d)	assist the District authorities in implementation of schemes and programs of the Government for empowerment of persons with disabilities;		
		(e)	look into the complaints relating to non- implementation of the provisions of the Act by the District authorities and recommend suitable remedial measures to the concerned authority to redress such complaints;		
		(f)	look into the appeal made by the employees of Government establishments aggrieved with the action taken by the District level establishments under sub-section (4) of section 23 of the Act and recommend appropriate measures; and		
		(g)	any other functions as may be assigned by the Government of Maharashtra.		
		(h)	The district level committee shall forward report of minutes of its each quarterly meeting to the office of the State Commissioner not later than fifteen days from the day of each and every meeting.		
			CHAPTER XI STATE COMMISSIONER FOR PERSONS WITH DISABILITIES		
33.			Qualification for appointment of State Commissioner.-		Appointment of the State Commissioner
	(1)		The State Government may, by notification, appoint a Commissioner for persons with disabilities for the purpose of this Act.		

	(2)		The person holding the post of the State Commissioner shall be from the Indian Administrative Services.		
	(3)		The service conditions leave rules and emoluments shall be as applicable to an officer as per his / her seniority or which may be decided by the State Government from time to time.	Section-79, sub-section (3)	
	(4)		The person appointed as State Commissioner, shall be work in the dual capacity of the Director as well as the State Commissioner for the Persons with Disability, as mandated by the Act of 2016.		
	(5)		The service conditions, leave rules and emoluments shall be as applicable to officers and staff provided to the State Commissioner, as decided by the State Government from time to time.	Section-79, sub-section (3)	
34.			Procedure to be followed by State Commissioner.-		Duties, Powers and Functions of the State Commissioner
	(1)		A complainant may present a complaint in person or by his representative, containing the following particulars, to the State Commissioner or send it by registered post or by email address to the State Commissioner, namely:-		
		(a)	Name, description and the address of the complainant;		
		(b)	Name, description and the address of the opposite party or parties, as the case may be, so far as they may be ascertained;		
		(c)	Facts relating to complaint and when and where it arose;		
		(d)	Documents in support of the allegations contained in the complaint;		
		(e)	The relief which the complainant claims.		
	(2)		The State Commissioner on receipt of a complaint shall refer a copy of the complaint to the opposite party or parties mentioned in the complaint directing him to give his version / written statement of the case within a period of thirty days or such extended period not exceeding fifteen days as may be granted by the State		

		Commissioner.		
	(3)	On the date of hearing or any other date to which hearing could be adjourned, the parties or their agents shall appear before the State Commissioner.		
	(4)	Where the complainant or his representative fails to appear before the State Commissioner on such days, the State Commissioner may either dismiss the complaint on default or decide the same on its own merits.		
	(5)	Where the opposite party or his representative fails to appear on the date of hearing, the State Commissioner may take such necessary action under section 82 of the Act as he deems fit for summoning and enforcing the attendance of the opposite party.		
	(6)	The State Commissioner, if he has reason to believe that on affording reasonable time, the opposite party fails to appear and / or to submit its version / written statement on stipulated date or delaying the procedure or avoiding its appearance on due service of notice against them, after passing reasoned order in writing in this regard, may dispose of the complaint ex-parte.		
	(7)	The State Commissioner may on such terms as he deems fit and at any stage of the proceedings, adjourn the hearing of the complaint.		
	(8)	The State Commissioner shall decide the complaint as far as possible within a period of one hundred and eighty days from the date of receipt of notice by the opposite party and communicate his decision to all the concerned parties by registered post or email or fax. Explanation – “One hundred and eighty” means and includes ninety working days only.		
	(9)	The State Commissioner shall upload its each and every decision on its website passed under this rule, as far as practicable.		
35.		Advisory Committee to assist the State Commissioner –	Section-79, sub-section (7)	Advisory Committee
	(1)	The State Government shall appoint an Advisory Committee comprising five		

		experts.		
	(2)	Three domain experts to represent each of the groups, which are working in the rehabilitation, health, law, Industry and Services and Sports and Arts of specified disabilities.. Provided said appointments shall be done by nomination		
	(3)	The State Commissioner may invite subject or domain expert as per the need who shall assist him in meeting or hearing and in preparation of the report.		
	(4)	The Advice of this committee will not be binding on the Commissioner.		
	(5)	The tenure of the members of the Advisory Committee shall be for a period of three years and the members shall be eligible for re- nomination.		
	(6)	The non-official members of the Advisory Committee shall be paid an travelling allowance as may be decided by the Government.		
	(7)	Four legal officers along with staff based on the workload shall be provided to the Commissioner for assisting him in the judicial work.		
36.		Submission of annual reports.-	Section-83, sub-section (3)	Annual Reports
	(1)	The State Commissioner shall as soon as may be possible after the end of the financial year, but not later than the 30thday of September in the next year ensuing, prepare and submit to the State Government an annual report giving a complete account of his / her activities during the said financial year.		
	(2)	In particular, the annual report referred to in sub-rule (1) shall be in the form so that the details of separate matters be provided under separate heads inter-alia containing therein information in respect of each of the following matters, namely:-		
	(a)	Names of officers and employees in the office of the State Commissioner and a chart showing the organizational set up;		
	(b)	The functions which the State Commissioner has been empowered with under the Act and the highlights of the performance in this regard;		

		(c)	The main recommendations made by the State Commissioner;		
		(d)	Progress made in the implementation of the Act in the Government; and		
		(e)	Any other matter deemed appropriate for inclusion by the State Commissioner or specified by the Government from time to time to be included in the report.		
			CHAPTER XII PUBLIC PROSECUTOR		
37.			Appointment of Public Prosecutor.-	Section – 85, sub-section (2)	Appointment of Public Prosecutor
	(1)		The Public Prosecutor to be appointed in every Special Court shall have,-		
		(a)	practical experience of handling cases preferably of persons with disabilities;		
		(b)	experience at the Bar of not less than seven years; and		
		(c)	Shall be well versed with local language and customs.		
	(2)		The fee and other remunerations of the Special Public Prosecutor specified or appointed under sub- section (1)of section 85 of the Act shall be the same as that of Public Prosecutor appointed by the Government under the Code of Criminal Procedure, 1973 (1 of 1974) for conducting the cases before a court of session.		
			CHAPTER XIII STATE FUND FOR PERSONS WITH DISABILITIES		
38.			Constitution of State Fund for Persons with Disabilities and its management.-	Section -88, sub-section (1)	State Fund for Persons with Disabilities and its management
	(1)		There shall be credited to the State Fund or persons with disabilities hereinafter referred to as ‘ the State Fund’ ,-		
		(a)	All unspent amount from the Rural district disability fund of each district at the end of financial year;		
		(b)	All unspent amount from the Urban district disability fund of each district at the end of financial year; and		

		(c)	All sums received from corporate towards social responsibility budget of corporate located in Maharashtra;		
		(d)	All sums received by way of grant, gifts, donations, benefactions, bequests or transfers;		
		(e)	All sums from such other sources as may be decided by the State Government.		
	(2)		There shall be a governing body consisting of following members to manage the State Fund, namely:-		governing body
		(a)	Principal Secretary or Secretary, Department of Social Justice and Special Assistance Department - Chairperson;		
		(b)	Secretary from the Department of Finance		
		(c)	Secretary from the Department of Planning		
		(d)	The State Commissioner for Persons with Disabilities – Convener and Chief Executive Officer.		
	(3)		The governing body shall meet as often as necessary, but at least once in every financial year.		
	(4)		The Commissioner for Persons with Disabilities and Accounts Officer of Commissionerate for Persons with Disabilities shall perform all the transactions connected with the State Fund and Accounts Officer shall maintain proper accounts.		
39.			Utilization of the State Fund.-	Section – 88, sub-section (2)	Utilization of the State Fund
	(1)		The State Fund shall be utilized for the following purposes, namely:-		
		(a)	to implement programs for the welfare and rehabilitation of persons with disabilities and which do not fall in any of the Central Government or State Government or any other scheme, for which any of the Central Government or State Government or financial corporations or local bodies have already made budgetary allocations;		
		(b)	to provide for medical aid or surgery for major illnesses for persons with disabilities;		

		(c)	any other program or activity to support the holistic growth, development and well-being of a persons with disabilities covered under the Act and the rules;		
		(d)	to do all other things that are incidental and conducive to the above purposes.		
	(2)		Every proposal of expenditure shall be placed before the governing body for its approval.		
	(3)		The governing body may appoint secretarial staff including accountants with such terms and conditions as it may think appropriate to look after the management and utilization of the State Fund based on need based requirement.		
	(4)		The State Fund shall be invested in such manner as may be decided by the Government / Bombay Financial Rules.		
40.			Procedure for Expenditure		Procedure for Expenditure
	(1)		State fund shall be utilized in the following manner :-		
		(a)	The State fund for the persons with disabilities shall be sanctioned by the governing body with the approval of finance department of the State.		
		(b)	<p>The concerned District Level Committee, shall forward a proposal to the extent of its district, to the concerned administrative department of the State within thirty days, with specific recommendations along with appropriate scrutiny at its level, taking into consideration the aspects of demand and the relief sought therein.</p> <p>Provided further that, if no proposal has been received for medical aid, surgery or major illness, the District Level Committee shall forward community based programs proposal, which is relating to accessibility to the concerned administrative department.</p>		
		(c)	On receipt of said proposal from the District Level Committee, the concerned administrative department shall forward the same within thirty days, with its appropriate remarks and recommendations for grant of required funds, to the governing body of the State fund for Persons with Disabilities.		

			<p>Provided that, the concerned administrative department shall issue guidelines at its level for making scrutiny of proposal, recommendations, etc. within thirty days.</p>		
		(d)	<p>The governing body shall decide said proposal within thirty days.</p> <p>Provided that, the governing body may refuse said proposal, with reasoned order or may forward the same to the Finance Department for the appropriate approval.</p> <p>Provided that, the Finance Department shall give its approval within thirty days from the receipt of proposal from governing body.</p>		
		(e)	<p>On receipt of appropriate sanction from the Finance Department, the governing body shall disburse said fund in the name of concerned public infrastructure for benefit of concerned beneficiary, in which case said funds have been sanctioned.</p> <p>Provided that said disbursement method shall be in accordance standard method of transfer and through authorized agency.</p> <p><u>Explanation -I:</u> In case of medical aid, said disbursement shall be made available to the public health department by the governing body of State Fund, in the name of said beneficiary person with disabilities.</p> <p><u>Explanation -II:</u> In case of accessibility, said funds shall be made available to the Public Works Department, who is carrying of accessibility construction in the particular area.</p>		
41.			Budget.-		Budget
			<p>The Chief Executive Officer of the State Fund shall prepare the budget for incurring expenditure under the State Fund in each financial year showing the estimated receipt and expenditure of the Fund, in January every year and shall place the same for consideration of the governing body.</p>		
42.			Annual Report.-		Annual Report

			The annual report prepared by the State Commissioner for persons with Disabilities shall include a chapter on the State Fund.		
43.			Evaluation Guidelines		Evaluation Guidelines
			For evaluation of each scheme, programs, State Fund, etc. meant in the interest of persons with disabilities, shall be in the Form F , appended hereto.		
44.			Act done in good faith :-		Act done in good faith
			No suit, prosecution or other legal proceeding shall lie against the appropriate Government or any officer of the appropriate Government or any officer or employee of the State Commissioner for anything which is bonafide act or intended to be done under Act or these rules.		
44.			Repeal and Savings:-		Repeal and Savings.
	(1)		The Maharashtra Persons with Disabilities (Equal Opportunity Protection of Rights and Full Participation) Rules, 2001 are hereby repealed.		
	(2)		Notwithstanding the repeal of the said Rules, anything done or any action taken under the said Rules, shall be deemed to have been done or taken under the corresponding provisions of these Rules.		
45.			Interpretation:-		Interpretation
			In case there is any difference of meaning between any provision(s) of Marathi and English version of these rules, the English version shall prevail. For anything not specifically provided in these rules the relevant sections of the Rights of Persons with Disabilities Act, 2016, read with State Policy for the Persons with disability, shall be applicable.		

* * * * *

FORM – A

Application for a Certificate of Registration/Renewal

[See rule 7 (1)].

(1) Name of applicant and his address -----
And Phone/Mobile No and email: -----

(2) Institution in respect of which application is made:

- a) Name : -----
- b) Address (Office / Project) : -----
- c) Phone / Fax / Telex / (Office): -----
- d) Email : -----
- e) Type of Project/Activity : -----
 - a. Early Intervention center / Day care center for children below 6 years
 - b. Special School (Aided)
 - c. Special School (Unaided)
 - d. Integrated School
 - e. Vocational training center, Assisted workshop
 - f. Residential center for children (below 18 years)
 - g. Residential center / Group home (Age: 18 years and above)
 - h. MDH under CWC (Govt. sponsored)
 - i. Community based rehabilitation activities for Persons with disability
 - j. Activities to assist Persons with Disability for marriage, Distribution of aids & appliances, Surgery & Therapy (regular or camps). Awareness camps Self advocacy for persons with intellectual disability. Self help group Books and Teaching aids, Research and Technology adaptation in the field related to persons with disability (underline applicable activities)
 - k. Any other activity considered fit by appropriate authority, State details-----

(3) (i) Name of the Acts under which the institution is already registered: -----
1) ----- 2) ----- 3) -----
(ii) Registration No. and date of registration: -----
1) ----- 2) ----- 3) -----

(Please attach copy)

(4) Memorandum of Association and Bye-laws of the institution are enclosed: Yes\No
(If yes, please attach copy)

(5) Self declaration regarding infrastructure facilities for the services offered to Persons with disability-

Provide details in an affidavit in separate sheet.

(7) Payment details of Registration fee of Rs. 1000/- or renewal fee of Rs. 500/-

Attached Copy of receipt – Receipt head 0235 01 02 (Govt. Receipt and Accounting System)

(8) Other information required and list of documents to be attached:

List of Managing Committee members / Trustees and office bearers as per latest Scheduled - 1 issued by Concern Hon'ble Charity Commissioner indicating name, age, aadhar no, years with institute, no of years' experience in disability sector, any past police FIR/ conviction, exiting court cases if any.

a) A copy of the annual report which indicates work carried out.

b) Audited Statement of account duly certified by Chartered Accountant.

i. Receipt and Payment Account (by Chartered Accountant for the last two years).

ii. Income and Expenditure Account (by Chartered Accountant for the last two years).

iii. Balance sheet for the last two years (by Chartered Accountant for the last two years).

c) Expected sources of funds and projection for next 3 years.

d) Area of operation (from where the beneficiaries are expected).

e) Status of premises (owned, leased, long leased), provide self-attested proof.

f) Grievances/appeal/any other court case filed against government or filed by public, against the institution.

g) Copy of registration/ renewal certificate.

(9) All registered institutions should display the following information for the beneficiaries at a Conspicuous place.

a) Details of all fees/charges those are chargeable from students/residents/beneficiaries.

b) Name, address and telephone no of state Commissioner for disabilities for grievance redress.

Signature of the Applicant

Name :

Designation :

Address :

Date :

Office Stamp :

FORM D

(See Rule 11, sub-rule 2)

List of Documents to be attached with application for registration application

Please state infrastructural facilities available to provide services to the Persons with disability for the

A. Early Intervention Center / Day care center for children bellows

- a. Number of children the center can provide care:
- b. Number of children already availing care:
- c. No. of trained and qualified therapists / Para-medical staff:
- d. No. of trained and qualified special educators:
- e. Therapy room area:
- f. Availability of accessible Toilets for children: Numbers, Area, Accessibility Details, Certificate of Commencement and / or Completion issued by Competent Authority.
- g. Equipment for required therapy: Enclose list of equipment.

B. Special school / Integrated school (Aided & Unaided)

- a. Number of children the school can admit (Intake Capacity):
- b. Number of children admitted and coming regularly:
Attach list with UDID number / Disability Certificate with Name, Permanent Place of Residence, Date of Admission, Date of Birth, Aadhar Card No., Class, Caste Category.
- c. Individual education plan (IEP) maintained for all students:
Attach individuals case files.
- d. State school code for Special schools followed: Yes / No.
- e. No of RCI qualified special teachers.
Attach separate sheet of details, name, designation, date of appointment, caste, date of proposed retirement, present pay scale, date of approval, Educational Qualification, Additional Qualification, Renewal details of RCI certificate.
- f. No of support / Non-teaching staff :
Attach separate sheet of details, name, designation, date of appointment, caste, date of proposed retirement, present pay scale, date of approval if any, Educational Qualification, Additional Qualification, Renewal details of RCI certificate if any.
- g. No of accessible class rooms and total area:
Attach copy of certified plan of Building, Map of Play Ground, classroom's details etc.
- h. Availability of accessible toilets for children: Yes/ No Nam
- i. Biometric attendance system: Yes / No

- j. Have reservation (SC/ST/OBC/PwD) norms fully met among teachers and employees.
- k. Have you given advertisement in paper for recruitment of employees?
- l. How many employees are relatives of Office bearers/managing committee members of society?

C. Vocational training center, Assisted workshop (Aided and Unaided)

- a. Number of persons the center can admit (Capacity):
- b. Number of persons admitted and training regularly :
Attach list with UDID number / Disability Certificate with Name, Permanent Place of Residence, Date of Admission, Date of Birth, Aadhar Card No., Class, Caste Category.
- c. Vocational Courses (recognized by State / National skill Building Council / NIEPID /NIEPMD) offered for training.
Attach copy of course-wise details of trainees.
- d. Non-vocational Courses offered for training.
Attach copy of course-wise details of trainees.
- e. No of RCI qualified special teachers and workshop instructors:
Attach separate sheet of details, name, designation, date of appointment, caste, date of proposed retirement, present pay scale, date of approval, Educational Qualification, Additional Qualification, Renewal details of RCI certificate.
- f. No of support staff:
Attach separate sheet of details, name, designation, date of appointment, caste, date of proposed retirement, present pay scale, date of approval if any, Educational Qualification, Additional Qualification, Renewal details of RCI certificate if any.
- g. No of accessible workshop rooms and total area:
Attach copy of certified plan of Building, Map of Play Ground, Workshop-room's details etc.
- h. Availability of accessible toilets for children: Yes/ No Nam
- i. Biometric attendance system: Yes / No
- j. Have reservation (SC/ST/OBC/PwD) norms fully met among teachers and employees.
- k. Have you given advertisement in paper for recruitment of employees?
- l. How many employees are relatives of Office bearers/managing committee members of society?

D. Residential center for children (below 18 years) MDC.

- a. Number of children the hostel can admit (Capacity):

- b. Number of children admitted and coming regularly: Attach list with UDID number / Disability Certificate
- c. Recognition issued by Women and Child Welfare department:
Attach copy of certificate of registration issued under Juvenile Justice Act, 2015.
Attach copy of renewal of said certificate, if any.
Attach copy of terms and conditions laid down by the Women and Child Development Department, in view of recognition, renewal of MDC Homes.
- d. Number of RCI qualified special teachers or workshop instructors:
Attach separate sheet of details, name, designation, date of appointment, caste, date of proposed retirement, present pay scale, date of approval, Educational Qualification, Additional Qualification, Renewal details of RCI certificate.
- e. Number of therapists (Occupational, Physio, Speech, Behavioral):
Attach separate sheet of details, name, designation, date of appointment, caste, date of proposed retirement, present pay scale, date of approval, Educational Qualification, Additional Qualification, Renewal details of RCI certificate.
- f. No of support staff:
Attach separate sheet of details, name, designation, date of appointment, caste, date of proposed retirement, present pay scale, date of approval, Educational Qualification, Additional Qualification, Renewal details of RCI certificate.
- g. Availability of accessible toilets for children: Yes/ No
- h. Biometric attendance system: Yes / No
- i. Have reservation (SC/ST/OBC/PwD) norms fully met among teachers and employees.
- j. Have you given advertisement in paper for recruitment of employees?
- k. How many employees are relatives of Office bearers/managing committee members of society?

E. Residential center / Group home (Age: 18 years and above)

- a. Number of persons the center can admit (Capacity):
- b. Number of persons admitted and coming regularly: Attach list with UDID number / Disability certificate
- c. How are residential living of men and women segregated and indicate features for ensuring security of women residents.
- d. Number of RCI qualified special teacher or workshop instructors
- e. Number of therapists (Occupational, physio, speech, behavioral) No of support staff
- f. No of accessible living rooms/ dormitories and total area
- g. Availability of accessible toilets for children: Yes / No
- h. Biometric attendance system: Yes/ No

F. Community based rehabilitation activities for Persons with disability:

- a. Details of planned activities
- b. Details of activities carried out in the past 3 years. Provide UDID number or disability certificate of present and past beneficiaries
- c. Details of trained social workers
- d. Area of operation- State district/taluka or city (as applicable)

G. Other Activities:

Activities to assist persons with disability for marriage, Distribution of aids & appliances, surgery & Therapy (regular or camps), Awareness camps, Self advocacy for persons with intellectual disability, Self-help group, Books and Teaching aids, Research and Technology adaptation, Rehabilitation in the field related to persons with disability (underline applicable activities).

- a. Number of beneficiaries attended in last three years.
- b. Attach copy showing details of beneficiaries.
- c. Attach copy of details of activities done in last three years.
- d. Attach copy of details of resource persons, whose services have been made available in last three years.
- e. Attach copy of case files of beneficiaries.
- f. Attach list of supporting staff with details, name, designation, date of appointment, caste, date of proposed retirement, present pay scale, date of approval, Educational Qualification, Additional Qualification, Renewal details of RCI certificate.
- g. Attach list of infrastructure made available by the institution for the said project.

H. Other Documents:

Other documents enlisted hereunder are mandatorily to be attached with the application for certificate of registration and renewal thereof, granted for particular project.

- a. Last three years Audit Reports of institution, certified by Registered Chartered Accountant, with endorsement of the concerned Charity Commissioner Office regarding uploaded it on the website of said office.
- b. Attach copy of Permanent Account Number (PAN)
- c. Attach copy of Tax Deduction and Collection Account Number (TAN)
- d. Attach certificate under Foreign Currency Regulation Act (FCRA)
- e. Attach copy of certificate under Sec. 12 AA of Income Tax Act.
- f. Attach copy of Income Tax Returns for last three years (ITR).
- g. Attach copy of certificate issued under Prevention of Food and Drugs Adulteration Act (FDA)

- h. Attach copy of Safety measures as per Guidelines of National Commission for Child Protection Rights.
- i. Attach copy of updated Fire Audit Report of building.
- j. Attach copy of updated Roaster Point Register.
- k. Attach copy of enrollment of institution, project, staff, students under SARAL.
- l. Attach documents regarding wall-compound of premises.
- m. Attach copy of Access Audit, Retrofitting Construction Work.
- n. Attach copy of 7/12 Abstract/Property Card of land, on which said building is erected.
- o. Details of pending cases against the management of Institution.
- p. Attach copy of Rules and Regulations of the institution, certified by concerned Charity Commissioner Office.
- q. Attach copy of Public Trust Register (PTR)
- r. Attach copy of Rent Certificate certified by Public Works Department.
- s. Attach copy of Water Filter/Purifier Installation.
- t. Attach copy of Installation CCTV cameras in premises.
- u. Attach list of equipment provided in various therapies.
- v. Details of cleanliness, sanitization, health checkup in the last year.
- w. In case of Residential Schools/Workshops, attach list of utensils provided per inmate as well as commonly used utensils.
- x. Details of activities performed during last year in the project regarding to Yoga, Physical Training, Sports, and Cultural etc.
- y. Details of Rehabilitation done by the institute during last three years.
- z. Details of benefits made available under Sarva Shiksha Abhiyan or Integrated Education.

* * * * *

Form-C
(See Rule 11, Sub-Rule-7(a))
Government of Maharashtra
Department of Social Justice and Special Assistance Department,
Office of the Commissioner, Person with Disabilities, Maharashtra State
3, Church Road, Pune – 411001

Certificate of Registration

[Issued under the provision of rule 11 of Maharashtra State Rights of Persons with Disabilities Rules, 2019]

Registration No.(No)/.....(Year) Date: / /

Certified hereby that _____(Name of the NGO) as registered under Society Registration Act, 1860 and Bombay Public Trust Act, 1950 has completed all the formalities and procedures for issuance of registration certificate under sub –section(2) of section 51 of the Rights of Persons with Disabilities Act, 2016.

This registration certificate issued on this-----nd/th Day of -----(Month)_____ is valid till date _____.

1. Name and registered address of the organization: _____

2. Name and address of the Undertakings / Projects of the organization: _____

3. Full Name and Address of the Authorized representative of the Organization: _____

4. Aided / Unaided/ Permanently Unaided-

5. Total Intake Capacity / Strength

6. Residential / Non-residential-

This registration certificate is issued on Day _____ Month_____ Year_____ by the authorized signatory /competent authority of the **Social Justice and Special Assistance Department**, Government of Maharashtra subject to compliance of the Terms and Conditions laid down herein, by the authorized representative of the organization. The holder of the certificate of Registration shall apply for renewal of the certificate not less than sixty days before the date of expiry of the period of validity.

Signature and Seal of the Competent Authority
@ Commissioner for Persons with Disabilities, M. S. Pune
Department of Social Justice and
Special Assistance Department,
Government of Maharashtra

Terms and Conditions of Registration Certificate

- (1) This certificate is non-transferable.
- (2) This Certificate of Registration shall not confer rights to the institution for availing grant-in-aid from the Government.
- (3) Duplicate Certificate will be issued on payment of requisite fees with this office.
- (4) On cancellation of this certificate by the aforesaid competent authority or by the appellate authority, the holder of this certificate is legally bound to return this certificate to the aforesaid office within month, from the day of said cancellation.
- (5) Misuse of this certificate will be criminally prosecuted.
- (6) The holder of the certificate is legally bound to display at conspicuous place of project.
- (7) The Holder of this certificate shall not transfer this certificate to any other third party, without due process of law.

- (8) The holder of this certificate is legally bound to use it for particular project granted.
- (9) The holder of this Certificate of Registration shall abide by the conditions of this Certificate of Registration and the provisions of the Rights of Persons with Disabilities Act' 2016 and the Central and State rules/regulations and orders made there under.

Form-D
(See Rule 11, Sub-Rule-7(b))
Government of Maharashtra
Department of Social Justice and Special Assistance Department,
Office of the Commissioner, Person with Disabilities, Maharashtra State
3, Church Road, Pune – 411001

Refusal to grant Certificate of Registration

[Issued under the provision of rule 18 of the Maharashtra State Rights of Persons with Disabilities Rules, 2019]

Date:.....

Whereas Sh.----- (Authorized representative) of the organization-(Name and registered address of the organization)----- has applied for issuance of registration certificate under sub – section(2) of section 51 of the Rights of Persons with Disabilities Act, 2016 for the project (Name and address of the branch/projects of the organization)-----, and whereas the competent authority, not being satisfied upon causing enquiries to be made about the eligibility of the organization for such issuance due to the following deficiencies:

- 1.
- 2.
- 3.

I the undersigned hereby has refused to grant such certificate of registration under rule 11 of the Maharashtra State Rights of Persons with Disabilities Rules, 2019 and directs that a fresh application be submitted through authorized representative of the organization after removal of the said deficiencies.

Signature and Seal of the Competent Authority
@ Commissioner for Persons with Disabilities, M. S. Pune
Department of Social Justice and
Special Assistance Department,
Government of Maharashtra

Form-E
(See Rule 11, Sub-Rule-7(c))
Government of Maharashtra
Department of Social Justice and Special Assistance Department,
Office of the Commissioner, Person with Disabilities, Maharashtra State
3, Church Road, Pune – 411001

Revocation of Certificate of Registration

[Issued under the provision of Rule 11 of the Maharashtra State Rights of Persons with Disabilities Rules, 2019]

Date:

Whereas Sh.----- (Authorized representative) of the organization- (Name and registered address of the organization)----- had applied for renewal of registration certificate under sub – section(2) of section 51 of Rights of Persons with Disabilities Act, 2016 for the project (Name and address of the branch/projects of the organization)-----, and whereas the competent authority, had issued the certificate of Registration under the relevant provisions of the Act and Rules on date----- and whereas now, the competent authority has reason to believe that the holder of the certificate of Registration)made a statement in relation to the application for the renewal of the registration certificate under subsection(1) of Section 51 of the Rights of Persons with Disabilities Act 2016, which is incorrect or false in material particulars: or committed or has caused to be committed breach of rules or Terms and conditions subject to which the certificate was granted.

Now therefore revokes the certificate of Registration granted to the organization under the provision of rule 11 of the Maharashtra State Rights of Persons with Disabilities Rules, 2019.

Signature and Seal of the Competent Authority
@ Commissioner for Persons with Disabilities, M. S. Pune
Department of Social Justice and
Special Assistance Department,
Government of Maharashtra

FORM F
(See Rule 43)
EVALUATION METHODOLOGY

1.A. WHY TO EVALUATE?

The purpose of evaluation is not always clear, particularly for those who have watched surveys conducted, data entered, and then the ensuing reports filed away only to collect dust. This is most common when evaluations are imposed by others.

If, on the other hand, those responsible for the day-to-day operations of a program have critical questions, evaluations can help find answers. As an example, the NGO responsible for distributing chlorine pills may speak with their local field staff and hear stories of households diligently using the pills, and occasionally see improvements in their health. But each time it rains heavily, the clinics fill up with people suffering from diarrheal diseases. The NGO might wonder, “If people are using chlorine to treat their water, why are they getting sick when it rains? Even if the water is more contaminated, the chlorine should kill all the bacteria.” The NGO may wonder whether the chlorine pills are indeed effective at killing bacteria. Are people using it in the right proportion? Maybe the field staff is not telling the truth. Perhaps the intended beneficiaries are not using the pills. Perhaps they aren’t even receiving them. And then when confronted with this fact, the field staff claims that during the rains it is difficult to reach households and distribute pills. Households, on the other hand, will reply that they most diligently use pills during the rains, and that the pills have helped them substantially. Speaking to individuals at different levels of the organization as well as to stakeholders can uncover many stories of what is going on. These stories can be the basis for theories. But plausible explanations are not the same thing as answers. Evaluations involve developing hypotheses of what’s going on, and then testing those hypotheses.

1.B. WHAT IS EVALUATION?

The word “evaluation” can be interpreted quite broadly. It means different things to different people and organizations. Engineers, for example, might evaluate or *test* the quality of a product design, the durability of a material, efficiency of a production process, or the safety of a bridge. Critics evaluate or *review* the quality of a restaurant, movie or book. A child psychologist

may evaluate or *assess* the decision-making process of toddlers. This is known as program evaluation.

Put simply, a program evaluation is meant to answer the question, “how is our program or policy doing?” This can have different implications depending on **who** is asking the question, and to whom they are talking. For example, if a donor asks the NGO director “how is our program doing?” she may imply, “have you been wasting our money?” This can feel interrogatory. Alternatively, if a politician asks her constituents, “how is our program doing?” she could imply, “is our program meeting your needs? How can we make it better for you?” Program evaluation, therefore, can be associated with positive or negative sentiments, depending on whether it is motivated by a *demand for accountability* versus a *desire to learn*.

Introduction to Evaluations

Governments, NGOs, donors, and other partners who are more interested in learning the answer to the question: How effective is our program? This question can be answered through an impact evaluation. There are many methods of doing impact evaluations.

At a very basic level, randomized evaluation can answer the question: *Was the program effective?* But if thoughtfully designed and implemented, it can also answer the questions, *how effective was it? Were there unintended side-effects? Who benefited most? Who was harmed? Why did it work or not work? What lessons can be applied to other contexts, or if the program was scaled up? How cost-effective was the program? How does it compare to other programs designed to accomplish similar goals?* To answer these questions, the impact evaluation should be part of a larger package of evaluations and exercises. Following the framework on *comprehensive evaluations*. This package is covered in the subsequent sections:

1. Needs Assessment
2. Program Theory Assessment
3. Process Evaluation
4. Impact Evaluation
5. Cost-Benefit, Cost-Effectiveness, and Cost-Comparison Analysis
6. Goals, Outcomes, and Measurement

1.B.1. NEEDS ASSESSMENT

Programs and policies are introduced to address a specific need. For example, we may observe that the incidence of diarrhea in a community is particularly high. This might be due to

contaminated food or water, poor hygiene, or any number of plausible explanations. A needs assessment can help us identify the source of the problem and those most harmed. For example, the problem may be due to the runoff of organic fertilizer which is polluting the drinking water used by certain communities.

Needs assessment is a systematic approach to identifying the nature and scope of a social problem, defining the target population to be served, and determining the service needed to meet the problem.

A needs assessment is essential because programs will be ineffective if the services are not properly designed to meet the need or if the need does not actually exist. So, for example, if the source of pollution contaminating drinking water is agricultural, investment in sanitation infrastructure such as toilets and sewage systems may not solve the problem. Needs assessments may be conducted using publicly available social indicators, surveys and censuses, interviews, etc.

1.B.2. PROGRAM THEORY ASSESSMENT

Social programs or policies are introduced to meet a social need. Meeting that need usually requires more thought than finding and pressing a single magic button, or taking a pill. For policymakers, it requires identifying the reasons that are causing undesirable outcomes (see Needs Assessment) and choosing a strategy from a large set of options to try to bring about different outcomes.

For example, if people are drinking unclean water, one program might be designed to prevent water from becoming contaminated—by improving sanitation infrastructure—while another may be designed to treat contaminated water using chlorine. One proposed intervention might target those responsible for the pollution. Another might target those who drink the water. One strategy may rest on the assumption that people don't know their water is dirty, another, that they are aware but have no access to chlorine, and even another, that despite awareness and access, people choose not to chlorinate their water for other reasons (e.g. misinformation, taste, cost, etc.). These programs must simultaneously navigate the capacity constraints (financial, human, and institutional) and political realities of their context. In conceiving an appropriate response, policymakers implicitly make decisions about what is the best approach, and why. When this mental exercise is documented explicitly in a structured way, policymakers are conducting what can be called a *program theory assessment*, or *design assessment*.

A Program Theory Assessment models the theory behind the program, presenting a plausible and feasible plan for improving the target social condition. If the goals and assumptions are unreasonable, then there is little prospect that the program will be effective. Program theory assessment involves first articulating the program theory and then assessing how well the theory meets the targeted needs of the population. The methodologies used in program theory assessment include the *Logical Framework Approach* or Theory of Change.

The following table is a simple example of a log frame (logical framework):

1.B.3. PROCESS EVALUATION

Social programs or policies are introduced to meet a social need. Meeting that need usually requires more thought than finding and pressing a single magic button, or taking a pill. For policymakers, it requires identifying the reasons that are causing undesirable outcomes (see Needs Assessment) and choosing a strategy from a large set of options to try to bring about different outcomes.

Before it is ever launched, a program exists in concept—as a design, description or plan (see Program Theory Assessment). But once launched, the program meets on-the-ground realities: Is the organization adequately staffed and trained? Are responsibilities well-assigned? Are the intermediate tasks being completed on schedule? If the program is designed to provide chlorine tablets to households to treat unclean water, for example, does the right number of chlorine tablets reach the appropriate distribution centers on time?

Process evaluation, also known as *implementation assessment* or *assessment of program process*, analyzes the effectiveness of program operations, implementation, and service delivery. When process evaluation is ongoing it is called *program monitoring* (as in Monitoring and Evaluation, or M&E). Process evaluations help us determine, for example:

- Whether services and goals are properly aligned.
- Whether services are delivered as intended to the appropriate recipients.
- How well service delivery is organized.
- The effectiveness of program management.
- How efficiently program resources are used.

Process evaluations are often used by managers as benchmarks to measure success, for example: the distribution of chlorine tablets is reaching 80% of the intended beneficiaries each week. These benchmarks may be set by program managers, and sometimes by donors. In many

larger organizations, monitoring progress is the responsibility of an internal Monitoring and Evaluation (M&E) department. In order to determine whether benchmarks are being met, data collection mechanisms must be in place.

1.B.4. IMPACT EVALUATION

Programs and policies are designed to achieve a certain goal (or set of goals). For example, a chlorine distribution program may be implemented specifically to combat high-incidence of waterborne illness in a region. We may want to know whether this program is succeeding in its goal. This isn't the same thing as asking, "Does chlorine kill bacteria?" or "Is the consumption of chlorine harmful?" Those questions can be answered in a laboratory. For our program to achieve its goal of stopping illness, money must be allocated, tablets must be purchased, distribution mechanisms must be put in place, households must receive the tablets, households must use the tablets, and households must not consume untreated water. A program evaluation helps us determine whether all of these requirements are being met and if our goal is actually being achieved as intended.

As a normal part of operations, e.g., basic bookkeeping, certain information is produced, such as how many boxes of chlorine tablets have been shipped. This type of information can be used for process evaluation. But it cannot tell us whether we've successfully reduced the incidence of diarrhea. To measure impact, we must use more direct indicators such as the number of people who report suffering from diarrhea in the last two months.

Impact evaluations gauge the success of a program where success can be broadly or narrowly defined. They help us weed out less effective interventions from successful ones and also help us improve existing programs.

Impact Evaluation

The primary purpose of impact evaluation is to determine whether a program has an impact on a few key outcomes, and, more specifically, to quantify *how large* that impact is. What is impact? In our chlorine example, **impact** is how much healthier people are because of the program. Or, more specifically, impact is how much lower the incidence of diarrhea is than it would have been otherwise.

Getting this number correct is more difficult than it sounds. It is possible to measure the incidence of diarrhea in a population that received the program. But "how they would have been otherwise" is impossible to measure directly—just as it is impossible to measure the United

States economy today had the Nazis won World War II, or to determine today's most deadly disease if penicillin was not discovered in Alexander Fleming's laboratory in 1928 in London. It is possible that Germany would have become the dominant economy in the world; alternatively, the Nazis may have fallen just a few years later. It is possible that minor wounds would still be one of the largest killers; alternatively, some close relative of penicillin could have been discovered in another laboratory in a different part of the world. In our chlorine example, it is possible that, without chlorine, people would have remained just as sick as they were before. Or it is possible that they would have started boiling their water instead, and the only thing chlorine distribution did was substitute one technology for another—suggesting that people are not really any healthier because of the program.

Impact evaluations usually estimate program effectiveness by comparing outcomes of those (individuals, communities, schools, etc.) who participated in the program against those who did not participate. The key challenge in impact evaluation is finding a group of people *who did not participate* but closely resemble the participants *had those participants not received the program*. Measuring outcomes in this comparison group is as close as we can get to measuring “how participants would have been otherwise.” There are many methods of doing this and each method comes with its own assumptions.

A table comparing the different methodologies can be found in the Why Randomize section.

1.B.5 COST-BENEFIT/EFFECTIVENESS/COMPARISON ANALYSIS

Two organizations may come up with very different strategies to tackle the same problem. If a community's water supply, for example, was contaminated and led to a large incidence of diarrhea, one NGO may advocate for investments in modern water and sanitation infrastructure, including a sewage system, piped water, etc. Another NGO may propose a distribution system where households are given free chlorine tablets to treat their own water at home. If these two methods were shown to be equally effective—each reducing diarrhea incidence by 80%—would local policymakers be just as happy implementing one versus the other? Probably not. They would also need to consider the cost of each strategy.

It is highly likely that modern infrastructure investments in an otherwise remote village would be prohibitively expensive. In this case, the choice may be clear. However, the options are not always so black and white. A more realistic (but still hypothetical) choice would be between

an infrastructure investment that reduces diarrhea by 80% versus a chlorine distribution program that costs 1/100th the price, and reduces diarrhea by 50%.

A **cost-benefit analysis** quantifies the benefits and costs of an activity and puts them into the same metric (often by placing a monetary value on benefits). It attempts to answer the question: Is the program producing sufficient benefits to outweigh the costs? Trying to quantify the benefit of children's health in monetary terms, however, can be extremely difficult and subjective. Hence, when the exact value of the benefit lacks widespread consensus, this type of analysis may produce results that are more controversial than illuminating. This approach is most useful when there are multiple types of benefits and agreed ways of monetizing them.

A **cost-effectiveness analysis** takes the impact of a program (e.g. percent reduction in the incidence of diarrhea), and divides that by the cost of the program, generating a statistic such as the number of cases of diarrhea prevented per dollar spent. This makes no judgment of the value of reducing diarrhea.

Lastly, a **cost comparison analysis** will take multiple programs and compare them using the same unit, allowing policy makers to ask: per dollar, how much does each of these strategies reduce diarrhea?

See the paper on “Comparative Cost-Effectiveness Analysis to Inform Policy in Developing Countries: A General Framework with Applications for Education” for more information.

1.B.6. GOALS, OUTCOMES AND MEASUREMENT

When conducting a program evaluation, governments and NGOs are often asked to distill a program's mission down to a handful of *outcomes* that, it is understood, will be used to define success. Adding to this difficulty, each outcome must be further simplified to an *indicator* such as the response to a survey question, or the score on a test.

More than daunting, this task can appear impossible and the request, absurd. In the process, evaluators can come across as caring only about data and statistics—not the lives of the people targeted by the program.

For certain goals, the corresponding indicators naturally follow. For example, if the goal of distributing chlorine tablets is to reduce waterborne illness, the related outcome may be a *reduction in diarrhea*. The corresponding indicator, *incidence of diarrhea*, could come from one question in a household survey where respondents are asked directly, “Has anyone in the household suffered from diarrhea in the past week?”

For other goals, such as “empowering women,” or “improving civic mindedness” the outcomes may not fall as neatly into place. That doesn’t mean that most goals are immeasurable. Rather, more thought and creativity must go into devising their corresponding indicators. For an example of difficult-to-measure outcomes, see article.

2. WHAT IS RANDOMIZATION AND WHY RANDOMIZE?

2.A. WHAT IS RANDOMIZATION?

In its most simple sense, randomization is what happens when a coin is flipped, a die is cast, or a name on a piece of paper is drawn blindly from a basket, and the outcome of that flip, cast, or draw determines what happens next. Perhaps, the outcome of the coin flip determines who has to do some chore; the roll of the die determines who gets a pile of money; the draw of a name determines who gets to participate in some activity or a survey. When these tools (the coin, the die, the lottery) are used to make decisions, the outcome can said to be left to chance, or *randomized*.

Why do people let chance determine their fate? Sometimes, because they perceive it as fair. Other times, because uncertainty adds an element of excitement. Statisticians use randomization because, when enough people are *randomly chosen* to participate in a survey, conveniently, the attributes of those chosen individuals are *representative* of the entire group from which they were chosen. In other words, inferences can be made from what is discovered about them to the larger group. Using a lottery to get a representative sample is known as *random sampling* or *random selection*.

When *two* groups are randomly selected from the same population, they *both* represent the larger group. They have comparable characteristics, in expectation, not only to the larger group but also to each other. The same logic carries forward if more than two groups are randomly selected. When two or more groups are selected in this way, we can say that individuals have been *randomly assigned* to groups. This is called *random assignment*. (Random assignment is also the appropriate term when *all* individuals from the larger group divided randomly into different groups. As before, all groups *represent* the larger group and, in expectation, have comparable characteristics to each other.) *Random assignment* is the key element of randomized evaluation.

What happens next in a simple randomized evaluation (with two groups) is that one group receives the program that is being evaluated and the other does not. If we were to evaluate a

water purification program using this method, we would randomly assign individuals to two groups. At the beginning, the two groups would have comparable characteristics on average (and are expected to have equivalent trajectories going forward). But then we introduce something that makes them different. One group would receive the water purification program and the other would not. Then, after some time, we could measure the relative health of individuals in the two groups. Because the groups were comparable at the beginning, differences in outcomes seen later on can be attributed to one having been given the water purification program, and the other not.

Why this method is used is covered in the Why Randomize section.

Randomized Evaluations go by many names:

- Randomized Controlled Trials
- Social Experiments
- Random Assignment Studies
- Randomized Field Trials
- Randomized Controlled Experiments

Randomized evaluations are part of a larger set of evaluations called **Impact Evaluations**. Like all *impact evaluations*, the primary purpose of randomized evaluations is to determine whether a program has an impact, and more specifically, to quantify *how large* that impact is. Impact evaluations typically measure program effectiveness by comparing outcomes of those (individuals, communities, schools, etc.) who participated in the program against those who did not participate. There are many methods of doing this.

What distinguishes randomized evaluations from other non-randomized impact evaluations is that participation (and non-participation) is determined *randomly*—before the program begins. This *random assignment* is the method used in clinical trials to determine who gets a drug versus who gets a placebo when testing the effectiveness (and side effects) of new drugs. As with clinical trials, those in the impact evaluation who were *randomly assigned* to the “treatment group” are eligible to receive the treatment (i.e., the program). And they are compared to those who were randomly assigned to the “comparison group” —those who do not receive the program. Because members of the treatment and comparison groups do not differ systematically from each other at the outset of the evaluation, any difference that subsequently arises between them can be attributed to the treatment rather than to other factors. Relative to results from non-randomized evaluations, results from randomized evaluations can be:

- Less subject to methodological debates
- Easier to convey
- More likely to be convincing to program funders and/or policymakers

Beyond quantifying the intended outcomes caused by a program, randomized evaluations can also quantify the occurrence of unintended side effects (good or bad). And, like other methods of impact evaluation, randomized evaluations can also shed light on why the program has or fails to have the desired impact.

1. Randomization in the Context of “Evaluation”

Randomized evaluations are a type of impact evaluation that use a specific methodology—random assignment—for creating a comparison group. Impact evaluations are program evaluations that focus on measuring the final goals or outcomes of a program. There are many types of evaluations that can be relevant to programs beyond simply measuring effectiveness. (See What is Evaluation?)

2. Methodology of Randomization

To better understand how the methodology works, see How to conduct a randomized evaluation.

2.B. WHY RANDOMIZE?

What is impact? In our chlorine example, impact is how much healthier people are because of the program. Or, more specifically, it is how much lower the incidence of diarrhea is than it would have been otherwise.

Getting this number correct is more difficult than it sounds. It is possible to measure the incidence of diarrhea in a population that received the program. But “how they would have been otherwise” (termed the *counterfactual*) is impossible to measure directly; it can only be inferred.

Constructing a Comparison Group

Impact evaluations estimate program effectiveness usually by comparing outcomes of those (individuals, communities, schools, etc.) who participated in the program against those who did not participate. The key challenge in impact evaluation is finding a group of people who did not participate but closely resemble the participants, specifically, the participants *if they had not received the program*. Measuring outcomes in this comparison group is as close as we can

get to measuring “how participants would have been otherwise.” Therefore, our estimate of impact is only as good as our comparison group is equivalent to the treatment group.

There are many methods of creating a comparison group. Randomization generates a comparison group that has characteristics that are comparable to the treatment group, on average, before the intervention begins. It ensures that there are no systematic differences between the two groups and that the primary difference between the two is the presence of the program. This produces unbiased estimates of the true effect of the program.

Other methods may produce misleading (biased) results and rely on more assumptions than do randomized evaluations. When the assumptions hold, the result is unbiased. But it is often impossible, and always difficult, to ensure that the assumptions are true.

Beyond escaping debates over whether certain assumptions hold, randomized evaluations produce results that are easy to explain. A table comparing common methods of evaluation can be found [here](#).

2.C. WHEN TO CONDUCT A RANDOMIZED EVALUATION?

The value added by rigorously evaluating a program or policy changes depending on when in the program or policy life cycle the evaluation is conducted. The evaluation should not come too soon: when the program is still taking shape, and kinks are being ironed out. And the evaluation should not come too late: after money has been allocated, and the program rolled out, so that there is no longer space for a comparison group.

An ideal time is during the pilot phase of a program or before scaling up. During these phases there are often important questions that an evaluator would like to answer, such as, How effective is the program? Is it effective among different populations? Are certain aspects working better than others, and can “the others” be improved? Is it effective when it reaches a larger population?

During the pilot phase, the effects of a program on a particular population are unknown. The program itself may be new or it may be an established program that is targeting a new population. In both cases, program heads and policymakers may wish to better understand the effectiveness of a program and how it might be improved. Almost by definition, the pilot program will reach only a portion of the target population, making it possible to conduct a randomized evaluation. After the pilot phase, if the program is shown to be effective, leading to

increased support, and in turn more resources allocated, it can be replicated or scaled up to reach the remaining target population.

One example of a well-timed evaluation is that of PROGRESA, a conditional cash transfer program in Mexico launched in 1997. The policy gave mothers cash grants for their family as long as they ensured their children attended school regularly and received scheduled vaccinations. The political party, which had been in power for the prior 68 years, the Institutional Revolutionary Party (PRI), was facing inevitable defeat in the upcoming elections. A probable outcome of electoral defeat was the dismantling of incumbent programs such as PROGRESA. To build support for the program's survival, PRI planned to clearly demonstrate the policy's effectiveness in improving child health and education outcomes.

PROGRESA was first introduced as a pilot program in rural areas of seven states. Out of 506 communities sampled by the Mexican government for the pilot, 320 were randomly assigned to treatment and 186 to the comparison. Comparing treatment and comparison groups after one year, it was found to successfully improve these child-level outcomes. As hoped, the program's popularity expanded from its initial supporters and direct beneficiaries to the entire nation. Following the widely-predicted defeat of PRI in the 2000 elections, the new political party, PAN took power and inherited an immensely popular program. Instead of dismantling PROGRESA, PAN changed the program's name to OPORTUNIDADES and expanded it nation-wide. The program was soon replicated in other countries, such Nicaragua, Ecuador, and Honduras. Following Mexico's lead, these new countries conducted pilot studies to test the impact of PROGRESA-like programs on their populations before scaling up.

2.D. WHEN IS A RANDOMIZED EVALUATION NOT APPROPRIATE?

Randomized evaluations may not be appropriate:

When evaluating macro policies.

No evaluator has the political power to conduct a randomized evaluation of different monetary policies. One could not randomly assign a floating exchange rate to Japan and other nations and a fixed exchange rate to the United States and a different group of nations.

When it is unethical or politically unfeasible to deny a program to a comparison group.

It would be unethical to deny a drug whose benefits have already been documented to some patients for the sake of an evaluation if there are no resource constraints.

If the program is changing during the course of the evaluation.

If, midway through an evaluation, a program changes from providing a water treatment solution to providing a water treatment solution and a latrine, it will be difficult to interpret which part of the program produced the observed results.

If the program under evaluation conditions differs significantly from how it will be under normal conditions.

During an evaluation, participants may be more likely to use a water treatment solution if they are encouraged or given incentives. In normal conditions, without encouragement or incentives, fewer people may actually use the water treatment solution even if they own it and know how to use it.

As a caveat, this type of evaluation may be valuable in testing a proof of concept. It would simply be asking the question, “can this program or policy be effective?” It would not be expected to produce generalizable results.

If a randomized evaluation is too time-consuming or costly and therefore not cost-effective.

For example, due to a government policy, an organization may not have sufficient time to pilot a program and evaluate it before rolling it out.

If threats such as attrition and spillover are too difficult to control for and hurt the integrity of the evaluation.

An organization may decide to test the impact of a deworming drug on school attendance at a particular school. Because deworming drugs have a spillover effect (the health of one student impacts the health of another), it will be difficult to accurately measure the impact of the drug. In this case, a solution could be to randomize at a school level rather than at a student level.

If sample size is too small.

If there are too few subjects participating in the pilot, even if the program were successful, there may not be enough observations to statistically detect an impact.

3. HOW TO CONDUCT A RANDOMIZED EVALUATION?

Of the various methods of impact evaluation, randomized evaluations require fewer assumptions when drawing conclusions from the results. There are a number of steps involved in conducting a randomized evaluation, including convincing program implementers to randomize, thinking about the appropriate evaluation design, ensuring the sample size is sufficient to detect an effect if there is one, ensuring the integrity of the evaluation design (random assignment) is

maintained, and figuring out why the program does or does not work. Many of these steps are not unique to randomized evaluations.

3.1. PLANNING AN EVALUATION

In planning an evaluation, it is important to identify key questions the organization may have. From these, we can determine how many of those questions can be answered from prior impact evaluations or from improved systems of **process evaluation**. Assuming we haven't found all our answers, we must then pick a few top priority questions that will be the primary focus of our impact evaluation. Finally, we should draw up plans to answer as many questions as we can, keeping in mind that fewer high quality impact studies are more valuable than many poor quality ones.

The first step in an evaluation is to revisit the program's goals and how we expect those goals to be achieved. A logical framework or theory of change model can help in this process. (See Program Theory Assessment) As part of assessing the purpose and strategy of a program, we must think about key outcomes, the expected pathways to achieve those outcomes, and reasonable milestones that indicate we're traveling down the right path. As expected in an evaluation, these outcomes and milestones will need to be measured, and therefore transformed into "indicators" and ultimately data. (See Goals, Outcomes, and Measurement.) Only after we have a good sense of the pathways, the scope of influence, and a plan for how we will measure progress, can we think about the actual design of the evaluation.

3.2. HOW TO DESIGN AN EVALUATION?

An evaluation design requires a considerable amount of thought. First comes the conceptual pieces: what do we plan to learn from this evaluation? What are the relevant questions? What outcomes are expected? How can they be measured?

Next, come the design questions:

- What is the appropriate level or unit of randomization?
- What is the appropriate method of randomization?
- Beyond the political, administrative and ethical constraints, what technical issues could compromise the integrity of our study, and how can we mitigate these threats in the design?
- How would we implement the randomization?
- What is the necessary sample size to answer our questions? (How many people do we need to include in the study, both as participants, but also as survey respondents?)

1. Unit of randomization

In designing our evaluation, we must decide at what level we will randomize: what unit will be subject to random assignment? Will it be individuals or groupings of individuals, such as households, villages, districts, schools, clinics, church groups, firms, and credit associations? (When we randomize groups of individuals—even though we care about and measure individual outcomes— this is referred to as a *cluster randomized trial*.) For example, if we managed to secure enough chlorine pills for one thousand households to treat contaminated water (out of, say, ten thousand households who use the same contaminated source of drinking water), do we expect to randomly assign *households* to the treatment and comparison groups? This means that some households will be given chlorine pills, but some of their immediate neighbors will be denied chlorine pills. Is that feasible? Ethical?

For this type of program, it probably wouldn't be feasible to randomize at an even smaller unit than the household, for example the individual level. It would imply that some children within a household are given chlorine pills and some of their siblings are not. If all household members drink from the same treated tank of water, individual randomization would be physically impossible, regardless of the ethical considerations. Perhaps the appropriate unit of randomization is the community, where some communities will receive chlorine, other communities will not, but within a "treatment" community all households (implying all neighbors) are eligible to receive the pills.

There are many things to consider when determining the appropriate level of randomization, of which ethics and feasibility are only two. Seven considerations are listed below.

1. What unit does the program target for treatment?
2. What is the unit of analysis?
3. Is the evaluation design fair?
4. Is a randomized evaluation politically feasible?
5. Is a randomized evaluation logistically feasible?
6. What spillovers and other effects will need to be taken into account?
7. What sample size and power do we require to detect effects of the program?

1. What unit does the program target for treatment: If chlorine tablets are meant to be dissolved in water storage tanks that in our region all households typically already own, then some households could be selected to receive chlorine, and others not. In this case, the unit of randomization would be at the household level. However, if the storage tank is typically located outside and used by a cluster of households, then it would be impossible to randomly assign some households in that cluster to the comparison group— they all drink the same (treated) water as the treatment households. Then, the most natural unit of randomization may be the “clusters of households” that use a common water tank.

2. What is the unit of analysis: If the evaluation is concerned with community-level effects then the most natural level of randomization is probably the community. For example, imagine our outcome measure is incidence of “hospitalization” due to diarrhea, and it is most economical to measure this using administrative records at community clinics, and, furthermore, those records remain anonymous. We would not be able to distinguish whether people who were hospitalized were from treatment households or comparison households. However, if the entire community is in the treatment group, we could compare the records from clinics in treatment communities against those of comparison communities.

3. Fairness: The program should be perceived as fair. If I’ve been denied chlorine pills but my immediate neighbors receive them, I might be angry with my neighbors and the NGO, and I might be less willing to fill out a questionnaire on chlorine usage when surveyors knock at my door. The NGO might also not be enthusiastic about upsetting its community members. On the other hand, if my entire community didn’t get it, but a neighboring community did, I might never hear of the program and have nothing to complain about, or could think that this was just a village-level choice and my village chose not to invest. Of course, people may be equally upset about a community-level design.

4. Political Feasibility: It may not be feasible politically to randomize at the household level. For example, a community may demand that all needy people receive assistance, making it impossible to randomize at the individual or household level. In some cases, a leader may require that all members of her community receive assistance. Or she may be more comfortable having a randomly selected half be treated (with certainty) than risk having no one treated (were her village assigned to the comparison group). In one case she may comply with the study and in another, she may not.

5. Logistical Feasibility: Sometimes it is logistically impossible to ensure that some households remain in the comparison group. For example, if chlorine distribution requires hiring a merchant within each village and setting up a stall where village members pick up their pills, it may be inefficient to ask the distribution agent to screen out households in the comparison group. It could add bureaucracy, waste time, and distort what a real program would actually look like. Or even if the merchant could easily screen, households may simply share the pills with their neighbors who are in the comparison group, in which case the comparison group would be impacted by the program. In this case, it would make sense to randomize at the village level, and then simply hire merchants in treatment villages and not in comparison villages.

6. Containing spillovers and other effects: Even if it is feasible to randomize at the household level—to give some households chlorine tablets and not others—it may not be feasible to contain the impact within just the treatment households. If individuals in the comparison group are affected by the presence of the program—they benefit from fewer sick neighbors (spillover effects), or drink the water from treatment neighbors (don't comply with the random assignment, and cross over to the treatment group), they no longer represent a good comparison group.

7. Sample size and power: The ability to detect effects depends on the sample size. When more people are sampled from a larger population, they better represent the population. For example, if we survey two thousand households, and randomize at the household level (one thousand treatment, one thousand comparison), we effectively have a sample size of two thousand households. But if we randomized at the village level, and each village has one hundred households, then we would have only ten treatment villages and ten comparison. In this case, we may be measuring diarrhea at the household level, but because we randomized at the village level, it is possible we have an effective sample size closer to ten (even though we are surveying two thousand households)! In truth, the effective sample size could be anywhere from ten to two thousand, depending on how similar households within villages are to their fellow villagers. (See: sample size.) With an effective sample size closer to ten, we may not be sufficiently powered to detect real effects. This may influence our choice as to the appropriate level of randomization.

There are many considerations when determining the appropriate level of randomization. Evaluators cannot simply sit at a computer, press a button, produce a list, and impose an evaluation design on an organization from thousands of miles away. Evaluators must have a deep

and broad understanding of the implementing organization, their program, and the context and work in partnership to determine the appropriate level of randomization given the particular circumstances.

2. Different Methods of Randomization

If my organization can secure one thousand chlorine pills per day so I can treat one thousand out of an eligible two thousand households per day, I could choose to treat the same one thousand households in perpetuity. Alternatively, I could rotate recipients so that each household gets clean water every other day. I may feel that the latter option makes no sense. If everyone is drinking unclean water half the days, I may expect zero impact on anyone. So I may choose one thousand households that will receive the pills daily. If randomizing, I may perform a simple “lottery” to determine which thousand households get the pill: I write all two thousand names onto small piece of papers, put those pieces of paper into a basket, shake the basket up, close my eyes, and pull one thousand pieces of paper out. Intuitively, this is called a *lottery* design.

Alternatively, I could rotate households every year instead of every day and randomly assign the order in which they get treated. In this case, one thousand households would be in the treatment group in the first year and in the comparison group in the second year, while the reverse would be true of the other one thousand households. I could then compare outcomes between the two groups at the end of each year. This set-up is called a *rotation* design. Note that rotation designs are most workable when the primary concern is what happens when households *have access to the program*, in this case clean water, and when the treatment effects do not remain after the treatment ends.

Say I can secure five hundred pills per day this year, but next year I expect to secure one thousand per day, and the following year two thousand per day. I could randomly choose five hundred households to get the pill in the first year, another five hundred to be added in the second year, and the remaining thousand get it in the third year. This would be called a *phase-in* design.

There are seven possible randomization designs—the lottery design, phase-in design, rotation design, encouragement design, the varying levels of treatment design, and two-stage randomization. These designs are not necessarily mutually exclusive. Their advantages and disadvantages are summarized in the table here.

3. Threats to the Design

a. Spillovers A spillover effect occurs when a program intended to help targeted participants unintentionally impacts the comparison group as well (either positively or negatively). The comparison group is supposed to represent outcomes had the program not been implemented. If this comparison group has been touched by the program, its role mimicking the counterfactual is now compromised, and the ensuing impact measure may be biased. There are ways of mitigating spillover effects, such as by changing the level of randomization. For example, one source of sickness may be drinking contaminated water. But another source is playing with neighboring children who are themselves sick. If I am in the comparison group and the program treats my neighbors so that those neighbors are no longer sick, my chances of getting sick are reduced. As such, I have now been affected by the treatment of my neighbors, despite being in the comparison group, and would no longer represent a good counterfactual. This is known as a spillover effect, in this case a positive spillover. To mitigate the possibility of spillovers, we could randomize at the community level so that everyone in the same community shares the same status of being in either the treatment or comparison group. Children in a treatment group community would be less likely to impact children in a comparison group community. Of course, we may actually want to know how these spillovers occur and design accordingly.

b. Crossovers Another possibility is that my household has been assigned to the comparison group, but my neighbor is in the treatment group, and my mother knows their water is clean and sends me to their house to drink. In a sense, I am finding my way into the treatment group, even though I was assigned to the comparison group. This is called a crossover effect, which happens when people defy their treatment designation (knowingly or unknowingly) and outcomes are altered as a result. As with spillovers, by crossing over I no longer represent a good comparison group—since I have clearly been affected by the existence of the program. As before, changing the level of randomization could mitigate crossover effects.

4. Mechanics of Randomization

Once the unit and method of randomization have been determined, it is time to randomly assign individuals, households, communities, or any unit to either the treatment or comparison group.

a. Simple Lottery Generally, to start with, we need a list of (individual, household head, or village) names. We then randomly select, such as by flipping a coin or pulling names out of a hat, those who will be in the treatment group, with the remaining names in the comparison group (or vice versa). This could also be done as part of a public lottery. However, we don't always divide the study population exactly in half. We may wish to include 30 percent in the treatment group and 70 in the comparison. Or if we had a phase-in method with three periods, we may want to divide the population into three groups. We may also wish to test multiple treatments at the same time, which would also require several groups. In these more sophisticated evaluation designs, a coin flip will not suffice. Instead, randomization is typically done through a computer program.

b. Spot Randomization Sometimes we do not have a list beforehand. For example, if individuals enter a clinic with symptoms of malaria, the decision of whether to administer the World Health Organization's standard "DOTS" treatment or an enhanced alternative must be made on the spot. The treatment could be determined by the nurse at the clinic using the flip of a coin. Alternatives could include computerized or cell-phone based randomization

c. Stratified Randomization Frequently, the target population is divided into subgroups, known as strata, before randomizing. For example, a group of individuals can be divided into smaller groups based on gender, ethnicity, or age. This division into subgroups before randomization is called stratification. Then the randomization exercise takes place within each of the strata. This is done to ensure that the proportion of treatment and comparison groups are balanced within each group so that researchers can understand whether the effect of the treatment varies by subgroup. For example, researchers may be interested in knowing whether a treatment affects female headed households differently than male headed households, but it is conceivable that without stratification we would end up with too few female headed households to be able to draw any conclusions about heterogeneous effects. Stratifying the sample according to the gender of the household head avoids this problem. The primary purpose of stratification is statistical and relates to sample size. The decision to stratify has no bearing on whether the results are biased.

5. Sample Selection and Sample Size

Whether an evaluation can detect outcome differences between the treatment and comparison groups depends on statistical power. Among other factors, statistical power depends on the number of units in the sample, or the sample size.

Once again, let's take our example of waterborne illness in a community, and let us assume that we have chosen to distribute chlorine tablets to households to test their impact on the incidence of diarrhea. But let us also assume that we only have a very limited budget for our test phase, so we would like to minimize the number of households that are included in the survey while still ensuring that we can attribute changes in incidence to the chlorine tablets and not to random chance. How many households should receive the tablets, and how many should be surveyed? Is five households enough? 100? 200? How many households should be in the comparison group? Power calculations help us answer these questions.

3.3. WHO PARTICIPATES IN RANDOMIZED EVALUATIONS?

Each randomized evaluation (RE) is made possible through a partnership between researchers, organizations that run the programs to be evaluated (such as governments or NGOs), donors who fund the programs and evaluation, research centers who employ the staff associated with each evaluation, and research subjects who agree to participate. The social programs that the REs evaluate are often designed to target a certain population, for example, the poor or otherwise disadvantaged. The targeted populations of these programs are also the research subjects who participate in REs.

The question of who participates in a randomized evaluations touches on some of the most sensitive issues faced by an evaluator. In answering this question an evaluator must consider what is ethical and fair. It would be unethical, for example, to deprive a household of a water treatment solution for the sake of an evaluation if the household would have otherwise had access to the solution.

1. Ethical Issues

So how can an evaluator conduct an evaluation while still meeting fair and ethical standards?

Randomized evaluations can be appropriate in situations when there are resource constraints. Organizations may not have a large enough budget to provide everyone in a community or district or country with a program and thus must decide who receives the program and who does not. Even if they target subgroups, such as those who particularly need the program, or those who would benefit most, they may be unable to have the funds to cover everyone even in the

target subgroups. Such a scenario provides an evaluator with an opportunity to conduct a randomized evaluation in order to inform the decision of how to allocate scarce resources within the target subgroup.

An evaluator must not only ensure that a study is ethical, but also that it is fair. In randomly assigning participants to the treatment or comparison group, an evaluator should ensure that everyone has an equal chance of being in the treatment group and receiving the program. As described above, methods of fairly selecting participants include using a lottery, phasing in a program, and rotating participants through the program to ensure that everyone benefits. The selection process should also be transparent and appear fair to the community.

Sometimes, evaluators are faced with the problem of allocating a program that is clearly beneficial, such as deworming drugs, or a water treatment solution. In these situations, ethical considerations concern the group of individuals who will not receive the program, possibly due to limited resources and the desire to allocate the program where it will have the greatest impact. Sometimes, however, the benefits have not been proven, meaning it is possible the program could potentially make participants worse off. For example, drug companies often face this problem when testing new treatments on patients. In this case, an evaluator must put as much energy into ensuring that participants in the treatment group are not harmed. Everyone involved in the study must be informed of any potential risks and give consent to participate. Even if there do not appear to be risks, any study should obtain the informed consent of all participants (in both treatment and comparison groups). Human subject protocols have been developed by different nations and organizations and should be followed carefully.

2. Research Subjects and the Institutional Review Board

An Institutional Review Board (IRB), also known as an independent ethics committee or a human subjects review board, is a group that has been formally designated by an institution (such as a university or non-profit) to approve, monitor, and review research involving humans as participants. An IRB's objective is to assure, both in advance of and by periodic review, that appropriate steps are taken to protect the rights and welfare of humans participating as subjects in a research study.

This includes:

- Receiving institutional review board (IRB) approvals for each study before it begins,
- All study personnel completing an IRB training course,

- Adhering to the IRB-approved research protocol and guidelines throughout the course of the study.

3.4. HOW TO IMPLEMENT?

Once an evaluation design has been finalized, the evaluator must remain involved to monitor data collection as well as the implementation of the intervention being evaluated. If respondents drop out during the data collection phase, the results are susceptible to **attrition bias**, compromising their validity. Attrition is covered in this section. Other threats in the data collection phase such as poor measurement instruments, reporting bias, etc., are equally important, but are not covered here. For best practices on data collection see:

Deaton, A. (1997): *The Analysis of Household Surveys*. World Bank, International Bank for Reconstruction and Development

In the implementation of the intervention, the integrity of the randomization should remain intact. Unless intentionally incorporated into the study's design, *spillovers and crossovers* should be minimized, or, at the very least, thoroughly documented.

3.5. HOW TO OBTAIN RESULTS?

At the end of an intervention (or at least the evaluation period for the intervention), end line data must be collected to measure final outcomes. Assuming the integrity of the random assignment was maintained, and data collection was well-administered, it is time to analyze the data. The simplest method is to measure the average outcome of the treatment group and compare it to the average outcome of the comparison group. The difference represents the program's impact. To determine whether this impact is statistically significant, one can test the equality of means using a simple t-test. One of the many benefits of randomized evaluations is that the impact can be measured without advanced statistical techniques. More complicated analyses can also be performed, such as regressions that increase precision by controlling for characteristics of the study population that might be correlated with outcomes. However, as the complexity of the analysis mounts, the number of potential missteps increases. Therefore, the evaluator must be knowledgeable and careful when performing such analyses.

It is worth noting that, when a result is obtained, we have not uncovered the true impact of the program with 100 percent certainty. We have produced an estimate of the truth and can say, with a certain degree of probability, whether the program had an effect. The larger our

sample size, the smaller our standard errors will be, and the more certain we are that our measure is close to the truth. But we can never be 100 percent certain.

This fact leads to two very common pitfalls in analysis:

1. **Multiple Outcomes:** Randomization does not ensure the estimated impact is a perfect measure of the true impact of the program. The measured impact is unbiased, but it is still an estimate. Random chance allows for some margin for error around the truth. Depending on the sample size and the amount of variation in the outcome, the estimate may be very close to the truth. If we have correctly calculated the sample size required to be able to say, with some degree of certainty, whether the program had an effect, then it is unlikely that we will draw incorrect inferences about the impact of the program on a single outcome. If we look at many outcomes, however, the chances of drawing incorrect inferences will increase. The more outcomes we look at, the more likely one or more of our estimates will deviate significantly from the truth, simply due to random chance.

For example, assume the chlorine pills we distributed to fight waterborne illness in our water purification program were faulty or never used. If twenty outcome measures are compared, it is in fact very likely that at least one comparison will suggest a significant change in health due to our program. If we look at enough outcome measures eventually we will stumble upon one that is significantly different between the treatment and comparison groups, simply due to random chance. This is not a problem, per se. The problem arises when the evaluator “data mines,” looking at outcomes until she finds a significant impact, reports this one result, and fails to report the other insignificant results that were discovered in the search.

2. **Sub-group analysis:** Just as an evaluator can data mine by looking at many different outcome measures, she can also dig out a significant result by looking at different sub-groups in isolation. For example, it might be that the chlorine has no apparent impact on household health as a whole. It may be reasonable to look at whether it has an impact on children within the household, or girls in particular. But we may be tempted to compare different combinations of boys and girls of different age groups and living in households with different demographic compositions and assets. We may discover that the program improves the health of boys between the ages of 6 and 8, who happen to have one sister, one grandparent living in the household, and where the household owns a TV and livestock. We could even concoct a plausible story for why this subgroup would be affected and other subgroups not. But if we stumbled upon this one positive

impact after finding a series of insignificant impacts for other subgroups, it is likely that the difference is due simply to random chance, not our program.

3.6. HOW TO DRAW POLICY IMPLICATIONS?

Having performed a perfect randomized evaluation, and an honest analysis of the results, with a certain level of confidence we can draw conclusions about how our program impacted this specific target population. For example: “Our chlorine distribution program caused a reduction in the incidence of diarrhea in children of our target population by 20 percentage points.” This statement is scientifically legitimate, or *internally valid*. The rigor of our design cannot tell us, however, whether this same program would have the same or any impact if replicated in a different target population, or if scaled up. Unlike internal validity, which a well-conducted randomized evaluation can provide, *external validity*, or *generalizability*, is more difficult to obtain. To extrapolate how these results would apply in a different context, we need to depart from our scientific rigor and begin to rely on assumptions. Depending on our knowledge of the context of our evaluation, and other contexts upon which we would like to generalize the results, our assumptions may be more or less reasonable.

However, a randomized evaluation does not provide internal validity at the cost of external validity. External validity is a function of the program design, the service providers, the beneficiaries, and the environment in which the program evaluation was conducted. The results from any program evaluation are subject to these same contextual realities when used to draw inferences for similar programs or policies implemented elsewhere. What the randomized evaluation buys us is more certainty that our results are at least internally valid.

BY WHOM EVALUATION CAN BE MADE

1. The State Commissioner, on its own or application made in this behalf, may either himself or through any of the competent officer, not below the rank of District Social Welfare Officer, Zillah Parishad or Assistant Commissioner, Social Welfare Department or any equivalent officer assigned duties in this regard.
2. If the State Government thinks it fit, may assign duties in this regard to any of the officer from Education, Revenue, Finance, Health, Women and Child Development, in consultation with respective department or through private agencies, which are having duly recognition under existing laws of the Central or State Legislature and Rules made thereunder and experience in the evaluation of the Central as well as State Schemes.

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