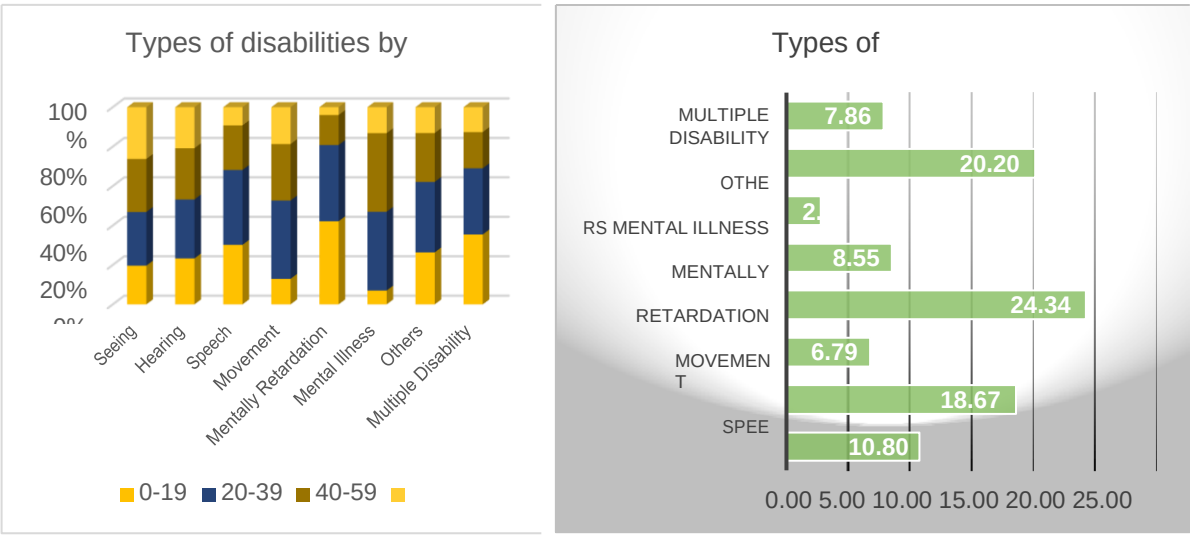
RIGHTS: Inclusion, Accessibility & Opportunities for Persons with Disabilities in Tamil Nadu
Proposed Approach & Framework

1. CONTEXT

Tamil Nadu is the sixth most populous state in India with a population of 72 million (Census 2011). State's population is older compared to the national average, and a larger share of the population is of working age. The state's dependency ratio is 43 percent compared to the national average of 57 percent. Between 2000 and 2010, the population grew by 15.6 percent, but the total fertility rate has declined from 2.2 in 1998– 99 to 1.6 in 2015–16. According to Census 2011, scheduled castes (SCs) represent 20 percent of Tamil Nadu's population, scheduled tribes (STs) comprise 1.1 percent, other backward classes (OBCs) form 68 percent, and other castes constitute 10.5 percent. It is among the most urbanized states with about 48 percent of its population residing in urban areas.

More than 26.8 million people in India and 1.18 million in Tamil Nadu live with some form of disability (Census 2011). However, some recent studies[1] in Tamil Nadu estimate that these figures may just have doubled. As per Census 2011, the proportion of persons with disabilities was about 1.63 percent in Tamil Nadu compared to national average of 2.21 percent. Estimation of prevalence of disability remains a key challenge. Data on prevalence of disability remains largely dependent on census 2011 which estimated 1635 persons with disabilities amongst every 100,000 people in Tamil Nadu. A recent study[2] that used pooled data from the District Level Household Survey-4 (2012-13) and Annual Health Survey 2nd updation round (2012-13) reveals that there are 4550 persons with disabilities amongst every 100,000 population in Tamil Nadu thereby indicating a much higher prevalence of disability in comparison to the census data. Interestingly both sources used similar definition for disability in which it is defined as a certain physical or mental impairment that resulted in restricted movement or senses or activity. Therefore, if one goes by the estimates of this recent study, there would be about 3.2 million people in Tamil Nadu living with some form of disabilities. Moreover, even these estimations appear on the lower side especially since the definition and type of disabilities has undergone a change to include a larger population group since the promulgation of Rights of Persons with Disabilities Act, 2016.

Figure – 1: Types of disabilities



[1] Rakhi Dandona, Anamika Pandey, Sibin George, G. Anil Kumar, Lalit Dandona, India's disability estimates: Limitations and way forward, 2019

[2] Ibid.

Source: Census of India 2011

The prevalence of disability increases drastically with the onset of old age. About 5% of the elderly population (Census 2011) in the country are affected by some form of disability, with almost half of them suffering from locomotor and visual disabilities. A 2018 Study[3] found that with aging, disability increased, and one in every five elderly persons aged 60 years and above and one out of two elderly aged 75 years and above, had some form of disability. In Tamil Nadu, too people aged 60 years and above are the most affected by some form of disability[4]. This burden is predicted to increase substantially due to rising life expectancy, associated population aging and higher risk of disability amongst them as well as increase in chronic health conditions such as diabetes, cardiovascular disease, cancer and mental health disorders, among others.

Persons with disabilities and their families are more likely to experience economic and social disadvantage than those without disability. Persons with disabilities face multiple socioeconomic constraints including poorer health outcomes, lower education levels, limited economic participation, and higher rates of poverty compared to persons without disabilities. They often experience exclusion and barriers in accessing health services, education, employment, transportation, information as well as care and support services. Such exclusion makes it harder for them to benefit from the development programs and escape poverty. Children with disabilities are less likely to attend school, thus experiencing limited opportunities for human capital formation and facing reduced employment opportunities and decreased productivity in adulthood. Persons with disabilities are more likely to be unemployed and generally earn less even when employed. Both employment and income outcomes appear to worsen with the severity of the disability. Furthermore, persons with disabilities may have extra costs resulting from disability – such as costs associated with medical care or assistive devices, or the need for personal support and assistance – and thus their households are likely to be poorer than non-disabled people with similar incomes. Households with a disabled member are more likely to experience material hardship – including food insecurity, poor housing, lack of access to safe water and sanitation, and inadequate access to health care[5].

Tamil Nadu compared to other states has taken a range of initiatives for persons with disabilities. With a budget allocation of over Rs. 570 crore, the state is funding a range of programs (see Table – 1) and is much ahead of other State Governments in terms of making enabling provisions for persons with disabilities. In terms of share of expenses, the social security component that includes allowances, concessions and grant-in-aid to NGOs is the largest (67%), followed by special education and aids and appliances. Although, the share of expenditure on prevention and early interventions seems to be nominal (1.26%), the State has done some pioneering work on early identification and intervention in recent past amongst children through its network of Early Intervention Centres across the State and its NGO partners.

Table – 1: Sector-wise Budget Allocation for FY 2020 – 21 (In Rs. Crore)

No.	Services / Sectors	Allocation	Share (%)
1.	Prevention and Early Interventions	9.56	1.39
2.	Special Education	42.6	6.2
3.	Employment & Vocational Training	5.02	0.73
4.	Social Security (Maintenance allowances, travel concession, assistance to NGOs)	471.4	68.48

[3] Khan ZA, Singh C, Khan T. Correlates of physical disability in the elderly population of Rural North India (Haryana). J Family Community Med. 2018;25(3):199-204. doi:10.4103/jfcm.JFCM_160_17 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6130166/

[4] Velayutham B, Kangusamy B, Mehendale S. Prevalence of disability in Tamil Nadu, India. Natl Med J India 2017;30:125-30 found that disability rates increased as age advanced with highest prevalence rate amongst people aged 60 years and above in Tamil Nadu.

[5] World Report on Disability 2011, The World Health Organization & The World Bank

5.	Aids & Appliances	30.9	4.5
6.	Barrier Free Structure	3.4	0.5
7.	Others (Salary Administrative Expenses)	125.30	18.2
	Total	**688.48**	

Yet, challenges remain in terms of coverage, outreach and last mile delivery. The current program seems to be largely dependent on the NGOs for service delivery and in absence of a system for identification and targeting are often dependent on the needs for services identified by the NGOs. A major portion of current budget allocation is spent on social security component that includes cash allowances, travel concession and grant-in-aid to NGOs. As evident from the table above, apart from salaries, most part of the Department's expenditure is on social security cash transfers and grants to NGOs. Most significantly, rehabilitation services seem to be most deficient in terms of resource allocation. Thus, making rehabilitation services inaccessible to a sizable proportion of the vulnerable population. The Department has piloted Community Based Rehabilitation in a few blocks and has undertaken an assessment of the same. The results have been encouraging and the case for scale up at the state level is valid.

Current institutional capacity of the Department for the Welfare of Differently Abled is not commensurate to its mandate and need for extensive service delivery at all levels. At the State level, the Commissionerate for the Welfare of Differently Abled is the main implementation body. The Commissionerate plays the dual role of both statutory functions as well as implementation role with a small team of technical and administrative personnel. At district levels, the District Differently Abled Welfare Office (DDAOW) is largely responsible for all administrative, statutory and service delivery functions. Originally, the DDAOW was set up as district level Rehabilitation Centre with technical staff but over the years they have largely moved to the administrative and statutory functions. This has happened due to two main reasons, first the Department for the Welfare of Differently Abled (DWDA) needed a district level implementation and supervision team for its programs, and second due to challenges faced by the beneficiaries in accessing these service centres mostly located at the district headquarters. This has resulted in most of the technical staff performing administrative functions and dependence of the DWDA on NGOs for the care and rehabilitation services in the State.

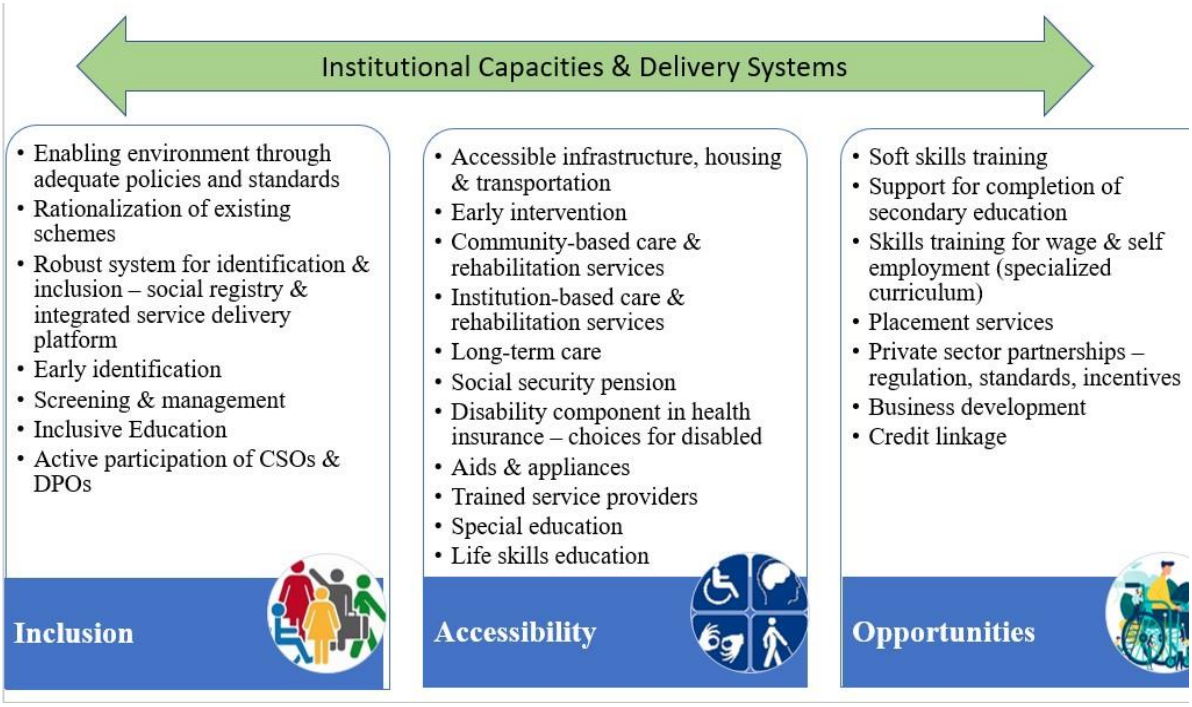
2. THE PROPOSED APPROACH

hu. Persons with disabilities often have poor health outcomes, lower educational achievements, lower economic engagement, higher rates of poverty and vulnerabilities, dependency on others, and they are often isolated from mainstream social, cultural, and political opportunities. Therefore, interventions required to overcome disability disadvantage are multiple, systemic, and varies depending on the local and individual context. Such an approach necessitates a comprehensive package of interventions that has been appropriately designed to address both demand and supply side constraints faced by persons with disabilities. However, the appropriate interventions and its scale to be supported through the proposed project will be determined in consultation with the Government of Tamil Nadu during the project preparation keeping the needs and availability of resources in mind.

Building human capital of persons with disabilities requires a transformational and multisectoral approach that can be embedded within the "Inclusion – Access – Opportunities" framework (see Figure – 2). The framework for building human capital of persons with disabilities requires to focus on three pillars – first ensuring inclusion of all by ensuring that persons with disabilities participate equally with others in any activity and service intended for the general public, such as education, health, employment, and social services; second improving access of specialized programs by investing in specific measures for quality care, rehabilitation and support services; and third ensuring opportunities for persons with disabilities for completion of education, skills training and market-linked employment opportunities. This framework has been designed by taking into consideration the comments and

suggestions received during the state consultation[6] with persons with disabilities and the DPOs as well as lessons from various Indian and other Global experiences.

Figure – 2: Framework for Human Capital Development of Persons with Disabilities



2.1. INCLUSION

Under the Inclusion Pillar, the focus would be on creating an enabling environment and streamlining mechanisms for better identification and targeting of persons with disabilities and their needs. Specifically, the inclusion pillar will focus on following major interventions:

a) **Enabling environment for persons with disabilities through adequate policy and standards, mobilization and behaviour change communication**: Better public understanding of disability issues and related policies, legislations and standards, confronting negative perceptions, and representing disability fairly helps in managing stigma and discrimination towards persons with disabilities. These could contribute to a better understanding of the socioemotional needs of persons with disabilities among the community members and eventually contribute to an inclusive society. An assessment of existing policy framework and its implementation status would be undertaken to inform key gaps and potential areas for further strengthening. This assessment would form the basis for areas of interventions in terms of either formulation of policies or standards as well as its implementation. With the aim to understand the gaps in public understanding and designing appropriate behaviour change communication strategies, the project would undertake a communication needs assessment. Following which, a community mobilization and communication strategy will be developed and implemented to improve understanding and behaviour towards persons with disabilities as well as disseminate information on relevant policies and service provisions.

[6] A State Consultation with persons with disabilities and DPOs was organised by the Commissionerate for the Welfare of Differently Abled, Department for the Welfare of Different Abled, Government of Tamil Nadu on 29 November 2019 to issues, challenges and opportunities for persons with disabilities.

b) **Universal screening of disabilities in children for early identification:** Early identification and consistent assessment of persons with disabilities is a critical milestone for management of disabilities. Persons with disabilities are generally less likely to receive screening and care services. It has often been observed that people with invisible disabilities including cognitive or emotional disabilities go unidentified and as a result the much-needed response mechanism gets delayed. Early identification is crucial in supporting correction through therapy and / or timely provision of assistive devices. The state of Tamil Nadu through its neo natal screening centers is playing an important role in screening at this stage. 8 such centers currently exist and there is a case to expand this further to reach out to a larger population in a timely manner.

c) **Periodic screening and management of disabilities:** Besides functional challenges posed by disabilities, it can also be degenerative necessitating revised management strategies, particularly to support activities of daily living. This can get further exacerbated in the case of persons with disabilities as well as elderly. It is therefore important to introduce a system of periodic assessment / screening of Activities of Daily Living (ADL) and Instrumental ADL. A community-based mechanism is essential for ensuring sustainable period review of persons with disabilities. Besides, screening for non-communicable diseases for persons with disabilities is another essential need that requires to be undertaken at the community level. These activities should be operationalized in collaboration with the Health Department.

d) **Integrated program and robust system for equitable, efficient and transparent service delivery:** At present, there are a plethora of schemes operated by DWDA with some of them having overlapping mandate as well as distinct targeting and eligibility criteria often leading to fragmentation and necessitating that the beneficiary must apply to the respective programs repeatedly to avail its benefits. This often leads to inclusion and exclusion errors in targeting resulting in some the neediest beneficiary getting excluded, while some getting multiple benefits. The aim should be to move from "fragmented scheme to an integrated systems approach" as well as to facilitate effective management and tracking of all current and eligible beneficiaries of schemes. This would also help removing duplication and ensuring equitable and transparent selection and distribution of benefits / services. The proposed Project would support: (i) development of an integrated state scheme for persons with disabilities; (ii) development and deployment of an integrated service delivery platform including a State Social Registry for Persons with Disabilities, development and / or customization of existing program MIS linked with Social Registry and DBT platforms; and (iii) a partnership management system for improved planning and management of partnerships with private sector / civil society / DPOs, among other.

e) **Strengthen outreach and participation of persons with disabilities in Disabled Peoples' Organizations (DPOs), particularly promote their engagement in planning, implementation and supervision.** In formulating and implementing policies, legislations, and programs, persons with disabilities should be consulted and actively involved as they often have unique insights about their situation and mitigation measures. Besides, DPOs can play a crucial role in program implementation and service delivery, especially in information sharing, peer support, community implementation and supervision. The proposed Project would help formulate strategies and plans for engaging DPOs in the planning, implementation and supervision of disability program as well as invest in strengthening capacities of the DPOs towards this vision.

2.2. ACCESSIBILITY

Under the Accessibility Pillar, the focus would be on developing accessible public infrastructure, housing and transportation as well as improving access and quality of care and rehabilitation services for persons with disabilities. Specifically, the accessibility pillar of the proposed project will focus on following major interventions:

a) **Accessible public infrastructure, housing and transportation services for persons with disabilities:** An accessible physical environment is one of the most important needs of persons with disabilities. Therefore, measures need to be taken to eliminate obstacles and barriers to indoor and outdoor public facilities including premises of schools, medical facilities, workplaces as well as footpaths, curb cuts, and obstacles that block the flow of pedestrian traffic also require to be accessible. Besides, similar measures are required to be taken to make the public transport accessible. The Government of Tamil Nadu has already taken various initiatives towards this. The proposed project would undertake a "accessibility audit" of relevant public facilities and suggest measures for making these facilities accessible.

   In addition, accessible housing is one of the major needs and some of the countries have implemented a range of residential support services for persons with disabilities including independent housing, assisted living, collective living in group homes and institutional settings, among others. The proposed project would pilot some of these interventions in selected geographical location in collaboration with existing public and private sector housing projects in the state. Besides, need based interventions would also be funded from the innovation fund.

b) **Community-based early intervention for correction, care and rehabilitation of children / persons with disabilities:** Family and community are the best place for children and persons with disabilities to receive required love, care and support, and therefore making professional rehabilitation services available at family and community levels can have transformational impacts in their lives. Evidence from an innovative pilot[7] in Tirunelveli, Tamil Nadu suggests that community based early interventions not only helped prevent chances of severe disabilities but also improved participation and integration of children with disabilities in schools and society. Based on the encouraging lessons from this program, it is proposed to scale up this program across the State through: (i) homebased assessment, early intervention, care and rehabilitation services using technology; (ii) training of parents and caregivers for enabling them in better care and management of children within the home environment; (iii) specialized neighbourhood services operated by trained community rehabilitation workers (CRW) having provisions for basic therapy services, guidance, access to citizen services including benefit payments etc.; and (iv) Supplementary education on selfcare, daily living, life skills and counselling, self-image and aspirations of youth with disabilities at the neighbourhood service centres located in community.

c) **Institution-based integrated one-stop social care and rehabilitation services:** While through community based intervention maximum efforts will be given on ensuring children / persons with disabilities to remain within the family and community settings, there still be many beneficiaries who would either require professional care and rehabilitation services, day care and / or long term care services in an institutional setting. This will be done by: (i) setting up One – stop social care service centres at the District / Taluk levels / PHCs; (ii) upgrading existing Early Intervention Centres (EIC); (iii) establishing EICs in underserved areas; and (iv) ensuring extended outreach facilities through mobile outreach services in each of the districts. Range of services delivered through the one-stop social care service centres include: assessment and determination (vision & hearing), counselling, physiotherapy and occupational therapy services, information dissemination

[7] Known as Mobile Village Based Rehabilitation Initiative (mVBRI) and implemented by Amar Seva Sangam, Ayikudi (ASSA), it targets children with developmental delays in the age group 0 – 6 years. The initiative uses modern information technology to reach out to such children at their doorsteps for screening, assessing and rendering rehabilitative therapies to enable them to join the mainstream society at the earliest. The program used a digital application to connect community rehabilitation workers with rehabilitation specialists in order to provide early intervention therapy to children with delayed development. The community rehabilitation specialists also train parents and caregivers for enabling them in better care and management of children within the home environment. The results from this program showed improvement in child's development and increased their participation and integration in schools and society.

about, and linkages with existing schemes and programs such as social pension, assistive devices, among others. For the long-term care and rehabilitation services for persons with severe disabilities, a public-private partnership model will be developed and implemented. This will be done by building on the existing NGO partnership / grant-in-aid scheme by improving its targeting (both geographical and individual), service provisions, monitoring and supervision, capacity strengthening of service providers, etc.

d) Creating choices for beneficiaries through specialized component under the Health Insurance Scheme: Considering the specialized health, care and rehabilitation needs of persons with disabilities and addressing barriers in accessing professional public – private facilities due to supply side constraints, an specialized disability component under existing Health Insurance Scheme will be introduced. Involvement of private sector insurance companies to provide improved choices will also be explored. The aim is to create choices for need-based care and rehabilitation services for persons with disabilities by ensuring accessibility to suitable insurance instruments and supply side interventions.

e) Mainstream and improve access for children with disabilities in general schools as well as within special schools by ensuring technology enabled teaching and learning: With the aim to ensure universal and inclusive education for children with disabilities two pronged strategy will be undertaken: (i) convergence with the education department to improve access and inclusion for persons with disabilities in general education system – introduction of disabled friendly curriculum, life skills training, use of technology, etc.; and (ii) strengthen the existing special schools for children with disabilities by strengthening its curriculum, teachers' capacities, use of ICT tools, introduction of life skills training, parents support groups, among others. The focus would be on improving both the supply side by guaranteeing access to schools and specialist schools, and demand side by informing parents about the opportunities that education offers a child with a disability, so as to raise the level of school attendance so that children with disabilities can achieve better school results.

2.3. OPPORTUNITIES

Under the Opportunities Pillar, the focus would be on ensure opportunities for persons with disabilities for completion of secondary education, market-linked skills training & placement services.

a) **Prepare youth with disabilities for equitable access to education, skills training and employment opportunities:** Most persons with disabilities can perform productively if provided with the opportunities and right environment. Efforts towards preparing persons with disabilities for equitable access of educational and employment opportunities would include: (i) provision for imparting information on existing opportunities; (ii) engaging family and community for creating enabling environment; (iii) imparting soft skills and induction training on what to expect at the education and / or vocational training centres and how to maximize their learnings eventually leading to better and sustained employment.

b) **Increase opportunities for completion of secondary education and linkage with higher education:** As per Census 2011, among the total disabled persons, 45% are illiterates. 13% of the disabled population has matric/ secondary education but are not graduates and 5% are graduates and above. Only about 8.5% among the disabled literates are graduates. Although further assessments are required to determine this, the focus of mainstreaming or special education for persons with disabilities has been on primary levels. The need for specialized interventions for supporting youth / persons with disabilities in completion of secondary / higher education (through formal or non-formal means) could be identified through an assessment and based on the findings appropriate intervention will be supported.

c) **Provision of wage and self-employment opportunities for productive inclusion:** Persons with disabilities and their households must have access to work or livelihoods for overcoming exclusion and breaking links between disability and poverty. Lack of access to vocational rehabilitation and training, lack of access to financial resources, disincentives created by disability benefits, the inaccessibility of the workplace, and employers' perceptions of disability and disabled people are some of the major barriers that often restrict their productive inclusion. Therefore, the focus would be on addressing all these binding constraints by bringing together all stakeholders including government, employers, disabled people's organizations, corporates and trade unions for a comprehensive approach for improved labour market opportunities for persons with disabilities. This will be achieved by: (i) undertaking a market assessment & jobs diagnostic to identification of disabled – friendly wage and self-employment opportunities; (ii) ensuring specialized curriculum and pedagogy designed for skills training courses (both vocation and self-employment) in collaboration with State Skills Development Mission; (iii) forging private sector partnerships, regulation, and incentives to encourage disable-friendly workplaces; (iv) ensuring enrolment and retention of youth with disabilities in "disabled-friendly" in skills training programs; (v) facilitating post-skilling follow-up support to improve entry and retention of persons with disabilities in the workforce; and (iv) ensuring credit linkages and business development support to trained youth with disabilities for income generation activities, among others.

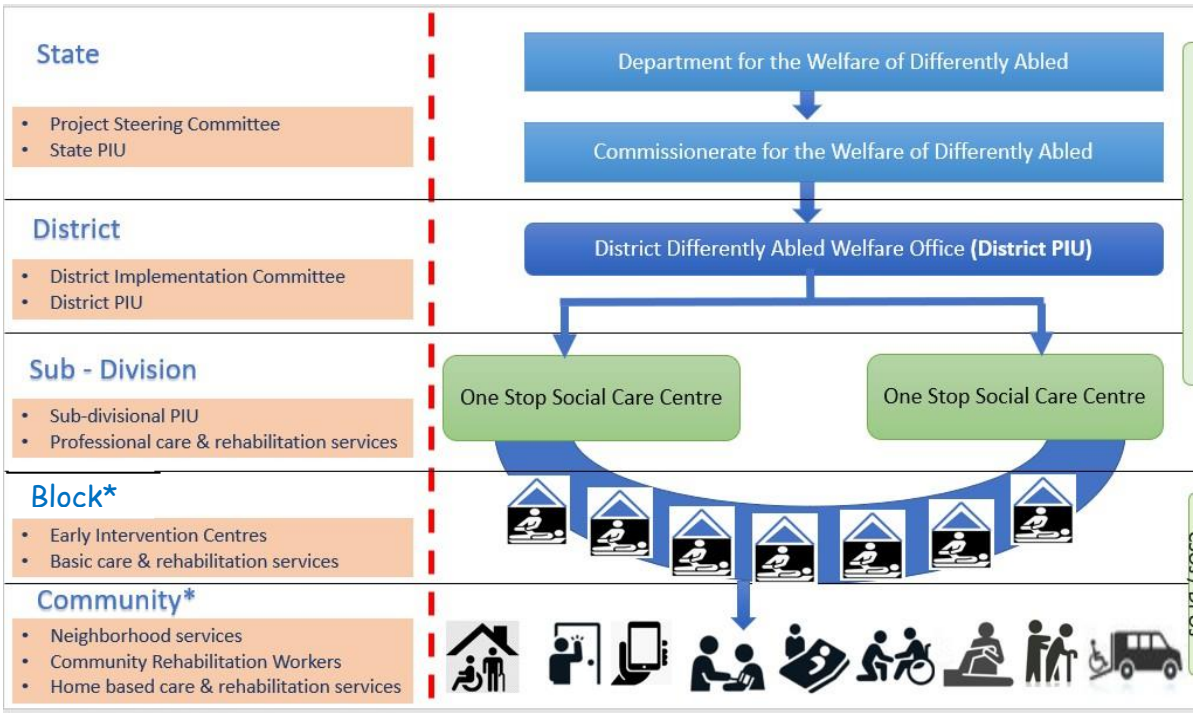
2.4. INNOVATIONS

With the aim to ensure flexibility and innovations across the three pillars of above-mentioned framework of "Inclusion – Accessibility – Opportunities", the Project would support setting up of an innovation fund at the State levels. Such an innovation fund will support need-based in-time interventions for extending outreach and coverage of the Project. For example, support for operating mobile camps, credit support for self-employment, incentives to private sector for their participation in improving inclusion, access and opportunities for persons with disabilities, incubation & livelihood support, credit support for self-employment, legal aid, among others. As per the provisions under the Rights of Persons with Disabilities Act 2016 and its State Rules, the State Government of Tamil Nadu has already set up an Innovation Fund under the C/DWDAP. The focus would be on supporting replenishment of this Fund through linkage with the private / corporate sectors by tapping resources available under the CSR funds, social impact bonds, disability fund, shelter fund, related allocations of line departments, district and local funds and plans, and contributions from various local agencies and individuals.

3. THE IMPLEMENTATION MODALITIES

The implementation of such robust framework requires a comprehensive institutional mechanism and trained human resources at all levels. The Department for the Welfare of Differently Abled Persons, Tamil Nadu has a range of existing programs for persons with disabilities and also has a well experienced workforce. However, to manage a program of the proposed scale, substantial efforts would be required and therefore the proposed implementation modalities would be centered around two pronged strategies: (i) putting in place a robust implementation structures at all levels in terms of field units for administration, service delivery, supervision and monitoring; and (ii) augmenting existing human resources and their capacities for sustainable institutional capacities. Figure – 3 below provides an overview of the proposed implementation modalities at state, district and local levels.

Figure -3: Proposed Implementation Modalities



** Implemented through NGOs / community service providers / private sector / DPO / other civil society organisations, among others. Involvment of PRIs and local bodies in community based planning, implementation and supervision.*

In the proposed implementation modalities, the institutional structures and services from State to sub – division levels are proposed to be directly operated by the Department of Differently Abled, Government of Tamil Nadu, while Taluk and community level service delivery will be operated through performance based service contracts with the private sector / civil society organisation / disabled people's organisation.

State: The Department for the Welfare of Differently Abled Persons, Government of Tamil Nadu will implement the proposed project through its Commissionerate / Directorate for the Welfare of Differently Abled Persons (C/DWDAP). The day-to-day implementation of the project would be carried out by the Project Implementation Unit (PIU) within the DWDAP. An institutional assessment of the DWDAP will be undertaken as part of the project preparation to determine the adequacy and capacities of existing human resource that will help determine the need for augmentation of administrative and technical staff as well as need for investing in their capacities. Possibilities of setting up a special purpose vehicle (State Society / Corporation/ any other entity) for the implementation of the Project will also be explored so as to institutionalize the proposed implementation framework within the existing program for long term sustainability of the project interventions.

District: For implementation and supervision of the project at the District, Taluk and local levels, the District Differently Abled Welfare Office (DDAOW) will be the focal point. A district level PIU will be set up within DDAOW for the day-to-day implementation and supervision of the Project. The sub-divisional one-stop social care centres (OSCs) would function under the direct supervision and control of District PIU. Each of these OSCs will have a combination of administrative and technical human resources that will be determined on the basis of needs identified during the project preparation.

Taluk: At the Taluk levels, the existing Early Intervention Centres (EICs) could be utilized for undertaking basic assessment, therapy and rehabilitation services. These EICs would continue to operate through outsourcing model (NGOs / private sector). During the institutional assessment the areas of strengthening would be identified and supported. In addition, the Project would also help set

up a NGO Partnership System for better geographical targeting, selection, management and supervision of the EIC and other interventions supported by the DWDAP through the regular grant-in-aid scheme.

Community: At the Community level, PRIs / local bodies / DPOs will be involved in community-based planning, implementation and supervision for the project activities. For facilitating the Project implementation at the community levels, Community Service Providers (CSPs) would be engaged by the Project. In addition, the Project would support creation of a cadre of frontline workers known as Community Rehabilitation Workers (CRWs). These CRWs will be identified and engaged by the respective CSPs and would be responsible for operating the community based rehabilitation services: (i) homebased assessment, early intervention, care and rehabilitation services using technology; (ii) training of parents and caregivers; (iii) specialized neighbourhood services having provisions for basic therapy services, guidance, access to citizen services including benefit payments etc.; and (iv) supplementary education on selfcare, daily living, life skills and counselling, self-image and aspirations of youth with disabilities.

4. PROPOSED PROJECT COMPONENTS AND BUDGET

The overall approach and framework discussed in above sections require to be contextualized into a preliminary project design for describing the specific components and the proposed activities. Accordingly, the proposed framework of "Inclusion, Accessibility and Opportunities" has been divided into four major components: