



Schemes and Programmes

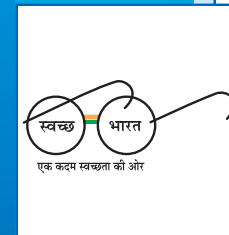


NATIONAL HUMAN RIGHTS COMMISSION
Manav Adhikar Bhawan, C-Block, GPO Complex,
INA, New Delhi-110023, India

Schemes and Programmes of Government of India on Human Rights Related Issues



**अटल
पेंशन
योजना**
कम से कम निवेश,
बढ़ापे में अधिक
अधिक लाभ



**NATIONAL HUMAN RIGHTS COMMISSION
INDIA**

**Schemes and Programmes of
Government of India
on
Human Rights Related Issues**



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Human Rights Related Issues

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FOREWORD

The National Human Rights Commission was constituted under the provisions of the Protection of Human Rights Act, 1993. The mandate of the Commission is better protection of human rights. According to Section 2(1)(d) of the Protection of Human Rights Act, "human rights means the rights relating to life, liberty, equality and dignity of the individual guaranteed by the Constitution or embodied in the International Covenants and enforceable by courts in India". Obviously human rights include all the rights necessary for an individual to lead a life with dignity.

In India, protection of human rights is a constitutional value and a constitutional goal. In view of the Articles contained in Parts III and IV of the Constitution of India, protection of human rights is an obligation of the State. Protection of human rights is also a duty of the citizen in view of the citizen's fundamental duty under Article 51A(a), to abide by the Constitution and respect its ideals and institutions. The role of the National Human Rights Commission is to motivate and persuade the State to discharge its obligation and the citizen to discharge his duty.

Section 12 of the Protection of Human Rights Act mentions the functions of the National Human Rights Commission. They include:

- (1) inquire, suo motu or on a petition presented to it by a victim or any person on his behalf or on a direction or order of any court, into complaint of (i) violation of human rights or abetment thereof; or (ii) negligence in the prevention of such violation, by a public servant;
- (2) visit, notwithstanding anything contained in any other law for the time being in force, any jail or other institution under the control of the State Government, where persons are detained or lodged for purposes of treatment, reformation or protection, for the study of the living conditions of the inmates thereof and make recommendations thereon to the Government;
- (3) spread human rights literacy among various sections of society and promote awareness of the safeguards available for the protection of these rights through publications, the media, seminars and other available means.

To carry out the functions of the Commission, the Members and the Officers of the Commission and the Special Rapporteurs engaged by the Commission visit jails and other institutions for the study of living conditions of inmates thereof and make recommendations to the Government. The Commission also inquire into complaints of violation of human rights or abetment thereof or negligence in the prevention of such violations by a public servant. Since right to good governance is a human right of a citizen, the Commission is also required to monitor the implementation of various programmes and schemes of the Government for the welfare of the people in general and the poor and the marginalized sections of the society in particular. To enable the Commission's Officers and Special Rapporteurs to conduct effective monitoring and make effective evaluation based on definite data and common norms, it was found necessary to provide them up-to-date knowledge about the contents and details of the programmes/ schemes being implemented by the Central as well as State Governments and also to make available to them specific questionnaires / inspection formats for eliciting necessary information and collecting required data on the schemes not only from the implementing authorities but also from the field workers. Accordingly, the questionnaires / inspection formats relating to important schemes/ programmes of the Governments have been prepared and are being published in two volumes. This work has been carried out by Dr. Balbir Kaur Teja, Consultant, NHRC in consultation with Shri S.C. Sinha, Member, NHRC, Shri Sayanarayan Mohanty, Secretary General, NHRC and Shri J.S.Kochher, Joint Secretary, NHRC. Dr. Savita Bhakhry, Joint Director, Shri U.N. Sarkar, A.I.O and Shri Guljeet Singh, Research Assistant also have assisted in this effort.

I am sure that this publication will be very useful to the Members, Officers and Special Rapporteurs of the Commission.



Justice Cyriac Joseph

New Delhi

10th December, 2015

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MAHATMA GANDHI NATIONAL RURAL EMPLOYMENT GUARANTEE ACT (MGNREGA)

The National Rural Employment Guarantee Act (NREGA) is also known as National Rural Employment Guarantee Scheme, (NREGS). The Government of India notified Mahatma Gandhi National Rural Employment Guarantee Act, 2005 (MGNREGA) on September 7, 2005. The Act was notified in 200 districts in the first phase with effect from 2 February 2006, and then extended to additional 130 districts in the financial year 2007-2008 (113 districts were notified with effect from 1 April 2007 and 17 districts in Uttar Pradesh were notified with effect from 15 May 2007). The remaining districts have been notified under MGNREGA with effect from 1 April 2008. Thus, MGNREGA covers the entire country with the exception of districts that have a hundred percent urban population.

The MGNREGA provides a legal guarantee for one hundred days of employment in every financial year to adult members of any rural household willing to do unskilled manual work at the statutory minimum wage. The Ministry of Rural Development, Government of India is monitoring the entire implementation of this scheme in association with state governments

This act was introduced with an aim of improving the purchasing power of the rural people, primarily by providing manual work to people living below poverty line in rural India. It attempts to bridge the gap between the rich and poor in the country. Roughly one-third of the stipulated work force must be women.



Paradigm shift from wage employment programmes:

MGNREGA marks a paradigm shift from all precedent wage employment programmes. The significant aspects of this paradigm shift are given below:

- MGNREGA provides a statutory guarantee of wage employment;
- It provides a right-based framework for wage employment. The employment is dependent upon the worker exercising the choice to apply for registration, obtain a Job Card, and seek employment for the time and duration that the worker wants;
- There is a time limit of 15 days for fulfilling the legal guarantee of providing employment;
- The legal mandate of providing employment in a time bound manner is underpinned by the provision of Unemployment Allowance;
- The Act offers an incentive to the States for providing employment as 100 per wage cost is borne by the Centre;
- There is a concomitant disincentive for not providing employment as the States have to bear the double indemnity of unemployment and the cost of unemployment allowance;
- MGNREGA is demand driven. Resource transfer under MGNREGA is based on the demand for employment and this provides another critical incentive to the States to leverage the Act to meet the employment needs of the poor;
- MGNREGA has extensively in-built transparency safeguards;
- The various activities are well documented in the form of Job cards recording entitlements, written application for employment, Muster Rolls, Measurement registers and Asset registers;
- Processes involved are acceptance of employment applications, issue of dated receipts, time bound work allocation and wage payment, Citizen Information Boards at worksites, Vigilance Monitoring Committees, Regular district and state level inspections and social audits;



- The Public delivery system has been made accountable, as it envisages an Annual Report on the outcome of MGNREGA to be presented by the Central Government to the Parliament and to the State Legislatures by the State Government. The personnel responsible for implementing the Act have specifically been made legally responsible for delivering the Guarantee under the Act.

Objectives of the Act are:

- To create durable assets and strengthen the livelihood resource base of the rural poor;
- To enhance livelihood security in rural areas by providing at least 100 days of guaranteed wage employment in a financial year to every rural household whose adult members volunteer to do unskilled manual work;
- Foster conditions for inclusive growth ranging from basic wage security and recharging rural economy to a transformative empowerment process of democracy.

Goals of the Act

MGNREGA is a powerful instrument for ensuring inclusive growth in rural India through its impact on social protection, livelihood security and democratic empowerment. Its main goals are given below:

- Social protection for the vulnerable people living in rural India by providing employment opportunities when other employment alternatives are scarce or inadequate;
- Livelihood security through strengthening the natural resource base of rural areas by creating durable assets, improved water security and higher land productivity in rural area;
- Growth engine for sustainable development of an agricultural economy through the process of providing employment on works that address causes of chronic poverty such as drought, deforestation, and soil erosion;



- Empowerment of rural poor, socially disadvantaged especially women, Scheduled Castes (SCs) and Schedules Tribes (STs), through the processes of a rights-based legislation
- Strengthening decentralized, participatory planning through convergence of various anti-poverty and livelihoods initiatives;
- Deepening democracy at the grass-roots by strengthening Panchayati Raj Institutions;
- Effecting greater transparency and accountability in governance

Projects/activities to be taken/covered under MGNREGA

An important objective of MGNREGA is to create durable assets and strengthen the livelihood source base of the rural poor. The shelf of projects will be recommended by the Gram Sabhas and approved by the Zilla Panchayat. The Gram Panchayats shall be allotted at least 50 per cent of the works for execution.

The State Governments are giving priority to the following permissible projects:

- Water conservation and water harvesting projects;
- Drought proofing, afforestation and tree plantation;
- Canal irrigation including micro and minor irrigation works;
- Developing irrigation facility and providing horticulture plantation and land development facilities to land owned by households belonging to the Schedule Castes and Schedule Tribes, Below Poverty Line families, beneficiaries of land reforms, the beneficiaries under the Indira Awas Yojna of the Government of India, small farmers or marginal farmers as defined in the Agriculture Debt Waiver and Debt Relief Scheme, 2008. The benefits of works on individual lands have been extended to small and marginal farmers vide notification dated 22 July 2009;
- Renovation of traditional water bodies including desalting of tanks;
- Land development works;



- Flood control and protection works including drainage in water logged areas;
- Rural connectivity works to provide all weather access. The construction of roads may include culverts where necessary, and within the village area culverts may be taken up along with drains;
- Construction of Bharat Nirman, Rajiv Gandhi Sewa Kendra as Village Knowledge Resource Centre and Gram Panchayat Bhawan at Gram Panchayat level;
- Any other works which may be notified by the Central Government in consultation with the State Government.

Wage material ratio

The ratio of wage costs to material costs should not be less than the minimum norm of 60:40 stipulated in the Act. The cost of tools and implements procured to enable workers to execute the work is booked under the material component of the project.

The engagement of contractors and use of machinery is not allowed under this scheme.

Cost Sharing Pattern

MGNREGA is implemented as a Centrally Sponsored Scheme on a cost-sharing basis between the Centre and the States as determined by the terms and conditions of the Act. The Central Government bears the 100 per cent wage cost of unskilled manual labour and 75 per cent material cost including the wages of skilled and semi skilled workers.

Key Stakeholders of MGNREGA

- Wage seekers are the primary stake holders of the Act. Their exercise of choice to demand employment is the trigger of key processes.
- Gram Sabha recommends the works to be taken up under MGNREGA. It conducts social audit on implementation of the scheme and serves as a forum for providing information about the scheme.



- Gram Panchayat is the pivotal body for implementing the scheme at the village level. It prepares the development plan including assessment of labor demand, identification of works to meet the estimated demand, estimated cost of works and wages, the estimated benefits in terms of employment generated and assets created. The development plan is forwards to Programme officer for scrutiny and prior approval.

The Gram Panchayat plans works; receives application for registration; verifies the details given in application; registers households; issues Job cards; receive application for employment; issues dated receipts; allots employment within 15 days of application; executes works; maintains records; convenes the Gram Sabhas for Social audit; monitors the implementation of the scheme at the village level.

- Intermediate Panchayat will be responsible for the consolidation of the Gram Panchayat plans at the block level; and monitoring and supervision.
- Programme Officer acts as a coordinator for MGNREGA at the Block level. He ensures that everyone who applies for work gets employment within 15 days. Programme Officer scrutinizes the annual development plan proposed by the Gram Panchayats including the proposals of the Intermediate Panchayats; consolidates all proposals into block plan; monitors and supervises the implementation of work projects; ensures social audit are conducted by Gram Sabhas and payment of unemployment allowance in case of employment is not provided in time.
- The District Panchayat will be responsible for finalizing the district plans and labour budgets; monitoring and supervision of the employment guarantee scheme in the district.
- The District Programme Coordinator at the district level will be responsible for information dissemination, training, consolidating block plans into district plan; ensures timely administrative and technical approvals to the shelf of projects, and release and utilization of funds; ensures monitoring of works and muster roll verifications and submission of monthly progress reports.



- The State Employment Guarantee Council (SEGC) or State Council set up by every Government shall evaluate and monitor the scheme and advise the State Government on implementation of the scheme.
- The State Governments are responsible for wide publicity of the scheme; setting up the SEGC; establishing a State Employment Guarantee Fund; ensuring that full time personnel including gram panchayat assistant (Gram Rozgar Sahayak), programme officer and technical staff are in place for implementing the scheme; providing training; regular review, monitoring and evaluation of NREGS processes and outcome; ensure accountability and transparency in the scheme at all levels.
- The Ministry of Rural Development is the nodal Ministry for implementation of NREGA. It is responsible for ensuring timely and adequate resource support to the States and the Central Council. It makes regular review, monitoring and evaluation of processes and outcomes.

Implementation of MGNREGA

- **Communication of MGNREGA:** The State Government should undertake an intensive Information Education and Communication (IEC) exercise for awareness generation to publicize the key provisions of MGNREGA and procedure to be followed like registration, demand for employment, unemployment allowance, grievance redressal and social audit. The IEC should target workers, rural households. PRIs may pay special attention to deprived areas and marginalized communities. The information should be widely disseminated, especially in remote areas, SC/ST hamlets through T.V, radios, films, print media including vernacular newspapers, pamphlets, brochures.
- **Registration of Job seekers:** The registration of employment seekers is done household-wise throughout the year. A household is entitled to 100 days of work in a financial year, and that can be divided among adult members of the rural household willing to do unskilled manual work.



The adult members of household applying for registration must be local residents. Local implies residing within Gram Panchayat. This includes those who have migrated some time ago but may return.

The work duration shall ordinarily be for at least 14 days continuously, with not more than 6 days a week. The women are given priority under the Act as one third of beneficiaries are to be women.

The application for registration may be given in a printed form or on plain paper to the Gram Sabha. The application should contain the names of those adult members of household who are willing to do unskilled manual work and other particulars such as age, address, sex, SC/ST status and photograph. An individual may also appear personally and make an oral request for registration. Every registered household is assigned a unique registration number.

- **Job Cards:** The Gram Panchayat will register adult members of the households after making due verification and issues a job card to each adult member of the household within a fortnight of the application for registration. The job card contains the details of adult member enrolled for doing unskilled manual work and his/her photo. The cost of the job card and photograph will be borne as part of the programme cost. The job card will be valid for five years.
- **Application for work:** The Job Card holder may submit a written application either on printed form or plain paper for employment to the Gram Panchayat, stating the time and duration for which work is sought. The minimum days of employment have to be fourteen days. The Gram Panchayat will accept the valid application and issue a dated receipt of the written application for employment;
- **Employment to be provided:** The applicants are communicated within 15 days through a letter sent by Gram Panchayat to report for work with job card on the specified date at the worksite where work has been allotted. There will also be a public notice displayed on the notice board of the Gram Panchayat providing information about the place, date and the names of persons provided employment.



The employment has to be provided within 15 days of application for work. If employment is not provided within the stipulated time period of 15 days, the State will pay a daily unemployment allowance as per the Act. However, if the person does not report for work within fifteen days of being notified by the Gram Panchayat he/she would not be entitled for unemployment allowance.

The work would ordinarily be provided within 5 Km radius of the village. In case employment is provided beyond 5 Km of applicant's residence, extra wage of 10 per cent is payable to meet additional transportation and living expenses. In case some persons have to be directed to work beyond 5 kilometres radius, the older persons and women shall be given preference for work on worksites nearer to the village.

- **Unemployment allowance:** In case the eligible applicant does not get employment within 15 days of the demand for work or from the date on which he/she sought work (date of submitting application), he/she shall be provided unemployment allowance as per the terms and conditions laid down in the Act.

The rate of unemployment allowance will be 25 per cent of the wage rate for the first 30 days and 50 per cent of the wage rate after that during the financial year subject to the household entitlement of days of employment. The liability of payment of unemployment allowance is of the States.

The payment of unemployment allowance shall be made no later than 15 days from the date on which it becomes due for payment. In the event of any delay, the recipient shall be entitled to compensation and the compensation cost shall be born by the State Government.

- **Wage payment:** The persons working under the scheme shall be entitled to wages at the minimum wage rate fixed by the State Government for the agricultural labourers under the Minimum Wages Act, 1948, unless the Central Government notifies a wage rate which shall not be less than ₹ 60 per day. Equal wages will be paid to both men and women.



The wages can be paid according to piece rate or daily rate. If wages are paid on a piece rate basis, the schedule rates has to be such that a person working for seven hours should normally earn the minimum wages.

The disbursement of wages has to be done on weekly basis and not beyond a fortnight in any case. In the event of delay in wage payment, workers are entitled to compensation as per the provisions of the Payment of Wages Act, 1956. The compensation cost shall be borne by the State Government. The State Government may provide for a portion of the wages to be paid to labourers on a daily basis during the period of employment.

The payment of wages should be done through the Rural banks, Cooperative Banks, Nationalized banks, Post offices and Mobile banks in inaccessible areas. Bank and Post office accounts should be opened pro-actively on behalf of all concerned labourers by banks or Gram Panchayats. The labourers should not be required to open their own accounts. Separate individual accounts for women members of the household should be opened in case of male headed households.

The wage payment may not be made through individual cheques drawn in favour of workers to avoid use of large number of cheques. A pay order may be generated in favor of group of workers in the Muster Roll addressed to the Branch Manager for crediting the amount shown against workers in the account of workers and requesting him to make payment to the workers on demand. When the amount is paid, a wage slip may be generated for intimation to the workers. The amount should be disbursed to the workers only on production of wage slip and withdrawal slip by the worker or his authorized representative. No third party should be allowed to withdraw money from the bank without the due authorization of the worker in writing.

- **Women beneficiaries:** At least one third of beneficiaries from those who have registered and requested for work under the scheme shall be women;



- **Worksite facilities:** The Implementing agencies are required to ensure the provision of certain facilities like safe drinking water, shade, periods of rest and first-aid box with adequate material for emergency treatment for minor injuries and other health hazards connected with the work at the work sites. If more than five children below the age of six years are present at the worksites, a person, preferably a woman should be engaged under the scheme to look after them. She will be paid a wage equal to the prevalent wage rate paid to the unskilled worker.
- **Training of key functionaries:** The State Governments are required to arrange basic training on core issues pertinent to the Act and guidelines for key agencies and functionaries including Gram Panchayats, PRIs, District Programme coordinator, Programme officer, District and State level department personnel, Local committees, groups formed for the purpose of vigilance, monitoring and social audit.
- **Accidental provisions made for workers**
 - The State Government is required to provide free medical treatment to a worker if he gets body injury due to accident during the course of employment at the worksite.
 - In case of hospitalization of the injured labourer, the State Government shall bear the entire expenses incurred on complete treatment including hospitalization, and medicines. The injured will be entitled for daily allowance of not less than 50 per cent of the prevailing wage rate;
 - In case of death or permanent disability of the registered labourer due to an accident at work site, an ex-gratia payment of ₹ 25,000 or such amount as may be notified by the Central Government shall be paid to the legal heir of the deceased or to the disabled as the case may be.



- **Social audit**
 - Social audit will be done by the Gram Sabhas;
 - All accounts and records relating to the Scheme should be available for public scrutiny;
 - Grievance redressal mechanism will be put in place for ensuring a responsive implementation process.
- **Toll-free Help-line for MGNREGA:** The Ministry of Rural Development has established a National Helpline (1800110707) in New Delhi to enable MGNREGA households and others to seek assistance from the Ministry for protection of their entitlements under the Act and for proper implementation of the MGNREGA.

INDIRA AWAS YOJANA (IAY)

Indira AwasYojana (IAY), a flagship scheme of the Ministry of Rural Development has since its inception been providing assistance to the BPL families, who are either homeless or having inadequate facilities for constructing safe and durable houses and upgrading their kutchha and dilapidated houses. The IAY besides being the biggest and most comprehensive housing programme has been part of a larger strategy of the Ministry's poverty eradication effort, supporting the development of an environmentally sound habitat with adequate provisions for incremental expansion and improvement.

1. Components of the Indira AwaasYojana (IAY)

a) Construction of a new house:

A new house would mean a pacca house constructed with a minimum built-up area of 20 sq. mts. excluding the toilet. The minimum area can be enhanced if the States provide additional assistance. The States may fix the maximum area of a house to prevent people from falling into debt. A pacca house would mean a house which can withstand normal wear and tear due to usage and natural forces including climatic conditions, with reasonable maintenance, for at least 30 years. It should have roof of permanent material and its walls should be capable of withstanding local climatic conditions and need to be plastered only when the outer surface of the walls is erodible. Any building technology which helps to achieve durability of 30 years can be adopted. The materials and technologies approved by reputed organizations like HUDCO, BMPTC,



IITs, Engineering colleges and eminent NGOs in the field of building construction can be used. Reuse/recycling of used construction material is permitted.

Every house constructed under the scheme should include a toilet, soak pit and compost pit. Smokeless chulhas should also be included, which, however, can be dispensed with wherever households have an LPG/biogas connection. Every household should be encouraged to construct a bathroom.

Normally, individual buildings may be taken up under the scheme. The duplex housing can be permitted if the beneficiaries specifically prefer that. In congested localities where the cost of land is very high, the beneficiaries may be allowed to construct multi-storey building with each floor being given to one family. In such cases, it shall not exceed three floors including the ground floor and there should be a multi-party agreement with the State Government specifying the construction and maintenance responsibilities.

b) Up-gradation of kutcha or dilapidated houses:

A kutcha house is not durable because of inappropriate application of technology and inferior quality of material used in construction of the house. The walls and/or roof of kutcha house being made of material, such as un-burnt bricks, bamboos, mud, grass, thatch, loosely packed stones, etc. cannot withstand normal wear and tear.

A dilapidated house means a Pucca house rendered unserviceable through wear and tear or damaged by any other cause.

The up-gradation of Kutcha and dilapidated house would involve up-gradation of roof/walls, repair/replacement of parts and the like. The upgraded house through reuse/recycle material, additional material or replacement of material, changes in design, better workmanship and proper maintenance should last at least for 30 years. Upto 20 per cent of the district allocation can be used for up-gradation of kutcha/dilapidated houses of BPL families as decided by the States on the basis of need.



c) Provision of house sites:

The landless poor are particularly vulnerable as they are not only unsheltered but also have no land to build a house. Assistance is provided under the scheme for the purpose of providing house sites to landless poor with no land to build a house on.

The District Collector should identify public lands available in the habitations and allot them to the eligible landless. In case public land is not available, the required land may be purchased by following the procedure prescribed by the State Government. If this is not possible, land acquisition may be undertaken as the last resort.

While selecting land, it should be ensured that it is fit for construction of houses, especially in terms of connectivity, availability of drinking water, access to public institutions, etc. The State should ensure that site is chosen with the involvement of the people for whom it is meant and is fully acceptable to them.

In case the beneficiary is willing to purchase the land, he/she may be reimbursed the eligible amount after due verification.

d) Special projects:

The five percent of IAY allocation would be retained as reserve fund at the Central level for utilization for the special projects, which include the following:

- Rehabilitation of BPL families affected by natural calamities, violence, law and order problems;
- Settlement of freed bonded labourers and liberated manual scavengers;
- Settlement of vulnerable tribal groups;
- New technology demonstration, especially with focus on affordable and green technologies.



These projects shall be submitted by the State Governments/UTs along with adequate details and justification to the Ministry of Rural Development and will be considered by the Empowered Committee constituted for this purpose.

e) Administrative expenses:

The administrative expenses upto 4 per cent of the released funds can be utilized for administering the scheme. The administrative expenses shall be shared between the Centre and States in the same ratio as applicable to the main programme expenditure.

The different items of expenditure covered under the administrative expenses include the following:

- Preparation of IEC material including electronic material especially on different designs and technology options;
- Imparting habitat and housing literacy to beneficiaries;
- Construction of prototypes and preparation of small scale models for demonstration;
- Cost of photographs of the house at various stages and of uploading them;
- Cost of quality supervision and monitoring through visits;
- Cost of hardware/software for MIS and cost of data entry in AwaasSoft, including hiring of personnel on contract;
- Training of master masons and beneficiaries providing labour;
- Training of officials, elected representatives of Panchayats, Community Resource Persons (CRP) and NGOs;
- Payment of honorarium to CRPs and service charges to NGOs;
- Conducting assessments and evaluation studies.



2. Provision of funds to beneficiaries:

i) Allocation of funds:

The funds are allocated to States/UTs and from States/UTs to districts, blocks and wherever the States so desire, to the Village Panchayats on the basis of houseless people from among the BPL population.

The funds are provided at the following rates for different purposes:

- ₹ 70,000 for construction of new houses in plains and ₹ 75,000 in hilly and difficult states;
- ₹ 15,000 for up-gradation of dilapidated and Kutcha houses;
- ₹ 20,000 for provision of house sites

ii) Earmarking of funds:

At the national level, 60 per cent of the funds would be earmarked for SCs and STs. Further, 15 per cent of the funds would be set apart for beneficiaries from among the minorities. The State should ensure that at least 3 per cent of beneficiaries are from among persons with disabilities.

iii) Provision of additional resources:

The amount provided under IAY may not be sufficient in all places for construction of houses with adequate facilities for the family. The additional resources may be mobilized through:

- **Supplementary grants from the State Government:** State Governments may provide supplementary grants from their budget additionally. This is particularly relevant for SCs/STs where funds may be pooled from SCSP and TSP.
- **Mobilization of DRI Loans:** Nationalized Banks have been instructed by the RBI to provide loans upto ₹ 20,000 per house at an interest rate of 4 per cent per annum under the Differential Rate of Interest (DRI) Scheme to SC/ST beneficiaries.



- **Mobilization of other loans:** States may also arrange loans from banks, including cooperative banks for IAY beneficiaries, to supplement the grant assistance, in a schematic manner. The maximum amount of such loan could be ₹ 50,000 and the rate of interest could be subsidized on prompt payment.

3. Utilization of funds

The 95 per cent of the total budgetary allocations for IAY would be utilized for construction of new houses, up-gradation of kutchha and dilapidated houses, provision of house sites and meeting administrative expenses. The remaining 5 per cent would be reserved for special projects.

4. Cost sharing pattern between the Government of India and States/UTs:

The ratio of cost sharing of the scheme except provision of house sites between Centre and State Governments will be 75:25. In the case of North Eastern States the ratio will be 90:10. The cost of providing house sites would be shared in the ratio of 50:50 and the Government of India would meet the full cost of provision of house sites in case of Union Territories.

5. Implementation approaches:

i) Priority list:

To ensure coverage of most vulnerable persons in the priority list, the top priority should be given to families of manual scavengers including those rehabilitated and rehabilitated bonded labourers. Thereafter, the priority is to be adhered to women in difficult circumstances including widows, divorced or deserted, victims of atrocities and those whose husbands are missing for at least three years, and women headed families; mentally and physically challenged persons (with at least 40 per cent disability); transgender persons; widows and next-of-kin of members of defense/paramilitary/police forces killed in action (even if not BPL); and other



houseless BPL families. The above suggested priority needs to be followed for SCs, STs, persons with disabilities, Minorities and others.

ii) Finalization of annual select list of beneficiaries:

The Gram Sabha meeting will be held to approve the annual select list of beneficiaries. These meetings shall be attended by a nominee of the District Collector and shall be video-graphed. The Gram Sabha meetings should be completed by 30th November and the finalized list of beneficiaries sent to the Zilla Parishad before 31st December, so that, based on the tentative targets, the annual beneficiary list of the district can be finalized. The details of beneficiaries selected should be entered on AwaasSoft.

iii) Sensitization of beneficiaries:

The selected beneficiaries for the year should be asked to assemble at a place and at a time convenient to them. Persons with disabilities and old and infirm persons should be specially assisted for this. The beneficiaries should be informed about the details of the programme and their rights and responsibilities including the assistance which they are eligible to get and the conditions which they need to satisfy. They should be sensitized in detail about the available housing designs, construction technologies, cost for labour and materials to facilitate them to make their choice based on affordability and cultural preferences. The beneficiaries may be asked to indicate the assistance they need.

iv) Issue of sanction letter and release of first installment:

The State Government may decide to hold the event of issue of sanctioned letter and release of first installment on a particular day, which could be observed across the state as Awaas Divas to ensure transparency and community participation in implementation and monitoring. The beneficiaries of house site component could also be given the land titles on the same day.



The procedure followed in issuing sanction letter and release of funds is as follows:

- The sanction order shall be issued in favor of each beneficiary in the local language in the format prescribed by the State Department/ Agency detailing the terms and conditions especially the payment schedule;
 - Each beneficiary is given an entitlement card indicating in local language all his/her entitlements and obligations. This should also indicate the availability of support services, the outer time limits for different services and how grievances would be redressed;
 - The fund transfer orders releasing first installment is given to each beneficiary and the funds are transferred into the Bank/Post office account of each beneficiary;
- v) **Implementing agencies:** The implementation agency at the district level is Zilla Parishad or its equivalent in States where there are no Zilla Parishads and Village Panchayat, or its equivalent at the local level. If Village Panchayats are too small to implement the scheme, the State may entrust the task to the Panchayat at the intermediate level. In such cases, Village Panchayats should be given clear roles in selection of habitats and beneficiaries and in supervision and monitoring.

6. Guidelines for construction of the houses:

- i) **The involvement of various agencies and organizations in construction of houses:**
- The construction of the house should be carried out by the beneficiary himself/herself. The houses should not be constructed and delivered by contractor or by any Government department/agency.
 - The construction may, however, be entrusted to reputed agencies in the case of very old beneficiaries (above sixty years of age) and



persons with disabilities who may not be able to stand the strain of supervisory construction and make a formal request for such support in writing.

- The Government departments or agencies can give technical assistance or arrange for coordinated supply of material such as cement, steel or bricks or prefabricated components, if the beneficiaries so desire.
- The services of reputed NGOs/Charitable Organizations, Youth clubs of standing, National Service Scheme (NSS) Units of Schools and Colleges may be utilized to provide necessary support services to the beneficiaries especially for adopting suitable materials and building technologies, managing construction and in monitoring. States may accredit such agencies based on transparent criteria and fix reasonable service charges to be paid to them from the provisions made for administrative expenses.

ii) Design and construction standards:

There should be no mandatory design for houses under IAY. The layout of the house should be decided by the beneficiary who may, be advised on a good layout as suitable to the locality. For households having persons with disabilities, barrier free design should be adopted to facilitate their free and smooth movement in the house. In areas prone to natural calamities, disaster resilient features should be built in.

The beneficiaries may be provided a menu of options in respect of use of materials and building technologies as appropriate locally along with the cost implications. The final choice should be left to the beneficiary. To reduce the negative environmental impact of housing and improve user comfort, efforts should be made to promote green housing, which will include improved use of local materials, appropriate building designs and construction techniques.



It is desirable that the house in addition to the mandatory components also have adequate space for pursuing livelihood activities; a verandah; a stair case to go to the roof of the house.

iii) Technical support:

The beneficiaries of IAY may be provided technical support and managerial guidance at the foundation laying and lintel level, the two crucial stages of construction of house for maintaining the quality of the house.

iv) Payment to beneficiaries:

The payment to beneficiaries shall be made into their Bank/Post office account only. However, permission of Empowered Committee may be obtained after giving adequate justification for making payment in cash. The cash payment shall be subject to certain conditions including that the payment will be made in Gram Sabha meeting in the presence of all members; the total sanctioned amount for construction of the house and the amount of installment to be paid will be announced for information of all members; receipt of payment shall be taken from the beneficiary and kept on record in the Gram Panchayat; and this will be verified specifically in the Social Audit.

The account details and Aadhaar number, if any, shall be entered in AwaasSoft so that the account of the beneficiary can be directly credited using the eFMS module of AwaasSoft as soon as the module is operationalised. All payments to beneficiaries must be reflected in AwaasSoft so as to enable the Implementing Agency and the Ministry to know the status of expenditure and balance in hand at the District level and below.

v) Stages of construction and release of installments:

The funds under IAY are released in three installments to the beneficiaries covered under the scheme. The release of installments should be linked to the level of construction reached. The first installment of not more than



25 per cent of the unit cost should be given on the Awaas Divas along with the sanction order; the second installment of 60 per cent shall be released on reaching the lintel level; and the third and final installment shall only be given after the house including the sanitary latrine is constructed and the beneficiary starts living in the house.

The floor finish, fixing of shutters to doors and windows, plastering other than what is essential to withstand natural forces, and painting need not be insisted on for releasing the assistance. The release of each installment should be preceded by site visit by the designated official and verification of the work details which would be uploaded to the programme website (AwaasSoft) along with photographs in support.

vi) Time limits for construction of Houses:

The completion of a dwelling unit should normally not take more than two years from the date of sanction of first installment. Subject to weather and other factors, the construction up-to lintel level should be completed within 9 months from the date of release of first installment and the construction of the house should be completed within 9 months from the release of second installment.

However, beneficiaries being from the BPL category often find it difficult to mobilize the resources required to complete the house. The cases of delay must be monitored and the beneficiaries should be facilitated to complete the house within a maximum period of three years.

On completion of an IAY dwelling unit, the Zilla Parishad concerned should ensure that a display board is fixed in front of each house constructed under IAY. The board should indicate the name of the beneficiary, year of construction and IAY logo. The expenditure on this account can be met from the funds available under the scheme. The cost of each logo should be fixed by the State Government but the central share shall not exceed ₹100 from the programme fund.



vii) Support system:

States need to put in place a robust system to provide support services to the families constructing houses under the Scheme. These include the following:

- **Dissemination of appropriate building technologies:** The State should proactively identify appropriate building technologies focusing on use of local materials. These should be conveyed to the beneficiaries through booklets, pamphlets, videos, models and prototypes built in accessible locations. Natural factors such as building orientation, wind direction, vegetation, drainage, and contours of the land along with awareness of locally available materials should be factored into housing design.
- **Capacity Building:** States should prepare a capacity building plan to strengthen the quality of implementation. The main elements of capacity building plan include training and orientation of:
 - District level officials;
 - Cutting edge level functionaries;
 - Community Resource Persons;
 - Quality Monitors;
 - Elected representatives of Panchayats;
 - Masons and other extension workers;
- **Transfer of Technology:** The States must put in place a system for transfer of technology. This can best be done through utilization of Community Resource Persons (CRPs) suitably trained for this purpose and availing services of reputed NGOs. The CRPs and NGOs should closely work with the beneficiaries as well as the local masons and help the beneficiary families to make a proper choice and assist them in implementing it.
- **Fixing rates of material:** District Collector may fix rates for materials at different points and empanel suppliers following due procedure



and intimate the list of suppliers to the beneficiaries. However, the final choice would be left to the beneficiaries. State Government may fix the maximum price for cement, steel and similar items after negotiation with the suppliers and let the beneficiaries know of the details.

- **Training Masons:** Master masons should be trained in different building technologies which are relevant locally and also in the cost reduction methods. Wherever feasible, women mason groups should also be created after imparting adequate training. The list of names and contact addresses of such masons and groups should be made available to the beneficiaries.

viii) Allotment of house sites and houses to beneficiaries:

- The allotment of the house sites may be assigned in the name of the eldest woman of the household except in the case of all-male households and pucca title granted as patta and house for the assignee of the land should also be allotted to that person. There should be a provision for non-alienation for at least 15 years;
- The allotment order should be in a form which may be prescribed by the State conferring the title of the house;
- The allotment of the IAY house shall be in joint names of husband and wife except in the case of a widow/unmarried/separated person. The State may choose to allot it solely in the name of the woman;
- In the case of beneficiaries selected under the quota for persons with disabilities, the allotment should only be in the name of such persons.

7. Convergence of Schemes:

- **Toilets:** Provision of functional toilets for IAY houses will separately be made under Swachh Bharat Abhiyan. Till such provision is made in the existing IAY, funding will continue from the Swachh Bharat Mission.



- **Drinking water:** Potable drinking water should be provided to all IAY households by converging the State and Central Government programmes relating to drinking water. The drinking water wells can also be constructed using MGNREGA for an individual house or a group of houses.
- **Electricity:** Electrification should be provided under Rajiv Gandhi Grameen Vidyuti Karan Yojana (RGGVY) or any State scheme. Solar lights may be provided in areas where there is no electricity.
- **Land development:** The lands of individual beneficiaries or habitats may be developed using MGNREGA. The Scheme can also be used for soil conservation and protection, bio-fencing, planting of avenue trees, construction of playgrounds, etc.
- **Connectivity:** Connectivity may be provided in the form of paved pathways, roads or steps using MGNREGA and other relevant State schemes.

8. Role of Panchayats

The Gram Panchayats play the most critical role in actual implementation of the scheme in:

- Identifying the eligible beneficiaries;
- Finalizing the five year priority list and the annual select list of beneficiaries;
- Conducting IEC campaign through the various field level functionaries of Government, Bharat Nirman Volunteers, SHGs and the representatives of Civil Society Organizations in order to build awareness of the scheme among the people;
- Arranging the meeting of beneficiaries either at the level of the Village Panchayat or for a cluster of Village Panchayats, depending on the number of beneficiaries, and facilitate the sensitization of beneficiaries on different aspects of construction of houses and access of support services from different sources;
- Promoting affordable and green technologies;



- Identifying families who cannot construct houses on their own;
- Helping Gram Sabhas in identifying NGOs/Civil Society Organizations of repute to help such beneficiaries to construct their houses in time;
- Facilitating the beneficiaries in accessing materials required for construction at reasonable rates and also the masons needed for construction;
- Ensuring convergence of schemes using resources over which they have command like MGNREGS, BRGF, State and Central Finance Commission grants etc.;
- Assisting the social audit teams to conduct Social Audit;
- Providing technical assistance especially relating to building materials and construction technologies.

9. Accountability:

- The following details should be displayed on wall painting or on notice board at the Village Panchayat level:
 - The names and addresses of families in the five year priority list;
 - The names and addresses of the beneficiaries selected for a year under different components;
 - The norms used for selection;
 - Financial eligibility of each family and the amount disbursed;
 - Date of completion of the house;
- The beneficiaries should be informed about the following through local level officials, Anganwadi Workers, ASHAs, SHG, Leaders and Community Resource Persons:
 - The rights and entitlements of the beneficiaries;
 - The responsibilities of the beneficiaries;
 - Support services available from the State Government and the persons/agencies responsible for providing them;
 - The various options for appeal and grievance redressal.



- Photographs of every beneficiary should be taken in front of existing house as well as in front of the new IAY house after construction, in addition to different stages.

10. Social Audit:

The Social Audit Teams and the resource persons along with the beneficiaries shall verify the following:

- Five Year priority list of all components of IAY;
- Selection of beneficiaries for the year including changes made if any, and its justification;
- Progress of completion of houses;
- Quality of construction of houses;
- Quality of house sites distributed;
- Quantum and timeliness of payments;
- Bank loans obtained by the beneficiaries including DRI loans;
- Other debts incurred by the beneficiaries;
- Support services provided;
- Grievances and their proper and timely redressal.

Following the verification, the Gram Sabha shall hold a meeting chaired by an elderly person who is not part of the Village Panchayat or implementing agency to discuss the findings of the Social Audit Team. The Gram Sabha will be a platform for all beneficiaries and persons in the five year priority list and annual select list and other villagers to raise issues related to implementation of IAY. Government may depute an observer to the Social Audit Gram Sabha. The entire proceedings should be video graphed, suitably compressed and uploaded in the website.

The Social Audit reports should be prepared in the local language and signed by the Chairperson of the Social Audit Gram Sabha and displayed on the notice



board of the Village Panchayat. The Village Panchayats and others responsible for implementation should take follow up action on the findings of Social Audit and send the action taken report to the State Social Audit Unit. This should also be placed before the next Social Audit Gram Sabha.

11. Grievance Redressal:

The grievance redressal system at the block and district level should look into the following:

- Quality of house sites distributed;
- Irregularities in selection of beneficiaries;
- Irregularities in release of installments;
- Non provision of support services;
- Non provision of convergence schemes;
- Refusal to agree to the choice of design/construction technology made by the beneficiary.

SCHEMES AND PROGRAMMES FOR PROTECTION, WELFARE AND DEVELOPMENT OF CHILDREN

India has the largest child population in the world. Children are most vulnerable to exploitation and abuse. The girls in particular face debilitating discrimination at all stages. The National Policy for children was adopted on 22 August, 1974 for the development and welfare of children. Under this policy, the States and UTs are required to provide adequate services before and after birth as well as during growing stages of children for their full physical, mental and social development. The schemes and programmes formulated by the Government of India include a comprehensive health programme, supplementary nutrition for mothers and children, free and compulsory education for all children up to the age of 14 years, promotion of physical education and recreational activities, prevention of exploitation of children, etc. A specific concentration is being given to efforts to improve opportunities and life of Girl Child.

The Ministries and Departments of the Government of India are implementing the following schemes and programmes for the development and welfare of the children:

1. Integrated Child Development Services (ICDS) Scheme

Integrated Child Development Services (ICDS) Scheme, a centrally sponsored scheme was launched on 2 October, 1975 for early childhood care and development. The ICDS aims at providing pre-school education and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality.



The key features of the ICDS in Mission Mode are:

- Programmatic Management and Institutional reforms;
- Anganwadi as vibrant ECD centre through the following services:
 - Greater focus on under three years children;
 - Strengthening early childhood education;
 - Care and counselling of mothers and family.

Objectives of ICDS Scheme:

The main objectives of Integrated Child Development Services (ICDS) Scheme are as follows:

- Improve the nutritional and health status of children in the age-group of 0-6 years and pregnant and lactating mother;
- Lay the foundation for proper psychological, physical and social development of the child;
- Reduce the incidence of mortality, morbidity, malnutrition and school dropout;
- Achieve effective co-ordination of policy and implementation amongst the various departments to promote child development;
- Enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

Package of Services:

The objectives of ICDS are sought to be achieved through a package of following six services:

i) Nutrition including Supplementary Nutrition:

Nutrition including Supplementary Nutrition includes:

- Supplementary feeding and growth monitoring;
- Prophylaxis against vitamin A deficiency;
- Control of nutritional anemia.



Since BPL is no longer a criterion under ICDS, States have to ensure registration of all eligible beneficiaries. All families in the community are surveyed, to identify children below the age of six years and pregnant and nursing mothers. The AWW assists ANMs in identifying the target groups. They are provided supplementary feeding support for 300 days in a year. The Anganwadi Workers (AWW) and Anganwadi Helpers are providing supplementary feeding to children below the age of 6 years and Pregnant and Lactating Mothers (P&LM) to bridge the caloric gap between the national recommended and average intake of children and women in low income and disadvantaged communities.

Supplementary Nutrition Norms:

- **Financial Norms:** The prescribed daily per capita cost of supplementary nutrition is Rs. 4 for Children in the age group of 6-72 months; Rs. 6 for Severely Malnourished Children of 6-72 months; Rs. 5 for Pregnant women and Nursing mothers.
- **Nutritional Norms:** The nutritional norms for different categories of beneficiaries are 500 calories and 12-15 grams of protein for 6-72 months children; 800 calories and 20-25 grams of protein for severely malnourished children of 6-72 months; and 600 calories and 18-20 grams of protein for Pregnant women and Nursing mothers.

Types of supplementary diet for children in different age groups:

- **Children in the age group of 0-6 months:** States and UTs need to ensure early initiation (within one hour of birth) and exclusive breast-feeding for first 6 months of life.
- **Children in the age group 6 months to 3 years:** States and UTs may implement the existing pattern of Take Home Ration (THR) under the ICDS Scheme. However, in addition to the current practice of giving either dry or raw ration (wheat and rice) which is often consumed by the entire family and not the child alone, THR should be given in palatable form to the children of 6-36 months.



- **Children in the age group 3 to 6 years:** The State/UTs should make arrangements to serve Hot Cooked Meal in AWCs and Mini-AWCs under the ICDS Scheme. Since the children of 3 to 6 years are not capable of consuming a meal of 500 calories in one sitting, the States/UTs may consider serving more than one meal to the children who come to AWCs. Since the process of cooking and serving hot cooked meal takes time, and in most of the cases, the food is served around noon, States/ UTs may provide 500 calories over more than one meal. States/UTs may arrange to provide a morning snack in the form of milk/banana/egg/seasonal fruits/micronutrient fortified food etc.

The two important activities of nutrition and supplementary nutrition are growth monitoring and nutrition surveillance. Children below the age of three years are weighed once a month and children of 3-6 years are weighed quarterly. Weight-for-age growth cards are maintained for all children below six years. This helps in detecting growth faltering and assessing nutritional status. Besides, severely malnourished children are given special supplementary feeding and referred to medical services.

ii) Immunization:

Immunization of pregnant women and infants protects children from six vaccine preventable diseases including poliomyelitis, diphtheria, pertussis, tetanus, tuberculosis and measles. These diseases are major causes of child mortality, disability, morbidity and related malnutrition. Immunization of pregnant women against tetanus also reduces maternal and neonatal mortality. Immunization is provided by ANM/MO to children below 6 years and Pregnant and Lactating Mothers.

iii) Health Check-ups:

The MO/ANM/AWW are providing health check-ups including health care of children of less than six years; antenatal care of expectant mothers; and postnatal care of nursing mothers.



The various health services provided for children by Anganwadi workers and Primary Health Centre (PHC) Staff, include the following:

- Regular health check-ups;
- Recording of weight;
- Immunization;
- Management of malnutrition;
- Treatment of diarrhea;
- De-worming;
- Distribution of simple medicines etc.

iv) Referral Services:

The MO/ANM/AWW during health check-ups and growth monitoring of children below 6 years of age refer sick or malnourished children, in need of prompt medical attention to the Primary Health Centre (PHC) or to Sub-health centre. The Anganwadi workers have also been oriented to detect disabilities in young children. The AWWs enlist all such cases in a special register and refer them to the medical officer of the Primary Health Centre/Sub-health centre.

v) Non-formal Pre-School Education (PSE):

The Non-formal Pre-school Education (PSE) component of the ICDS is considered to be the backbone of the ICDS programme. Anganwadi Centre (AWC) is the main platform for delivering ICDS services. These AWCs have been set up in every village of the country. The Anganwadi Centres are running non-formal pre-school education programme for children of three to six years for three hours every day in a natural, joyful and stimulating environment, with emphasis on optimal growth and development of children, mainly from under privileged groups. The early learning component of the ICDS is a significant input for providing a sound foundation for cumulative lifelong learning and development. It also contributes to the universalization of primary education, by providing necessary preparation for primary schooling. The PSE by offering



substitute care to younger siblings enables older ones especially girls to attend their schools.

vi) Nutrition and Health Education (NHED):

Nutrition and Health Education is a key element of the work of the Anganwadi workers. This forms part of Behaviour Change Communication (BCC) strategy. This has the long term goal of capacity building of women, especially in the age group of 15-45 years to enable them to look after their own health, nutrition and development needs as well as that of their children and families.

Population Norms for Setting up Project/AWC/Mini AWC:

The Population norms for setting up a Project, Anganwadi Centre and Mini-Anganwadi Centre are as under:

- **Project:** The norm for sanction of urban project is one lakh population. The States for blocks with more than two lac population could opt for more than one Project @ one per one lac population or could opt for one project only. In the latter case, staff should be suitably strengthened based on population or number of AWCs in the block. Similarly, for blocks with population of less than 1 lac or so, staffing pattern of CDPO office could be less than that of a normal block.
- **Anganwadi Centres:** There will be 1 Anganwadi centre (AWC) for population of 400-800; 2 AWCs for 800-1600; 3 AWCs for 1600-2400 and thereafter in multiples of 800 -1 AWC. The norms for one AWC for Tribal/Riverine/Desert, Hilly and other difficult areas will be 300-800 and norms for one Mini AWC will be 150-400.

Budgetary Allocation: There has been a significant increase in the Budgetary allocation for ICDS Scheme from ₹10391.75 crore in Tenth Five Year Plan to ₹44,400 crore in Eleventh Plan Period.

Funding Pattern: The ICDS, a Centrally-sponsored scheme is being implemented through the State Governments/UT Administrations. The



sharing pattern for all components of ICDS between the Centre and states has been 90:10. The sharing pattern between the Centre and States and UTs for supplementary nutrition is 90:10 in respect of North-eastern States and 50:50 for other States and UTs.

The ICDS Team: The ICDS team comprises of Anganwadi Workers, Anganwadi Helpers, Supervisors, Child Development Project Officers (CDPOs) and District Programme Officers (DPOs). Anganwadi Worker, a lady selected from the local community, is a community based frontline honorary worker of the ICDS Programme. She is also an agent of social change, mobilizing community support for better care of young children, girls and women. Besides, the medical officers, Auxiliary Nurse Midwife (ANM) and Accredited Social Health Activist (ASHA) form a team with the ICDS functionaries to achieve convergence of different services.

Status of Anganwadi Workers and Helpers: Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs), being honorary workers, are paid a monthly honoraria as decided by the Government from time to time. In addition to the honoraria paid by the Government of India, many States/UTs are also giving monetary incentives to these workers out of their own resources for additional functions assigned to them under other Schemes.

Facilities/Benefits extended to AWWs and AWHs:

- The Government of India is paying monthly honorarium to AWW and AWH on the basis of their qualifications. The amount of honorarium is being revised by the Government from time to time.
- They are granted maternity leave for 135 days.
- In order to motivate the Anganwadi Workers and give recognition to good voluntary work, a Scheme of Award for Anganwadi Workers has been introduced, both at the National and State Level. The Award comprises ₹25,000 cash and a Citation at Central level and ₹5000 cash and a Citation at State level.



- Government of India has made a provision for a Uniform (saree/suit @ ₹ 200 per saree per annum) and a name badge to Anganwadi Workers and Helpers.
- The State Government has set up an Anganwadi Workers and Helpers Welfare Fund at the State/UT level out of the contribution made by Workers/Helpers and State/UT Governments;
- A Grievances Redressal Machinery has been set up at the State/UT and Districts level for prompt redressal of their grievances.

ICDS Training Programme:

Training and capacity building is the most crucial element in the ICDS Scheme. Since inception of the ICDS scheme, the Government of India has formulated a comprehensive training strategy for the ICDS functionaries. An amount of ₹ 500 crores was kept for the ICDS Training Programme during the Eleventh Five Year Plan. The AWWs, AWHs, Supervisors, CDPOs/ACDPOs and Instructors of AWTCs and MLTCs have been provided different types of training as given below:

- Induction Training (on initial engagement/appointment) to AWWs;
- Job/Orientation Training (once during service period);
- Refresher Training (in-service training once in every two years).
- Specific need based training programmes are organized under the Other Training component, whereby the States/UTs are given flexibility to identify state specific problems that need specialized issue based training.

Training Infrastructure

- Anganwadi Workers Training Centres (AWTCs) are providing training to Anganwadi Workers and Helpers;
- The Supervisors and Trainers of AWTCs are being trained at Middle Level Training Centres (MLTCs);



- National Institute of Public Cooperation and Child Development (NIPCCD) and its Regional Centres are imparting training to CDPOs/ACDPOs and Trainers of MLTCs. NIPCCD also conducts several skill development training programmes.
- The State/District based NGOs are running about 80 per cent of the AWTCs and 70 per cent MLTCs.

Monitoring System under ICDS Scheme: Ministry of Women and Child Development has the overall responsibility of monitoring the ICDS scheme. A Central Level ICDS Monitoring Unit in the Ministry is compiling, processing and analyzing the State level work reports received from the States/UTs in the prescribed format on quarterly basis. The progress and shortfalls indicated in the reports on ICDS are reviewed by the Ministry with the State Governments regularly.

2. Dhanalakshmi Scheme:

The Ministry of Women and Child Development, Government of India launched Dhanalakshmi Scheme, a pilot scheme on 3 March 2008 in eleven selected backward blocks of seven States to change the perception of society towards girls as financial liabilities. The scheme provides for conditional cash transfer to the family of the girl child for ensuring the survival of the girl child and assuring a better life for her.

The staggered conditional cash transfer to the family of the girl child under the scheme is made in the following manner:

- At birth on registration of her birth;
- On progress of immunization (six monthly transfers);
- On completion of immunization;
- On enrolment of girl child in school and retention in school till VIII Standard;
- Cash incentive is provided by Ministry of Human Resource Development from IX to XII Standard;



- An insurance maturity cover will be taken for the girl child born after November, 2008;
- ₹ One lakh will be given to the girl if she remains unmarried till the age of 18 years.

The condition like registration of birth, immunization, school enrolment and retention, insurance (maturity) cover are independent of each other and cannot be applied for retrospective fulfillment of conditionality. For example, if a girl is in Second Standard, she will be eligible for cash transfer from Second Standard onwards and will not be eligible for cash transfers related to her birth and registration of birth, immunization, enrolment and retention in First Standard. The scheme will apply to all girl children irrespective of their socio-economic status and the number of girl children in the family provided the girls have domicile status in the selected blocks.

3. Rajiv Gandhi National Crèche Scheme for the Children of Working Mothers

The Ministry of Women and Child Development launched Rajiv Gandhi National Crèche Scheme for the Children of Working Mothers on January 1, 2006 to provide for crèche services to the children in the age group of 0 to 6 year. The crèche services include supplementary nutrition, emergency medicines and contingency. These crèches will be allocated to the Central Social Welfare Board, Indian Council for Child Welfare and Bhartiya Adim Jati Sevak Sangh in the ratio of 80:11:9. The priority will be given to uncovered districts/areas and tribal areas while extending the scheme to maintain balanced regional coverage. The eligibility criteria for the children to be covered under the scheme is monthly income of ₹12,000 of the family.

4. Integrated Programme for Street Children

This programme is being implemented by the Ministry of Women and Child Development specifically for those children who are on streets and homeless.



These children include the rag pickers and vagabond children. The Scheme aims at providing full and wholesome development of children without homes and family ties and children especially vulnerable to abuse and exploitation such as children of sex workers and children of pavement dwellers.

The financial assistance is provided for the welfare of the street children for formal and non-formal education, shelter home, vocational training of children, nutrition, health care, sanitation and hygiene, safe drinking water, education and recreational facilities and protection against abuse and exploitation to eligible NGO working for the welfare of the street children.

5. Integrated Programme for Juvenile Justice

The programme is being implemented by the Ministry of Social Justice and Empowerment to provide care to children in difficult circumstances and children in conflict with the law through Government institutions and through NGOs.

The special features of the scheme are:

- Establishment of a National Advisory Board on Juvenile Justice;
- Creation of a Juvenile Justice Fund;
- Training, orientation and sensitization of Judicial, Administrative police and NGOs responsible for implementation of JJ Act;
- Financial assistance to bring about a qualitative improvement in the existing infrastructure;
- Institutional care to be used only as a last measure by enlarging the range of suitable alternatives;
- Expansion of non-institutional services such as sponsorship, foster care, probation etc. as an alternate to institutional care.

6. Shishu Greh Scheme

The objective of the Shishu Greh Scheme is to promote adoptions within the country and to ensure minimum standards of care in case of abandoned/



orphaned/destitute children. Grant-in-aid upto an amount of ₹ 6 lakh is being provided per unit of 10 children in a Shishu Greh.

7. Integrated Child Protection Scheme (ICPS)

The Ministry of women and child development is implementing the ICPS, a centrally sponsored scheme since 2009-2010 through the State government/ UT Administration on a pre-defined cost sharing financial pattern. The ICPS brings together multiple existing child protection schemes of the Ministry under one comprehensive umbrella, and integrates additional interventions for protecting children and preventing harm. It involves steps to strengthen families and prevent them to break-up leading children to become homeless and without care and protection. It provides support to children already outside the mainstream right from emergency outreach services to final rehabilitation with their families/society.

Objectives of ICPS are:

- Improvement in well-being of children in difficult circumstances;
- Reduction in vulnerable situations and actions that lead to abuse, neglect, exploitation, abandonment and separation of children from parents;
- Institutionalization of essential services, strengthen structures, enhance capacities at all levels;
- Strengthen child protection at family and community level;
- Strengthen families and prevent them from breaking up to save children from becoming homeless;
- Provide support to children already outside the mainstream;
- Rehabilitation of children with their families/society;
- Ensure appropriate inter-sectoral response at all levels;
- Create database and knowledge base for child protection services.



8. Protection of Children from Sexual offences Act, 2012

The Protection of Children from Sexual offences Act, 2012 provides protection to all children less than 18 years of age from the offences of sexual assault, sexual harassment and pornography. The Act provides for stringent punishments, which have been graded as per the gravity of the offence. The punishments range from simple to rigorous imprisonment of varying periods. There is also provision for fine, which is to be decided by the Court.

The Act incorporates the following child friendly procedures for reporting, recording of evidence, investigation and trial of offences:

- Recording statement of the child at the residence of the child or at the place of his/her choice by a police officer not in uniform, preferably a woman police officer not below the rank of sub-inspector;
- The statement of the child should be recorded as spoken by the child. The assistance of an interpreter or translator or an expert may be taken as per the need of the child and assistance of special educator or any person familiar with the manner of communication of the child may be sought in case of disabled child;
- No child to be detained in the police station in the night for any reason;
- Medical examination of the child is to be conducted in the presence of the parent of the child or any other person in whom the child has trust or confidence. In case the victim is a girl child, the medical examination shall be conducted by a woman doctor;
- In-camera trial of cases by Special courts;
- Speedy trial of cases by recording of evidence within a period of 30 days and completion of trial by Special court within a period of one year, as far as possible;
- Child is not to be called repeatedly to testify and care should be taken to avoid aggressive questioning and character assassination of the child;
- Barring the media from disclosing the identity of the child without the permission of the Special court.



The Act provides for relief and rehabilitation of the child. Under the Act, the Special Juvenile Police Unit (SJPU) or local police will make immediate arrangements to give care and protection to child by admitting the child into shelter home or to the nearest hospital within twenty-four hours of the report. The SJPU or the local police are also required to report the matter to the Child Welfare Committee within 24 hours of recording the complaint, for long term rehabilitation of the child.

The Act casts a duty on the Central and State Governments to spread awareness through media including the television, radio and the print media at regular intervals to make the general public, children as well as their parents and guardians aware of the provisions of this Act.

The National Commission for the Protection of Child Rights (NCPCR) and State Commissions for the Protection of Child Rights (SCPCR) have been made the designated authority to monitor the implementation of the Act.

9. The Child Labour (Prohibition and Regulation) Act, 1986

The Child Labour (Prohibition & Regulation) Act, 1986 defines child as a person who has not completed his/her 14 years of age. It imposes a ban on employment of children less than fourteen years of age in hazardous occupations including automobile workshops, bidi-making, carpet weaving, handloom and power loom industry, mines, dhabas (roadside eateries), restaurants, hotels, motels, tea shops, resorts, spas, other recreational centres and domestic workers and servants etc.. The violation of this act would lead to imprisonment up to one years and/or fine of ₹10000 to 20000. The Act also has provided for constitution of a Child Labour Technical Advisory Committee.

The Child Labour (Prohibition and Regulation) Amendment Bill, 2012

The Child Labour (Prohibition and Regulation) Amendment Bill, 2012 was introduced in the Rajya Sabha on December 4, 2012. The Bill seeks to amend the Child Labour (Prohibition and Regulation) Act, 1986, which prohibits the engagement of children in certain types of occupations and regulates the condition of work of children in other occupations.



The main features of Child Labour (Prohibition and Regulation) Amendment Bill, 2012 are:

- In the light of Right of Children to Free and Compulsory Education Act, 2009, the Bill seeks to prohibit employment of children below 14 years in all occupations except where the child helps his family after school hours;
- The Bill prohibits employment of adolescents (14-18 years of age) in hazardous occupations as mines, inflammable substance and hazardous processes;
- The central government may add or omit any hazardous occupation from the list included in the Bill;
- The penalty for employing a child is increased from imprisonment of 3 months-1 year to 6 months-2 years; and fine from ₹ 10,000-20,000 to ₹ 20,000- 50,000 or both;
- The penalty for employing an adolescent in hazardous occupation is imprisonment of 6 months to two years or a fine of Rs 20,000 to Rs 50,000 or both;
- The government may confer powers on a District Magistrate to ensure that the provisions of the law are properly carried out;
- The Bill empowers the government to make periodic inspection of places at which employment of children and adolescents is prohibited.

10. The Prohibition of Child Marriage Act, 2006 (PCMA)

The Prohibition of Child Marriages Act, 2006 (PCMA) enacted by Government of India prohibits solemnization of child marriages. The Act defines a child in case of a male who has not completed 21 years of age and a female who has not completed 18 years of age. Therefore, if either or both the contracting parties to marriage is a child as per this definition, the marriage is considered as 'child marriage'.



The salient features of the Prohibition of Child Marriage Act, 2006 are:

- Child marriages are voidable at the option of contracting party being a child;
- Marriage of a minor child to be void in certain circumstances;
- Provision for maintenance and residence to female contracting party to child marriage;
- Custody and maintenance of children of child marriages;
- Legitimacy of children born of child marriages;
- Power of court to issue injunction prohibiting child marriages;
- Offences to be cognizable and non-bailable;
- Punishment for male adult marrying a child;
- Punishment for solemnizing a child marriage;
- Punishment for promoting or permitting solemnization of child marriages;
- Appointment of Child Marriage Prohibition Officers.

11. Beti Bachao Beti Padhao

The Census 2011 data showed a significant declining trend in the Child Sex Ratio (CSR) between 0-6 years with an all time low of 918. The decline in the CSR is a major indicator of women disempowerment. CSR reflects both, pre-birth discrimination manifested through gender biased sex selection, and post birth discrimination against girls. The easy availability and affordability of diagnostic tools has been critical in increasing Sex Selective Elimination (SSE) leading to low Sex Ratio at Birth (SRB).

The Government have announced 'Beti Bachao, Beti Padhao' programme to address the issue of decline in CSR through a mass campaign and Multi-Sectoral action in 100 gender critical districts.



Objectives of the scheme:

The main objectives of the Scheme are to:

- Improve the Child Sex Ratio in 100 Gender Critical Districts;
- To ensure survival & protection of the girl child by implementing various legislative provisions for the protection of the girl child and women to create a nurturing and safe environment for the girl child;
- To prevent Gender biased sex selective elimination by enforcing all existing Legislations and Acts, especially the Prohibition of Sex Selection Act, 1994, PC&PNDT Act with stringent punishments for violations of the law;
- Giving proper care and treatment to both girls and boys;
- Changing the patriarchal mind-set etc. in order to ensure equal value and care for survival of the infant and young girl child;
- Providing equal access to various health care and nutrition services;
- Provide equal access and availability of services and entitlements during the various phases of the life cycle of the Girl Child;
- Provide equal access to education and ensure participation of the girl child in educational institutions;
- Fulfill essential requirements related to Nutrition, Health Care, Education and Protection to enable every girl child to develop her full potential, especially the right to quality, early childhood care, elementary and secondary education;
- Take appropriate initiatives to encourage girls to express their views and to be heard, to participate actively, effectively and equally at all levels of social, economic, and political leadership;
- Focus of long term interventions for gender equality would be on creating enabling environment including employable opportunities, safety & security, mobility & speedy justice.



Monitorable Targets:

- Improve the Sex Ratio at Birth (SRB) in 100 gender critical districts by 10 points in a year;
- Reduce Gender differentials in Child Mortality Rate in case of children under five years from 8 points in 2011 to 4 points by 2017;
- Improve the Nutrition status of girls by reducing number of underweight and anemic girls under 5 years of age (from NFHS 3 levels);
- Ensure universalization of ICDS, girls' attendance and equal care monitored, using joint ICDS, NRHM Mother Child Protection Cards;
- Increase the girls' enrolment in secondary education from 76 per cent in 2013-14 to 79 per cent by 2017;
- Provide girls' toilet in every school in 100 CSR districts by 2017;
- Promote a protective environment for Girl Children through implementation of Protection of Children from Sexual Offences (POCSO) Act 2012;
- Train Elected Representatives/Grass-root functionaries as Community Champions to mobilize communities to improve CSR & promote Girl's education.

Core strategies:

The objectives stated above will be achieved through:

- Convergence and Coordination with concerned Ministries/Departments / District Administration;
- Address the complex and multi-dimensional issue of decline in Child Sex Ratio within the broad framework of survival, protection and education of girl children through focused interventions to improve the CSR;
- A multi-sectoral strategy governed by the core principles of respecting, protecting and fulfilling the rights of girls and women, including the ending of gender based violence will be adopted;



- Evolving a sustained social mobilization and communication campaign to change societal norms, to create equal value for the girl child;
- Positioning improvement in the Child Sex Ratio as a lead development indicator for good governance;
- Focusing on very low Child Sex Ratio or gender critical districts and cities for accelerated impact;
- Mobilizing and empowering frontline worker teams as catalysts for social change, in partnership with local community/women's/youth groups (Ahimsa Messengers);
- Developing capacity of Panchayati Raj Institutions/Urban local bodies, especially women panchayat/urban local body members, to create community and peer support for making panchayats/urban wards girl child friendly;
- Engendering development and essential services to ensure that service delivery structures are sufficiently responsive to issues of gender and children's rights;
- Enabling Inter-Ministerial and inter-institutional convergence at different levels.

Components:

- **Mass Communication Campaign on Beti Bachao-Beti Padhao:** A nation-wide campaign of 'Beti Bachao, Beti Padhao' will be launched to increase awareness on celebrating Girl Child and enabling her education. The campaign will be aimed to ensure that girls are born, nurtured and educated without discrimination to become empowered citizens of this country with equal rights. Ministry of Information & Broadcasting (DAVP) has been entrusted with the responsibility of developing a Media Campaign in consultation with Ministry of Health & Family Welfare (M/o H&FW), Ministry of Human Resource Development (M/o HRD) & Ministry of Women & Child Development (M/o WCD).



- Multi-Sectoral intervention in 100 Gender Critical Districts worse on CSR:** The Ministry of Women & Child Development (MWCD) will initiate a Multi-Sectoral Action in selected 100 districts covering all States/UTs for schematic intervention. The Sectoral actions are drawn in consultation with M/o H&FW & M/o HRD. Measurable outcomes and indicators will bring together concerned sectors, states and districts for urgent concerted Multi-Sectoral Action to improve the CSR. A flexible framework for Multi-Sectoral Action will be adapted and contextualised by State Task Forces for developing, implementing and monitoring State/ District Plans of Action to achieve the State Specific Monitorable Targets. State/ Districts will similarly develop their plans responsive to different State/District contexts.

Linkage:

The linkages at the Centre shall be established with concerned ministries/ departments namely Ministry of Health & Family Welfare (M/o HFW) and Ministry of Human Resource Development (M/o HRD) & Ministry of Women & Child Development (M/o WCD). At the States/UTs level, Dept. of WCD will work in close coordination with these concerned departments for inclusion of issue of Child Sex ratio as a priority agenda. Further, Linkages will also be strengthened with the existing government training institutions and Autonomous Training Institutes at national and State Levels to provide training on matters related to CSR. Sharing of good practices with the departments/states for encouraging adoption of good practices would be done. The appropriate linkages at the district level will be strengthened with Panchayats, Anganwadi Centres, PHCs. The grass-root functionaries of different departments shall be sensitized & trained on the issue of CSR, value of girl child & promote her education and will in turn facilitate community ownership and participation on creating an enabling environment for survival, protection & education of girl child.

Budget:

- A budgetary allocation of ₹ 100 crore has been made under the budget announcement for Beti Bachao, BetiPadao campaign and ₹ 100 crore will be mobilized from Plan Outlay of the Planned scheme 'Care and Protection



of Girl Child - A Multi Sectoral Action Plan' for the 12th Plan. Additional resources can be mobilized through Corporate Social Responsibility at National & State levels.

- The estimated cost of the Scheme is ₹ 200 crore. Of the total amount of ₹ 200 crore, ₹ 115 crore is proposed to be released during 2014-15 (for six month) and ₹ 45 Crore and 40 crore will be released during the 2015-16 and 2016-17 respectively.

Fund Flow:

- The MWCD will be responsible for budgetary control and administration of the scheme at the Central level. The MWCD will transfer the funds to the consolidated funds of the State Government after approval of Action Plan of the respective Government.

Monitoring Mechanisms:

A Monitoring System will be put in place right from National, State, District, Block and Village levels to track progress of monitorable targets, outcomes and process indicators.

- At the national level, a National Task Force headed by Secretary MWCD will monitor quarterly progress on a regular basis.
- At state level, a State Task Force headed by the Chief Secretary will monitor progress.
- At the district level, the District Collectors (DC) will lead and coordinate action of all Departments through District-level officials. They shall also undertake monthly review of the progress on the activities listed in the Department Plans of action at the district level. DC will have the overall responsibility for validating the measurable changes in identified indicator related to CSR.



Evaluation:

- The Scheme would be evaluated at the end of the 12th Five Year Plan to assess its impact and take corrective measures. Mapping of Ultra-sonography machines, baseline survey of concurrent assessment of percentage of births of male and female child, reporting of complaints under PC& PNDT act will also help in assessing the impact or outcome.

Audit and Social Audit:

- The audit at the Central and State level shall be done as per Comptroller & Auditor General of India norms;
- The Social Audit will also be undertaken by the Civil Society Groups to obtain direct feedback from public and institutions involved in implementation of the scheme.

12. Sukanya Samriddhi Account

The Prime Minister of India launched a new small saving scheme called Sukanya Samriddhi Account (Girl Child Prosperity Account) on January 22, 2015 for improving the welfare of the Girl Children in India.

The main features of the scheme

- A legal/natural guardian can open a saving account in the name of the girl child in any post office or authorised branches of commercial bank;
- The Guardian will be called as Depositor and Girl child will be called as Account Holder;
- A guardian can open only one account in the name of one Girl child and maximum two accounts in the name of two different Girl children. This facility will be extended to third girl in the event of birth of twin girls in 2nd birth or birth of 3 girl child's in 1st birth itself;



- The account can be opened upto the age of 10 years only from the date of birth. However, grace of one year has been given for initial operations of the scheme;
- The minimum deposit amount for opening this account is ₹1,000 and subsequent deposit should be in multiple of ₹100;
- The maximum deposit amount is ₹ 1,50,000 in a financial year;
- There is no limit on the number of deposits either in a month or in a financial year (just like a savings account);
- If minimum amount of ₹ 1000 is not deposited in a financial year, the account will become discontinued (like PPF) and can be revived with a penalty of ₹ 50 per year with minimum amount required for deposit in that year;
- Mode of deposit can be cheque, draft or cash;
- The mandatory documents required for opening a saving account under this scheme include the following:
 - The birth certificate of the Account holder (Girl child);
 - Address proof of the person opening the account on behalf of the girl child;
 - Identity proof of the person opening the account on behalf of the girl child;
 - 3 Photos of parents and 3 photos of the child;
 - Copies of parents' Pan Card and Aadhar card;
- Money to be deposited for 14 years in this account;
- Interest rate for this account is 9.2 per cent per annum for FY 2015-16 (it was 9.1 per cent for 2014-15), calculated on yearly basis and yearly compounded;
- Interest rate is tied to 10 year Government of India Bond Yield, and will be 75 basis point higher than the respective year's bond yield;



- As per Finance Bill 2015-16, the interest earned on account will be exempted from tax from 2015-16;
- Passbook facility is available with Sukanya Samriddhi account. On opening an account, the depositor will be given a pass book bearing the date of birth of the girl child, date of opening the account, account number, name and address of the account holder and the amount deposited;
- Nomination is not allowed in these accounts;
- The account will remain operative for 21 years from the date of opening of the account or till the marriage of the girl child;
- Partial withdrawal up to 50 per cent of the account balance is allowed only once after the Girl child completes the age of 18 years for the purpose of financing her higher education;
- The account can be closed after completion of 21 years;
- In case the account is not closed after the maturity, the balance will continue to earn interest as specified for the scheme from time to time;
- The normal premature closure can be allowed after completion of 18 years provided that the girl is married;
- In case of premature closure of account due to death of the account holder, the balance amount will be paid to the guardian with interest till the month preceding the month of premature closure.

13. Mission Indradhanush

❖ Introduction

- India records 5 lakh child deaths annually due to vaccine preventable diseases. Despite high childhood mortality rates due to vaccine preventable diseases, 30 percent of Indian children miss the benefits of full immunization every year. As per estimates, 89 lakhs children across the country either get only a few vaccines or no vaccines at all. One out of every 3 children in India does not receive all vaccines that are available under UIP. Five percent of children in urban areas and 8 percent in rural areas are unimmunized.



- Immunization is the key to protect children from the life threatening conditions (diseases) that are preventable. Between 2009-2013 immunisation coverage has increased from 61 per cent to 65 per cent indicating only 1 per cent increase in coverage every year.
- Keeping in view the urgent need for accelerating the process of immunization The Ministry of Health and Family Welfare (MOHFW) adopted the mission mode and launched 'Mission Indradhanush' depicting seven colours of rainbow on 25th December, 2014.

❖ **Objectives of the Programme:**

The main objectives of this programme are:

- Social development of lakhs of children by rescuing them from disease mortality and morbidity through full immunization.
- To expand immunization coverage to all children across India by covering all those children who are partially vaccinated or unvaccinated by 2020;
- To provide protection against Seven vaccine preventable life-threatening diseases namely Diphtheria, Whooping Cough, Tetanus, Polio, Tuberculosis, Measles and Hepatitis B;
- In addition to this, provide vaccination against JE (Japanese Encephalitis) and Hib (Haemophilus influenza type B) in selected districts of the country;
- To provide vaccination against tetanus to the pregnant women;

❖ **Strategy of the Mission Indradhanush:**

- The Mission Indradhanush initiative is a call for action by the Government of India to intensify efforts to expedite the full immunization coverage in the country.



- The 'Mission Indradhanush' is a nationwide initiative with a special focus on 201 high focus districts. These districts account for nearly 50 per cent of all partially vaccinated or unvaccinated children in the country.
- These High-focus 201 districts will be taken up for implementation in the first phase. Of the 201 high focus districts, 82 districts accounting for 25 per cent of the unvaccinated or partially vaccinated children of India are in just four states of UP, Bihar, Madhya Pradesh and Rajasthan.
- The 297 districts will be targeted for the second phase.
- The Mission focuses on interventions to rapidly increase full immunization coverage of children by approximately 5 per cent annually and to expand full immunization coverage from 65 per cent in 2014 to at least 90 per cent children in the next five years.
- Under the programme, four special vaccination campaigns will be conducted between March and June 2015 and this will cover all children of less than two years of age and pregnant women for Tetanus Toxoid vaccine.
- This immunization campaign will be conducted for a period of 7-10 days every month for four consecutive months.
- Micro plans developed to make the Mission mode successful will draw on the lessons learned from the Polio eradication towards systems strengthening, vaccine cold chain management, regular surveillance and monitoring of the plans to reach each and every left out and uncovered child.
- The government has sought technical support from various external agencies like WHO, UNICEF and Rotary to achieve the goals of this programme.



14. The Commissions for Protection of the Child Rights Act 2005

The National Commission at the National level and the State Commissions at the State level have been set up for proper enforcement of children's rights and effective implementation of laws and programmes relating to children. The National Commission for Protection of Child Rights, a statutory body was set up under this Act. The Commission included a Chairperson and six other Members, including two women members, a Member Secretary and other supporting staff.

15. Child India Foundation (CIF)

The CIF has been set up as a nodal organization, supported by Government of India, to monitor and ensure the qualitative development of the Childline service across the country. Childline is a toll free telephone service (1098) which anyone can use for assistance in the interest of children. It has prescribed minimum quality standards for the services to be provided by its partner organizations that are implementing Childline programmes in various cities of the country. It initiates preparatory activity that precedes the initiation of Childline service in any city. CIF is also involved in awareness and advocacy in order to strengthen the efforts relating to child welfare.

16. Right to Education Act, 2009

Covered under Scheme, Programmes and Act Relating to Education

17. Mid Day Meal

Covered under Scheme, Programmes and Act Relating to Education

18. Sarva Siksha Abhiyan

Covered under Programmes, Scheme and Act Relating to Education

SCHEMES AND PROGRAMMES FOR PROTECTION, DEVELOPMENT, EMPOWERMENT AND WELFARE OF WOMEN

The women have been facing discrimination for ages. They had very limited access to education, health care services and opportunities for employment. Although the Constitution of India has granted equal right to women to remove gender disparities but gender disparities remained.

The under-nutrition, especially in infant and young children, adolescent girls and women results in increased susceptibility to infections, slow recovery from illnesses, cumulative growth and development deficits leading to reduced productivity and a heightened risk of adverse pregnancy outcomes for women. A woman's nutritional status has important implications for her health as well as the health and development of her children. A woman with poor nutritional status, as indicated by a low body mass index (BMI), short stature, anaemia, or other micronutrient deficiencies, has a greater risk of obstructed labour, having a baby with a low birth weight and adverse pregnancy outcomes resulting in death due to post-delivery haemorrhage, illness for herself and her baby and adversely affecting lactation.

The Article 47 of the Constitution requires that the State should, as its primary duty, raise the level of nutrition and the standard of living of its people and improve public health. Article 42 requires that the State should make provision for securing just and humane conditions of work and for maternity relief. Article 43 mentions that the State shall endeavour to secure to all workers agricultural, industrial, or otherwise, a living wage, such conditions of work that ensure a decent standard of life.



Within the framework of a democratic polity, our laws, development policies, plans and programmes have aimed at women's advancement in different spheres. From Fifth Five Year Plan (1974-78) onwards, the Government has adopted a marked shift in approach to women's issues from welfare to development. In recent years, the empowerment of women has been recognized as the central issue in determining the status of women.

The 73rd and 74th Amendments (1993) to the Constitution of India by providing reservation of seats in the local bodies of Panchayats and Municipalities for women have laid a strong foundation for women's participation in decision making at the local levels.

The Government of India enacted the following Acts and launched certain Schemes and Programmes for the development, empowerment and welfare of girls and women:

1. Maternity Benefit Act, 1961

The rights of mothers to maternity benefits were recognized long ago in India with the introduction of the Maternity Benefit Act in 1961. The Act regulates employment of women in certain establishments for a certain period before and after childbirth and provides for maternity and other benefits. Such benefits are aimed to protect the dignity of motherhood by providing for the full and healthy maintenance of women and her child when she is not working. The Act is applicable to mines, factories, circus industry, plantations, shops and establishments employing ten or more persons, except employees covered under the Employees' State Insurance Act, 1948. It can be extended to other establishments by the State Governments.

2. Indira Gandhi Matritva Sahyog Yojana (IGMSY) - a conditional maternity benefit scheme

The vulnerable conditions of the pregnant women belonging to poor and economically deprived families across the country are well recognised. The



Planning Commission in Eleventh Five Year Plan document (Vol.II) has noted that “poor women continue to work to earn a living for the family right upto the last days of their pregnancy, thus not being able to put on as much weight as they otherwise might. They also resume working soon after childbirth, even though their bodies might not permit it - preventing their bodies from fully recovering, and their ability to exclusively breastfeed their new born in the first six months. Therefore, there is urgent need for introducing a modest maternity benefit for pregnant women to partly compensate for their wage loss”.

Ministry of Women and Child Development, Government of India introduced Indira Gandhi Matritva Sahyog Yojana (IGMSY) – a conditional maternity benefit scheme in 2010. The programme provides financial assistance as grant-in-aid to state governments for implementing the scheme. The scheme envisages to covers pregnant and lactating women of 19 years of age and older who have two children. Its goal is to partly compensate them for wage-loss during childbirth, childcare, provide conditions for safe delivery, good nutrition and feeding practices. The scheme was implemented on pilot basis in 53 selected districts. The number of beneficiaries was 3.05 lakhs in 2011-12 and 3.76 lakhs in 2012-13.

The programme aims to achieve its objectives by:

- Promoting appropriate care and institutional service utilization during pregnancy, delivery and lactation;
- Encouraging the women to follow (optimal) nutrition and feeding practices, including early and exclusive breast-feeding for the first six months;
- Providing cash incentives for improved health and nutrition to pregnant and lactating mothers.

Conditions for availing benefits:

All pregnant women of 19 years of age and above are eligible for the benefits, except those who receive paid maternity leave. The cash transfers under the Scheme are subject to the following conditions:



- The first transfer of ₹ 1500 (at the time of second birth/pregnancy trimester) requires the mother to:
 - Register pregnancy at the Anganwadi centre (AWC) within four months of conception;
 - Attend at least one prenatal care session and take IFA tablets and TT (tetanus injection);
 - Attend at least one counselling session at the AWC or healthcare centre.
- The second transfer of ₹ 1500 (three months after delivery) requires the mother to:
 - Register the birth;
 - Immunize the child for OPV and BCG at birth, at six weeks and at 10 weeks;
 - Attend at least two growth monitoring sessions within three months of delivery;
- The third transfer of ₹ 1000 (six months after delivery) requires the mother to:
 - Exclusively breastfeed for six months and introduce complementary feeding (as certified by the mother);
 - Immunize the child for OPV and DPT;
 - Attend at least two counselling sessions on growth monitoring; infant and child nutrition; and feeding between the third and sixth months after delivery.

3. Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG) - SABLA

The Government of India introduced the Rajiv Gandhi Scheme for Empowerment of Adolescent Girls – SABLA in 200 districts in November, 2010 to empower adolescent girls in the age group of 11-18 years by improving their nutritional



and health status and addressing their multi-dimensional problems. SABLA replaced the erstwhile Kishori Shakti Yojana (KSY) and National Programme for Adolescent Girls (NPAG) in those 200 districts where this programme was introduced.

The objectives of the Kishori Shakti Yojana were to improve the nutrition and health status of girls in the age group of 11-18 years, equip them to improve and upgrade their home based and vocational skills and to promote their overall development including awareness about their health, personal hygiene, nutrition and family welfare management. Under NPAG scheme, each under nourished adolescent girl was supplied 6 kg free food grains per month.

The main objectives of RGSEAG are:

- Self-development and empowerment of adolescent girls;
- Improve nutrition and health status of girls in the age group of 11-18 years;
- Spread awareness about health, hygiene, nutrition, Adolescent Reproductive and Sexual Health (ARSH), and family and child care among adolescent girls;
- Improve and upgrade their home-based skills, life skills and vocational skills to promote their overall development;
- Mainstream out of school adolescent girls into formal/non-formal education;
- Inform and guide them about existing public services, such as Primary Health Centres, Community Health Centres, Post Office, Bank, Police Station, etc.

The RGSEAG scheme provides for Take Home Ration or Hot Cooked Meal comprising at least 600 calories and 18-20 grams of protein and recommended quantity of micronutrients @ ₹ 5 per day per beneficiary for 300 days in a year. The eligibility criteria for supplementary nutrition for adolescent girls is out of school girls in the age group of 11-14 years and all school going and out of school girls in the age group of 14-18 years.



4. A Comprehensive Scheme for Prevention of Trafficking and Rescue, Rehabilitation and Re-integration of Victims of Trafficking and Commercial Sexual Exploitation—UJJAWALA

The trafficking of women for commercial sexual exploitation is an organized crime that violates basic human rights. India has emerged as destination and transit for both in-country and cross border trafficking. The problem of trafficking of women and children for commercial sexual exploitation in India is challenging due to complexities and variation. The sex trafficking victims found in dire circumstances are easily targeted by traffickers. The most vulnerable sex trafficking victims include homeless individuals, runaway teens, displaced homemakers, refugees, job seekers, tourists, kidnapped victims and drug addicts. The main causes of women trafficking for commercial sexual exploitation are poverty, low status of women and lack of a protective environment etc.

Keeping these issues and gaps in consideration, Government of India has adopted a multi-sectoral approach by formulating a “Comprehensive Scheme for Prevention of Trafficking and Rescue, Rehabilitation and Re-Integration of Victims of Trafficking for Commercial Sexual Exploitation—Ujjawala” in 2007. This scheme has primarily been conceived to prevent trafficking, rescue, rehabilitate, and reintegrate victims of trafficking for commercial sexual exploitation into the family and society at large.

The main objectives of Ujjawala are to:

- Prevent trafficking of women and children for commercial sexual exploitation through social mobilization and involvement of local communities, awareness generation programmes, generate public discourse through workshops/seminars and such events and any other innovative activity;
- Facilitate rescue of victims from the place of their exploitation and place them in safe custody;



- Provide immediate and long term rehabilitation services to the victims by providing basic amenities such as shelter, food, clothing, medical treatment including counselling, legal aid and guidance, and vocational training to meet their essential needs;
- Facilitate reintegration of the victims into the family and society at large;
- Facilitate repatriation of cross-border victims to the country of their origin.

Components of Ujjawala:

The main components of scheme Ujjawala are as follows:

i) Prevention of women from commercial sexual exploitation through:

- Formation and functioning of Community Vigilance Groups;
- Formation and functioning of Balika (adolescent girls) Sanghas;
- Organizing sensitization Workshops/Seminars for generating awareness among the masses about the legal help available for people in distress;
- Awareness generation through mass media including kalajathas, street plays, puppetry or through any other art forms, preferably traditional;
- Development and printing of awareness generation material such as pamphlets, leaflets and posters (in local language).

ii) Rescue of women from commercial sexual exploitation:

- Gathering information relating to traffickers, suspicious people and vulnerable families through network of Police, NGOs, Women Groups, Youth Groups, Panchayats, Hotels and tour operators etc.;
- Making provision of incentives to decoy customers/informers and meeting transport cost of victims from place of rescue to shelter home;
- Provision of food, shelter, toiletries, clothing, trauma care/counseling, medical aid etc. during interim period between rescue and production of victim before the concerned authorities.



iii) Rehabilitation of women rescued from commercial sexual exploitation:

- Setting up of Protective and Rehabilitative (P&R) Home to provide:
 - Basic amenities such as food, clothing and other items of personal use;
 - Doctor's fee, cost of medicines, hospitalization, appropriate linkages to de-addiction centers;
 - Professional counselling through a qualified clinical psychologist and psychiatrist to victims of trafficking who have undergone immense psychological trauma;
 - Legal aid including court work and documentation to main witnesses against the trafficker/pimp/perpetrator, victims in claiming their right to property, marital rights, divorce, maintenance and custody of children;
 - Vocational training to enable victims to get meaningful employment necessary for rehabilitation of the victim.

iv) Re-integration of women rescued from commercial sexual exploitation through:

- Setting up of Half-Way Homes for restoring victim to their family and community. The Half-Way Homes are Homes within the community, where a group of victims, ready for reintegration are living and are employed gainfully and capable of living semi-independently with minimum supervision. This is a phased approach for reintegration of victims into the community through facilitating smooth transition from the life in P&R Home to an independent living in the community.

v) Repatriation of cross border victims of commercial sexual exploitation through:

- Provision of funds for fulfilling various formalities for obtaining repatriation order for the victim;



- Setting up of transit points at border check-posts to provide food and other incidentals to the victim.

5. Indira Gandhi National Widow Pension Scheme (IGNWPS)

The Indira Gandhi National Widow Pension Scheme was launched in February, 2009. The Ministry of Rural Development, Government of India is implementing this scheme. The Central Government is paying monthly pension of ₹ 200 to each beneficiary and States are urged to contribute at least an equal amount in the pension. The rate of monthly pension under IGNWPS was enhanced from ₹ 200 to Rs 300 per BPL beneficiary in the year 2012.

The pension under the scheme was given to widows subject to meeting the following conditions:

- The beneficiary shall be in the age group of 40-79 years;
- The applicant must belong to a household below the poverty line according to the criteria prescribed by the Government of India;
- The sanctioned pension to a beneficiary shall be made only after placing the database of beneficiary in the public domain/website of the Ministry or State.

The Gram Panchayats/Municipalities are expected to identify beneficiaries to be covered under the scheme. The number of eligible beneficiaries is determined on the basis of field reports of beneficiaries satisfying the eligibility criteria. The State and Union Territories are required to furnish a certificate that all eligible widows have been covered under the scheme.

The pension will be discontinued in case of remarriage of widow or widow moves above the poverty line. The pension amount shall be credited into the post office account or to public sector bank account of the beneficiary or paid in cash in the Gram Sabha.



6. Schemes for empowerment of women

- i) **Swayamsidha:** Swayamsidha is an integrated project for the development and empowerment of women through Self Help Groups (SHGs) with emphasis on covering services, developing access to micro-credit and promoting micro-enterprises. The most important components of this programme are formulation, implementation and monitoring of block specific composite projects of four to five years duration through Project Implementing Agencies (PIA), which may be Government or Non-government agency nominated by the State Governments.
- ii) **Swa-Shakti Project:** Swa-Shakti Project (earlier known as the Rural Women's Development and Empowerment Project) was sanctioned in October 1998 as a centrally sponsored scheme to be implemented in the states of Bihar, Chattisgarh, Gujarat, Haryana, Jharkhand, Karnataka, Madhya Pradesh, Uttaranchal and Uttar Pradesh for a period of five years with an outlay of ₹186 crores. An additional amount of ₹5 crore has been provided for setting up of revolving funds for giving interest-bearing loans to beneficiary groups, primarily during the formative stages. The project aims at enhancing women's access to resources for better quality of life through the use of drudgery and time reduction devices, health, literacy and imparting skills for confidence enhancement and income generating activities. The project is supported jointly by the World Bank and the International Fund for Agricultural Development (IFAD).
- iii) **Swalamban:** The objective of this scheme is to provide training in skills to women to enable them to get employment or self-employment on a sustainable basis. Some of the trades for which training is imparted include computer programming, electronic assembling, consumer electronics repair, radio and television repairs, garment making, handloom weaving, handicrafts, secretarial practice, community health work and embroidery.



- iv) **Support to Training and Employment Programme for Women (STEP):** This programme seeks to provide updated skills and new knowledge to poor asset-less women in eight traditional sectors of employment, namely, agriculture, animal husbandry, dairy, fisheries, handlooms, handicrafts, khadi and village industry, and sericulture. The scheme is being implemented through public sector organizations, state corporations, cooperatives, federations and voluntary organizations which have been in existence for a minimum period of three years.
- vi) **Swadhar:** This scheme was launched in 2001-02 as a central sector scheme for providing holistic and integrated services to women in difficult circumstances such as destitute widows deserted by their families in religious places like Vrindavan and Kashi; women prisoners released from jail and are without family support; women survivors of natural disasters who have been rendered homeless and are without social and economic support; trafficked women/girls rescued or run away from brothels and other places or victims of sexual crimes who are disowned by family or who do not want to go back to their respective families for various reasons. The package of services made available under the scheme include provision of food, clothing, shelter, health care counselling and legal support; social and economic rehabilitation through education, awareness generation, skill up-gradation and behavioural training. The scheme also supports a help line for women in distress.
- vi) **Rashtrya Mahila Kosh (RMK):** The Rashtrya Mahila Kosh, a National Credit Fund for Women was set up as a registered society under the Societies Registration Act, 1860 on March 30, 1993 to provide credit support or micro-finance to poor women for starting income generating activities such dairy, agriculture, shop-keeping, vending and handicrafts.
- vii) **Hostels for Working Women:** The scheme of assistance for construction and expansion of hostel buildings for working women, with day care



centres, is being implemented since 1972. Under this scheme the financial assistance is provided to NGOs, cooperative bodies and other agencies engaged in women social welfare, women education; public sector undertakings; women development corporations; local bodies; universities and state governments for construction of hostel buildings for working women. The scheme envisages provisions for safe and affordable accommodation for working women including single working women, women working at places away from their hometowns, women being trained for employment and girl students, and female students doing professional courses.

- viii) Creches/Day Care Centres for the Children of Working Mothers:** This scheme aims to provide day care services to children in the age group of 0-5 years of those parents whose income does not exceed ₹1800 per month. The facilities provided to children under the scheme include sleeping and day care facilities, supplementary nutrition, immunization, medicine and recreation. The scheme is being implemented in the entire country through the Central Social Welfare Board and two other national level voluntary organizations namely, the Indian Council for Child Welfare and the Bhartiya Adim Jati Sevek Sangh.

7. The Dowry Prohibition Act, 1961

The Dowry Prohibition Act, 1961 was enacted on May 20, 1961. It extends to the whole of India except the State of Jammu and Kashmir. The dowry means any property or valuable security given or agreed to be given either directly or indirectly by one party to a marriage to the other party to the marriage; or by the parents of either party to a marriage or by any other person, to either party to the marriage or to any other person at or before or any time after the marriage in connection with the marriage of said parties. The Act does not include dower or mahr in the case of persons to whom the Muslim Personal Law (Shariat) applies.



If any person, after the commencement of this Act:

- Gives or takes or abets the giving or taking of dowry, he shall be punished with imprisonment for a term not less than five years, and a fine of not less than fifteen thousand rupees or the amount of the value of such dowry whichever is more. The court, may, however, impose a sentence of imprisonment for less than five years for adequate and special reasons to be recorded in the judgment;
- Demands directly or indirectly, from the parents or other relatives or guardian of a bride or bridegroom as the case may be, any dowry, he/she shall be punished with imprisonment for a term not less than six months but may extend to two years and a fine which may extend to ten thousand rupees. The court may, however, impose a sentence of imprisonment for a term of less than six months for adequate and special reasons to be mentioned in the judgment;
- The Section 4A of the Act bans an advertisement for offering or demanding dowry in print media, electronic media or any other media;
- Any agreement made between the two parties for giving or taking of dowry shall be void;
- No penalty shall be imposed provided that presents are given to:
 - The bride and bridegroom at the time of marriage without any demand having been made in that behalf, provided that such presents are entered in list maintained in accordance with rule made under this Act;
 - Presents made by or on behalf of the bride or any other person related to the bride are of a customary nature and the value thereof is not excessive having regard to the financial status of the person by whom, or on whose behalf, such presents are given.

In exercise of the powers conferred by Section 9 of the Dowry Prohibition Act 1961, the Central Government hereby made the Dowry Prohibition (Maintenance of Lists of Presents to the Bride and Bridegroom) Rules. These rules came into



force on 2 October, 1985.

Under Dowry Prohibition (Maintenance of Lists of Presents to the Bride and Bridegroom) Rules, the list of presents given to the bride and bridegroom at the time of marriage shall be prepared in writing at the time of the marriage or as soon as possible after the marriage.

The list of presents shall contain a brief description of each present; the approximate value of the presents; the name of the person who has given the present; the relationship of the person giving presents with the bride or bridegroom; the list of presents shall be signed by both the bride and the bridegroom. The list of presents which are given at the time of the marriage to the bride and bridegroom shall be maintained by the bride and bridegroom.

The implementation of the Dowry Prohibition Act vests with the State Government and UT Administration. They have the responsibility of appointing Dowry Prohibition officers as well as advisory Boards to ensure compliance of the provisions of the Act, by preventing giving or taking/abetting or demanding dowry and collecting evidence for prosecution of the offenders.

8. Protection of Women from Domestic Violence Act 2005

The Parliament of India enacted the Protection of Women from Domestic Violence Act, 2005 to protect women from domestic violence. It came into force on October 26, 2006. The Act seeks to cover those women who are or have been in a relationship with the abuser where both parties have lived together in a shared household and are related by consanguinity, marriage or a relationship in the nature of marriage, or adoption; in addition relationship with family members living together as a joint family are also included. Even those women who are sisters, widows, mothers, single women living with the abuser are entitled to get legal protection under the proposed Act.

Under the Protection of Women from Domestic Violence Act 2005, any conduct of the respondent shall constitute domestic violence if he:



- Harms or injures or endangers the health, safety, life or well-being of the aggrieved person or tends to do so. This includes physical abuse, sexual abuse, verbal and emotional abuse and economic abuse.
 - Physical abuse means any act or conduct of respondent which is of such a nature as to cause bodily pain, harm or danger to life, limb, or health or impair the health or development of the aggrieved person. It also includes assault, criminal intimidation and criminal force;
 - Sexual abuse includes, any conduct of a sexual nature that abuses, humiliates, degrades or otherwise violates the dignity of woman;
 - Verbal and emotional abuse includes insult, ridicule, humiliation, name calling or ridicule specially with regard to not having a child or a male child; repeated threats to cause physical pain to any person with whom the aggrieved person is related;
 - Economic abuse Includes deprivation of all or any economic or financial resources to which the aggrieved person is entitled under any law or custom whether payable under an order of a court or otherwise;
- Harasses, harms, injures, endangers the aggrieved person with a view to coerce her or any other person related to her to meet any unlawful demand for dowry or other property or valuable security;
- Otherwise injures or causes physical or mental harm to the aggrieved person;
- Forces the aggrieved person to lead an immoral life;

The conduct of the respondent shall not amount to domestic violence if the pursuit of course of his conduct was reasonable for his own protection or for the protection of his or another's property.

The relief provided to victims under the Act

- The Act provides for the woman's right to reside in the matrimonial or shared household, whether or not she has any title or rights in the



household. This right is secured by a residence order passed by a court. These residence orders cannot be passed against anyone who is a woman.

- The other relief envisaged under the Act is that of the power of the court to pass protection orders that prevent the abuser from aiding or committing an act of domestic violence or any other specified act, entering a workplace or any other place frequented by the abused, attempting to communicate with the abused, isolating any assets used by both the parties and causing violence to the abused, her relatives and others who provide her assistance from the domestic violence.
- The Act provides for appointment of Protection Officers and NGOs to provide assistance to the woman with respect to medical examination, legal aid, safe shelter, etc.
- The Act provides for breach of protection order or interim protection order by the respondent as a cognizable and non-bailable offence punishable with imprisonment for a term which may extend to one year or a fine which may extend to twenty thousand rupees or both.
- The non-compliance or discharge of duties by the Protection Officer is also sought to be made an offence under the Act with similar punishment.

9. The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013

Sexual harassment is bullying or coercion of a sexual nature, or an unwelcome or inappropriate promise of reward in exchange for sexual favours. It includes unwelcome sexual advances, requests for sexual favours, and other verbal or physical harassment of a sexual nature.

The harasser can be victim's supervisor, a supervisor in another area, a co-worker, or someone who is not an employee of the employer, such as a client or customer. The harassers or victims can be either male or female.



The sexual harassment results in violation of the fundamental rights of a woman to equality under articles 14 and 15 of the Constitution of India and her right to life and to live with dignity under article 21 of the Constitution and right to practice any profession or to carry on any occupation, trade or business which includes a right to a safe environment free from sexual harassment.

The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 came into force on 9 December 2013. The Act provides for protection against sexual harassment of women at workplace, prevention and redressal of complaints of sexual harassment and for matters connected therewith or incidental thereto.

The Act provides protection to all women against sexual harassment irrespective of their age or employment status, whether in the organised or unorganised sectors, public or private and covers clients, customers and domestic workers as well. This will contribute to realisation of their right to gender equality, life and liberty and equality in working conditions everywhere. The sense of security at the workplace will improve women's participation in work, resulting in their economic empowerment and inclusive growth.

Every employer is required to constitute an Internal Complaints Committee at each office or branch with 10 or more employees. The Committee is required to complete the inquiry on complaint relating to sexual harassment within a time period of 90 days. On completion of the inquiry, the report will be sent to the employer or the District Officer, as the case may be. They are mandated to take action on the report within 60 days. The District Officer is required to constitute a Local Complaints Committee at each district, and if required at the block level. The Complaints Committees have the powers of civil courts for gathering evidence. The Complaints Committees are required to provide for conciliation before initiating an inquiry, if requested by the complainant.

Employers who fail to comply will be punished with a fine up to 50,000. Repeated violations may lead to higher penalties and cancellation of licence or registration to conduct business.



10. Criminal Law Amendment Act, 2013

The Criminal Law Amendment Act 2013 was originally an Ordinance promulgated by the President of India on 3 February 2013 in the light of protests in the 2012 Delhi gang rape case. Criminal Law Amendment Act, 2013 provides for amendment of Indian Penal Code, Indian Evidence Act and Code of Criminal Procedures 1973 on laws related to sexual offences came into force on 3 April, 2013.

The Criminal Law (Amendment) Act 2013 has expressly recognized certain acts as offences which were dealt under related laws. The quantum of punishment for following offences covered under the Criminal Law Amendment Act 2013 would be:

- **Acid attack (Section 326A):** Imprisonment not less than ten years but which may extend to imprisonment for life and with a fine paid to the victim. The amount of fine shall be just and reasonable to meet the medical expenses of the victim. The offence is gender neutral.
- **Attempt to Acid attack (Section 326B):** Imprisonment not less than five years but which may extend to seven years and shall also be liable to fine. The offence is gender neutral.
- **Sexual Harassment (Section 354A):** Rigorous imprisonment upto three years, or fine, or with both in case of offence of physical contact and advances involving unwelcome and explicit sexual overtures; or a demand or request for sexual favours;
Imprisonment up to one year, or fine, or with both for offences of making sexually coloured remarks; or forcibly showing pornography;
The offence of Sexual Harassment is no longer gender neutral, only a man can commit the offence on a woman.
- **Act with intent to disrobe a woman (Section 354B):** Imprisonment not less than three years but which may extend to seven years and with fine for assault or use of criminal force to any woman or abets such act with the intension of disrobing or compelling her to be naked.



- **Voyeurism (Section 354c):** Imprisonment not less than one year, but which may extend to three years, and shall also be liable to fine in case of first conviction, and be punished on a second or subsequent conviction with imprisonment of either description for a term which shall not be less than three years, but which may also extend to seven years, and shall also be liable to fine for offences of watching or capturing a woman in 'private act', which includes an act of watching carried out in a place which, in the circumstances, would reasonably be expected to provide privacy; and where the victim's private parts are exposed or covered only in underwear; or the victim is using a lavatory; or the person is doing the sexual act that is not of a kind ordinarily done in public.

The offence of Voyeurism is no longer gender neutral, only a man can commit the offence on a woman.

- **Stalking (Section 354D):** Imprisonment upto three years for the first offence, and shall also be liable to fine and for any subsequent conviction would be liable for punishment upto five years and with fine for the offence to follow a woman and contact; or attempt to contact such woman to foster personal interaction repeatedly despite a clear indication of disinterest by such woman; or monitor the use by a woman of the internet, email or any other form of electronic communication.

The offence of Stalking is no longer gender neutral, only a man can commit the offence on a woman.

11. One Stop Centre Scheme

❖ Introduction

- The gender based violence in India has many manifestations such as domestic and sexual violence including rape, harmful practices such as, dowry, honour killings, acid attacks, witch-hunting, sexual harassment, child sexual abuse, trafficking for commercial sexual exploitation, child marriage, sex selective abortion, sati etc.



- The Ministry of Women and Child Development (MWCD), has formulated a Centrally Sponsored Scheme for setting up One Stop Centres across the country to provide integrated support and assistance under one roof to women affected by violence, both in private and public spaces in phased manner. In the first phase, one Centre shall be established in every State/UT on a pilot basis. A provision of ₹7.54 crore has been kept for construction of 20 Centre.

❖ **Location of One Stop Centre**

- The order of preference for setting up of the one stop centre would be as follows:
 - To obtain suitable and adequate accommodation within a hospital/medical facility;
 - To locate accommodation in existing Government/Semi Government institutions located within 2 km. radius of the hospital/medical facility in the district headquarter;
 - To construct the centre on the adequate and suitable land identified by State Government.

❖ **Infrastructure of One Stop Centre**

- The physical requirement of One Stop Centre in terms of total area is 300 sq. m. and carpet area is 132 sq.m with following structure:
- Ground Floor:
 - One room for Office of Administrator
 - One room for office/video Conferencing.
 - One room for counsellor/Medical Consultant
 - one room to accommodate a ward with 5 beds where the women affected with violence can be admitted,
 - Lobby, two Toilets, One Pantry Room, Stairs etc.



- **First Floor:**

- Two Room accommodation for Administrator;
- One Pantry Room, One Toilet, Stairs etc.

- ❖ **Functioning of One Stop Centre**

- The One Stop Centre will be integrated with a Women Helpline to provide the support and assistance to women affected by violence, both in private and public spaces;
- In case girls under 18 year of age are referred to the Centre, they will also be served in coordination with authorities/institutions established under the Juvenile Justice (Care and Protection of Children) Act, 2000 and Protection of Children from Sexual Offence Act, 2012;
- The Centre will remain open for 24 hours to provide referral services, lists of hospital, police stations, lawyers, counselors will be available at the Centre;
- The State Government for smooth functioning of the One Stop Centre may outsource activities required for functioning of Centre such as management, legal assistance, medical assistance, counseling, IT, multipurpose and security etc.

- ❖ **Services Provided:**

- The services provided by the one stop centre will include the following:
 - i) **Medical assistance:** Referral to hospital through helpline/centre and to provide ambulance, if required.
 - ii) **Police Assistance:** Police officer to assist and facilitate in filing First Information Report.
 - iii) **Psycho-social support/ counseling:** Provide Psycho-social support and counseling by empanelled counselors on pro-bono basis or for honorarium.



- iv) **Legal aid/counseling:** Provide legal aid/counseling by lawyers empanelled with District Legal Services Authority (DLSA/SLSA) or empanelled on pro-bono basis or for honorarium.
- v) **Shelter:** One stop centre to provide short stay with food and clothing. Make referral to shelter homes such as Swadhar Homes and other shelter homes for long stay;
- vi) **Video Conferencing Facility:** Provide video conferencing facility to facilitate police and court proceedings.

❖ **Administration and Management of the Centres**

- The overall management of the Centre will be undertaken by the Management Committee headed by the District Collector/Deputy Commissioner of the respective District. The Management Committee will comprise District Magistrate/Commissioner as Chairperson and Superintendent of Police; Secretary, District Legal Service Authority (DLSA); Chairperson of the Bar Council; Chief Medical Officer; District Programme Officer (DPO)/Protection Officer; District Panchayat Officer; Members of the Civil Society (3 members out of which at least 2 be women); Project officer ITDA/ITDP in district with ITDA/ITDP area; Any other member co-opted by the Chairperson as members.
- The oversight, monitoring, coordination, review and corrective functions would be exercised by the Management Committee (MC).
- The functions of the Management Committee (MC) would be to:
 - Identify the location of the Centre;
 - Outsource activities required for functioning of Centre;
 - Decide the Implementing Agency, and entrust day-to-day operations to a suitable agency as per prescribed norms;
 - Make suitable, viable administrative arrangements for running the Centre;



- Approve the annual action plan for the Centre;
- Select empanelled agencies/individuals to provide legal counseling/Medical aid/psycho-social counselling;
- Coordinate the actions of different stakeholders, agencies and Government Departments providing services to the Centre; Appraise the performance of the One Stop Centre;
- Receive the financial accounts provided by the Implementing Agency;
- Monitor the functioning of the Centre on quarterly basis and to provide guidance, support and advice to the Centre Administrator for effective functioning of the One Stop Centre;
- Review the physical and financial progress of the Centre on a quarterly basis;
- Report on the functioning of the Centre relating to the financial, administrative and operational aspects of the Centre to the State Government on a quarterly basis;
- Entrust the day-to-day operations of the Centre to a designated Implementing Agency.

❖ **Institutional arrangements for monitoring:**

- At the National level, a National Steering & Monitoring Committee Comprising Secretary, WCD as the Chairperson and representation from the Ministry of Home Affairs, Ministry of Social Justice & Empowerment, Ministry of Health and Family Welfare, Ministry of Law and Justice, Ministry of Tribal Affairs, NALSA, Civil Society representatives, five representative members from the State Steering Monitoring Committee on a rotation basis as members will monitor and evaluate the functioning of the Centres every six months.
- At the State level, the State Steering & Monitoring Committee will monitor the functioning of One Stop Centre on quarterly basis. State



Steering & Monitoring Committee will comprise the Chief Secretary/ Principal Secretary WCD as the Chairperson and representatives from the Departments of Home Affairs, Health and Family Welfare, SLSA and Civil Society members. The Principal Secretary/Secretary for Tribal Welfare in Schedule-V and North Eastern Region as members.

- The MC will act as Monitoring Committee at the district level.

❖ **Funding Pattern:**

- This is a centrally sponsored Scheme funded through Nirbhaya Fund. The Central Government will provide 100 per cent financial assistance to the State Government/UT Administrations. The day to day implementation and administrative matters would be the responsibility of the State Government.

❖ **Budgetary Provision:**

- The annual recurring grant of ₹11.64 lakh for running the One Stop Centre will be released to the State/UT Government in bi-annual installments;
- The State Government will operate a separate bank account for scheme of One Stop Centre in States/UTs.;
- The State Department will transfer the funds to MC (headed by DM/ DC) who will operate a separate bank account in the name of the Scheme;
- The grant of Rs 37.69 lakh for construction of the building (capital expenditure) of one stop centre shall be released to State/UT Government in two installments on the basis of the progress of the work;
- The State/UT Government will contribute in terms of land provided and the cost of the maintenance of the building.



❖ **Audit and Social Audit:**

- Audit will be done as per Comptroller & Auditor General of India norms and that channel will be followed at the Central and State Government levels;
- Social Audit will be conducted by Civil Society Groups to obtain direct feedback from those who have availed the services from the One Stop Centre through appropriate evidence gathering methods.

12. Universalisation of Women Helpline Scheme:

The right to life free of violence is a basic human right enshrined in Article 21 of Indian Constitution. Violence or the threat of violence not only violate this right but restrict women's freedom and germinates imbalance of power between women and men. Since ratification of the UN Convention on the Elimination of All Forms of Discrimination Against Women, India has made changes in the law not only to prevent violence but to create a system which rehabilitates women affected by violence and ensure their access to violence free life.

Indian Parliament has recently enacted various legislations i.e. Criminal Law Amendment Act, 2013, Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013, the Protection of Women From Domestic Violence Act, 2005 and has provided an opportunity to women facing violence to take the recourse to law.

Present laws and policies already acknowledge the limitations of existing institutional responses i.e. intervention through the police and other implementing agencies, a large section of women affected by violence hesitate to approach the police or the court at the very first instance. Hence, there is a need to create holistic support service having strong and integrated service delivery mechanism that women affected by violence could approach whenever they are forced in violent situations.



Women Helpline:

A Women Helpline (state level toll free number such as 181) would be made universal for providing 24 hour immediate and emergency response to women affected by violence including rescue (where necessary), information, first point contact counseling and referral (linking with appropriate authority such as police, One Stop Centre, hospital) services to any woman in distress across the country. This number would be compatible with all the existing telecommunication channels whether providing post/pre paid mobile or landline services through any public or private network i.e. GSM, CDMA, 3G, 4G etc. All the state/district/city level helplines whether private or public would be integrated with this women helpline.

Objectives of the Women Helpline:

The scheme of universalisation of Women Helpline is exclusively designed to:

- Support women affected by violence, both in private and public spaces, including in the family, community, workplace etc.;
- Support women victims of physical, sexual, emotional, psychological and economic abuse, irrespective of age, class, caste, education status, marital status, race, culture, and geography;
- Immediate and emergency services to woman facing any kind of violence due to attempted honour related crimes, acid attacks, witch hunting, sexual harassment, child sexual abuse, trafficking etc.;
- Make no discrimination of any kind which affects the treatment of the aggrieved. This is specifically with reference to married women/ women in consensual sexual relationships who are raped by their intimate partners, sex workers and transgenders who might be sexually assaulted but are refused treatment due to patriarchal mindsets and prejudices;



Services provided by the Women Helpline:

- Provide a toll-free 24-hours telecom service to women affected by violence seeking support and information;
- Facilitate crisis intervention through referral to police, Hospital/Ambulance services;
- Provide information about the appropriate support services available to the woman affected by violence, in her particular situation within the local area in which she resides or is employed.

Key Features of the Scheme:

- The Women Helpline will function across the country by developing linkages with existing helplines i.e. 181 and 1091 number allocated by the Department of Telecommunications to all States and Union Territories as Chief Minister's Helpline or Women Helpline.
- It will act as a centralised service within the entire State/ UT which will cater to the needs of women in distress residing in village, block and town of different districts.
- This will ensure a systematic approach for providing the services as well as a state wide database of referrals and information.
- The police, hospitals, Ambulance services, One Stop Centres (proposed), Swadhar Greh and Short Stay Homes will be linked with this helpline service along with other existing services and the moment, a woman approach the helpline with a request for shelter, rescue, medical assistance or counseling, she will be referred to the concerned centres functioning within her local area.

Functioning of the Women's Helpline Work:

- The Women Helpline will be accessible through a single universal toll-free number across the country. A woman in distress or in difficult circumstances or somebody on her behalf will be able to call this toll-free number and will reach the responder appointed there. Based on the urgency and the requirements explained by the women, the responder will



refer her to relevant support services like medical aid, police assistance or connect her to One Stop Centre for professional counseling, shelter, legal aid etc;

- In case the women needs to be rescued or is in urgent need of medical assistance then the PCR Van from the nearest police station or ambulance from nearest hospital/108 service/ One Stop Centre (whichever is closer) would be dispatched. In case woman need information about the laws and existing schemes of government then call would be connected to the nearest One Stop Centre which will provide this information to the women.
- The helpline will also be accessed through text message for those who are unable to speak and will be sensitive to the needs of persons who are hearing and speech impaired or people with disability. It will have provision to locate/trace the number from which a call has been received. In case woman has been interrupted during her call or was unable to specify her problem or her address due to being sick/disabled then the same would be traced and within minutes the helpline will facilitate an emergency response through nearest One Stop Centre/ police station/ hospital.

Location of the Helpline:

- It is envisaged that the Helpline will utilize the infrastructure of existing Chief Minister Helpline functioning in various States through 181 or the infrastructure of any other women related Helpline.

Implementation of the Project:

- The Ministry of Women and Child Development would be responsible for the budgetary control and administration of the scheme from the Centre. At the State level, the Secretary, Department of Women and Child Development will be responsible for overall direction and implementation of the scheme.
- For smooth functioning of Women Helpline Centre, state government may outsource activities required for functioning of Centre such as



management, counseling, call responding, IT, multipurpose and security etc.

Budgetary Provision:

The Women Helpline is a centrally sponsored scheme, funded under Nirbhaya Fund to be implemented through the State Government for which the Government of India and States/UTs will share the cost of each component in the ratio of 75:25, except in case of North Eastern State, Uttaranchal, Himachal Pradesh and Jammu and Kashmir where the share of centre and State/UTs will be in the ratio of 90:10 of the financial norms. The Ministry of Women and Child Development will be responsible for budgetary control and administration of the project at the Central level.

Flow of Funds:

The MWCD will be responsible for budgetary control and administration of the scheme at the Central level. The MWCD will transfer the funds to the consolidated funds of the State Government after obtaining the approval from Programme Approval Board (PAB) constituted under the Scheme. However, the initial budget for Women Helpline will be allocated to the State Government as per the proposals/action plan received by the respective States/UTs. Funds shall be released in two installment. The State Governments will operate a separate bank account for scheme of Women Helpline.

Funding Criterion:

A one-time non-recurring grant will be provided to States/UTs for setting up Women Helpline. Similarly recurring grants which include rent for the Centre, outsourcing of services for management of the Centre, administrative cost of the Centre etc. will be provided for running the Centre. The allocation of funds will be done on the basis of population of the State/UTs in the following manner:

- A maximum amount of ₹ 18,00,000 as non-recurring and a maximum amount of ₹ 89,40,000 as recurring grant will be provided to the States/UTs having more than 5 crore of population;



- A maximum amount of ₹ 17,50,000 as non-recurring and a maximum amount of ₹ 68,16,000 as recurring grant will be provided to the States/UTs having more than 1 crore and less than 5 crore of population;
- A maximum amount of ₹ 17,00,000 as non-recurring and an amount of ₹ 68,16,000 a maximum recurring grant will be provided to the States/UTs having less than 1 crore of population.

Monitoring Mechanisms

Call Response wise:

- All calls will be reviewed to check the performance of the responders. The review should be based on following standard:
 - 90% of the total distress calls were answered within 10 seconds
 - 100% of the total distress calls were answered in not more than 20 seconds.
- Cases will be tracked to check an adequacy of interventions made by the stakeholders i.e. police, hospitals, Lawyers etc. ;
- Regular performance appraisal of helpline staff;
- Systematic feedback, either of all callers or those selected by random sampling.

State wise:

- Every day the data of the last 24 hours would be extracted and analysed by Helpline Coordinator and a report would be send directly to Director, State WCD mentioning the challenges faced.
- A monthly report will be sent to Principal Secretary, WCD who will discuss the same every month in a meeting held with Secretaries of concerned departments.
- The Principal Secretary, WCD will organize a review meeting with State Steering and Monitoring Committee representatives at the end of every quarter.



Evaluation

The Scheme would be evaluated at the end of the 12th Five Year Plan to assess its impact and take corrective measures. Mapping exercise, baseline survey, action research conducted by the State/UTs in this regard would not only help in identification of beneficiaries but will also help in assessing the impact or outcome.

13. National Commission for Women

The National Commission for Women was set up as a statutory body in 1992 to safeguard the rights and legal entitlements of women. The National Commission for Women is required to:

- Review the constitutional and legal safeguards for women;
- Recommend remedial legislative measures;
- Facilitate redressal of grievances;
- Advise the Government on all policy matters affecting women.

The Commission keeping with its mandate initiated various steps to improve the status of women and worked for their economic empowerment. The Commission completed its visits to all the States/UTs except Lakshadweep and prepared Gender Profiles to assess the status of women and their empowerment. It acted on a large number of complaints and took Suo-moto action in several cases to provide speedy justice. It took up the issue of child marriage, sponsored legal awareness programmes, Parivarik Mahila Lok Adalats and reviewed laws such as Dowry Prohibition Act 1961, PNDT Act 1994, Indian Penal Code 1860 to make them more stringent and effective. It organized workshops/consultations, constituted expert committees on economic empowerment of women; conducted workshops/seminars for gender awareness; and took up publicity campaign against female foeticide, violence against women, etc. to generate awareness in the society against these social evils.



14. Dhanalakshmi Scheme

(Covered under Schemes, Programmes for Protection, Welfare and Development of Children).

15. Health Care of Women

The women in India belong to various socio-economic backgrounds and are sometimes marginalized or neglected when it comes to basic healthcare. Women, being the backbone of any society, the health care of women should be assigned top priority for the healthy society. Pre-natal, post-natal, pregnancies in different age-groups of women, the different social strata they belong to, cervical cancer, breast cancer, diseases related to smoking, or inhaling the wood smoke, and various other health related problems need to be monitored for women across the country. The Government of India is committed to providing adequate, accessible and effective health care services to the women in the country.

- (The various women health care schemes of the Government of India have been discussed under ICDS scheme of Government of India and National Rural Health Mission).

16. Women Education

The scheme of condensed courses of education was initiated by Central Social Welfare Board to cater to the needs of adult girls/women who could not join mainstream education and who were dropouts from schools. Under the scheme, priority is being given to tribal, hilly and backward areas. The scheme aims to provide educational opportunities to girls/women above the age of fifteen years along with additional inputs of skill development/vocational training at Primary/Middle/High/Secondary levels. The main focus of the scheme is to ensure that contents of the course are need-based and modified according to local requirements and simultaneously targeted towards various stages of educational levels in order to empower adult females. The number of courses sanctioned during 2012-13 was 540 and the number of beneficiaries during the same period was 13,500 women.

- ❖ **Education schemes for girls and women have been covered under Schemes, Programmes and Act Relating to Education.**

SCHEMES AND PROGRAMMES FOR WELFARE OF SENIOR CITIZENS

1. Indira Gandhi National Old Age Pension Scheme (IGNOAPS), 2007

The National Old Age Pension Scheme (NOAPS) was launched on 15 August 1995 for providing social assistance to destitute senior citizens. Under the scheme, each beneficiary who was 65 years or above and destitute having little or no regular means of subsistence from his/her own sources of income or through financial support from family members or other sources was provided ₹ 75 per month.

The amount of old age pension under NOAPS was enhanced from ₹ 75 to ₹ 200 per month per beneficiary in 2007 and the States were also urged to make at least an equal contribution from their resources to enable destitute pensioners to get at least ₹ 400 per month.

The Government of India in order to universalize the pension scheme modified the eligibility criteria on 13 September 2007 for grant of old age pension from the erstwhile criteria of the beneficiary being a destitute of 65 years of age or above to the persons aged 65 years or above and belonging to a household below the poverty line according to the criteria prescribed by the Government of India.

The National Old Age Pension Scheme was renamed as Indira Gandhi National Old Age Pension Scheme (IGNOAPS) on 19 November 2007.



Under IGNOAPS, each beneficiary aged 65 years or above and belonging to BPL family is provided old age pension of ₹ 200 per month. The eligibility age of BPL beneficiaries for pension under this scheme was reduced from 65 years to 60 years on 1 April 2011. Further the amount of pension was enhanced from ₹ 200 to ₹ 500 per month per beneficiary above the age of 80 years.

The selection of the beneficiaries covered under this scheme is to be done by the Gram Panchayat/Municipalities. The payment of pension has to be made in the bank account/post office account of the beneficiary wherever feasible or through Money order or in cash in public meetings such as Gram Sabha meetings in rural areas and by neighborhood/mohalla committees in urban areas.

2. Annapurna Scheme

The Annapurna Scheme was launched on 1 April 2000 to provide food security and meet the requirement of those senior citizens who, though eligible, have remained uncovered under the National Old Age Pension (NOAP) Scheme. Under the Annapurna Scheme 10 kgs of food grains per month are provided free of cost to each old beneficiary. The number of persons to be benefited from the scheme in the first instance was 20 per cent of the persons eligible to receive pension under NOAPS in States and UTs.

Central assistance under Annapurna scheme will be provided to the beneficiaries fulfilling the following criteria:

- The age of the applicant should be 65 years or above;
- The applicant must be destitute in the sense of having little or no regular means of subsistence from his/her own source of income or through financial support from family members or other sources;
- The applicant should not be in receipt of pension under the NOAPS or State pension scheme.



The Gram Panchayats will be responsible for giving wide publicity to this scheme as well as for dissemination of the information relating to the procedure for securing benefits under the scheme.

The eligible beneficiaries under this scheme would be selected by the Gram Sabhas and list of selected beneficiaries will be displayed by the Gram Panchayats. The Gram Panchayats will distribute entitlement cards of green color to the beneficiaries in the Gram Sabha meetings in the rural areas. The Municipalities in urban areas will perform these responsibilities in their respective area.

The list of identified beneficiaries by Panchayats and Municipalities will be communicated to the collector/CEO. The nodal department implementing the NOAPS in the State would have the list of identified beneficiaries awaiting coverage under the NOAPS. The State food and civil supply departments may make use of these lists. The State Government should communicate the total number of the identified beneficiaries to the Ministry of Rural Development.

3. The National Programme for the Health Care for the Elderly (NPHCE)

The Ministry of Health and Family Welfare introduced the National Programme for Health Care for the Elderly (NPHCE) in 2010 to provide a comprehensive health care set up to meet health care needs of elderly persons. The interventions are designed to capture the Preventive, Curative and Rehabilitative aspects in the geriatric field.

Objective of the Programme are to:

- Provide preventive, curative and rehabilitative services to the elderly persons at various level of health care delivery system of the country;
- Strengthen referral system;
- Develop specialized man power;
- Promote research in the field of diseases related to old age.



These objectives are to be achieved through the following measures:

- i) The preventive and promotive health care services including regular physical exercise, balanced diet, vegetarianism, stress management, avoidance of smoking or tobacco products and prevention of fall, etc. will be provided by expanding access to health practices through domiciliary visits by trained health workers. They will impart health education to old persons as well as their family members on care of older persons. The regular monitoring and assessment of old persons will also be carried out for any infirmity or illness by organizing weekly clinic at PHCs;
- ii) The chronic and disabling diseases will be managed through developing dedicated outdoor and indoor patients services at PHCs, CHCs, District Hospitals and Regional Geriatric Centres;
- iii) The shortage of trained Medical and Para-medical professionals in geriatric medicine will be handled by imparting in-service training to the health manpower using standard training modules prepared with the help of medical colleges and regional institutions. The post graduate courses in geriatric medicine will be introduced in Regional Medical Colleges by providing additional teaching and supportive faculties to these institutions;
- iv) The therapeutic modalities like therapeutic exercises, training in activities of daily life (ADL) and treatment of pain and inflammation through physiotherapy unit will be arranged for elderly persons at CHC, district hospital and Regional medical college levels by providing necessary infrastructure, medicine and equipment to these identified units;
- v) The various communication channels including mass media and folk media etc. will be promoted to reach out health education programmes including the concept of healthy ageing, importance of physical exercise, healthy habits, and reduction of stress to the target community. The IEC activities will specifically be promoted at various camps organized for regular medical check-up.



Major Components and Coverage of the Programme:

The Geriatric set up and activities covered under the programme are given below:

- a) **Establishment of a Geriatric department at eight Super Specialized Institutions:** The geriatric department will be established in eight super specialized regional medical institutions including All India Institute of Medical Sciences, New Delhi; Institute of Medical Sciences, Banaras Hindu University, Uttar Pradesh; Sher-e-Kashmir Institute of Medical Sciences, Srinagar, Jammu & Kashmir; Government Medical College Tiruvananthapuram, Kerala; Guwahati Medical College, Guwahati; Madras Medical College, Chennai, Tamil Nadu; SN Medical College, Jodhpur, Rajasthan; and Grants Medical College & JJ Hospital, Mumbai, Maharashtra.

The regional institutions will provide technical support to the geriatric units at district hospitals. These institutions apart from providing referral treatment, research and manpower development will also be actively involved in developing and updating training materials for various levels of health functionaries, developing IEC material, guidelines, etc. The funds will be provided to these super specialized institutions for manpower, equipment, medicines, construction of building, training etc.

- b) **Geriatric unit at 100 identified District Hospitals:** The health care facilities for elderly persons will be strengthened at various levels in 100 identified districts of 21 States/UTs. There is a provision for establishing 10 bedded geriatric ward and dedicated OPD services exclusively for geriatric patients. Grant will be provided for contractual manpower, equipments, medicines, construction of building, training etc. The District Hospitals will supervise and coordinate the activities down below at CHC, PHC and Sub-centres.

- c) **Rehabilitation units at CHCs falling under 100 identified Districts:** The dedicated health services will be provided for the elderly persons twice a week in CHCs falling under 100 identified districts. A rehabilitation



unit will also be set up at these CHCs. The grant will be provided to these CHCs for manpower, equipment and training. A multi rehabilitation worker will provide physiotherapy to the needy elderly persons.

- d) **Services provided at PHCs falling under 100 identified Districts:** The Medical Officer will be holding weekly geriatric clinics at the identified PHCs. He/she will conduct complete health assessment of the elderly persons on their first visit and maintain their record for future use. The elderly person attending these clinics will be provided medicines for their ailments and those needing further investigation and treatment will be referred to the Community Health Centre or District Hospital as per the need. The Medical Officer will also liaison with the blindness control programme, CVD programme, Cancer and other programmes under NCD for arranging medicines, ambulance and other items needed for geriatric clinic etc. A one-time grant will be given to PHCs for procurement of essential equipment for geriatric care like Nebuliser; BP Monitor; Glucometer; ECG Machine; Pulse oximeter, etc.
- e) **Services provided at Sub-health centre covered under 100 identified Districts:** The Sub-health centres will have the provision for treatment of minor ailments and rehabilitation. The MO will provide suitable training to the ANMs/Male Health Workers posted in Sub-health centres to enable them to provide information and advice on proper nutrition, life style diseases and the benefit of physical exercise to the elderly persons. He/she will make domiciliary visits to the elderly persons in areas under his/her jurisdiction. She/he will arrange suitable calipers and supportive devices from the PHC and provide the same to the elderly disabled persons to make them ambulatory. The ANM/MHWs will sensitize the community/family health care providers in geriatric health care.

4. Integrated Programme for Older Persons

The Panchayati Raj Institutions/local bodies and eligible Non-Governmental Voluntary Organizations are provided assistance under this scheme for various programmes covering following activities:



- Catering to the basic needs of older persons particularly food, shelter and health care of the destitute elderly;
- Building and strengthening intergenerational relationships particularly between children/youth and older persons;
- Encouraging active and productive ageing;
- Providing institutional as well as non-institutional care/services to older persons;
- Research, Advocacy and Awareness building programmes in the field of Ageing;
- Any other programme for the interest of the older persons.

Objectives of Integrated Programme for Older Persons:

The main objective of the programme is to improve the quality of life of the older persons by providing basic amenities like shelter, food, medical care and entertainment opportunities and encouraging productive and active ageing through providing support for capacity building of Government, Non-Governmental Organizations, Panchayati Raj Institutions, Local bodies and the Community at large.

Programmes Admissible for Assistance:

The following programmes are admissible for assistance under the Scheme:

- Maintenance of Old Age Homes to provide food, care and shelter for a minimum number of 25 destitute older persons;
- Maintenance of Respite Care Homes and Continuous Care Homes for a minimum number of 25 older persons who live in Old Age Homes but being seriously ill require continuous nursing care and respite;
- Running Multi Service Centres for older persons to provide day care, education, entertainment, healthcare facilities and companionship for a minimum number of 50 older persons;



- Maintenance of Mobile Medicare Units to provide medical care to the older persons living in rural, isolated and backward areas;
- Running Day Care Centres for Alzheimer's Disease/Dementia Patients to provide specialized day-care to the Alzheimer's disease patients;
- Running physiotherapy clinics for older persons;
- Providing disability and hearing aids to older persons;
- Running mental health care and specialized care centres for the older persons to provide mental health care intervention to the elderly. This scheme is also open to organizations/hospitals, which are already into mental health care. The scheme would help such organizations to integrate the component for older persons, which is hitherto neglected;
- Setting up Help-lines and Counseling centres for older persons;
- Organizing sensitizing programmes for children particularly in schools and colleges;
- Regional Resource and Training Centres for organizing training for caregivers to the older persons;
- Awareness generation programmes for older persons and care givers like self-care, preventive health care, disease management, preparation for healthy and productive aging and intergenerational bonding;
- Multi-facility care centres for destitute older widow women to provide shelter, educational, occupational and entertainment opportunities, healthcare and companionship to the older widows;
- Formation of Vridha Sanghas/Senior Citizen Associations;
- Any other activity which is considered suitable to meet the objective of the scheme.

Support provided under the programme:

The Government of India will bear upto 90 per cent of the cost of the project and the remaining cost shall be borne by the organization/institution concerned.

The Government of India will bear upto 100 per cent cost of the programmes



undertaken by the schools, colleges, educational institutions and recognized youth organizations such as Nehru Yuvak Kendra Sanghathan (NYKS) and the National Service Scheme (NSS).

Implementing agencies:

The Ministry of Social Justice and Empowerment shall provide financial assistance to the following agencies for implementing the programme:

- Panchayati Raj Institutions/Local bodies;
- Non-Governmental Voluntary Organizations;
- Institutions/Organizations set up by Government as autonomous/subordinate bodies;
- Government recognized educational institutions, Charitable hospitals/ Nursing homes, and recognized Youth organizations such as Nehru Yuvak Kendra Sanghathan (NYKS);
- State Governments/Union Territory administrations in exceptional cases;.

Eligibility Criteria for the Non-Governmental Voluntary Organizations for availing financial assistance under the scheme:

- The Non-governmental voluntary organization should be a registered body, under an appropriate Act;
- It should either be registered under the Societies Registration Act, 1860 or relevant State Societies Registration Act;
- A Public Trust registered under any law for the time being in force or a charitable company licensed under Section 525 of Companies Act, 1958;
- These voluntary non-governmental organizations should be registered for a minimum period of two years but in the case of the North Eastern region, Jammu and Kashmir, Desert areas and Under serviced/Under-represented areas, this condition of two years will not be applicable. In other deserving cases, the condition of two years may be relaxed with the approval of the Secretary (SJ&E) on case-to-case basis;



- The Organization shall have a properly constituted managing body with its powers, duties and responsibilities clearly defined and laid down in a written constitution. It shall have an appropriate administrative structure and a duly constituted Managing/Executive committee;
- The organization is initiated and governed by its own members on democratic principles;
- The Organization shall not run for profit;
- The Organization should possess proven credentials and capabilities to handle such projects.

5. Maintenance and Welfare of Parents and Senior Citizens Act, 2007

This Act provides for more effective provisions for the maintenance, protection, security and welfare of parents and senior citizens. It extends to the whole of India except the State of Jammu and Kashmir and it also applies to Indian citizens living out of India.

The parents and grandparents who are unable to maintain themselves from their own income and property can demand maintenance under this Act from their children including adult sons, daughters, grandsons and granddaughters with sufficient means to provide maintenance. The childless senior citizens who are unable to maintain themselves from their own income can demand maintenance from their relatives who are either in possession of the property of the senior citizens or would inherit that.

The maintenance under this Act includes provision for food, clothing, residence, medical attendance and treatment. The maximum amount which may be ordered for maintenance of a senior citizen by the Tribunal shall be such as prescribed by the State Government but shall not exceed ₹ 10,000 per month.

The application for maintenance may be made by parent, grandparent or senior citizen to the Tribunal under Section 4 in layperson's language giving names,



full details and addresses of the persons from whom they are demanding maintenance. If there is more than one child or relative, they may claim maintenance from one or all of them depending on their means of income.

The maintenance proceedings may be initiated against any child/children or relative in any district where the parent or senior citizen lives or last lived or where the child/children or relative live.

If such applicants are incapable of making an application themselves, any other person or registered voluntary organization authorised by him/her can make the application; or the Tribunal can take Suo Motu cognizance and proceed. Upon receipt of the application, the Tribunal would issue notices to the children, conduct hearings, take evidence and order maintenance. Tribunal may also refer the case for reconciliation or pass interim orders for maintenance.

If the children or relatives fail to pay the ordered maintenance without sufficient reason for three months after its due date, the senior citizen can approach the Tribunal again who may impose a fine or order imprisonment of the child/relative upto a month or until payment is made whichever is earlier.

In case elderly persons and their children and specified relatives do not have sufficient means to maintain them, the State Governments may establish, in a phased manner, sufficient Senior Citizen Homes and maintain the same for indigent or abandoned and neglected (by their kith and kin), beginning with at least one Old Age Home in each district sufficient to accommodate a minimum of 150 elderly. State Government may also set standards for management of Old Age Homes and prescribe minimum services for medical care and entertainment of the elderly in the Old Age Homes.

Under Section 24, if anybody who has the responsibility for the care or protection of a senior citizen leaves him/her in any place, with the intention of wholly abandoning him/her, such person shall be punishable under the Act with imprisonment of either three months or fine upto ₹ 5,000 or both. The offence would be cognizable and will be tried by a Magistrate.



Under Section 23, if any parents or senior citizens after the commencement of this Act have transferred their property to their children or relatives on the condition that they would provide certain maintenance and amenities to the senior citizen but subsequently neglect or refuse to do so the parents or senior citizens can get such transfers voided (cancelled) at their option by having such transfer treated as a fraudulent or coercive acquisition and seek return of their property so transferred.

SCHEMES AND PROGRAMMES FOR PROTECTION, WELFARE AND EMPOWERMENT OF SCHEDULED CASTES AND SCHEDULED TRIBES

The Indian Constitution vide Article 15 lays down that no citizen shall be subjected to any disability or restriction on the grounds of religion, race, caste, sex or place of birth. It also guarantees that every citizen shall have equality of status and opportunity.

The Scheduled Caste and Scheduled Tribe are recognized by Constitution of India as the especially disadvantaged groups because of their past history of inferior treatment. They are, therefore, entitled to certain rights and preferential treatment. Article 46 of the Constitution of India expressly provides that the State shall promote educational and economic upliftment of the weaker sections of the society, particularly of SCs and STs with special care and shall protect them from injustice and all forms of exploitation.

The various schemes and programmes launched by Government of India for protection, welfare and empowerment of Scheduled Castes (SCs) and Scheduled Tribes (STs) are given below:

1. Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act, 1989

The Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act, 1989 was brought into force from 30 January 1990 to check and deter crimes against SCs/STs by persons belonging to other Communities. These



enactments have extended the positive discrimination in favour of SCs and STs in the field of criminal law as they prescribe penalties that are more stringent than the corresponding offences under Indian Penal Code (IPC) and other laws. Special Courts have been established in major States for speedy trial of cases registered exclusively under this Act.

2. Centrally Sponsored Scheme of Pre-Matric Scholarship for Scheduled Caste and Scheduled Tribe Students

The main objectives of the scheme are to support parents of Scheduled Caste and Scheduled Tribe children for education of their wards studying in classes IX and X to check the incidence of drop-out, especially in the transition from the elementary to the secondary stage; and to improve their participation in classes IX and X of the pre-matric stage and enable them to have a better chance of progressing to the post-matric stage of education.

3. Pre-matric Scholarships to the Children of those engaged in Unclean Occupations i.e. Scavenging, Tanning and Flaying

The Government of India is implementing the Scheme of Pre-Matric Scholarship to children of those engaged in 'unclean' occupations since 1977-78. Under the scheme, the Government of India is providing 100 per cent central assistance to State Governments/UT Administrations over and above State/UTs respective Committed Liability to implement this Scheme.

The main objective of the scheme is to provide financial assistance to children/wards of Indian Nationals who irrespective of their religion are:

- Engaged in manual scavenging or were engaged upto or after 1 January, 1997 or the date on which the Employment of Manual Scavengers and Construction of Dry Latrines Prohibition Act 1993 came into force in their State/UT, whichever is earlier;
- Engaged in Tanning and/or Flaying;



- Engaged in Waste Picking/Collecting.

The children who are born to parents who are not engaged in such occupations, but have been adopted by Manual Scavengers, Tanners and Flayers will be eligible for scholarship only after a lapse of three years from the date of such adoption provided that they have been living with the adopted parents since the date of such adoption. Such children will be eligible only if their parents furnish such certificates (proof of their occupation, date of adoption etc.) as may be required by the concerned State Government/Union Territory administration.

4. Up-gradation of Merit of Scheduled Caste and Scheduled Tribe Students

Under this scheme 100 per cent central assistance is provided to states/UTs for arranging coaching for SC/ST students studying in IX to XII Standards to up-grade merits of SC/ST students.

The main objectives of the scheme are:

- All round development of SC/ST students through:
 - Removing educational deficiencies in school subjects;
- Preparing SC students for:
 - Competitive examinations to facilitate their entry into professional courses and senior administrative and technical occupations;
 - Admission to higher education courses;
- Generating self confidence in SC/ST students

The SC students shall be provided remedial coaching in linguistic skills and basic concepts in mathematics and science. They will also be provided special coaching for preparing them for competitive examination. Syllabus for special coaching will be prepared with the help of experts. The faculty of school selected will be given preference in providing remedial coaching. The coaching classes will be held for 10-12 hours a week.



The duration of scheme will be 4 years starting from IX to XII Standard. The entry point is IX Standard but students may also be enrolled in X and XI Standard on the basis of their excellent performance. The number of students covered under the scheme would be 2050. The State Governments may use their discretion in allotting seats among SC students on the basis of illiterate population of these communities. The awards shall be provided to boys and girls in the ratio 50:50. However, unutilized awards for girls may be used for boys and vice-versa. The states would allot 3 per cent awards to disabled SC/ST students.

The selection of schools for providing coaching to SC students will depend on the following factors:

- Facility for all round development;
- Hostel facility;
- Consistent good academic result in past few years;
- Kendriya Vidyalay with hostel facility.

The monthly amount of allowance given to different categories of disabled SC/ST students shall be:

- Reader allowance of ₹ 200 per month for blind students;
- Transport allowance of ₹ 100 per month for disabled students;
- Escort allowance of ₹ 100 per month for severely handicapped day scholar students;
- Extra coaching allowance of ₹ 200 per month for mentally retarded students;
- Special pay of ₹ 200 per month for any employee of hostel to help handicapped students.

The annual package of ₹ 25000 per student will comprise of:

- Boarding and Lodging charges @ ₹ 900 pm for 10 months;
- Pocket Money @ ₹ 300 for 10 months;



- Books and Stationery ₹ 3,000;
- Honorarium to Principal, Experts and other incidental charges @ ₹10,000.

5. Babu Jagjivan Ram ChhatrawasYojna

This scheme was formerly known as the Centrally Sponsored Scheme of Hostels for SC Girls and Boys. The scheme of construction of hostels for SC students is one of the means to enable and encourage students belonging to Scheduled Castes to attain quality education. Such hostels are immensely beneficial to the students hailing from rural and remote areas. The scheme of construction of hostels for SC girls is in operation from the Third Five Year Plan, while for boys, the same was started from 1989-90.

The scheme was revised on 1 January, 2008 with the primary objective of attracting the implementing agencies for undertaking hostel construction work especially for SC girls for containment and reduction of their dropout rate. The other objectives of the revised scheme are to:

- Have a girls hostel with a capacity of 100 seats, in every block headquarters of low literacy Districts not having even one hostel by way of priority;
- Reduce gestation of construction period from 5 to 2 years;
- Have an effective mechanism for monitoring, review and quality control etc.

While sanctioning hostels, priority should be given to areas having concentration of SC population of 20 per cent and more and are not having adequate hostel facilities for SC students. The hostels in case of girls will be located in areas having low SC female literacy. The girls hostels will be constructed in close vicinity (as far as possible within a radius of 200 meters) of the educational institutions. The focus will be given for construction of hostels for middle and higher secondary levels of education. However, hostels can also be constructed for college and University levels of education. No fee or charges of any kind will be collected from the Students for provision of the hostel facilities including water, electricity and maintenance charges etc.



The capacity of each hostel should not exceed 100 students. In exceptional cases, hostels with larger capacities can be considered. Each hostel room should accommodate 2-3 students. No single room accommodation would be provided in the hotels. The construction of boundary walls, two rooms set for hostel warden and one room set for Chowkidar would be an integral part of the hostel scheme.

Implementing Agencies and their eligibility:

The Scheme will be implemented through the State Governments/ Union Territory Administrations, Central and State Universities/institutions. They will be provided central assistance as per provision of the scheme, both for fresh construction of hostel building and for expansion of the existing hostel facilities. The central assistance will also be provided to the Non-Governmental Organizations (NGOs) and deemed Universities in the private sector having good track record only for expansion of their existing hostel facilities.

The State Governments/UT Administration and the Central and State Universities/Institutions would be provided 100 per cent central assistance for construction of hostels for SC girls. The NGOs and deemed Universities in the private sector would be provided 90 per cent central assistance for expansion of the existing hostel facilities. In addition to the admissible central assistance under the Scheme, one time grant of ₹ 2500 per student would also be provided for making provisions of a cot, a table and a chair for each student. The expenditure on maintenance of the hostels will be borne by the implementing agencies concerned from their own funds.

The Ministry of Social Justice and Empowerment (SJ &E) may suitably modify the implementation modalities, without changing the basic framework of the Scheme, as and when required, on the basis of the recommendations of the Steering Committee and with the approval of the Minister Social Justice and Empowerment..



6. Post Matric Scholarships to the Students belonging to Scheduled Castes and Scheduled Tribes

The objective of providing Post Matriculation Scholarships to SC and ST students is to enable SC and ST students to complete their post matriculation and post secondary education resulting in their overall educational and economic development. These scholarships are awarded by the government of the State/Union Territory to which the applicant actually belongs i.e. permanently settled. The candidates belonging to one State but studying in other State will be awarded scholarships by the State to which they belong and will submit their applications to the competent authorities in that State. In the matter of fees exemption or other concessions they will be treated as if they are studying in their own State.

Eligibility conditions:

- Scholarships are provided only to Indian nationals for pursuing their studies of post-matriculation or post-secondary courses in recognized institutions or through correspondence courses;
- Scholarships are to be awarded to the students whose parents/guardians' annual income from all sources does not exceed ₹ 2,50,000;
- The scholarship holders under this scheme will not hold any other scholarship/stipend. If awarded any other scholarship/stipend, the student can exercise his/her option for either of the two scholarships/stipends, whichever is more beneficial to him/her and shall inform the awarding authority through the Head of the Institution about the option made;
- The payment of scholarship for the entire period of the course will depend on the satisfactory progress and conduct of the scholar.

The value of Scholarship includes the maintenance allowance; reimbursement of compulsory non-refundable fees; study tour charges; thesis typing/printing charges for Research Scholars; book allowance for students pursuing correspondence courses; book bank facility for specified courses; and additional allowance for students with disabilities.



The State Government/UT Administrations should ensure that the payment of scholarship is made to beneficiaries through their accounts in post offices/banks with phased transition to Smart Cards. The payment of scholarship in cash should be avoided.

All the State Governments/UT Administrations will announce the details of the scheme in May-June and invite applications by issuing an advertisement in the leading newspapers of the State and through their respective websites and other media outfits. All requests for application forms and other particulars should be addressed to the Government of State/Union Territory Administration to which the scholars actually belong. The applicant should submit duly filled application to the authority concerned before the last date prescribed for receipt of applications.

7. Central Sector Scholarship of Top Class Education for Scheduled Caste Students

The objective of the scheme is to promote qualitative education amongst SC students, by providing full financial support for pursuing studies beyond XII Standard. The SC students whose total annual family income is up to ₹ 4.50 lakhs are eligible for the scholarship.

The list of identified institutions includes 207 institutions of excellence spread all over the country. These identified institutions include all IIMs, IITs, NITs (earlier known as RECs), commercial pilot training institutions and reputed medical, law and other institutions of excellence. A total of 1250 slots are to be granted scholarships every year. Courses of study covered are Engineering, Medicine/Dentistry, Law, Management and other Specialized Streams.

The SC students, who secure admission in the notified institutions, according to the norms prescribed by the respective institutions, will be eligible for the scholarship under the scheme to the extent of the number of scholarships allocated to the institutions concerned.



The scholarships in each institute are to be granted to top ones on the basis of merit. In case the number of students admitted exceeds the number of awards, the scholarship will be restricted to the top ones in the inter-se merit list institute-wise. In case the number of eligible candidates in the First year is less than the number of scholarships allotted to the institute, the balance scholarships may be offered to students studying in Second, Third and Fourth year etc. on the basis of inter-se merit of previous year's results giving priority to those with more number of years left to complete their respective courses i.e., second year student to get priority over the third year student and so on.

The value of scholarship will cover full tuition fee and other non-refundable charges (with a ceiling of ₹ 2,00,000 per annum per student towards fee in the private institutions and ₹ 3,72,000 per annum per student in private commercial pilot training institutions); living expenses @ ₹2220 per month per student; books and stationery @ ₹3,000 per annum per student and one time assistance upto ₹ 45,000 per student for the latest computer with full accessories. The living expenses, cost of books and stationery, and computer are subject to actual amount spent on these items.

The scholarship, once awarded, will continue till the completion of the course, subject to the satisfactory performance. Funds will be released by the Ministry directly to the institutions in a single installment on yearly basis, upon receipt of necessary details about admission of SC students.

8. The Rajiv Gandhi National Fellowship for Providing Scholarships to Scheduled Caste Students to Pursue Programmes in Higher Education such as M.Phil. and Ph.D

Government of India had launched Rajiv Gandhi National Fellowship, a central scheme during the financial year 2005-06 to enhance opportunities for Scheduled Castes to pursue higher education leading to degrees such as M.Phil. and Ph.D. The scheme was revised with effect from 1 April, 2010 to cater the requirements of the Scheduled caste students for pursuing research degree in universities, research institutions and scientific institutions. This



scheme besides enabling them to become eligible for employment to the posts of Lecturers lying vacant in various colleges and universities will also equip them to take advantage of the growing economic opportunities at the national and international level.

The scheme covers all universities/institutions recognized by the University Grants Commission (UGC) and implemented by the UGC itself on the pattern of the scheme of UGC Fellowships being awarded to research students pursuing M. Phil. and Ph.D. The number of fellowships provided to SC students under the scheme is 2000 per year.

9. Special Central Assistance (SCA) to Scheduled Castes Sub Plan (SCSP)

Special Central Assistance (SCA) to Scheduled Castes Sub Plan (SCSP) is a central scheme under which 100 per cent grant is given to the States/UTs as an additive to their Scheduled Castes Sub Plan (SCSP).

The main objective of the scheme is to give a thrust to family oriented schemes of economic development of SCs below the poverty line, by providing resources for filling the critical gaps and for providing missing vital inputs so that the schemes can be more meaningful. Since the schemes/programmes for SCs are dependent on the local occupational pattern and economic activities available, the State Governments have been given flexibility in making a choice of schemes to be implemented out of Special Central Assistance, within the overall frame work of the scheme. The States/UTs have been given full flexibility in utilizing SCA with only condition that it should be utilized in conjunction with SCSP and other resources available from other sources like various Corporations, financial institution etc.

10. Pradhan Mantri Adarsh Gram Yojana (PMAGY)

Government of India approved implementation of Pradhan Mantri Adarsh Gram Yojana (PMAGY), a new Centrally-sponsored Pilot Scheme during the financial



year 2009-10 for integrated development of 1000 villages having more than 50 per cent SC population. The PMAGY, in its pilot phase is being taken up in 225 villages in each state of Uttar Pradesh, Bihar, Rajasthan, Tamil Nadu and 100 villages in Assam. The State Government selects the specified number of villages, preferably from one district or from a maximum of 2-3 contiguous districts.

The PMAGY aims to achieve all-round, integrated development of selected villages through convergent implementation of all relevant Central and State schemes in them, and meeting needs through provision of gap-filling funds for which central assistance will be provided @ ₹ 10 lakh per village and State Government are also expected to make suitable, preferably matching contribution. Based on the experience gained in the pilot phase, the scheme will be considered for implementation on the larger scale.

11. Self-Employment Scheme for Rehabilitation of Manual Scavengers (SRMS)

Government of India introduced a Self-Employment Scheme for Rehabilitation of Manual Scavengers' in January 2007. The scheme was revised in November, 2013 with the main objective of rehabilitating the remaining Manual Scavengers and their dependents in a time-bound manner. Under the revised scheme:

- The identified manual scavengers (one from each family) are provided one time cash assistance;
- The identified manual scavengers and their dependents are provided project based back-ended capital subsidy upto ₹ 3,25,000 and concessional loan for undertaking self-employment ventures;
- The beneficiaries are also provided a stipend of ₹ 3,000 per month during the training period upto two years for skill development.



12. National Safai Karamcharis Finance and Development Corporation (NSKFDC)

National Safai Karamcharis Finance and Development Corporation (NSKFDC) was incorporated on 24 January, 1997 as a company not for profit under Section 25 of the Companies Act, 1956. NSKFDC is an Apex Corporation under the Ministry of Social Justice and Empowerment, Government of India. The target group of the Corporation is Manual Scavengers.

No income limit is fixed for availing financial assistance. However, the Corporation accords priority to the economic development and rehabilitation of scavengers, women and persons with disabilities (PWDs) from among the target group. NSKFDC provides loan at the concessional rate of interest to the beneficiaries through the State Channelizing Agencies (SCAs) appointed by the respective State Governments/Union Territories across the country.

The Skill Development Training is imparted to the eligible members of the target group to explore job opportunities and self-employment ventures. Assistance is provided in the form of 100 per cent grant per course/trade. The eligible beneficiaries are provided free training and a monthly stipend of ₹1500 per candidate for developing and redesigning their products to meet the requirements of customers.

The NSKFDC participates in International, National and District Level Exhibitions and Fairs and provides free stalls to beneficiaries for exhibiting and selling their products. At these exhibitions, the beneficiaries not only get an opportunity to sell their products but also to interact with customers and know their needs/requirements for developing new products. NSKFDC has also been allotted 3 permanent stalls at Dilli Haat, Pitampura for holding exhibitions round the year. The OTC (over the counter) inputs for better Salesmanship are also being imparted to them.



13. National Scheduled Castes Finance and Development Corporation (NSFDC)

The National Scheduled Caste Finance and Development Corporation (NSFDC) was set up in 1989 as a company not for profit with the objective of financing income generating activities of SC beneficiaries living below the Poverty line. The NSFDC assists the target group by way of loan and advances, skill training, entrepreneurship development programmes and providing marketing support through State Channelizing Agencies (SCA), Public sector banks and other institution. The NSFDC provides loans upto 90 per cent of the cost of the project subject to the condition that Channelizing Agencies contribute their share of assistance as per their schemes and also provide the required subsidy besides tying up financial sources from other sources.

14. Scheme of Assistance to Scheduled Castes Development Corporations (SCDCs)

The Share Capital is released to the State Scheduled Castes Development Corporations (SCDCs) under this Centrally Sponsored scheme in the ratio of 49:51 between Central Government and State Governments. Twenty seven State-level Scheduled Caste Development Corporations are working for the economic development of Scheduled Castes. Some of these corporations are also catering to the requirements of other weaker sections of the Society, such as Scheduled Tribes, OBCs and Minorities etc.

The SCDCs finance the employment oriented schemes covering diverse areas of economic activities which inter-alia include agriculture and allied activities including minor irrigation; small scale industry; transport, trade and service sector.

15. The Recruitment, Appointment and Promotion Policy of the Government for Scheduled Castes and Scheduled Tribes

- The Scheduled Castes and Scheduled Tribes in direct recruitment get reservation in posts falling under all Groups;



- There is a general ban on de-reservation of posts in case of direct recruitment;
- The SCs and STs are provided following relaxations in case of direct recruitment:
 - Relaxation in the upper age limit by five years;
 - Exemption from payment of examination/application fee;
 - Where interview is a part of the recruitment process, SC/ST candidates shall be interviewed separately;
 - Qualification regarding experience can be relaxed in respect of SC/ST candidates at the discretion of UPSC/Competent Authority;
 - Standards of suitability can be relaxed etc.
- SC/ST/OBC candidates appointed by direct recruitment may also be promoted on their own merit and adjusted against unreserved posts.
- In case of promotions made by selection, reservation is available to them when promotions are made in Group B,C and D posts and from Group B to the lowest rung in Group 'A' Posts;
- In Promotion by selection to posts within Group 'A' which carry an ultimate salary of ₹18,300 or less (pre-revised) there is no reservation, but the Scheduled Caste/Scheduled Tribe officers who are senior enough in the zone of consideration of promotion so as to be within the number of vacancies for which the select list is to be drawn up, would be included in that list provided they are not considered unfit for promotion;
- The relaxations provided to SCs/STs in case of promotions are as follows:
 - The zone of consideration is extended to five times the number of vacancies in case suitable SC/ST candidates are not available within the normal zone of consideration;
 - Relaxation in minimum qualifying marks and standards of evaluation;
 - Relaxation of five years in upper age limit where prescribed upper age limit for promotion is not more than 50 years.
- There is a provision of appointment of liaison officers in all Ministries/ Departments to ensure proper implementation of reservation policy.

EDUCATION SCHEMES AND PROGRAMMES FOR HUMAN RESOURCE DEVELOPMENT AND EMPOWERMENT

The education plays a very essential role in all round development of human beings. The various initiatives taken by the Government of India in the sphere of education are given below:

1. The Right of Children for Free and Compulsory Education Act, (RTE) 2009

The salient features of the Right of Children for Free and Compulsory Education Act are given below:

- Guarantee of free and compulsory education upto elementary education level (Class VIII) to all children in the age group of 6-14 years;
- State governments to ensure compulsory admission, attendance and completion of elementary education for every child of 6 to 14 years;
- No child shall be held back, expelled or required to pass a board examination until completion of elementary education;
- The States Governments and UT Administration by implication would be considered to be violating the law if any child of 6 to 14 years is found out of school or a school dropout;
- The Act provides that In case a child above six years of age has not been admitted in any school or though admitted could not complete his/her elementary education, he/she shall be admitted in a class appropriate to



his/her age. He/she shall be provided special training, in such manner and within such time limit to enable him/her to be at par with children of his/her age admitted in the school at the appropriate age. It is further provided that a child so admitted to elementary education shall be entitled to free education till completion of elementary education even after attaining the age of 14 years;

- The age of the child for the purpose of admission to elementary education shall be determined on the basis of birth certificate issued in accordance with the provisions of the Births, Deaths and Marriages Registration Act 1956 or on the basis of such other document, as may be prescribed. No child shall be denied admission in a school for lack of age proof;
- The schools shall admit children at any time during the academic session without insisting on production of documents like transfer certificate etc.;
- No child shall be subjected to physical punishment and mental harassment;
- A child shall be awarded a certificate on completion of his elementary education;
- There will be a provision of 25 per cent reservation for economically disadvantaged communities in admission to class one in all private schools;
- The Act calls for the following for improvement in quality of education:
 - School teachers to acquire necessary professional degree within five years or else will lose job;
 - The schools to adhere to fixed teacher-student ratio within a period of 3 years;
 - School infrastructure (where there is problem) to be improved in a period of three years, else recognition will be cancelled.

The RTE Act was amended in 2012 and the amendment to the Act provides for the following:



- Inclusion of children with disabilities within the meaning of child belonging to disadvantaged group;
- The children with disabilities, including children with cerebral palsy, mental retardation, autism and multiple disabilities shall have the right to pursue free and compulsory education in accordance with Chapter V of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995;
- Children with multiple disabilities and severe disability also have the right to opt for home-based education.

2. Mid Day Meal Programme

A World Bank report states that India has 42 percent of the world's underweight children. According to the studies by National Nutrition Monitoring Bureau (NNMB), National Institute of Nutrition (NIN) and Indian Council for Medical Research (ICMR), 58.6 percent of the children of the age group 6–9 years and 77.9 percent of the children of the age group 10-13 are underweight. If the mild under nutrition is added to underweight, this number increases to 94.1 percent and 96.4 percent respectively. The percentage of severely underweight children in the age group of 10-13 years is 30.1 percent. The school dropout rate is as high as 60 percent.

The Government of India initiated the National Programme of Nutritional Support to Primary Education (NP-NSPE) on 15 August 1995 as a Centrally Sponsored Scheme to give a boost to universalisation of primary education by mitigating classroom hunger and improving nutritional status of primary school children. Initially, the scheme was implemented in 2,408 blocks of the country and food was provided to students studying in I-V classes in government, government-aided and local body run schools. The scheme was universalised across all blocks of the country by the year 1997-98. Under this programme, cooked mid-day meal containing 300 calories and 12 gram of proteins is provided to all children enrolled in classes I to V. In October 2007, the scheme



included students in upper primary classes of VI to VIII in 3,479 educationally backward blocks and the name was changed from National Programme for Nutrition Support to Primary Education to National Programme of Mid Day Meals (MDM) in Schools. From 2008-09 the programme covers all children studying in primary and upper primary classes.

The Government of India launched the Mid Day Meal Programme to address issues of food security, lack of nutrition and access to education. The primary objective of the scheme is to provide hot cooked meal on all working days to children studying in primary and upper primary classes in Government, Government Aided, Local Body Schools, Education Guarantee Scheme (EGS) and Alternate Innovative Education (AIE) Centres, Madarsa and Maqtabas supported under Sarva Shiksha Abhiyan and National Child Labour Project (NCLP) Schools run by Ministry of Labour.

This multi faceted scheme of the government of India is the largest school feeding programme. It covers about 120,000,000 children in more than 1,265,000 schools and Education Guarantee Scheme (EGS) centres across the country.

Objectives of Mid Day Meal Programme:

The main objectives of the Mid Day Meal Programme are to:

- Improve the nutritional status of children;
- Encourage poor children, belonging to disadvantaged sections, to attend school more regularly and help them concentrate on classroom activities;
- Increase enrollment, retention and attendance rate;
- Provide nutritional support to children of primary stage in drought affected areas during summer vacation.

To achieve these objectives a cooked mid day meal containing the following nutritional content (shown in the table) will be provided to all children studying in Primary and Upper primary classes.



The current calorific and nutrition value and food norm per child per day are:

Items	Primary (Class I-V)	Upper Primary (Class VI-VIII)
Calories	550	700
Protein (in Grams)	12	20
Rice/Wheat (in Grams)	100	150
Dal (in Grams)	20	30
Vegetables (in Grams)	50	75
Oil and Fat (in Grams)	5	7.5

The Micro nutrients (Iron, folic acid and vitamin – A etc.) tablets and de-worming medicines, irrespective of the Primary or Upper Primary, the student's entitlement is in convergence with school health programme of NRHM.

Components of the MDM Programme:

- Free supply of food grains (wheat/rice) @ 100 grams per child per school day from the nearest FCI Godown
- Reimbursement of the actual cost incurred in transportation of food grains from nearest FCI Godown to the primary school is subject to the following ceiling:
 - ₹100 per quintal for 7 North-eastern states, Sikkim, Jammu and Kashmir, Himachal Pradesh and Uttarakhand;
 - ₹75 per quintal for all other States and UTs.
- Provision of assistance for cooking cost at the following rates :
 - ₹1.80 per child per school day in States of North-East provided the State Government contributes a minimum of 20 paise;
 - ₹1.50 per child per school day for all other States and UTs provided the State Government /UT administration contributes a minimum of 50 paise.



Assistance provided under MDM Programme:

The MDM programme provides for assistance in a phased manner for:

- Construction of kitchen-cum-store upto ₹ 60,000 per unit. Since allocation for construction of kitchen-cum-store under the MDM programme may not be adequate, the States would be expected to proactively pursue convergence with other development programmes for the purpose;
- Replacement of kitchen devices at the average cost of ₹ 5,000 per school, The States and UT Administration will have the flexibility to incur expenditure on the following items as per the actual requirement of the school:
 - Cooking devices (stove, chulla etc.)
 - Containers for storage of food grains and other ingredients;
 - Utensils for cooking and serving food.
- Management, Monitoring and Evaluation (MME) at the rate of 1.8 per cent of the total assistance on:
 - Food grains;
 - Transport cost;
 - Cooking cost.

The MDM programme mandates that, as far as possible the cooking should be done in school kitchen by engaging cook-cum-helpers or self-help groups. The NGOs may be involved only in extraordinary circumstances in urban area where cooking is not possible in the school premises. As far as rural areas are considered NGOs should not be involved.

Cost Sharing Pattern of MDM Programme:

The cost of the MDMS is shared between the Central and State Governments. At present 75 per cent of the programme is funded by the Central government



whereas 25 percent of the funds are provided by the State government. The Central government provides free food grains to the States. The cost of cooking, infrastructure development, transportation of food grains and payment of honorarium to cooks and helpers is shared by the Centre with the State governments.

Monitoring Mechanism:

The Department of School Education and Literacy, Ministry of Human Resource Development has prescribed a comprehensive and elaborate mechanism for monitoring and supervision of the Mid Day Meal programme. The monitoring mechanism includes the following:

- i) **Arrangements for local level monitoring:** Representatives of Gram Panchayats/Gram Sabhas, Members of VECs, PTAs, SDMCs as well as Mothers' Committees are required to monitor the following on daily basis:
 - Regularity in serving wholesome mid day meal to the children;
 - Cleanliness in cooking and serving mid day meal;
 - Timely procurement of good quality ingredients and fuel etc.;
 - Implementation of varied menu;
 - Social and gender equity.

- ii) **Display of Information under Right to Information Act:** All schools and centres where the programme is being implemented are required to display the following information to ensure transparency and accountability:
 - Quality of food grains received and the date of receipt;
 - Quantity of food grains utilized;
 - Other ingredients purchased and utilized;
 - Number of children given mid day meal;
 - Daily Menu;
 - Roster of Community Members involved in the programme.



- iii) Inspections by State Government Officers:** The officers of the States and UTs belonging to the Departments of Revenue, Rural Development, Education and other related sectors, such as Women and Child Development, Food, Health are required to inspect schools and centres where the programme is being implemented. The MDM requires 25 per cent of Primary schools/EGS & AIE centres to be visited every quarter.
- iv) Responsibility of Food Corporation of India (FCI):** The FCI is responsible for the continuous availability of adequate food grains in its Depots and in Principal Distribution Centres in the case of North East Region. It allows lifting of food grains for any month/quarter upto one month in advance so that supply chain of food grains remains uninterrupted.

For the NP-NSPE, 2006, the FCI is mandated to issue food grains of best available quality, which will in any case be at least of Fair Average Quality (FAQ). The FCI appoints a Nodal Officer for each State to take care of various problems relating to supply of food grains under the MDM Programme.

The District Collector/CEO of Zila Panchayat ensures that food grains of at least FAQ are issued by FCI after joint inspection by a team consisting of FCI and the nominee of the Collector and/or Chief Executive Officer, District Panchayat, and confirmation by them that the grain conforms to at least FAQ norms.

- v) Periodic Returns:** The State Government/UT is required to submit periodic returns to provide following information to the Department of School Education and Literacy, Government of India:
- Coverage of children and institutions;
 - Progress in utilization of Central assistance including cooking costs, transportation, construction of kitchen sheds and procurement of kitchen devices.



vi) Monitoring by Institutions of Social Science Research: The forty one Institutions of Social Science Research, identified for monitoring the Sarva Shiksha Abhiyan are also entrusted with the task of monitoring the Mid Day Programme.

Allocation of Funds:

The funds allocation for the scheme increased around 134 percent from ₹ 38,490,000,000 in Eleventh Five Year Plan to ₹ 90,1550,000,000 in the Twelfth Five Year Plan. The budgetary allocation for Mid Day Meal Programme has gone up from ₹ 73,240,000,000 in 2007-08 to ₹ 132,150,000,000 in the year 2013-14.

Grievance Redressal:

States and Union Territories are required to develop a dedicated mechanism for public grievance redressal. The grievance redressal mechanism should be widely publicized and made easily accessible.

3. Sarva Shiksha Abhiyan (SSA) Programme

The Government of India launched Sarva Shiksha Abhiyan (SSA), a comprehensive and integrated flagship programmes in 2001-02 in partnership with the State Governments and Local Self Governments to attain Universal Elementary Education (UEE) and cover the entire country in a mission mode. The programme covers the whole gamut of elementary education sector and is flexible enough to incorporate new interventions like specific interventions for girls, e.g., National Programme for Education of Girls at Elementary Level (NPEGEL) and Kasturba Gandhi Balika Vidyalaya (KGBV). The programme aims at providing useful and relevant elementary education including life skills to all children in the age group of 6 to 14 years by 2010, improve quality of learning and reduce gender and social gaps.

Sarva Shiksha Abhiyan adopts, “the bottom-up” process of planning to take care of the felt needs of the served communities and educational needs of learners.



SSA has emphasized the involvement of local people and stakeholders in planning to ensure reflection of local specificity.

The main components of the programmes include preparatory activities for micro-planning, household surveys, studies, community mobilization, school-based activities, office equipment, training and orientation at all levels.

Objectives of SSA Programme:

The SSA was launched in 2000-01 with the following objectives:

- Provide useful and relevant elementary education to all children in the age group of 6 to 14 years by 2010 through participation of community in a mission mode;
- All children should be in school, Education Guarantee Centre, Alternative School, 'Back-to-School' camp by 2003 (later amended to 2005);
- All children should complete five years of primary schooling by 2007 and eight years of elementary schooling by 2010;
- The elementary education should be of satisfactory quality with emphasis on education for life;
- Bridge all gender and social category gaps at elementary education level;
- Involvement and active participation of community in the management of schools;
- Universal retention by 2010.

The Characteristics of SSA Programme are:

- A programme with a clear time frame for universal elementary education;
- Provide quality basic education all over the country;
- Promoting social justice through basic education;
- Political will for universal elementary education across the country;
- A partnership between the Central, State and Local government;



- An opportunity for States to develop their own vision of elementary education;
- Sustainable financing in partnership with states in the ratio of 85:15 in Ninth Plan, 75:25 in Tenth Plan and 50:50 after Tenth Plan;
- Focus on the educational participation of children from the SC/ST, religious and linguistic minorities, etc.;
- Focus on capacity building of teachers;
- Community based approach to planning with a habitation as a unit of planning;
- Community based monitoring with full transparency in all aspects of implementation;
- Institutional capacity building for improvement in quality;
- Effective involvement of:
 - Panchayati Raj Institutions;
 - School Management Committees;
 - Village and Urban Slum Level Education Committees;
 - Parents' Teachers' Associations;
 - Tribal Autonomous Councils and other grass roots level structures in the management of elementary schools.

The main activities covered under SSA Programme are:

- Provide quality elementary education including life skills;
- Special focus on education of girls and children with special needs;
- Interventions for children belonging to SC/ST, minority community and deprived children in urban areas;
- Education of out-of-school children (Educational Guarantee Scheme and Alternative & Innovative Education);
- Provide computer education specially at the upper primary level to bridge the digital divide;



- Open new primary and alternative schooling facility like EGS/AIE centers in habitations which do not have schooling facilities;
- Open upper primary schools;
- Strengthen existing school infrastructure through provision of additional class rooms, toilets, drinking water etc.;
- Maintenance and repair of school buildings;
- Appointment of additional teachers to solve the problem of inadequate teachers' strength;
- Capacity building of teachers through extensive training;
- Develop teaching-learning materials;
- Free text books to all children;
- Strengthen academic support structure at a cluster, block and district level;
- Management Structure and Institutional Capacity Building;
- Training of community leaders;
- Research, Evaluation, Monitoring and Supervision,

Implementation of SSA Programme:

The implementation of the programme is assigned to the Department of School Education and Literacy (DSE&L), Ministry of Human Resource Development, Government of India at the national level. The work relating to policy, appraisal of plans, release of funds to State Implementation Societies, overall review of the programme, technical support to States, research, evaluation, supervision and monitoring, etc; is undertaken by the Department of School Education and Literacy. The programme is being implemented at the state level by the General Council and an Executive Committee of the implementing society. The District Project Office headed by the District Collector or Chief Executive Officer as the case may be, implements the programme at the district level. He/she interacts with the Panchayati Raj Institutions like Zilla Parishad, the Block Development Committee and the Village Panchayats. The Village Education Committee is



the critical unit at the village level. It assists the basic education system in securing the cooperation and participation of the local community and at the same time oversees the implementation of SSA in the village.

The suggested norms under the SSA Programme are:

- One teacher for every 40 children in Primary and upper primary; two teachers in a primary school; one teacher for every class in upper primary school;
- The schooling facility within one kilometre of every habitation and primary schools be opened in unserved habitations;
- The maximum number of upper primary schools is one for every two primary schools;
- A room for every teacher in Primary and upper Primary schools with the provision that there would be two class rooms with a verandah in every Primary school with at least two teachers; and a room for Head-Master in upper Primary school/section;
- Free text books to be provided to all girls/SC/ST children at primary and upper primary level within an upper limit of ₹ 150 per child;
- Maintenance and repair of school buildings should only be through school management committees/VECs; the maximum amount to be incurred on maintenance and repairs should be ₹ 5,000 per year and should involve elements of community contribution;
- The VEC/SMC to spend the school grant of ₹ 2,000 per year provided to primary/upper primary school for replacement of non functional school equipment;
- Teachers training include provision of 20 days in-service training for all teachers each year; 60 days refresher course for untrained teachers already employed as teachers; and 30 days orientation for freshly trained recruits;
- Training for a maximum number of 8 persons preferably women in a village for 2 days in a year @ ₹ 30 per day;



- Provision of upto ₹ 1200 per disabled child per year for integration of disabled children; district Plan for children with special needs should be formulated within ₹ 1200 per child norm; and involvement of resource institutions should be encouraged;
- Provision of Rs 1500 per school per year for research, evaluation, supervision and monitoring;
- Management cost including expenditure on office expenses, hiring of experts at various levels after assessment of existing manpower should not exceed 6 per cent of the budget of a district plan;
- Provision of ₹ 15 lakh for each innovative project and ₹ 50 lakh for a district per year for innovative activity for girls' education, early childhood care and education; interventions for children belonging to SC/ST community; and computer education specially for upper elementary education;
- Interventions for out of school children including setting up Education Guarantee Centres in unserved habitations; and setting up other alternative schooling models; bridge courses, remedial courses, back-to-school camps with a focus on mainstreaming out of school children into regular schools;
- Preparatory activities for micro planning, household surveys, studies, community mobilization, school-based activities, office equipment, training and orientation at all levels, etc as per duly recommended specific proposal of a district by the State.

4. Mahila Samakhya (MS) Programme

Mahila Samakhya (MS) programme was initiated in 1989 for education and empowerment of women in rural areas, particularly women belonging to socially and economically marginalized groups to achieve equality.

The main aim and objectives of the MS programmes are:

- Addressing the barriers including relative isolation, struggle for livelihoods, lack of self confidence, oppressive social customs etc. that prevent rural women and girls from accessing education;



- Creating a collective awareness and understanding of most-marginalised rural women and build their capacities.

5. National Programme for Education of girls at Elementary Level (NPEGEL)

The NPEGEL is implemented in educationally backward blocks (EBB) and addresses the needs of girls who are enrolled in school, but do not attend school regularly. The number of girls covered under NPEGEL is 4.12 crore in 442 districts and 3353 Educationally Backward Blocks. The number of Model Cluster Schools functioning under this programme is 41779. At the cluster level, one school is developed as a resource hub for schools of the cluster. It is a repository of supplementary reading material, books, equipment, games, vocational training, teachers training for gender, classes on additional subjects like self-defense and life skills. These resources are often circulated to the schools in the clusters by rotation to enable all girls in the cluster to use them.

6. Scheme for Providing Quality Education for Madarasas (SPQEM)

The SPQEM seeks to bring about qualitative improvement in Madrasas to enable Muslim children attain equal standard of the national education system in formal education subjects.

The salient features of SPQEM scheme are:

- Strengthen capacity of Madarasas for teaching formal curriculum subjects such as Science, Mathematics, Language, Social Studies etc. through enhanced payment of honorarium to teachers;
- Provide training to such teachers every two years in new pedagogical practices;
- Provide science labs, computer labs with annual maintenance costs at the secondary and higher secondary stage in madrasas;
- Encourages linkage of madarasas with National Institute for Open Schooling (NIOS), as accredited centres by covering the registration and



examination fees and cost of teaching learning material to provide formal education to ensure quality standards akin to the national education system and enable children studying in such madarsas to get certification for class V, VIII, X and XII Standard;

- Extend NIOS linkage for Vocational Education at the secondary and higher secondary stage of madarsas;
- Providing funds to State Madarsa Boards for monitoring and popularization of the scheme;
- Government of India will itself conduct periodic evaluations.

7. Centrally sponsored scheme of Inclusive Education for Disabled at Secondary Stage (IEDSS)

The Scheme of Inclusive Education for Disabled at Secondary Stage (IEDSS) was launched in 2009-10 by replacing the earlier scheme of Integrated Education for Disabled Children (IEDC). It provides assistance for the inclusive education of the disabled children in classes IX to XII. The scheme aims at enabling students with disabilities to pursue four years of secondary schooling (classes IX to XII) after completing eight years of elementary schooling in an inclusive and enabling environment.

The major components of the scheme are:

- Assessment of medical/educational needs;
- Provision of student specific facilities;
- Development of learning material;
- Provision of support services like special educators;
- Construction and equipping of resource rooms;
- Arranging training of general school teachers to build their capacity to fulfill the needs of children with special needs;
- Make schools barrier free;



- Setting up of Model inclusive schools in every State;
- Special focus on girls with disabilities and make efforts to enable girls with disabilities to get access to secondary schools; provide them information and guidance for developing their potential; and provide a monthly stipend of ₹200 per disabled girls.

8. Setting up of 6000 Model Schools at Block Level as Benchmark of Excellence

The scheme of setting up of 6000 Model Schools at block level as benchmark of excellence launched in 2008-09 is being implemented from 2009-10 for providing quality education to talented rural children through setting up of good quality Senior Secondary Model Schools at the rate of one school per block.

The State/UT Governments are required to set up 3500 model schools in educationally backward blocks under this scheme and 2500 schools are to be set up under Public-Private partnership mode in the blocks which are educationally not backward.

9. Kasturba Gandhi Balika Vidyalaya (KGBV)

KGBVs are residential upper primary schools for girls from SC ,ST OBC and Muslim communities. The KGBVs are set up in areas of scattered habitations, where schools are at great distances and are a challenge to the security of girls. As a result the girls have to discontinue their education. KGBV addresses this problem through setting up residential upper primary schools for SC, ST, OBC and Muslim community girls.

In order to help SC and ST girls improve their academic performance, special coaching classes are held for them after school hours.

10. Rashtriya Madhyamik Shiksha Abhiyan (RMSA)

The scheme was launched in March, 2009 to enhance access to secondary education and improve its quality. The scheme envisages to:



- a) Enhance enrollment at secondary stage by providing a secondary school within a reasonable distance of habitation to ensure GER of 100 per cent by 2017 and universal retention by 2020;
- b) Improve quality of education imparted at secondary level through making all secondary schools conform to prescribed norms, removing gender, socio-economic and disability barriers, etc.;
- c) Facilitate education of girls especially among educationally backward groups through:
 - Community mobilization;
 - Overcome cultural barriers;
 - Women participation in SMDC;
 - Initiative schemes to address economic constraints;
 - Boarding facilities;
 - Transport facilities including bicycles and bus passes;
 - Safety measures;
 - Separate toilet block for girls;
 - Accommodation and allowance for female teachers.
 - The physical facilities provided under RMSA include the following:
 - Construction of new buildings for upgraded schools;
 - Provision of additional class rooms;
 - Laboratories;
 - Libraries;
 - Art and crafts room;
 - Toilet blocks;
 - Supply of drinking water;
 - Electricity/ telephone/ internet connectivity;
 - Disabled friendly environment.



11. National Means - Cum ñ Merit Scholarship Scheme (NMMSS)

The National Means-cum- Merit Scholarship Scheme, a centrally sponsored scheme was launched in May, 2008 to award scholarships to meritorious students of economically weaker sections at the rate of ₹ 500 per student per month to check their drop out at class IX and encourage them to continue their studies at secondary and higher secondary stage upto class XII.

The scholarships are awarded to selected students studying in Government, Government-aided and local body schools at class IX stage and their continuation upto class XII and whose parental annual income from all sources is not more than ₹ 150000. The selection of students for the scholarships was made through an examination conducted by the State Governments/UT Administrations along with the National Talent Search Stage-I examination under the guidance of NCERT. A separate examination for NMM Scholarship is being held by State Government/UT Administration from 2013-14 onwards. There is reservation as per State Government norms. Scholarships are disbursed on quarterly basis by the State Bank of India directly into the accounts of students. The number of scholarships awarded during 2011-12 was 103033 in accordance with the proposals received from the States/UTs.

12. National Scheme of Incentive to Girls for Secondary Education (NSIGSE)

The National Scheme of Incentive to Girls for Secondary Education, a centrally sponsored scheme was launched in May 2008. A fixed amount is deposited as fixed deposit in the name of the eligible unmarried girls under this scheme. The amount along with interest thereon can be withdrawn by girls only on attaining the age of 18 years and passing X Standard examination.

The main objectives of NSIGSE are to:

- Establish an enabling environment to reduce school drop-outs;



- Promote the enrolment of girl children belonging mainly to SC/ST communities in secondary schools.

The scheme covers all girls belonging to SC/ST communities, who have passed VIII class and all girls who have passed VIII class examination from Kasturba Gandhi Balika Vidyalayas (irrespective of the fact whether they belong to SC/ST) and enroll in class IX in Government, Government-aided and local body schools.

13. Scheme of Construction and Running of Girls Hostel for Students of Secondary and Higher Secondary Schools

A Centrally Sponsored Scheme namely, Construction and Running of Girls' Hostel for Students of Secondary and Higher Secondary Schools was launched in 2008-09 to improve girls enrolment ratio in secondary education. The Scheme envisages the construction of a hostel with capacity of 100 girls in each of these 3479 Educationally Backward Blocks (EBBs) of the country for the girl students belonging to SC, ST, OBC, Minority community, and BPL families in the age group of 14-18 years and studying in IX to XII classes.

The main objectives of the scheme are:

- To improve access to school and retain girl child in secondary and higher secondary classes (IX-XII);
- To ensure that girl students are not denied the opportunity to continue their study due to distance of the school, parents' financial affordability and other connected societal factors;
- At least 50 per cent of the girl students should be from SC, ST, OBC, and Minority Communities.

The scheme is to be implemented by the State Government Societies established for implementation of the Scheme with the sharing pattern of 90:10 between Government of India and State Governments.



14. Jawahar Navodaya Vidyalaya

Navodaya Vidyalaya Samiti is an autonomous organization under the Ministry of Human Resource Development, Department of School Education and Literacy, Government of India. The Chairman of the Samiti is the Minister of Human Resource Development.

- The Navodaya Vidyalaya Samiti is to establish, endow, maintain, control, and manage schools (hereinafter called the Navodaya Vidyalaya) and to do all such acts and things necessary/conducive for the promotion of such schools to achieve the following objectives:
 - To provide good quality modern education including a strong component of inculcation of values, awareness of the environment, adventure activities and physical education to the talented children predominantly from the rural areas irrespective of socio-economic condition of their families;
 - To provide facilities for instruction in Hindi and English all over the country;
 - Offer a common core-curriculum for ensuring comparability in standards and to facilitate understanding of the common and composite heritage of our people;
 - Progressively bring students in these schools from one part of the country to another to promote national integration and enrich the social content;
 - To serve as a focal point for improvement in quality of school education through training of teachers and sharing of experience;
- To establish, develop, maintain and manage hostels for the residence of students of Navodaya Vidyalayas;
- To establish and conduct other institutions as may be required in any part of India for the furtherance of the Society's objects;
- To do all such things as may be considered necessary, incidental, or conducive to the attainment of all or any of the objects of the Society.



15. Saakshar Bharat (SB) Programme

Saakshar Bharat (SB), the new variant of the National Literacy Mission, was launched on 8 September, 2009 with the following objectives:

- Impart functional literacy and numeracy to non literate and non-numerate adults;
- Enable the neo-literate adults to continue their learning beyond basic literacy and acquire equivalency to formal educational system;
- Organize non and neo-literates relevant skill development programmes to improve their earning and living conditions;
- Promote a learning society by providing opportunities to neo-literate adults for continuing education.

Components of Saakshar Bharat Programme:

- Lifelong education;
- Basic education through equivalency to formal education system;
- Vocational skill development;
- Functional Literacy.

Saakshar Bharat is being implemented in a phased manner with optimum utilization of financial resources. A district, including a new district carved out of an erstwhile district that had adult female literacy rate of 50 percent or below, as per 2001 census, is eligible for coverage under the Saakshar Bharat programme. In addition, all Left Wing Extremism Affected (LWEA) districts, irrespective of their literacy rate, are also eligible for coverage under the programme.

State Resource Centres have developed Basic Literacy Primers in different languages. These primers have been approved by Quality Assurance Committee of the Directorate of Adult Education, Government of India.



Implementation of the Saakshar Bharat Programme is being monitored regularly at different levels. Saakshar Bharat's Result Framework Document (RFD) is regularly monitored by the Cabinet Secretariat. The National Literacy Mission Authority carries out close monitoring of implementation of the programme on a regular basis by organizing discussions with SLMAs in different States, organizing meetings of SLMAs on quarterly basis and by collecting monthly progress reports.

16. Scheme of Support to Voluntary Agencies for Adult Education and Skill Development:

To promote Adult Education and Skill Development through the voluntary sector, a modified scheme, namely, Scheme of Support to Voluntary Agencies for Adult Education and Skill Development was put in place on 1 April, 2009. The main objective of the Scheme is to secure extensive as well as intensive involvement of the voluntary sector in the endeavour of the government to promote functional literacy, skill development and continuing education among adults, under the overall umbrella of Saakshar Bharat. The scheme encompasses three components, namely, State Resource Centres, Jan Shikshan Sansthan and Assistance to Voluntary Agencies.

SCHEMES AND PROGRAMMES TO ENSURE FOOD SECURITY FOR VULNERABLE GROUPS OF PEOPLE

1 Antyodaya Anna Yojana (AAY)

The estimated number of families below poverty line in the country as on 1 March, 2000 was 6.52 crores. The purchasing power of 5 crore persons or 1 crore families was so low that they were not in a position to buy food grains round the year even at BPL rates and could not manage two square meals a day on regular basis throughout the year. These families constituted 5 per cent of the total population of the country and 15.3 per cent of the BPL families as on 1 March, 2000.

Antyodaya Anna Yojana was launched on 25 December, 2000 for the poorest of the poor. These one crore Antyodaya families (poorest of the poor) constituted the target group of Antyodaya Anna Yojana and were supplied food grains at highly subsidized rates under the Targeted Public Distribution System.

Objective of Antyodaya Anna Yojana (AAY):

- To ensure food security for all;
- Create a hunger free India in the next five years;
- Reform and improve the Public Distribution System to serve the poorest of the poor in rural and urban areas.

Scale and Issue Price:

Antyodaya Anna Yojana contemplates identification of one crore Antyodaya families from the BPL families. These families in view of their abject poverty



will be issued 35 Kg food grains per family per month by the Government of India @ ₹ 2 per Kg for wheat and ₹ 3 per Kg for rice. The State Government may ensure that the end retail price is retained at ₹2 per Kg for wheat and ₹3 per Kg. for rice.

Identification of Beneficiaries:

The most crucial element for ensuring the success of Antyodaya Anna Yojana is the correct identification of Antyodaya families. The State Government/UT Administrations will identify Antyodaya families from the BPL families within the state in the following manner:

- The State Government/UT Administration may devise a suitable form for identifying the beneficiary families under the scheme. The data contained in the form should be verified by the officer nominated for this purpose;
- District Collectors may start the process of identification of Antyodaya families after giving a wide publicity to it. This work may be taken up as a campaign to make people aware of the process and procedure adopted for identification of beneficiaries under the scheme;
- District Collectors may involve all district level officers working with them for supervising the process of identification of beneficiaries in various Development Blocks;
- The officers of Revenue department at the block level may be assigned the responsibility of identifying the Antyodaya families at the Panchayat level;
- The Panchayats in the first phase may draw a tentative list of the poorest of the poor by keeping in view the overall number of the families allotted to the Panchayat;
- Once the tentative list for a Panchayat is ready, Gram Sabha may in the second phase hold a meeting and read out the tentative list and finalize the list. The names of beneficiaries should be arranged in the order of priority with the family mentioned at Serial No.1 as the most deserving.



This meeting should be attended by the officer, who has been assigned the particular Panchayat;

- Once the list is approved by the Gram Sabha, it may be consolidated at the Block and then at the District level;
- In case of urban areas the State Government/UT Administration may undertake a similar exercise by involving the urban Local Bodies. The Preliminary identification may be done ward-wise by the Chief Executive of the Urban Local Body with the help of the officers/officials working under him. The Preliminary list of beneficiaries may be given wide publicity and also displayed at the Ward Level inviting objections. After going through this process, the consolidated list for the Urban Local Body may be approved;
- In cases where elected bodies in rural/urban areas are not in position to identify the beneficiaries, the State Government/UT Administration may evolve a suitable mechanism for identification of beneficiaries in an impartial and objective manner.

Issue of Ration Cards:

The identified Antyodaya families shall apply for ration card on a plain paper giving details of their family members and income etc. to Panchayat Pradhan in rural areas and to Notified Area Committee in urban areas. The application for ration card should be accompanied by supporting documents including a certificate that the applicant was not holding any ration card previously; the affidavit to this effect from the applicant that he/she does not hold any ration card previously; the income certificate of the family issued by the concerned Patwari of that area.

The Antyodaya families shall be issued distinctive ration cards known as Antyodaya Ration Card. The ration cards having the necessary details about the Antyodaya family and scale of ration etc. shall be issued by Pradhan/DFSC after the approval of the Food and Civil Supplies and Department of Consumer



Affairs in rural areas and by concerned DFSC/Authorized Inspector of the area in urban Areas.

2. Public Distribution System (PDS)

The Public Distribution System (PDS) was evolved as a system of management of scarcity and for distribution of food grains at affordable prices. Over the years, PDS has become an important part of Government's policy for management of food economy in the country. India's Public Distribution System (PDS) with a network of 4.78 Lakh Fair Price Shops (FPS) is intended to serve as a safety net for more than 33 crore poor and at nutritionally risk persons. It is perhaps the largest retail system of its type in the world. The PDS besides being an important constituent of the strategy for poverty eradication has also been retained as a deliberated social policy since 1951 by the Government of India.

Objectives of PDS:

The main objectives of PDS are to:

- Provide food grains and other essential items to vulnerable sections of the society at reasonable (subsidized) prices;
- Put an indirect check on the open market prices of various items;
- Bring an element of socialization in the matter of distribution of essential commodities.

PDS is operated under the joint responsibility of the Central and the State Governments. The Central Government, through Food Corporation of India (FCI), has assumed the responsibility of procurement, storage, transportation and bulk allocation of food grains to the State Governments. The operational responsibility including allocation within State, identification of eligible families, issue of Ration Cards and supervision of the functioning of Fair Price Shops (FPSs) etc., rest with the State Governments. The commodities allocated under the PDS to the States and UTs for distribution include wheat, rice, sugar and kerosene. Some States/UTs also distribute additional items of mass



consumption such as pulses, edible oils, iodized salt, spices etc. through the PDS outlets. The Food and Civil Supplies Department of the State Government is mainly entrusted with the task of monitoring PDS in the state.

Food Subsidy:

Food Subsidy is provided in the budget of the Department of Food and Public Distribution to:

- Meet the difference between the economic cost of food grains and their sales realization at Central Issue Prices;
- Meet the carrying cost of buffer stock;
- Maintenance of buffer stock of food grains by FCI as measure of food security.

Revamped Public Distribution System (RPDS):

The Revamped Public Distribution System (RPDS) was launched in June, 1992 with a view to strengthen and streamline the PDS as well as to improve its reach in the far-flung, hilly, remote and inaccessible areas where a substantial section of the poor lived. Food grains for distribution in RPDS areas were issued to the States at 50 paise below the Central Issue Price. The scale of issue was upto 20 kg per card.

The RPDS covering 1775 blocks included area approach for ensuring:

- Effective reach of the PDS commodities;
- Their delivery by State Governments at the doorstep of FPSs in the identified areas;
- Additional ration cards to the left out families;
- Infrastructure requirements like additional FPSs, storage capacity, etc.;
- Additional commodities such as tea, salt, pulses, soap, etc. for distribution through PDS outlets.



Targeted Public Distribution System (TPDS):

The Government of India launched the Targeted Public Distribution System (TPDS) in 1997 with focus on the poor. Under the TPDS, States were required to make arrangements for:

- Identification of the poor for delivery of food grains;
- Distribution of food grains in a transparent and accountable manner at the FPS level.

The TPDS was intended to benefit about 6 crore poor families, for whom a quantity of about 72 lakh tonnes of food grains was earmarked annually. The identification of the poor under the scheme was done by the States. The allocation of food grains to the States/UTs was made on the basis of average consumption in the past i.e. average annual off-take of food grains under the PDS during the past ten years. An annual quantum of food grains in excess of the requirement of Below Poverty Line (BPL) families was provided to the States as transitory allocation for continuation of benefit of subsidized food grains to the population Above the Poverty Line (APL) as any sudden withdrawal of benefits existing under PDS from them was not considered desirable. The transitory allocation was issued at subsidised prices which were higher than the prices at which food grains were issued to the BPL families.

Keeping in view the consensus on increasing the allocation of food grains to BPL families, and to better target the food subsidy, Government of India increased the allocation to BPL families from 10 kg. to 20 kg of food grains per family per month at 50 per cent of the economic cost and allocation to APL families at economic cost w.e.f. 1 April 2000. The allocation for APL families was retained at the same level as at the time of introduction of TPDS but the Central Issue Prices (CIPs) for APL were fixed at 100 per cent of economic cost so that the entire consumer subsidy could be directed to the benefit of the BPL population.

Under the existing TPDS, end retail price is fixed by the States/UTs after taking into account margins for wholesalers/retailers, transportations charges, levies, local taxes etc. The States were earlier requested to issue food grains at a difference of not more than 50 paise per kg over and above the CIP for BPL



families. However, since 2001, flexibility has been given to States/UTs in the matter of fixing the retail issue prices by removing the restriction of 50 paise per kg over and above the CIP for distribution of food grains under TPDS except with respect to Antyodaya Anna Yojana (AAY) where the end retail price is to be retained at ₹ 2 a kg. for wheat and ₹ 3 a kg. for rice.

Identification of BPL families under TPDS:

The State Governments had been advised to identify the BPL families by involving the Gram Panchayats and Nagar Palikas. While doing so the thrust would be to include the really poor and vulnerable sections of the society such as landless agricultural labourers, marginal farmers, rural artisans/craftsmen such as potters, tappers, weavers, black-smiths, carpenters, etc. in the rural areas and slum dwellers and persons earning their livelihood on daily basis in the informal sector like potters, rickshaw-pullers, cart-pullers, fruit and flower sellers on the pavement etc. in urban areas.

3. National Food Security Act, 2013

The National Food Security Act, 2013 (Right to Food Act) aims at providing subsidized food grains to approximately two thirds of India's 1.2 billion people. Under the provisions of the Act, 75 per cent of rural and 50 per cent of urban population are entitled to 5 Kg food grains per person per month for three years from enactment.

Features of the Act:

- The state Governments would determine the eligibility;
- The eligible beneficiaries will be entitled to purchase 5 kilograms of cereals per person per month at the following rates:
 - Rice at ₹ 3 per kg;
 - Wheat at ₹ 2 per kg;
 - Coarse grains (millet) at ₹ 1 per kg.
- Pregnant women and lactating mothers are entitled to a nutritious take home ration of 600 Calories and a maternity benefit of at least ₹ 6,000 for six months;



- Children in the age group of 6 months to 14 years are entitled to receive free hot meals or take home rations;
- The central government will provide funds to states in case of short supplies of food grains;
- The current food grain allocation of the states will be protected by the central government for at least six months;
- The state government will provide a food security allowance to the beneficiaries in case of non-supply of food grains;
- The Public Distribution System is to be reformed;
- The eldest woman in the household, 18 years or above, is the head of the household for the issuance of the ration card;
- There will be state-and district-level redress mechanisms;
- State Food Commissions will be formed for implementation and monitoring the provisions of the Act;
- The poorest covered under the Antodaya yojna will remain entitled to the 35 kg of grains allotted to them under the scheme.

The provision of adequate and nutritious food made for vulnerable sections of the country are covered under the following schemes and programmes of the Government of India:

4. Integrated Child Development Service Scheme of the Government of India:

(Covered under Schemes and Programmes for Protection, Welfare and Development of Children)

5. Mid Day Meal Programme of the Government of India:

(Covered under Education Schemes and Programmes for Human Resource Development and Empowerment of Children)

6. Annapurna scheme:

(Covered under Schemes and Programmes for Welfare of Senior Citizens)

NATIONAL HEALTH MISSION (NHM)

India has registered significant progress in improving life expectancy at birth and reducing infant and material mortality over the last few decades. In spite of the progress made, a high proportion of the population, especially in rural areas, continues to suffer and die from preventable diseases, pregnancy and child birth related complications as well as malnutrition. The rural public health care system in many States and regions is in an unsatisfactory state leading to pauperization of poor households due to expensive private sector health care. The large disparity across India places the burden of these conditions mostly on the poor, women, scheduled castes and tribes especially those who live in the rural areas of the country. The inequity is also reflected in the skewed availability of public resources between the advanced and less developed states.

The National Health Mission (NHM)

The National Health Mission (NHM) is a major instrument of financing and supporting the States in strengthening their public health systems and health care delivery. Within the broad national parameters and priorities, States would have the flexibility to plan and implement state specific action plans. The financing to the state will be based on the State's Programme Implementation Plan (PIP).

The state PIPs would be an aggregate of the district/city health action plans and would include individual district plans particularly of High Priority Districts and City Plans. It would spell out the key strategies, activities undertaken, budgetary requirements and key health outputs and outcomes.



Vision of NHM:

The vision of NHM is attainment of universal access to equitable, affordable and quality health care services, accountable and responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health.

It is intended to guide States to ensure achievement of universal access to health care through strengthening the health systems, institutions and capabilities. The NHM draws the framework underlying broad principles and strategic directions to help States in strengthening public health systems and implementing health care delivery.

The core values of the NHM are:

- Strengthen public health systems as a basis for universal access and social protection against the rising costs of health care;
- Move towards a right based approach to health through entitlements and service guarantee;
- Safeguard the health of the poor, vulnerable and disadvantaged;
- Build environment of trust between people and providers of health services;
- Empower community to become active participants in the process of attainment of highest possible levels of health;
- Institutionalize transparency and accountability in all processes and mechanisms; improve efficiency to ensure optimum utilization of the available resources;

The guiding principles of NHM are:

- Build an integrated network of all primary, secondary and a substantial part of tertiary care;
- A specific focus on strengthening the Primary Health Care System including outreach services in both rural areas and urban slums;



- Ensure coordinated inter-sectoral action to address issues of:
 - Food security and nutrition;
 - Access to safe drinking water and sanitation;
 - Education with particular focus on girl education;
 - Occupational and environmental health determinants;
 - Empowerment of women, marginalized and vulnerable groups.
- Incentivize states and UTs to undertake health sector reforms to bring greater efficiency and equity in health care delivery;
- Incentivize good performance of both facilities and providers;
- Ensure prioritization of services to address the health of women and children;
- Prevention and control of communicable and non-communicable diseases including locally endemic diseases;
- Reduce out of pocket expenditure on health care, eliminate catastrophic health expenditures and provide social protection to the poor against the rising costs of health care, through cashless services delivered by public health care facilities;
- Ensure provision of quality health care services by all public health care facilities and private health care centres financed by the Government;
- Ensure increased access and utilization of quality health services to minimize disparity on account of gender, poverty, caste, other forms of social exclusion and geographical barriers;
- Plan special financial investments and technical support to cities, districts and states with higher proportions of vulnerable population groups, urban poor and destitute, and difficult geographical terrain to help them in meeting health goals;
- Strengthen implementation capacity of States to enable them to:
 - Achieve universal health care through flexible and responsive resource allocation;



- Create efficient institutional mechanisms, rules, regulations and processes for effective decentralized health planning and management;
- Address shortages of skilled workers in remote, rural areas, and other under-served pockets through appropriate monetary and non-monetary incentives;
- Promote partnerships with private and non-profit agencies including civil society organizations to achieve better health outcomes;
- Facilitate knowledge networks and create effective public health institutions;
- Encourage involvement of Panchayati Raj Institutions (PRIs)/Urban Local Bodies (ULBs), representatives in the governance to make proactive efforts for convergence and concerted action on social determinants of health such as food and nutrition, safe drinking water, sanitation and hygiene, housing, environment and waste management, education, child marriage, gender and social inequity;
- Establish an accountable governance framework that would include social audits through people's bodies, community based monitoring and an effective mechanism of concurrent evaluation;
- Mainstream AYUSH to enhance choice of services for users and to learn from and revitalize local health care traditions;
- Expand focus beyond maternal and child survival to ensure quality of life for women, children and adolescents.

The National Health Mission encompasses two Sub-Missions, namely National Urban Health Mission (NUHM) and National Rural Health Mission (NRHM).

i) National Urban Health Mission (NUHM):

The National Urban Health Mission (NUHM), a sub-mission of National Health Mission (NHM) has been approved by the Cabinet on May 1, 2013. NUHM would cover all State capitals, district headquarters and cities/towns



with a population of more than 50,000. The NUHM envisages to meet health care needs of the urban population by making essential primary health care services available to them and reducing their out of pocket expenses for treatment. It would primarily focus on slum dwellers and other marginalized groups like rickshaw pullers, street vendors, railway and bus station coolies, homeless people, street children, construction site workers.

NUHM would endeavour to achieve its goal through:

- Strengthening the existing health care service delivery system, targeting the people living in slums;
- Need based city specific urban health care system to meet the diverse health care needs of the urban poor and other vulnerable sections;
- Institutional mechanism and management systems to meet health related challenges of rapidly growing urban population;
- Proactive partnership and involvement of community and local bodies in planning, implementing and monitoring of health care activities;
- Provision of adequate resources for essential primary health care to urban poor;
- Partnerships with private health care providers and involvement of NGOs in providing health services to urban poor;
- Converging health care services of NUHM with various schemes relating to wider determinants of health like drinking water, sanitation, school education etc. being implemented by the Ministries of Urban Development, Housing and Urban Poverty Alleviation, Human Resource Development and Women and Child Development.

The Centre-State funding pattern will be 75:25 for all the States except North-Eastern states including Sikkim and other special category States of Jammu and Kashmir, Himachal Pradesh and Uttarakhand where Centre-



State funding pattern will be 90:10. The Programme Implementation Plans (PIPs) sent by the states will be appraised and approved by the Ministry.

The Steering Group of the NHM will be expanded to work as the apex body for NUHM also. Every Municipal Corporation, Municipality, Notified Area Committee, and Town Panchayat will be involved in planning the health facilities within the approved broad norms for setting up of health facilities for urban areas. The existing structures and mechanisms of governance under NHM will be suitably adapted to fulfill the needs of sub-mission NUHM.

ii) **National Rural Health Mission (NRHM):**

The National Rural Health Mission was launched on 12 April, 2005 in the country with special focus on 18 states which have weak public health indicators and/or weak infrastructure to bring dramatic improvement in the health system and the health status of the people, especially those who live in the rural areas of the country. These 18 special focus states are Arunachal Pradesh, Assam, Bihar, Chattisgarh, Himachal Pradesh, Jharkhand, Jammu and Kashmir, Manipur, Mizoram, Meghalaya, Madhya Pradesh, Nagaland, Orissa, Rajasthan, Sikkim, Tripura, Uttaranchal and Uttar Pradesh.

The Objectives of the NRHM:

- Provide universal access to equitable, affordable and quality health care which is accountable and responsive to the needs of the people;
- Establish comprehensive primary health care delivery system;
- Establish functional linkages with secondary and tertiary health care delivery system;
- Convergence of National Health Programme at all levels of health system;
- Promote healthy life styles;
- Reduction in child and maternal mortality;



- Prevent and control communicable and non-communicable diseases including locally endemic diseases;
- Ensure a reduction in the growth rate of population with special focus on tribal areas to achieve population stabilization and gender balance;
- Provide universal access to public services for food and nutrition, safe drinking water, sanitation and hygiene and universal access to public health care services with emphasis on services addressing women's and children's health and universal immunization;
- Improve management through capacity building;
- Encourage community involvement in health services;
- Make health delivery system fully functional and accountable to the community;
- Develop training infrastructure and capacity for providing adequate skilled human resources (medical, paramedical and managerial) for health care at all levels;
- Revitalize local health traditions and mainstream AYUSH into the public health system;
- Address inter State and inter district disparities;
- Monitor progress of health services against set standards;

The Core Strategies of NRHM:

- Enhance capacity of Panchayati Raj Institutions (PRIs) to own, control and manage public health services with provision of proper training;
- Promote access to improved healthcare at household level through the female health activist (ASHA);
- Formulation of health plans for each village through village health committee of the Panchayat;
- Strengthen sub-centres through local planning and action, multi-purpose workers and untied fund;



- Strengthen existing PHCs and CHCs, and provision of 30-50 bedded CHC per lakh population for improved curative care to a normative standard (Indian Public Health Standards defining personnel, equipment and management standards).
- Preparation and Implementation of an inter-sectoral District Health Plan including nutrition, drinking water, sanitation and hygiene by the District Health Mission;
- Vertical integration of Health and Family Welfare programmes at National, State, District, and Block levels;
- Provision of technical support to State and District Health Missions for proper public health management;
- Strengthen capacities for data collection, assessment and review for evidence based planning, monitoring and supervision.
- Formulation of transparent policies for deployment and career development of human resources for health services;
- Develop capacities for preventive health care at all levels for promoting healthy life styles, reduction in consumption of tobacco and alcohol etc. and promoting non-profit sector particularly in under-served areas.

The Supplementary Strategies of NRHM:

- Regulation of Private Sector including the Informal Rural Practitioners (RMP) to ensure availability of quality service to citizens at reasonable cost;
- Promotion of Public-Private Partnerships for achieving public health goals;
- Revitalizing local health traditions and mainstreaming AYUSH;
- Reorienting medical education to support rural health issues including regulation of medical care and medical ethics.



Approaches of NRHM:

- **Communication:** The committees/organizations have been formed at various level like Village Health & Sanitation Committee at village level, Panchayati Raj Institutions at village/block level, Roji Kalyan Samitis at PHC and CHC and the ASHA, a community volunteer for every village for ensuring better community participation.
- **Flexible Financing:** The mission for improved financing has brought all the schemes of health and family welfare within the overarching umbrella of NRHM. Funds under NRHM budget head are provided to the districts to facilitate better functioning of health programme. The funds are allocated to states on the basis of needs of the districts. The untied funds are also available under NRHM at various levels.
- **Improve management through capacity building:** Management skill at block, district and state levels have been increased under NRHM. Post of public health managers has been created at district level and accountant at block level for accounts work. The NGOs are involved in capacity building and continuous skill development of health functionaries at various levels.
- **Monitor progress against set standards:** Progress of activities is being monitored in accordance with Indian Public Health Standard. The health facility surveys are being conducted at regular intervals to monitor facilities available at Sub-health Centres, Primary Health Centres (PHCs) and Community Health Centres (CHCs). Independent monitoring committees are also being formed to monitor progress.
- **Innovation in human resource management:** To increase the pool of human resources, additional manpower like nurses, Medical Officer is being provided to PHC and CHC. Local residents of remote areas are trained for providing basic health services. Multi-skill development of health functionaries especially of doctors and paramedics is being carried out to enable them to perform multiple tasks.



Schemes covered under NRHM:

The Reproductive and Child Health Programme under the National Rural health Mission (NRHM) is being implemented to promote institutional deliveries and make skilled attendance available at birth to reduce maternal and infant mortality and save women and new born from pregnancy related deaths.

i) Janani Suraksha Yojana (JSY):

Janani Suraksha Yojana (JSY) was launched in April 2005 by modifying the National Maternity Benefit Scheme (NMBS). Janani Suraksha Yojana is a safe motherhood intervention under the National Rural Health Mission (NHM). It is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among poor pregnant women. The scheme is under implementation in all States and Union Territories (UTs), with a special focus on Low Performing States (LPS).

With the launch of JSY, the financial assistance of ₹ 500 available uniformly throughout the country to BPL pregnant women under NMBS, was replaced by graded scale of assistance based on the categorization of States as well as whether beneficiary was from rural/urban area. States were classified into Low Performing States (LPS) and High Performing States (HPS) on the basis of institutional delivery rate i.e. states having 25 per cent or less institutional deliveries were termed as LPS and those having institutional delivery rate of more than 25 per cent were classified as HPS. Accordingly, ten States including Uttar Pradesh, Uttarakhand, Madhya Pradesh, Chhattisgarh, Bihar, Jharkhand, Rajasthan, Odisha, Assam and Jammu & Kashmir were classified as Low Performing States and remaining States were grouped into High Performing States. All the States and UTs have initiated implementation of the scheme.

The JSY entitles all pregnant women delivering in public health institutions to the following benefits:

- Free and cashless delivery;



- Free caesarean operation;
- Free diagnostics;
- Free drugs and consumables;
- Free diet during stay in the health institutions;
- Free provision of blood;
- Exemption from user charges;
- Free transport from home to health institutions;
- Free transport between facilities in case of referral;
- Free drop back from Institutions to home after 48 hours stay.

Similar entitlements have been put in place for all sick infant accessing public health institutions for treatment.

The cash benefits in case of each institutional delivery under the scheme are as follows:

Category	Motherís package (₹)	ASHAís package (₹)	Total Package (₹)
Rural Areas			
LPS	1400	600	2000
HPS	700		700
Urban Areas			
LPS	1000	200	1200
HPS	600		600

The ANM is required to hold a monthly meeting with all ASHAs/health workers working under ANM at an Anganwadi Centre for effective monitoring of the scheme and send monthly and annual reports to the department in prescribed format.



ii) Janani Shishu Suraksha Karyakram (JSSK):

The Government of India launched Janani Shishu Suraksha Karyakaram (JSSK) on 1st June, 2011 to provide free and cashless services to pregnant women including normal deliveries and caesarean operation and to sick infants.

Pregnant women under JSSK are entitled to same benefits as provided under Janani Suraksha Yojana. Similar entitlements have been provided to all sick new born infants till 30 day after the birth. This has now been expanded to cover sick infant accessing public health institutions for treatment.

iii) Rashtriya Bal Swasthya Karyakram (RBSK):

Rashtriya Bal Swasthya Karyakram (RBSK) aims at early identification and early intervention for children from birth to 18 years to cover 4 'D's viz. Defects at birth, Deficiencies, Diseases, Development delays including disability. This programme corresponds to the Reproductive, Maternal, Newborn, Child Health and Adolescent Health strategy (RMNCH+A) and also with the Child Survival and Development. The services aim to cover children of 0-6 years of age in rural areas and urban slums in addition to children enrolled in I to XII standards in Government and Government aided Schools.

The children in the age group of 0-6 years will be specifically managed at District Early Intervention Center (DEIC) and 6-18 years will be managed through existing public health facilities. DEIC will act as referral linkages for both the age groups.

The child health screening and early intervention services under RBSK envisages to cover 30 selected health conditions for screening, early detection and free management. States and UTs may also include diseases, namely, hypothyroidism, Sickle cell anemia and Beta Thalassemia based on epidemiological situation and availability of testing and specialized support facilities.

The first point of screening is to be done at delivery point by Medical Officers, Staff Nurses and ANMs. The screening of new born will be done by ASHAs at home after 48 hours till 6 weeks. The outreach screening is done by dedicated mobile block level teams from 6 weeks to 6 years at Anganwadi centres and



screening of children of 6-18 years is done at schools. The child once screened and referred from any of these points of identification will be provided necessary treatment/intervention at zero cost to the family.

iv) National Family Planning Indemnity Scheme (NFPIS):

The NFPIS takes care of death following sterilization operation (inclusive of death during process of sterilization operation), failure of sterilization, treatment expenses arising out of complications due to sterilization operation and provides indemnity cover to doctors/health facilities performing sterilization operations.

All persons undergoing sterilization operations in Public Health Facility and Health Facilities of Non-Government and private sectors empanelled/accredited with district health authority are covered under Section I-A, I-B, I-C and I-D of the scheme. The consent form filled by the person at the time of enrolling himself/herself for sterilization operation duly countersigned at the Medical facility shall be the proof of coverage under the scheme. All doctors/health facilities including doctors/health facilities of central, state, local-self governments, other public sectors and all the accredited doctors/health facilities of non-government and private sectors empanelled/accredited with district health authority and conducting such operations are covered under the scheme.

The scheme provides the following benefits:

Section	Criteria	Insurance claim (₹)
A	Death following sterilization (inclusive of death during process of sterilization operation) in hospital or within 7 days from the date of discharge from the hospital.	2 lakhs
B	Death following sterilization within 8-30 days from the date of discharge from the hospital.	50,000
C	Failure of Sterilisation	30,000
D	Cost of treatment in hospital and upto 60 days arising out of complication following sterilization operation (inclusive of complication during process of sterilization operation) from the date of discharge.	Actual but not exceeding 25,000
E	Indemnity per doctor/Health Facilities but not more than 4 in a year.	Upto 2 lakh per claim



v) The Revised National Tuberculosis Control Programme (RNTCP):

The Revised National Tuberculosis Control Programme (RNTCP), based on the DOTS strategy was launched as a national programme in 1997. Rapid RNTCP expansion began in late 1998 and the entire country was covered under DOTS by 24 March, 2006.

The Directly Observed Treatment, Short course (DOTS) strategy along with the other ingredients of Stop TB Partnership are implemented as a comprehensive package for TB control.

The five principal components of DOTS are:

- Political and administrative commitment;
- Case detection by sputum smear microscopy;
- Uninterrupted supply of high-quality anti-TB drugs;
- Standardized treatment regimens with directly observed treatment for at least the first two months;
- Systematic monitoring and accountability

vi) The National Leprosy Control Programme (NLCP):

The National Leprosy Eradication Programme (NLEP) a centrally sponsored National Health Programme functions under umbrella of National Rural Health Mission (NRHM). The funds are provided through state health societies.

The main focus of the programme is on:

- The quality service and sustainability;
- Disability Prevention and Medical Rehabilitation (DPMR);
- Removal of stigma and discrimination.

The strategy of NLEP is based on controlling the disease through reduction in the quantum of infection in the population, and reduction in infective source to break the chain of disease transmission.



The basic activities covered under the program are:

- Survey and case detection;
- Registration of cases for treatment;
- Provision of continuous treatment with Dapsone to all cases, as close to their homes as possible;
- Education of patients, their families and community at large about leprosy;
- Correction of deformities through deformity care programme.

A large number of voluntary organizations have been playing a pioneering role in anti-leprosy work in India. While some of them are engaged in training, education and research, others are engaged, in case detection, treatment, rehabilitation and control work.

Action Plans of NRHM relating to Infrastructure and Manpower:

1. Accredited Social Health Activists (ASHA):

- Every village/large habitation will have a female Accredited Social Health Activist (ASHA) to act as the interface between the community and the public health system. ASHA will be selected by the Panchayat. (States will choose state specific models);
- ASHA would act as a bridge between the ANM and the village and will be accountable to the Panchayat;
- ASHA will be an honorary volunteer and will receive honorarium for doing certain jobs. The amount of honorarium will be paid on the basis of her performance in promoting universal immunization, referral and escort services for RCH, construction of household toilets, and other healthcare delivery programmes;
- She will be trained on pedagogy of public health developed through a Standing Mentoring Group at National level incorporating best practices and implemented through active involvement of community health resource organizations;



- She will facilitate preparation and implementation of the Village Health Plan along with Aanganwadi Worker, ANM, functionaries of other Departments, and members of Self Help Group under the leadership of the Village Health Committee of the Panchayat;
- The Government of India will bear the cost of training, incentives and medical kits. The remaining components will be funded under Financial Envelope given to the States under the programme;
- ASHA will be given a drug kit containing generic AYUSH and allopathic formulations for common ailments. The drug kit would be replenished from time to time;
- Induction training of 23 days spread over the entire year will be provided to ASHA and on the job training would continue throughout the year;
- Prototype training material developed at National level is subject to State level modifications;
- Cascade model of training proposed through Training of Trainers including contact and distance learning model;
- Training would be imparted in partnership with NGOs/ICDS Training Centres and State Health Institutes.

2. Converging Sanitation and Hygiene under NRHM:

- Total Sanitation Campaign (TSC) being presently implemented in 350 districts to cover all districts;
- The components to be covered under TSC would include IEC activities, rural sanitary marts, individual household toilets, women sanitary complex, and school sanitation programme;
- The TSC are to be implemented through Panchayati Raj Institutions (PRIs);
- The District Health Mission would:
 - Guide activities of sanitation at district level;



- Promote joint IEC for public health, sanitation and hygiene through Village Health and Sanitation Committee;
- Promote household toilets and School Sanitation Programme.
- ASHA would be incentivized for promoting household toilets.

3. Strengthening Sub-Health Centres (SC):

The Sub-Health Centre is the cornerstone of rural health services as these centers are the hub for delivering effective outreach services in rural areas. The Sub-Health Centres provide different health related services. The activities covered under following health related services provided at Sub-centres in rural areas are:

a) Antenatal Care:

- Early registration of pregnancies, ideally within 12th week of pregnancy;
- Minimum four antenatal check-ups;
- Associated services like general examination such as weight, blood pressure, anemia, abdominal examination, height and breast examination; folic acid supplementation in the first trimester; iron and folic acid supplementation from 12th week; tetnus injection and treatment of anemia; and skilled attendance at birth by ANMs and LHVs;
- Laboratory investigations like hemoglobin, urine albumen and sugar;
- Identification of high risk pregnancies and appropriate prompt referral.

b) Intranatal Care:

- Promotion of institutional deliveries;
- Skilled attendance at home deliveries as and when called for;
- Appropriate and prompt referral.



c) Postnatal Care:

- Minimum two postpartum home visits, first within 48 hours of delivery and second within 7-10 days;
- Initiation of early breast feeding within half an hour of birth;
- Counseling on diet, rest, hygiene, contraception, essential new born care, infant and young child feeding.

d) Child Health Care:

- Essential new born care;
- Promotion of exclusive breast feeding for 6 months;
- Full immunization of all infants and children against vaccine preventable diseases as per guidelines of Government of India;
- Vitamin A prophylaxis to the children as per guidelines;
- Prevention and control of childhood diseases like malnutrition and infection etc.

e) Family Planning and Contraception:

- Education, motivation and counseling to adopt appropriate family planning methods;
- Provision of contraceptives such as condoms, oral pills, emergency contraceptives, IUD insertions (wherever ANM is trained on IUD insertion);
- Follow up services to the eligible couples adopting permanent methods (tubectomy and vasectomy)

f) Curative Services:

- Treatment for minor ailments including fever, diarrhea, worm infestation and first aid in accidents and emergencies;
- Appropriate and prompt referral;



- Organizing health day at Anganwadi centres at least once a month with the help of Medical officer of PHC, ASHA, AWW and Self Help Groups etc.

g) Training, Monitoring and Supervision:

- Training of traditional birth attendants and ASHAs;
- Keeping watch over unusual health services;
- Coordinating services with AWWs, ASHA, Village Health and Sanitation Committee etc.;
- Coordination and supervision of activities of ASHA.

h) Adolescent Health Care:

- Education, counseling and referral;
- Assistance to School Health Services.

i) Control of local epidemics:

- Disease surveillance;
- Control of diseases like Malaria, Japanese Encephalitis, Filariasis, Dengue etc.;
- Control of epidemics.

j) Water Quality Monitoring:

- Disinfection of water sources;
- Testing of water quality using H₂S-strip Test (bacteriological) developed by NICD;
- Promotion of sanitation including use of toilets and appropriate garbage disposal.

The NRHM attaches utmost importance to up-gradation of the Sub-Health Centres to enable sub health centres to become the first port of call and provide an assured set of services through following measures:



- The new Sub-health centers shall be located in well-populated and frequented parts of the village for facilitating access to the community and safety of the health service providers;
- The RCH services will be assigned priority in areas where population to be covered by sub-health centre is high and the number of women and children are large;
- The staffing at Sub-health center level will be strengthened through additional ANM, a multipurpose worker, a laboratory technician and a community health officer and further augmentation will be based on patient case loads;
- The infrastructure gaps in the Sub-health center would be reduced during the Twelfth Five Year Plan:
 - All sub-health centers providing regular midwifery services will start functioning in the government owned buildings within first three years of the Plan;
 - The requirement of an examination room of Sub centers to ensure privacy for women patients and space for basic stores and records would be met through rented buildings.
- The Gram Panchayat level health plans comprising a group of villages in many states and a single village in a few states, will be worked out at the Sub-health Centre Level with the involvement of Gram Panchayat Pradhan, the ANM, the MPW, a few Village Health & Sanitation Committee representatives;
- The Gram Panchayat Pradhan, the ANM, the MPW, a few Village Health & Sanitation Committee representatives will be responsible for implementing the Gram Panchayat Health Plan;
- They will also be responsible for over view and support for the household survey, preparation of Village Health Registers and preparation of Village Health Plans;



- The Gram Panchayats would also organize activities like health camps and IEC for all health programmes (preventive and curative);
- Each Sub-health centre will be provided an untied fund for local action @ ₹ 10,000 per annum. This Fund will be deposited in a joint Bank Account of the ANM and Sarpanch and will be operated by the ANM, in consultation with the Village Health Committee;
- The additional outlays may be provided/utilized for:
 - Multipurpose Workers (Male)/Additional ANMs wherever needed;
 - Sanctioning new Sub-health centres;
 - Upgrading existing Sub-health centres;
 - Construction of buildings for sub-health centres functioning in rented premises.
 - Supply of adequate quantity of essential drugs including both allopathic and AYUSH to the Sub-health centres.

4. Strengthening Primary Health Centres (PHC):

Primary Health Centre (PHC) is the cornerstone of rural health services - a first port of call to a qualified doctor of the public sector in rural areas for the sick and those who directly report or referred from Sub-health Centres for curative, preventive and promotive health care. The PHCs are established and maintained by the State Governments under the Minimum Needs Programme (MNP), and Basic Minimum Services (BMS) Programme.

Primary Health Centre (PHC) sometimes referred to as Public Health Centres are Government funded basic units of public health system under NRHM. The PHCs form a basic part of the health care system providing quality curative, preventive, promotive and family welfare services without any charge. The PHCs are essentially single-physician clinics with facilities for minor surgeries.

A PHC covers a population of 20,000 in hilly, tribal or difficult areas and 30,000 in plain areas. The PHC with 6 indoor/observation beds acts as a referral unit



for 6 Sub-health Centres and refer out cases to CHC (30 bedded hospital) and higher order public hospitals located at sub-district and district level.

As per the minimum requirement, a PHC is to be manned by a Medical Officer supported by 14 paramedical and other staff. Under NRHM, there is a provision for two additional Staff Nurses at PHCs on contract basis. The Medical Officer appointed to run the PHC must be a MBBS degree holder. In addition to providing diagnostic and curative services, the Medical Officer acts as the primary administrator for the PHC.

The primary field staff providing outreach services is called ASHA (Accredited Social Health Activist) or a village health nurse depending upon the State where the PHC is located. The ASHA or village health nurse usually provides health care services in the patient's home. In case additional diagnostic tests or clinical interventions are required, the patient is transported to the PHC for examination and evaluation by the Medical Officer. In case a patient requires hospitalization, CHCs would be the first referral unit and if the CHC is not in a position to provide specialized treatment, the patient would be referred to a district hospital or an accredited private facility/teaching hospital.

The PHCs are having functional linkages with the Sub-health centres. The Medical Officer (or In-charge) are holding monthly meetings in the PHCs and these meetings are attended by all male and female Health Workers and Health Assistants. The MOs are also conducting on the spot Supervisory visits to Sub-Centres. The Medical Officer orients ASHAs on selected topics of health care and organizes Village Health and Nutrition day at Anganwadi Centres.

PHCs would become a 24 hour facility with necessary nursing facilities. Selected PHCs, especially in large blocks where the CHC/FRU requires more than one hour journey time, may be upgraded to provide 24 hour emergency medical care by increasing number of Medical Officers and such PHCs should have the same IPHS norms as for a CHC.



Services provided by the Primary Health Centres are:

The PHCs provide different health services and the activities covered under following health services are:

a) **Medical Care:**

- Providing OPD services for 6 hours including 4 hours in the morning and 2 hours in the afternoon for six days in a week. The schedule will vary from State to State. The MOs in addition to six hours of duty at the PHCs are also expected to do field duties for at least two hours twice a week;
- Emergency services are provided for 24 hours for appropriate management of injuries and accident, first aid, stitching of wounds, incision and drainage of abscess, stabilization of the condition of the patient before referral, dog bite/snake bite/scorpion bite cases, and other emergencies. The PHCs keep adequate stock of essential drugs like antivenoms for snake bite, rabies vaccinations, etc. to meet medical emergencies in rural areas. These services will be provided primarily by the nursing staff. However, in case of need, Medical Officer are available to attend the emergencies on call basis;
- Referral services;
- In-patient services.

b) Maternal Care: A major focus of the PHCs is medical care of pregnant women in rural areas because rural people resist approaching doctors for pregnancy care and results in large number of neonatal death.

i) **Antental Care:**

- Early registration of all pregnancies ideally in the first trimester before 12th week of pregnancy. However, if a woman comes late in her pregnancy for registration, she should be registered and care is given to her according to gestational age;



- Minimum 4 antenatal checkups and provision of complete package of services. The suggested schedule for antenatal visits are 1st visit within 12 weeks, preferably as soon as pregnancy is suspected for registration of pregnancy and first antenatal check-up; 2nd visit between 14 and 26 weeks; 3rd visit between 28 and 34 weeks; 4th visit at 9th month around 36 weeks. Associated services like providing iron and folic acid tablets, Tetanus injection etc. as per the guidelines for antenatal care and skilled attendance at birth by ANMs and LHVs;
- Minimum laboratory investigations like Haemoglobin, Urine albumin and sugar, RPR test for syphilis and Blood Grouping;
- Nutrition and health counseling and brief advice on tobacco cessation if the antenatal mother is a smoker or tobacco user;
- Identification and management of high risk pregnancies and appropriate management;
- Timely referral of identified high risk cases beyond the capacity of Medical Officer of PHC to manage to FRUs other hospitals;
- Chemoprophylaxis for Malaria in high malaria endemic areas for pregnant women as per NVBDCP guidelines.

ii) Intra natal care (24 hour delivery services both normal and assisted):

- Promotion of institutional deliveries;
- Management of normal deliveries;
- Assisted vaginal deliveries including forceps/vacuum delivery whenever required;
- Manual removal of placenta;
- Management of pregnancy induced hypertension including referral;
- Appropriate and prompt referral of cases needing specialized care;



- Pre-referral management (obstructive first-aid) in obstetric emergencies that need expert assistance (ensure training of staff for emergency management).

iii) Post natal care:

- Ensure post-natal care for minimum 24 hours at the health facility both for the mother and new born and sending directions to ANM of the concerned area for ensuring 7th and 42nd day post-natal home visits; three additional visits for low birth weight baby (less than 2500 gms) on 14th day, 21st day and 28th day;
- Initiation of early breast feeding within one hour of birth;
- Counseling on nutrition, hygiene, contraception, essential new born care and immunization;
- Provision of facilities under Janani Suraksha Yojana.

c) Child Health Care:

- Management of neonatal hypothermia/jaundice;
- Routine and emergency care of sick children including integrated management of neonatal and childhood illness (IMNCI) strategy and inpatient care;
- Counseling on exclusive breast-feeding for 6 months and appropriate and adequate complementary feeding from 6 months of age while continuing breast feeding;
- Assess the growth and development problems of the infants and children below 5 years of age and make timely referral;
- Full immunization of all infants and children against vaccine preventable diseases under national immunization programme and tracking of vaccination dropouts;
- Vitamin A prophylaxis to the children as per the guidelines;
- Prevention and control of routine childhood diseases, infections like diarrhea, pneumonia, and anemia etc.;



- Management of severe acute malnutrition cases and referral of serious cases after initiation of treatment as per facility based guidelines.

d) Family Planning:

- Education, motivation and counseling to adopt appropriate Family Planning methods;
- Provision of contraceptives like condoms, oral pills, emergency contraceptives, IUD insertions;
- Permanent methods of family planning like tubal ligation, and vasectomy etc.;
- Follow up services to the eligible couples adopting permanent methods (tubectomy/vasectomy);
- Counseling and appropriate referral for safe abortion services (MTP) for those in need;

e) Nutrition Services:

- Nutrition advice to malnourished children, pregnant women and others;
- Diagnosis and management of anemia and vitamin A;
- Coordination with ICDS.

f) School Health Services:

- The ANMs/HWMs (a team of 2 workers) visit the schools (one school every week) for regular health screening, appropriate treatment of minor ailments, referral and follow ups.

g) Adolescent Health Services:

- Lifestyle education; proper counseling; appropriate treatment.

h) Safe drinking water and Basic sanitation:

- Disinfection of water sources and coordination with Public Health Engineering department for safe water supply;
- Promotion of sanitation including use of toilets and appropriate garbage disposal



i) Epidemic control:

- The PHCs act as the primary epidemic diagnostic and control centres for rural areas. The doctors of PHCs are well trained in diagnosing and controlling epidemics as and when such epidemics break out in local rural areas. The doctors identify suspected cases and make prompt referral for further treatment.

j) Basic Laboratory and Diagnostic Services:

- Routine urine, stool and blood tests (Hb, platelets count, total RBC, WBC, bleeding and clotting time);
- Diagnosis of RTI/STDs with wet mounting, Grams stain etc.;
- Sputum testing for mycobacterium (as per guidelines of RNTCP);
- Blood sugar;
- Blood smear examination malarial;
- Blood for grouping and Rh typing;
- RDK for Pf malaria in endemic districts;
- Rapid tests for pregnancy;
- RPR test for Syphilis/YAWS surveillance (endemic districts);
- Rapid test kit for fecal contamination of water;
- Estimation of chlorine level of water.

k) Referral Services:

- Appropriate and prompt referral of cases needing specialist care including stabilization of patient;
- Appropriate support to patient during transport;
- Providing transport facilities either by PHC vehicle or other available referral transport;
- Drop back home for patients as mandated under JSY.



I) **Monitoring and Supervision:**

- Monitoring and supervision of activities of Sub-Centre through regular meetings/periodic visits, by LHV, Health Assistant Male and Medical Officer etc.;
- Monitoring of National Health Programmes by Medical Officer with the assistance of LHV, Health Assistant Male and Health educator;
- Monitoring activities of ASHAs by LHV and ANM (in her sub-centre area).

PHCs are being rapidly upgraded under the National Rural Health Mission for quality, preventive, promotive, curative, supervisory and outreach services, through:

- Adequate and regular supply of essential drugs and equipment (including Supply of Auto Disabled Syringes for immunization) to PHCs;
- Provision of 24 hour service in at least 50 per cent PHCs;
- Address shortage of doctors, especially in high focus States, through mainstreaming AYUSH;
- Observance of Standard treatment guidelines and protocols;
- Provision of additional Outlays for:
 - Intensification of ongoing communicable disease control programmes;
 - New programmes for control of non-communicable diseases;
 - Upgradation of 100 per cent PHCs for 24 hours referral service;
 - Provision of second doctor at PHC level (1 male, 1 female), if needed.

The number of Primary Health Centres functioning in the country as on March 2012 was 24,049.

5. **Strengthening Community Health Centres (CHCs)**

The CHCs are being established and maintained by the State Government under MNP/BMS programme. The CHCs are presently provided on the



population norm of 1 CHC for 120000 persons in general areas and 1 CHC for 80000 persons in tribal/desert areas. The number of CHCs functioning in the country as on March 2012 was 4833.

The CHC has 30 in-door beds; one Operation Theatre, Labour Room and Laboratory and X-Ray facilities. The services provided in the CHCs include internal medicine, pediatric, women care, family planning, pharmacy, laboratory etc.

The CHCs are conceived as the first major curative health service providers addressing 80 per cent of ailments requiring out-patient services or hospitalization. The CHCs act as a First Referral Units (FRU) for four PHCs. The CHCs are having blood storage facility on 24 hours basis and are well equipped to provide round the clock emergency services including attending and treating all types of emergencies; Obstetric Care including surgical interventions like Caesarean services; and New Born Child Care.

The National Association of Community Health Centers in 2006 implemented a model for offering free, rapid HIV testing to all patients in the age group of 13 to 64 years during routine primary medical and dental care visits.

A Community Health Center is a clinic staffed by a group of general practitioners and nurses. A CHC is required to be manned by four Medical Specialists including Surgeon, Physician, Gynecologist and Pediatrician supported by 21 paramedical and other staff.

The activities covered in CHCs are:

- Routine and emergency surgeries including incision and drainage and surgery for Hernia, Hydrocele, Appendicitis, Hemorrhoids and Fistula;
- Handling emergencies like Intestinal Obstruction and Hemorrhage etc.;
- Routine and emergency cases in medicine;
- Handling all emergencies in relation to National Health Programmes as per guidelines like Dengue, Hemorrhagic Fever, Cerebral Malaria etc.;



- Round the clock delivery services including normal and assisted deliveries;
- Essential and emergency Obstetric Care including surgical interventions like Caesarean Sections and other medical interventions;
- Full range of Family Planning services including Laparoscopic Services;
- Safe Abortion Services;
- Newborn Care;
- Routine and Emergency Care of sick children;
- Managing nasal packing, tracheostomy and foreign body removal etc.;
- Diagnostic services through the well-established microscopy centres;
- Treatment services as per technical guidelines and operational guidelines for Tuberculosis Control;
- Implementing HIV/AIDS Control Programme;
- Diagnostic and treatment facilities for routine and complicated cases of Malaria, Filarial, Dengue, Japanese Encephalitis and Kala-azar to the respective endemic zones;
- Provision of minimum services for diagnosis and treatment of cases of leprosy and advice to patients on prevention of deformity;
- Eye care services including diagnosis and treatment of common eye diseases, refraction services and surgical services including cataract by IOL implantation at selected CHCs optional (1 Eye surgeon is being envisaged for every 5 lakh population);
- Diagnostic services for Malaria, Tuberculosis, Typhoid and tests for detection of fecal contamination of water and contamination level under Integrated Disease Surveillance Project;
- Functions as peripheral surveillance unit, collate, analysis and report information to district Surveillance Unit; and initiate appropriate action in outbreak situation;
- Provision of blood storage facilities;



- Acts as a referral unit and refers cases to District hospitals as and when needed and also provides transport services.

Since the credibility of any health institution is generally determined by the standard of curative services it provides, the NRHM attaches utmost importance to:

- Strengthen and operationalize existing Community Health Centres (30-50 beds) as 24 hour First Referral Units;
- Creation of new Community Health Centres (30-50 beds) to bring the number of CHCs broadly in conformity to the ratio of one CHC per one lakh population;
- Codification of new Indian Public Health Standards by setting norms for infrastructure including buildings, manpower, equipment, drugs, management, quality assurance through introduction of treatment protocols for the CHCs to bring in quality and accountability in health services;
- Up-gradation of CHCs as FRUs under RCH II to provide basic Emergency Obstructive Care for women and ARI treatment for children;
- Promotion of Stakeholder Committees (Rogi Kalyan Samitis) for CHC management;
- Develop services and cost standards for health care in CHCs;
- Display of a Charter of Citizen's Health Rights outside all the CHCs. The Charter including services to be given to the citizens and their rights in that regard; information regarding grants received; medicines and vaccines in stock etc.; the outcomes of various monitoring mechanisms to be displayed at the CHCs in a simple language for transparency and effective dissemination.

6. Strengthening District Health Centres (DHCs):

The district hospitals are located in urban areas. Each district is expected to have a district hospital linked with public hospital/health centres down below



the district such as Sub-district/Sub-divisional hospitals, Community Health Centres, Primary Health Centres and Sub-health centres. The main functions of the district hospitals are given below:

- Provide effective, affordable health care services (curative including specialist services, preventive and promotive) for a defined population, with their full participation and in co-operation with agencies in the district that have similar concern. It covers both urban population (district head quarter town) and the rural population in the district. These health care services include the following:
 - Outpatient, indoor and emergency services by specialized staff;
 - Diagnostic and laboratory services by specialized staff and equipment;
 - Facilities of Special New Born Care Units (SNCU) with specially trained staff.
- Function as a secondary level referral centre for the public health institutions below the district level such as Sub-divisional Hospitals, Community Health Centres, Primary Health Centres and Sub-centres;
- Epidemic and disaster management services;
- Accident and Trauma services and Antiretroviral therapy;
- Patient and Health Care Workers safety;
- Provide wide ranging technical and administrative support and education and training for primary health care.

Grading of District Hospitals:

The size of a district hospital is a function of the hospital bed requirement, which in turn is a function of the size of the population it serves. In India the population size of a district varies from 35,000 to 30,00,000. Based on the assumptions of the annual rate of admission as 1 per 50 populations and average length of stay in a hospital as 5 days, the number of beds required for a district having



a population of 10 lakhs will be around 300 beds. Keeping in view the wide variations in the population of the districts, the District hospitals have been graded as follows:

Grades of District Hospital	Number of Beds
Grade I	500
Grade II	400
Grade III	300
Grade IV	200
Grade V	100

The disease prevalence in a district varies widely in type and complexities. It is not possible to treat all of them at district hospitals. Some may require the intervention of highly specialist services and use of sophisticated expensive medical equipment. Patients with such diseases can be transferred to tertiary and other specialized hospitals. A district hospital should, however, serve 85-95 per cent of the medical needs in the districts. The expected bed occupancy rate should at least be 80 per cent.

Patient Safety and Infection Control

The essential services to be provided in the district hospital for safety of patients and infection control are:

- Hand washing facilities in all OPD clinics, wards, emergency, ICU and OT areas;
- Safe clinical practices as per standard protocols to prevent health care associated infections and other harms to patients;
- There should be proper written handing over system between health care staff;
- Formation of Infection control team and provision of trained Infection control nurses;



- Standard operating procedure for aseptic procedures, surveillance culture and determination of hospital acquired infections;
- Safe Injection administration practices as per prescribed protocols;
- Safe Blood transfusion practices implemented by the hospital administrators;
- Safe disposal of Bio-medical waste and Mercury as per rules and National guidelines;
- Regular Training of Health care workers in Patient safety, infection control and Bio-medical waste management.

Location of the District Hospital:

The location of the hospital should be selected by keeping following factors in consideration:

- The location may be near the residential area;
- Too old building may be demolished and replaced with new building;
- It should be free from dangers of flooding; it must not, therefore, be sited at the lowest point of the district;
- It should be in an area free of pollution of any kind including air, noise, water and land pollution;
- It must be serviced by public utilities like water, sewage, electricity and telephone. In areas where such utilities are not available, substitutes must be found, such as a deep well for water, generators for electricity and radio communication for telephone;
- Necessary environmental clearance.

Physical Infrastructure of District Hospital:

- a) **Size of the hospital:** The size of a district hospital is a function of the hospital bed requirement which in turn is a function of the size of the population it serves. The bed requirement in the District Hospital would be determined by following factors:



- Urban and Rural demographics and likely burden of diseases;
- Geographic terrain;
- Communication network;
- Location of FRUs and Sub-district Hospitals in the area;
- Nearest Tertiary care hospital, its distance and travel time;
- Health care facilities in Private and Non-profit sectors;
- Health care facilities for specialized population such as Defence and Railways, etc.

b) Land Area of the Hospital: The minimum land area requirement of the district hospitals of different bed strength is as given below:

Bed strength	Area in hectares
Upto 100	0.25 to 0.05
101-200	0.5 to 1
500 and above	6.5 comprising 4.5 hectares for hospital and 2 hectares for residential purposes

The size of the general hospital may be calculated on the basis of 80 to 85 sqm. per bed and the 100 to 110 sqm. per bed for the teaching hospital.

c) Wards in the indoor Patients Department: The General hospitals should have the following Wards in the Indoor Patient Department (IPD):

- Emergency ward/trauma ward;
- Burn Ward;
- Separate Male and Female Medical ward;
- Separate Male and Female Surgical ward;
- Maternity ward;
- Pediatric ward;
- Nursery;



- Orthopedic ward;
- Postoperative ward;
- Ophthalmology Ward;
- Isolation ward for Infectious and contagious diseases.

The number of beds in the Private wards would depend to a significant extent on the requirement of the hospital and catchment area. The appropriate number of beds recommended for private wards is 10 per cent of the total bed strength of the hospital.

- d) Barrier free access:** The hospital should provide easy access to non-ambulant (wheel-chair, stretcher), semi-ambulant; visually disabled and elderly persons as per Guidelines and Space Standards for barrier-free built environment for Disabled and Elderly Persons of Government of India.

The Corridors should at least be 3 meter wide to accommodate the daily traffic. Size of the corridors, ramps, and stairs shall be conducive for maneuverability of wheeled equipment. The ramps besides having a slope of 1:15 to 1:18 should be conducive for the maneuverability of beds and trolleys at any turning point.

Manpower Requirements:

The minimum essential manpower required for a functional District Hospital of different bed strengths is indicated below:

Total Medical and Paramedical Manpower:

Cadre	100 Beds	200 Beds	300 Beds	400 Beds	500 Beds
Doctors	29	34	50	58	68
Staff Nurse	45	90	135	180	225
Paramedicals	31	42	66	81	100
Total Strength	105	166	251	319	393



District Hospital Manpower Administration:

Cadre	100 Beds	200 Beds	300 Beds	400 Beds	500 Beds
Hospital Administrator	1	1	1	2	2
Housekeeper/manager	1	2	3	4	5
Medical Records officer	1	1	1	1	1
Medical Record Asstt.	1	2	3	3	3
Accounts/Finance	2	3	4	5	6
Admn. Officer	1	1	2	1	1
Office Asstt. Gr I	1	1	2	2	2
Office Asstt. Gr II	1	1	2	3	4
Ambulance Services (Driver plus Tech.)	1+2	1+2	2+2	3+2	3+2
Total	12	15	21	26	29

Equipment Norms:

Equipment norms are worked out keeping in mind the assured services recommended for various grades of the district hospitals. The equipment required in the district Hospital are indicated below:

- Imaging equipment;
- X-Ray Room Accessories;
- Cardiac Equipment;
- Labor ward, Neo Natal and Special Newborn Care Unit (SNCU) equipment;
- Immunization Equipment;
- Ear Nose Throat Equipment;
- Eye Equipment;
- Dental Equipment;
- Operation Theatre Equipment;



- Laboratory Equipment;
- Surgical Equipment Sets;
- Physical Medicine and Rehabilitation (PMR) Equipment;
- Endoscopy Equipment;
- Anesthesia Equipment;
- Furniture & Hospital Accessories;
- Post Mortem equipment;
- Linen;
- Teaching Equipment;
- Refrigeration & AC;
- Hospital Plants;
- Hospital Fittings & Necessities;
- Transport;
- Radiotherapy.

The Hospital equipment should have annual maintenance contract for regular servicing and repair to ensure that they are in optimum working conditions and no equipment/instruments should remain non-functional for unreasonably long time.

The hospital should arrange manpower and outsourcing of services like laundry, ambulance, dietary, housekeeping and sanitation, waste disposal etc. through local tender mechanism.

District Public Health Unit:

The District Public Health Unit located in the District Hospital should have one Epidemiologist; one Entomologist; one Microbiologist; one IEC Officer; one District Public Health Nursing Officer; and one District Data Analyst/ Demographer.



The current functioning of the most of the district hospitals in the public sector are not up to the expectation especially in relation to availability, accessibility and quality. The staff strength, beds strength, equipment supply, service availability and population coverage are not uniform among all the district hospitals.

The Government of India is strongly committed to strengthen the health sector for improving the health status of the population. The following steps have been taken to provide comprehensive secondary health care services to the people in the district at an acceptable level of quality:

- The district hospitals would be strengthened to provide multi-specialty referral care and develop Super-specialty services gradually;
- The district hospitals would have quality management system which would be certified against set standards;
- The referral services and provision of specialty services at district hospitals would be strengthened by placing specialists like surgeon, physician, obstetrician and gynecologist, pediatrician, orthopedic surgeon, ophthalmologist, anesthetist, ENT specialist and dentist in the district headquarter hospital;
- The District hospitals would build interface with external institutions including Medical colleges and those controlled by non-government and private voluntary health organizations;
- The District hospitals would unify scientific thought with practical operations to integrate management techniques, interpersonal behavior and decision making models to serve the system and improve its efficiency and effectiveness;
- The Medical Superintendent would be authorized to incur expenditure depending upon bed strength for repair/upgrading of impaired equipment/instruments with the approval of executive committee of Rogi Kalyan Samiti/Hospital Management Society;
- Self evaluation of hospital services to be done at regular interval.



7. Reorienting Health/Medical Education to Support Rural Health Issues:

- The district and tertiary hospitals located in urban centres would form an integral part of the referral care chain serving the rural people;
- Medical and para-medical education facilities would be created in states on the basis of the needs of the States;
- The Commission for Excellence in Health Care (Medical Grants Commission), and National Institution for Public Health Management etc may be set up;
- Task Group may be constituted to improve guidelines/details.

RURAL DRINKING WATER AND SANITATION PROGRAMMES

I. NATIONAL RURAL WATER SUPPLY PROGRAMME (NRWSP)

The National Rural Water Supply Programme (NRWSP) aims at providing adequate quantity of water for drinking, cooking and meeting other basic domestic needs on a sustainable basis to people living in rural areas. The water supplied besides meeting the minimum quality standards should also be readily available and conveniently accessible.

Vision of the Programme:

- Ensure permanent security of drinking water in rural India;
- The measures shall be taken to improve/augment the existing drinking water sources and adopt conjunctive use of ground-water, surface-water, rainwater harvesting to ensure water security;
- The quality of water should be in conformity with the prescribed standards both at the supply and consumption points;
- The issues of portability, reliability, sustainability, convenience, equity, and consumers' preference should be the guiding principles while planning for a community based water supply system;
- The State should transfer the National Rural Water Supply Programme to the Panchayati Raj Institutions particularly to the Gram Panchayats to enable the community to plan, implement and manage their own water supply systems.



Objectives:

- Ensure security of water supply at the household level in rural areas;
- The States at the district and village levels should provide every rural household with adequate quantity of water for drinking, cooking, cattle and meeting other basic domestic needs on a sustainable basis. The water should be easily accessible and readily available at all times and situations;
- The water supply for drinking and cooking should maintain high quality as per the prescribed potable standards and water should be of acceptable standard for other household and animal needs;
- States should ensure that quality standards including potability and reliability of drinking water are maintained both at the production level (water treatment plant) as well as at the consumption points (household level);
- State should have water safety plan that links the identification of water quality problem and water safety solution. These include both water quality testing as well as sanitary inspection to determine appropriate control measures; quality assurance tool that ensure protection of the water supply scheme from the catchment to the consumer and from the tap to the toilet.;
- The programme needs to have strong institutional linkages at the village and facility levels (Sub-centres and Primary Health Centres) of National Rural Health Mission (NRHM) to ensure reduction in disease burden and improvement in quality of life.

Basic principles of the Programme:

- Every person should be provided adequate potable drinking water;
- Enhance access to safe and adequate drinking water to meet the basic need of the most vulnerable and deprived groups in the society;
- The water should not be commercialized and denied to those who cannot afford to pay for such service as the commercialization of water will shift



the focus to profits to be made from the scarce resource rather than human right to water for livelihood;

- Maintenance cost of the water supply system should have an in-built component of cross-subsidy to ensure that the economically backward groups are not deprived of this basic minimum needs.

Norms and criteria for the rural drinking water supply schemes:

- The in-village water supply schemes to be planned, approved, implemented, managed, operated and maintained by the PRIs and local community;
- The State Government and/or its agencies may shoulder the responsibility of bulk transfer of water, its treatment and distribution up to the doorstep of the village, whereas inside the village, the PRIs or its sub-committee like Village Water and Sanitation Committee (VWSC)/Pani Samiti will take the full responsibility for supply and management of drinking water in the village;
- Transfer drinking water supply systems to communities and PRIs for management, operation and maintenance,
- The Government to play the role of facilitator in building the capacity of local community/ PRIs to manage the in-village water supply systems and sources with the help of NGOs/CBOs and civil society ;
- To move from over-dependence on one source of drinking water to the conjunctive use of several sources, viz. ground, surface water and rainwater harvesting including recharge/roof water collection and bulk transfer through pipelines;
- Ensure and encourage appropriate data inputs to ensure equity in water supply investments to all habitations and all sections of the rural population with priority to habitations which had no investments in the recent past;
- Reward good performance and achievement of sustainability.



Priorities of the National Rural Water Supply Programme:

- Sustainability of the water supply schemes will be ensured and slip backs shall be contained;
- Maintenance of water supply systems, ensuring water quality, reliability and convenience of availability to every rural household in equitable manner;
- Achieve drinking water security at the household level in Mission mode by involving the community and enriching their knowledge and skills to enable rural households and communities to manage and maintain their drinking water sources and systems;
- Follow decentralized approach through Panchayati Raj Institutions (PRIs) and community involvement to ensure security of drinking water;
- Build a warehouse of information and knowledge at the State and district levels to bring the hardware of technologies—conventional/unconventional/innovative systems of water supply and link the same to the software of skills, knowledge, enthusiasm and desire for ownership of the water supply projects by the communities and Panchayati Raj Institutions themselves.

Components of the NRWS Programme:

To meet the emerging challenges in the rural drinking water sector relating to availability, sustainability and quality, the components under the programme are:

- **NRWSP (Operation and Maintenance):** Ten per cent of NRWSP allocated funds to be used by the States/UTs for Operation and Maintenance of rural drinking water supply schemes. The funding pattern between the Centre and States for this component will be on 50: 50 except for the North–East States and Jammu and Kashmir for which the ratio will be 90:10.
- **NRWSP (Sustainability):** Twenty per cent of the NRWSP funds will be allocated among States/ UTs to encourage them to achieve drinking water



security through sustainability of sources and systems. This component will be implemented in the form of decentralized, community-managed, demand-driven programme.

- **NRWSP (DDP areas):** Five per cent of the annual NRWSP funds will be allocated amongst States having DDP blocks/districts. The Centre will meet 100 per cent cost of this component.
- **NRWSP (Natural calamity):** Five per cent of the NRWSP funds will be used for providing assistance to States/UTs to mitigate drinking water problems in the rural areas in the wake of natural calamities.
- **NRWSP (Support):** Two per cent of NRWSP funds will be used for different support activities which are required to be carried out to enable the rural communities to have access to assured availability of potable drinking water. These include use of advanced technology, viz. satellite data/ imageries; GIS mapping; MIS and computerization; etc. and other sector support activities, viz. water quality monitoring and surveillance programme; information, education and communication; water testing laboratories; human resource development in the sector; training, conferences, seminar, Research and Development activities, CCDU, etc. This component will also promote provision of potable drinking water to rural school children.
- The States will be required to prepare district-wise Drinking Water Security Plan and funds under this component will be used to fill the gaps in this plan. Government of India may also support pilot projects in States for demonstration purpose. Centre will fund 100 per cent cost of this component.

National Rural Drinking Water Quality and Surveillance Programme:

The National Rural Drinking Water Quality Monitoring and Surveillance Programme was launched in February 2006 with the prime objective of institutionalization of community participation and involvement of PRIs for water quality monitoring and surveillance of all drinking water sources. As drinking



water quality monitoring, and quality surveillance are two distinct but closely related activities, requiring drinking water quality monitoring by suppliers of the drinking water and surveillance by the Health authorities, there should be close collaboration between agencies supplying drinking water and Health authorities all over the country.

National Rural Drinking Water Quality Monitoring and Surveillance Programme envisages the following:

- Provision of 100 per cent funding for IEC activities, HRD activities, strengthening of district level laboratories, procurement of field test kits, travel and transport cost, data reporting cost, stationery cost, honorarium to district level surveillance coordinators, water testing, documentation and data entry costs to the States for strengthening water quality monitoring facilities as per approved norms for water quality monitoring and surveillance programme and NRWSP guidelines;
- Involvement of technical and non-technical personnel in several departments like Health, Rural Development, Panchayati Raj etc.;
- Operation and Maintenance of the field test kits including refilling costs for field test kits, cost of disinfectants, minor remedial expenses, annuity and mobility, honorarium to grass root workers, and honorarium to GP level coordinator will be covered by community contribution;
- Provision of one field test kit per Gram Panchayat and demo kits for States, Districts and Blocks;
- Release of funds by the Government of India for implementation of the Programme to the SWSM/PHED/Boards, based on criteria like number of drinking water sources, number of GPs, Block Panchayats, districts, total rural population, etc. in respective States;
- State Governments would release funds to CCDU for IEC and HRD, and to DWSSM/District laboratory for setting up of new laboratories, strengthening of the existing district level laboratories and for meeting administrative expenses;



- The fund flow and strategy for procurement of field testing kits may be decided by the respective State/UT Government;
- The community may contribute @ ₹ 1 per family per month for meeting recurring cost of field test kits and other expenses and the amount will be deposited in VWSC accounts with separate ledger.

Implementation of the National Rural Drinking Water Quality Monitoring and Surveillance Programme:

- The Department of Drinking Water Supply (DDWS) is to monitor the entire programme;
- National Rural Drinking Water Quality Advisory Committee is to advise DDWS for:
 - Planning and supervising the implementation of drinking water quality monitoring and surveillance in the States;
 - Establishing a well structured information flow between Government, technical institutes, District Laboratories, Sub- Divisional Laboratories and grass-root functionaries;
- The funds will be provided to the States for:
 - Setting up Water Testing Laboratories at the Sub- Divisional level;
 - Taking up state and region specific IEC activities by involving PRIs, Co-operatives, Women Groups, SHGs, and NGOs by CCDU/ SWSNM;
 - Provision of human resource development training to district, sub-division, block and Gram Panchayat level functionaries;
 - Testing of 100 per cent of the sources at sub-divisional laboratories both for biological and chemical and physical parameters;
 - Testing of 10 per cent of samples including positively tested samples by the district laboratories apart from routine cross verification by the State laboratory;



- Involving State level laboratories in testing concentrations of rare elements and extent all necessary help in providing water quality testing reports to the State Governments during the period of natural calamity and disaster;
- Testing bacteriological parameters for all water samples and testing of physical and chemical parameters on area specific requirement;
- Involving village level workers from VWSC/GP in collection of water samples, household survey and sanitary inspections of drinking water sources, IEC and awareness generation activities by using Field Testing Kits.

Funding for the Programme:

- The Central Government would provide 100 per cent funding for strengthening of district level laboratories, setting up of sub-divisional laboratories, data reporting cost, stationery cost, honorarium to GP level Village Water and Sanitation Committee (VWSC) workers, water testing, documentation and data entry costs to the States for strengthening water quality monitoring facilities;
- The existing technical and non-technical personnel from several departments like PHE, Health, Rural Development, Panchayati Raj etc. would be mobilized and involved by utilizing the NRHM and Twelfth Finance Commission funds;
- The Operation and Maintenance of the laboratories, cost of disinfectants, minor remedial expenses, annuity and mobility, will be covered by the fund available from NRHM, Twelfth Finance Commission, PRI and State budget;
- The funds for implementation of the programme will be released by Government of India to the State Water and Sanitation Mission (SWSM)/ Public Health Engineering Department (PHED)/Boards on the basis of number of drinking water sources, number of GPs, Block Panchayats, total rural population, etc in the States;



- All IEC and HRD activities under Water Quality Monitoring and Surveillance (WQM&S) programme are to be taken up under Communication and Capacity Development Unit (CCDU). Funds for setting up of new laboratories and strengthening of existing district level laboratories and administrative expenses shall be released by the States to District Water and Sanitation Mission/District laboratory. Fund flow and strategy of the entire programme will be decided by the respective State/UT Govt.

Monitoring of the programme:

The monitoring of the programme for effective implementation of the programme should be done as follows:

- Regular field inspections by officers from the State level and the district levels;
- District Water and Sanitation Mission (DWSM) should constitute a team of experts in the district to review the implementation in different block at frequent intervals. Such review should be held at least once in a quarter;
- The inspection should be made to check and ensure that the water quality monitoring and surveillance is done in accordance with the norms and community is involved in the analysis of water samples using field test kits;
- In addition, Government of India may also send its Review Missions to the States to assess the quality of implementation of the programme.

II. SWACHH BHARAT ABHIYAN (CLEAN INDIA CAMPAIGN)

The Prime Minister of India, approved the Swachh Bharat campaign on 24 September, 2014, which was a modification of the Nirmal Bharat Programme, launched by the previous Government. The Government of India formally launched the Swachh Bharat Abhiyan to clean the streets, roads and infrastructure of the country on October 2, 2014, the birth anniversary of Mahatma Gandhi at the National level covering 4041 statutory towns to accomplish the vision of 'Clean India' by 2 October, 2019, the 150th birth anniversary of Mahatma



Gandhi. The Swachh Bharat Mission in rural areas shall mean improving the levels of cleanliness in rural areas through Solid and Liquid Waste Management activities and making Gram Panchayats Open Defecation Free (ODF), clean and sanitised. The Mission shall strive for this by removing the bottlenecks that were hindering the progress, including partial funding for Individual Household Latrines from MGNREGA and focusing on critical issues affecting outcomes.

Objective of Swachh Bharat Abhiyan:

The main objectives of Swachh Bharat Abhiyan are:

- Bring about an improvement in the general quality of life in the rural areas, by promoting cleanliness, hygiene and eliminating open defecation;
- Accelerate sanitation coverage in rural areas to achieve the vision of Swachh Bharat by 2nd October 2019;
- Motivate Communities and Panchayati Raj Institutions to adopt sustainable sanitation practices and facilities through awareness creation and health education;
- Encourage cost effective and appropriate technologies for ecologically safe and sustainable sanitation;
- Develop where required, Community managed sanitation systems focusing on scientific Solid & Liquid Waste Management systems for overall cleanliness in the rural areas.

Features of Swachh Bharat Abhiyan:

The main features of Swachh Bharat Abhiyan are to:

- Provide toilet and sanitation facilities in all rural and remote areas'
- Create public awareness of cleanliness;
- Clean roads, streets, encroachments;
- Make India one of the cleanest countries of the world.



Strategy of Swachh Bharat Abhiyan:

The focus of the Strategy is:

- To provide flexibility to State governments in deciding their implementation policy and mechanisms by taking into account State specific requirements;
- Prepare Implementation Framework for each State with a road map of activities covering the the following three important phases necessary for the Programme:
 - Planning Phase;
 - Implementation Phase;
 - Sustainability Phase;

The suggested approach would be to:

- Adopt the Community led and Community Saturation approaches focusing heavily on collective behavioral change;
- Place greater emphasis on:
 - Awareness generation,
 - Triggering behaviour change by focusing on triggering entire communities;
 - Demand generation for sanitary facilities in Houses, Schools, Anganwadis, places of Community congregation;
 - Solid and Liquid Waste Management activities.;
- Inter Personal Communication (IPC), especially of triggering of demand and use of toilets through social and behavioral change;
- Communication and house to house interventions.
- Community action and generation of peer pressure on the outliers;
- Create peer pressure through community based monitoring and vigilance committees;



- States to adopt delivery mechanisms to meet the community needs;
- The planning for implementation should be the District level:
- An appropriate district wide IEC/ IPC/social mobilization campaign should be carried out.

Components of Swachh Bharat Abhiyan:

The Programme components and activities for SBM implementation are as follows.

Start-Up Activities

The start-up activities include the following:

- Updation of Base line survey – Conducting of preliminary survey to assess the status of sanitation and hygiene practices;
- Orientation of key personnel at the District/GP level and preparation of District Plans;
- Preparation of State Plan (Programme Implementation Plan – PIP).

Information, Education and Communication (IEC Activities):

- ❖ The States would adopt the three main approaches, namely Awareness raising; Advocacy and Social & Behavior change communication (SBCC) in formulating the state and district specific IEC strategies.
- ❖ The IEC through provision of information and awareness generation and involving rural population shall bring about community-wide behavior change and trigger the demand for construction and use of sanitary facilities in the rural areas for households, schools and anganwadis; community Sanitary Complexes; solid and Liquid Waste Management projects (SLWM) through :
 - Triggering community action for Provision of toilet access to every household;



- Use of toilets on sustainable basis through Interpersonal communication, door to door contact;
 - Strengthen communication machinery at the village level with participatory social mobilization;
 - Provide guidelines for engagement of Village Level Motivators (Swachhata Doot/Sanitation Messengers);
 - Creation of demand and to bring behaviour change at GP level by engaging field functionaries like Volunteers, ASHA, Anganwadi workers, School Teachers and CSOs, NGOs, SHGs and other organizations etc.
 - Spread the message of safe sanitation through various forms of media;
- ❖ The motivators would be provided suitable incentives on the basis of their performance in motivating number of households and Schools/ Anganwadis to construct latrines and use them;
 - ❖ The Sanitation and Hygiene Advocacy and Communication Strategy Framework, 2012-17 adopted by Government of India, could be used for formulating State and District specific IEC strategy for rural sanitation and hygiene such as washing hands with soap and water at critical times and proper menstrual hygiene;
 - ❖ Funds required for implementing the IEC plan shall be provided under this component to Blocks, Gram Panchayats and/ or agencies involved in its implementation;
 - ❖ The funds available under IEC may be used for imparting hygiene education to the rural communities, general public, as well as students in educational institutions. Although WASH in Schools will be in the domain of the HRD Ministry/Department of School Education, the IEC plan should include a component for raising awareness among students, teachers and parents.



- ❖ The development of all material/templates may be standardized by the District or the State Mission, if required in consultation with expert agencies.

Capacity Building:

- This component is for building capacities of stakeholders and sanitation workers, the Swachhata Doots/Sena, members of PRIs, VWSCs, functionaries of BPMU, DWSM, ASHA, Anganwadi workers, SHG members, masons, CSOs/NGOs etc.
- The training is to be provided for:
 - Various approaches of IEC promoting behavioural change including Triggering (CLTS), SLTS, IPC;
 - House to House communication etc.;
 - Masonry and plumbing work, as well as for construction and maintenance of toilets;
 - Solid and Liquid Waste Management works.
- Central and State level Training Institutes, Resource Centers/Key Resource Centers (KRCs), District Resource Centers, and empanelled NGOs/CBOs and agencies with experience in capacity building would be engaged for imparting such trainings;
- The Capacity building exercise shall be monitored by district authorities, Swachhata mission of the States and at the District and State levels;
- Funding for the Capacity Building Action plan will be from the IEC budget. The sharing pattern of expenditure between GOI and the State Government will be in the ratio of 75:25.

Construction of Individual Household Latrines:

- The Mission aims to ensure access to various models of toilets to all rural families;



- The States shall disseminate information about available technologies and their costs to the beneficiary to enable him/her to make an informed choice;
- The Various options of Superstructure should be explored and available information about the options shall be provided to the beneficiary for him/her to make a choice;
- A duly completed household sanitary latrine shall comprise of a Toilet Unit including a substructure which is sanitary (that safely confines human faeces and eliminates the need of human handling before it is fully decomposed), a super structure, with water facility and hand wash unit for cleaning and hand washing;
- The toilets constructed for Individual households should meet the minimum design specifications to ensure their sustainability. The care shall be taken to ensure that these toilets are not over-designed and over constructed i.e. building extra large pits which are not required, to keep them affordable and also to prevent problems like contamination of drinking water;
- States shall provide appropriate information regarding the maintenance of the toilets to the beneficiaries through effective communication;
- The Incentive amount provided under SBM(G) to Below Poverty Line (BPL)/identified APLs households including SCs/STs, small and marginal farmers, landless labourers with homestead, physically handicapped and women headed households shall be up to ₹12,000 for construction of one unit of IHHL and provide for water availability, including storing for hand-washing and cleaning of the toilet;
- The ratio of Centre and State share of the incentive amount of ₹ 12000 shall be 75:25 and this ratio for North Eastern States including Sikkim, and Special category States including Uttarakhand, J&K and Himachal Pradesh shall be 90:10;
- State Governments have the flexibility to provide higher incentive for a household toilet, for higher unit costs. However, this additional funding



cannot be from the Central share of any other Centrally Sponsored Scheme;

- The beneficiaries are to be encouraged to additionally contribute in the construction of his IHHL to promote ownership;
- States shall consider the construction of 'Row' toilets and Complexes for a group of families, mainly where it is not possible to construct IHHLs;
- States shall have the flexibility to decide on the implementation mechanism to be followed in the state.
- The construction of household toilets should ideally be undertaken by the individual beneficiaries themselves with support from/or through agencies in the village;
- Payment of Incentives may be either in cash or in the form of construction materials or credit vouchers for such materials. In case of Individuals being paid the incentive, if required, States may decide to provide Incentives to households in two phases, one at the pre-construction stage and the other on completion of construction and usage.
- The Community/GP incentive, if any, can only be released after the village unit is open defecation free for a significant length of time;
- Any Incentive for the IHHL, provided to the Community/GP shall be used only for sanitation activities in that area with the ultimate objective of ensuring behavior change and wean people away from open defecation;
- All houses constructed with the Central or/and State assistance should invariably have suitable sanitation facility as an integral part. Provision will be separately included in the Indira Awas Yojana Programme for provision of functional toilets for IAY houses. Till such provision is made in the the existing IAY, funding will be continued from the Swachh Bharat Mission (Gramin);
- APL families not covered by the above incentives will be motivated and triggered to take up construction of the household latrines on their own. However, the APL families facing fund problems may be assisted through the Revolving fund as outlined in the guidelines, or through low cost financing from NABARD, Banks and Financial Institutions.



- Construction of “insanitary latrines” as defined “The prohibitions of Employment As Manual Scavenger and Rehabilitation Act, 2013” are not permitted in the rural areas. The existing “insanitary latrines” if any, should be converted to sanitary latrines and the sharing pattern for incentive for the targeted beneficiaries shall be identical to that of construction of individual house hold latrines;
- Priority under the Programme shall be accorded to cover households having:
 - Old Age Pensioners/Widow Pensioners/Disability Pensioners (National Social Assistance Programme (NSAP) beneficiaries;
 - Pregnant and lactating mothers covered by Maternal Health Programmes of Central and State Governments, including Janani Suraksha Yojana under National Rural Health Mission;
 - Girl children covered by any Scheme benefiting the girl child.

Availability of Sanitation Material-through Rural Sanitary Marts (RSM), Production Centers (PC), Self Help Groups (SHG):

- The Rural Sanitary Marts (RSM) is a commercial venture with a social objective. The main aim of having a RSM is to provide material, services and guidance needed for constructing different types of latrines and other sanitary facilities for a clean environment at a place near the residence of the beneficiaries;
- The Rural Sanitary Mart (RSM) is an outlet dealing with the material, hardware and designs required for the construction of sanitary latrines, soakage and compost pits, vermi-composting, washing platforms, certified domestic water filters and other sanitation and hygiene accessories etc.;
- RSMs need to ensure that a variety of pans (Rural, Ceramic, HDP, Fiberglass) are available for choice by the beneficiaries at reasonable rates;



- RSM should necessarily have those items, which are required as a part of the sanitation package.
- Production Centers are the means to produce cost effective affordable sanitary materials at the local level as per local demand suitable for rural consumption;
- States have to ensure that a monitoring mechanism is set up to ensure that the quality and cost of the products being produced and marketed are of acceptable standards; The Production Centers/Rural Sanitary Marts can be opened in areas where they are required and operated by SHGs/ Women Organizations/Panchayats/NGOs etc.;
- Support of private entrepreneurs may also be taken for ensuring an effective supply chain;
- The Gram Panchayats in all cases shall ensure the availability of a pool of trained masons in the area whose services can be utilised for the construction of toilets.
- An interest free loan up to ₹ 5 lakh can be given in each case for establishing a RSM/PC out of the Revolving fund available with the district;
- The loans from the Revolving fund for RSM/PC shall be recovered in 12-18 installments after one year from the date of receiving the loan;
- States may decide on the number of RSMs/PCs to be set up as per requirement, ideally with one such unit per block. However large blocks having more than 10000 population may have multiple RSM/PCs.
- The potential for a sanitation supply chain built around SHGs can be explored and set up by states, which can address the problem of reach;
- The States can decide to extend suitable financial support to the SHGs in line of the RSMs and PCs, if necessary, by adopting suitable convergence frameworks with the parent programme.



Provision of Revolving Fund in the District:

- A Revolving Fund will be available at the district level out of the SBM (G) funds;
- The States may provide funds from Revolving fund to Societies, Self Help Groups or other groups whose credit-worthiness is established, for providing cheap finance to their members for the construction of toilets;
- Loan from this fund should be recovered in 12-18 installments;
- This Revolving fund can be accessed as loans by:
 - APL households not covered for Incentives under the guidelines;
 - Households which have availed Incentives under any Sanitation scheme earlier;
 - The BPL and APL households covered under the Incentive to meet the additional cost of improved toilets with bathing facility;
- The Revolving fund shall be shared between Centre and State on an 80:20 basis.

Micro Financing of Construction of Toilets:

- The possibilities of setting up a micro financing arrangement should be explored to enable the provision of low cost financing to Individual households for the construction of household latrines;
- This will facilitate convergence of financial resources, management skills and outreach capabilities to cover the demand of toilets of those households who are not eligible for direct incentives under SBM(G), and/or those households interested in building more expensive toilet by availing finance.

Community Sanitary Complex (CSC):

- The Community Sanitary Complexes comprising an appropriate number of toilet seats, bathing cubicles, washing platforms, wash basins etc, shall be constructed only when there is lack of space in the village for construction of household toilets;



- The Community/GP shall make a specific demand for the construction of CSCs;
- The proposal for putting up CSC will be approved by the State level Scheme Sanctioning Committee (SLSSC).
- The CSC shall be set up at such a place in the village which is acceptable and assessable to all;
- Such Complexes can be made at public places, markets, bus stands etc., where large congregation of people takes place;
- The Gram Panchayat should own the ultimate responsibility and the Operation and Maintenance of such complexes;
- The user families, in case of complexes specifically meant for households, may be asked to contribute a reasonable monthly user charge for cleaning & maintenance;
- In case of complexes in places of community congregation, the pay and use model may be encouraged;
- Water supply to these CSCs will be assured under the NRDWP before sanctioning a CSC;
- The maximum prescribed per unit support for a Community Sanitary Complex is ₹ 2 lakh;
- The sharing pattern amongst Central Government, State Government and the Community shall be in the ratio of 60:30:10;
- The Community contribution, however, can be made by the Panchayat out of its own resources, from grants of the Finance Commission, from any other fund of the State duly permitted by it, or from any other source as obtained from the State, District or GP. For, funding the CSCs/public toilets, states may also source additional funds from CSR/CSO/NGO for raising the cost of individual complexes;
- The mode may be Public-Private-Partnership (PPP)/VGF which should cater to the need of operation and maintenance of the facilities.



Equity and inclusion:

- Equity and inclusion issues are of significance in the sanitation and hygiene sectors. The implementing agencies should give priority in providing access to the different categories of people who are not able to access and use safe sanitation facilities;
- These categories of people may include:
 - Socially and economically marginalized people;
 - Women, children, pregnant women and elderly persons;
 - People of certain castes, faiths and ethnicities;
 - People with disabilities;
 - Geographically marginalised populations in remote areas;
 - People living in areas where it is difficult to construct simple toilets due to high water tables, sandy soils or hard rock;
- Requirements and sensitivities relating to gender including dignity and safety issues shall be taken into account at each stage of planning, implementation and post implementation management of sanitation issues.
- Issues relating to women's personal hygiene namely menstrual hygiene are to be focused under the SBM (G).
- The CSOs and SHGs shall play a key role in apprising girls/women about menstrual hygiene practices and developing models to meet the demand for sanitary napkins;
- The funds available under the IEC component may be used for raising awareness about Menstrual Hygiene Management in all places and specifically amongst adolescent girls in schools;
- The funds under the SLWM components may also be used for setting up of Incinerators in Schools, PHCs and Public toilets, for the safe disposal of menstrual hygiene waste.



- Provision of sanitary facilities sensitive to the needs of people with disabilities, shall be included in the technologies that may be used for the construction of toilets.

Solid and Liquid Waste Management (SLWM):

- The main objective of Solid and Liquid Waste Management (SLWM) is to improve the cleanliness, general hygiene and quality of life;
- The focus of IEC interventions shall be to create a felt need for proper Solid and Liquid Waste Management amongst the population;
- The systems for the scientific disposal of waste must have a tangible impact on the population;
- The Community /Gram panchayats have to be motivated to come forward and demand for such a system, which they have to subsequently operate and maintain;
- The SLWM is to be taken up in project mode for each Gram Panchayat (GP) with financial assistance capped for a GP on number of household basis to enable all GPs to implement sustainable SLWM projects;
- The total assistance for SLWM projects shall be worked out on the basis of total number of households in each GP, subject to a maximum of:
 - ₹7 lakh for a GP having up to 150 households;
 - ₹12 lakh up to 300 households;
 - ₹15 lakh up to 500 households;
 - ₹20 lakh for GPs having more than 500 households.
- Funding for SLWM is provided by the Central and State Government in the ratio of 75:25. Any additional cost requirement is to be met with funds from the State/GP, and from other sources like Finance Commission funding, CSR, Swachh Bharat Kosh and through the PPP model.



Administrative Charges:

- ❖ States shall be permitted to utilise funds under this component as per its requirement. The Administrative Charges shall normally permit expenditure on:
 - Salary of temporary staff and agencies deployed for the execution of various components of the SBM at State, District, Block and GP levels;
 - Support services, fuel charges, vehicle hire charges, stationery, monitoring & evaluation activities;
 - TA/DA to Inter-State and Inter-District Survey teams deputed for monitoring and verification, exposure visits;
 - Hiring of Specialists/ Consultants/Agencies from the fields of IEC, Human Resource Development, School sanitation & Hygiene education, SLWM, Monitoring and Evaluation etc. at the State and District levels for the project period;
 - Engaging a Block Coordinator and a Data Entry Operator on contract to assist the senior officer posted at the block level;
 - Every Block shall be provided with one computer with accessories. Internet connection including monthly charges shall be permissible per block;
 - Sharing pattern of expenditure will be 75:25 between Centre and State;
 - The 5% of the administrative funds shall be utilised for monitoring and Evaluation studies related to the programme;
 - The expenses prohibited under administrative expenses include purchase of vehicles and land and buildings; construction of official buildings and rest houses (this excludes toilet units needed for SBM(G) projects); expenses for any political party, religious organizations, gifts and donations; and temporary transfer of funds to any other scheme or fund in the state.



Role of Panchayati Raj Institutions:

- The GPs can play a key role in promoting regular use, maintenance and up-gradation of toilets, SLWM components and Inter-Personal Communication for hygiene education.
- The GPs will participate in:
 - The social mobilization for the triggering demand;
 - Construction of toilets;
 - Maintenance of the clean environment by way of safe disposal of waste.
 - Maintenance of Community Complexes constructed under the SBM through funds available from Finance Commissions, user charges, other State funds, CSR funds etc.;
 - Providing resources over and above the prescribed amount for School Sanitation and Solid and Liquid Waste Management infrastructure;
 - Act as custodian of the assets such as the Community Complexes, environmental sanitation infrastructure, drainage etc. constructed under SBM;
 - Opening and operating Production Centers/Rural Sanitary Marts;
 - GPs must also play a role in the monitoring of the SBM programme and assist in organizing Social Audits of the Programme.
- Experienced and reputed NGOs may be involved in assisting to carry out Inter-personal Communication and Training;
- Agencies who are in the front line of implementation have a key role in ensuring that safety standards are being met with all components of SBM e.g. the distance between water source and a latrine – regulating pit-depth, pit lining to prevent pollution, collapse of pit etc., keeping the environment around hand pumps/water sources clear and tidy and free of human and animal excreta.

SCHEMES, PROGRAMMES AND DISABILITY ACT FOR WELFARE AND REHABILITATION OF PERSONS WITH DISABILITIES

It is estimated that 2.13 per cent of 600 million people with disabilities in the world live in India. As per some estimates, the actual number of Indians with permanent and temporary disability could be as high as 50 million. Though, persons with disabilities are entitled to the full range of human rights and fundamental freedoms like any other individual in the society, they are subjected to many forms of discrimination and denial of basic rights. As a result, they are often leading a marginalized life.

The Government of India has enacted the Persons with Disability Act and is implementing the following schemes for welfare and rehabilitation of Persons with Disability.

I. PERSON WITH DISABILITY (PWD) ACT, 1995

The Indian Parliament passed the Persons with Disability (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 to promote and ensure equality and full participation of persons with disabilities and protect and promote their economic and social rights. The PWD Act came into force in India except the state of Jammu and Kashmir with effect from February 7, 1996.

The enactment of the PWD Act, 1995 by the Indian Parliament was indicative of the explicit induction and institutionalization of the disability rights into the Indian legal system. The substantive provisions of the Act relate to prevention and early detection, education, employment, affirmative action, non-discrimination/



barrier free access, research and manpower development and institutions for persons with disabilities.

A. Monitoring and Enforcement Mechanism:

The implementation of any legislation, more particularly, a social legislation like the PWD Act depends to a larger extent on the efficiency and effectiveness of its monitoring and enforcement mechanisms. The enforcement mechanism has to be such that it caters to all persons with disability across the States.

The different Sections of the Persons with Disability Act, 1995 envisaged/contemplated the following three-fold monitoring and enforcement mechanism at the State level which included Commissioner (Persons with Disability) (CPD), the State Coordination Committee (SCC), and the State Executive Committee (SEC). Besides, the concerned Department of the State Government serves as important additional monitoring and enforcement mechanism.

- i) Commissioner for Persons with Disabilities (CPD):** Section 60 of the Persons with Disabilities mandated appointment of the Commissioner (Persons with Disabilities) in every State. The Commissioner for Persons with Disability is expected to coordinate and monitor the implementation of different provisions of the Act; take cognizance of complaints especially those relating to deprivation of rights of persons with disability; and take steps to safeguard the rights and facilities made available to persons with disability.

Functions and Responsibilities of State Commissioner: The functions and responsibilities of the State Commissioners under different Sections of the Persons with Disabilities Act, 1995 include the following:

- The Commissioner (Persons with Disabilities) under section 61 of PWD Act shall coordinate with other departments of the State Government for the programmes and schemes, for the persons with disabilities; monitor the utilization of funds disbursed by the State Government to various departments for disability related works; take steps to safeguard the rights and make facilities available to



persons with disabilities; submit reports to the State Government on the implementation of the Act at the prescribed intervals and forward a copy thereof to the Chief Commissioner.

- The Commissioner under section 62 of the Act may of his own motion or on the application of any aggrieved person or otherwise look into complaints with respect to matters relating to deprivation of rights of persons with disabilities; non-implementation of the laws, rules, bye laws, regulations, executive orders, guidelines or instructions made or issued by the appropriate Government and the local authorities for the welfare and protection of rights of persons with disabilities and take up the matter with appropriate authorities.
- The Commissioner under section 63 shall, for the purpose of discharging his/her functions under the Act, have the same powers as are vested in a court under the Code of Civil Procedure, 1908 while trying a suit. The Commissioner, the competent authority, shall be deemed to be a civil court for the purposes of section 195 and Chapter XXVI of the Code of Criminal Procedure, 1973.
- Section 65 (1) of the Act makes it incumbent for the Commissioner to prepare and submit a detailed annual report giving full account of his activities during the previous year along with his/her recommendations in the prescribed format for each financial year to the concerned State Government and a copy thereof to the Chief Commissioner.
- Section 65 (2) of the Act stipulates that the concerned State Government shall place the annual report of the Commissioner on the table of the State Legislature along with an action taken report. The said action taken report must contain the action taken or proposed to be taken on the recommendations made therein in so far and the reasons for non-acceptance, if any, or any such recommendation or part.



ii) State Coordination Committee (SCC):

- Section 13 (1) of the Persons of Disability Act mandated that every State Government shall, by notification, constitute a body to be known as the State Coordination Committee (SCC) to exercise the powers conferred on, and to perform the function assigned to it, under the Act.
- Under Section 14 (1) of the Act, a member of a State Coordination Committee nominated under clause (f) or clause (g) of sub section (2) of Section 13 shall hold office for a term of three years from the date of his nomination. Provided that such a member shall, notwithstanding the expiration of his term, continue to hold office until his successor takes over his office.
- The State Coordination Committee under Section 18 (1) of the PWD Act shall serve as the state focal point on disability matters and facilitate the continuous evolution of a comprehensive policy towards solving the problems faced by persons with disabilities.
- The main functions of the State Coordination Committee spelt out under Section 18 (2) of the PWD Act include the following:
 - Review and coordination of activities of all Departments of Government and other Non–Governmental Organizations which are dealing with matters relating to persons with disabilities;
 - Develop a State policy to address issues faced by persons with disabilities;
 - Advise the State Government on the formulation of policies, programmes, legislation and projects with respect to disability; review in consultation with the donor agencies, their funding from the perspective of their impact on persons with disabilities;
 - Take such steps to ensure barrier free environment in pupil's places, work places, public utilities, schools and other institutions;



- Monitor and evaluate the impact of policies and programmes designed for achieving equality and full participation of persons with disabilities;
- Perform such other functions as may be prescribed by the State Government.
- Section 17 of PWD Act mandates that the State Coordination Committee shall meet at least once in every six months and shall observe such rules of procedure in regard to the transaction of business at its meetings as may be prescribed.

iii) State Executive Committee (SEC):

- The State Government of each State shall constitute a State Executive Committee (SEC) under 19 (1) to perform the functions assigned to it under the Act.
- While nominating members of SEC under Section 19 (2) the State Governments shall nominate at least one woman and one person belonging to Scheduled Castes or Scheduled Tribes.
- The State Executive Committee under Section 20 (1) of the PWD Act shall be the executive body of the State Coordination Committee and shall be responsible for executing the decisions of the State Coordination Committee.
- Under Section 20 (2) The State Executive Committee under Section 20 (2) shall perform all other functions as may be delegated to it by the State Coordination Committee.
- Section 21 mandates that the State Executive Committee shall meet at least once in three months and shall observe such rules of procedure in regard to the transaction of business at its meetings as may be prescribed by the State Government.



B. Provision of Education for Children/Persons with Disabilities:

Chapter V of the PWD Act (Sections 26-31) makes comprehensive provisions for education of children/persons with disabilities and covers various dimensions of education and related matters. These include the following:

- Section 26 mandates that the appropriate Government and local authorities shall:
 - Ensure that every child with a disability has access to free education in an appropriate environment till he/she attains the age of eighteen years;
 - Endeavor to promote the integration of students with disabilities in the normal schools;
 - Promote setting up of special schools in Government and private sector for those in need of special education, in such a manner that children with disabilities living in any part of the country have access to such schools;
 - Endeavour to equip the special schools for children with disabilities with vocational training facilities.
- The appropriate Government and the local authorities under Section 27 shall make schemes for:
 - Conducting part-time classes in respect of children with disabilities who having completed education up to class fifth could not continue their studies on a whole time basis;
 - Conducting special part-time classes for providing functional literacy for children in the age group of sixteen and above;
 - Imparting non formal education by utilizing the available manpower in rural areas after giving them appropriate orientation;
 - Imparting education through open schools and open universities;
 - Conducting class and discussions through interactive electronic or other media;



- Providing every child with disability free special books and equipments needed for his education.
- Section 28 provides that the appropriate Government shall initiate or cause to be initiated, research by official and non- governmental agencies for the purpose of designing and developing new assistive devices, teaching aids, special teaching materials or such other items as are necessary to give a child with disability equal opportunity in education.
- Section 29 mandates that the appropriate Government shall set up adequate number of teachers' training institutions and assist the national institutes and other voluntary organizations to develop teachers' training programmes specializing in disabilities so that requisite trained manpower is available for special schools and integrated schools for children with disabilities.
- The appropriate Governments under Section 30 of the PWD Act shall prepare a comprehensive education scheme which will make provisions for:
 - Transport facilities to the children with disabilities or provide financial incentives to parents or guardians to enable their children with disabilities to attend schools;
 - The removal of architectural barriers from schools, colleges or other institutions imparting vocational and professional training;
 - The supply of books, uniforms and other materials to children with disabilities attending schools;
 - The grant of scholarship to students with disabilities;
 - Setting up of appropriate mechanism for redressal of grievances of parents, regarding the placement of their children with disabilities;
 - Suitable modification in the examination system to eliminate purely mathematical questions for the benefit of blind students and students with low vision;
 - Restructuring of curriculum for the benefit of children with disabilities;



- Restructuring the curriculum for benefit of students with hearing impairment to facilitate them to take only one language as part of their curriculum.
- Section 31 mandates that all educational institutions shall provide or cause to be provided amanuensis to blind students and students with low vision;
- Section 39, which perhaps inadvertently forms part of the chapter on employment of the PWD Act, provides for not less than three per cent reservation for persons with disability for admission to Government and Government aided educational institutions.

C) Provision of Employment for Persons with Disabilities:

Chapter VI of the PWD Act deals with the following provision of employment for PWD.

- Section 32 of PWD Act mandates that the State Government shall:
 - Identify posts, in the establishments, which can be reserved for the persons with disability;
 - Review the list of posts identified and up-date the same at periodical intervals not exceeding three years by taking into consideration the developments in technology.
- Section 33 mandates that every State Government shall reserve in every establishment such percentage of vacancies not less than three percent, for persons or class of persons with disability of which one per cent each shall be reserved for persons suffering from blindness or low vision, hearing impairment, and loco motor disability or cerebral palsy, in the posts identified for each disability. Provided that the appropriate Government may, having regard to the type of work carried on in any department or establishment, by notification subject to such conditions, if any, as may be specified in such notification, exempt any establishment from the provisions of this section.



- Section 38 (d) makes it incumbent on the appropriate Government to take health and safety measures and create non handicapping environment in places where persons with disabilities are employed. This has larger implications which include disabled friendly and non-discriminatory service rules/conditions to enable persons with disabilities to perform to the optimal level of their potential.
- Section 38 (b) stipulates relaxation in the upper age limit.
- Section 41 stipulates that the appropriate Governments and the local authorities shall, within the limits of their economic capacity and development, provide incentives to employers both in public and private sectors to ensure that at least five per cent of their work force comprises persons with disabilities.
- Section 47(1) relates to an explicit ban on termination of service or reduction in rank of an employee who acquire disability during the course of his/her service. Provided that, if an employee, after acquiring disability is not suitable for the post he was holding, could be shifted to some other post with same pay and service benefits; Provided further that if it is not possible to adjust the employee against any post, he may be kept on a supernumerary post until a suitable post is available or he attains the age of superannuation, whichever is earlier.
- Section 47(2) provides safeguard against denial of promotion to a person on ground of his/her disability. Provided that the appropriate Government may, having regard to the type of work carried on in by establishment, by notification and subject to such conditions, if any, as may be specified in such notification, exempt any establishment from the provision of this section.
- Going by the spirit of the Act, women with disabilities should also get a fair share of reservation, etc. as they are under-represented in matters of education and employment.



D) Poverty alleviation, affirmative action, social security and barrier free access:

- Section 40 of the Act provides for not less than three per cent reservation for persons with disabilities in all poverty alleviation schemes for the benefit of the persons with disabilities.
- Sections 42 provides for affirmative action under which it makes incumbent on the appropriate Government to formulate scheme to provide aid and appliances to persons with disabilities.
- Section 43 provides for preferential allotment of land at concessional rates in favor of persons with disabilities for residential purposes, setting up business, setting up of special recreation centers and establishment of special schools, research centers and factories by entrepreneurs with disabilities.
- Sections 68 provides grant of unemployment allowance to those persons with disabilities who are registered with the special employment exchange for more than two years and have not been given gainful employment.
- Sections 44, 45, and 46 provide for making transport systems, roads and public buildings etc., barrier free so that persons with disabilities can access them smoothly. It goes without saying that accessibility has many more dimensions, and the existing Act takes a rather narrow view thereof. Broadly speaking, the transport system excluding the state run buses generally do not fall within the domain of the state government, roads and buildings do. Incidentally, buildings include workplaces, recreation centers, parks, cinema and theatre, schools, colleges and universities and other public buildings.



II) SCHEMES FOR WELFARE OF PERSONS WITH DISABILITIES

1. Scheme for Implementation of Persons with Disabilities Act, 1995 ó Issuance of Guidelines

The Scheme for Implementation of Persons with Disabilities Act, 1995, was included in the Ninth Five Year Plan of this Ministry. The Ministry of Social Justice and Empowerment has been implementing the Scheme for Implementation of Persons with Disabilities Act, 1995 (SIPDA) included in the ninth five year plan of the Ministry.

The Ministry is providing financial assistance for the following activities under the scheme:

- To provide barrier free environment for the persons with disabilities which include access to built environment in schools, colleges, academic and training institutions, offices and public buildings, recreational areas, health centres for hospitals etc. This would include:
 - Provision for ramps, rails, lifts;
 - Adaptation of toilets for wheelchair users;
 - Brail sign ages and auditory signals;
 - Tactile flooring, causing curb cuts and slopes to be made in pavement for the easy access of wheelchair users;
 - Engraving on the surface of zebra crossing for the blind or for persons with low vision;
 - Engraving on the edges of railway platforms for the blind or for low vision and devising appropriate symbols of disability.
- To make Government websites at the Centre/State and District levels accessible to PwDs;
- To promote accessibility of libraries, both physical and digital and other knowledge centers;
- Identification and Survey/issuance of Universal ID of PwDs and to assist State government to organize camps for issuance of disability certificates;



- To support Composite Rehabilitation Centres (CRCs)/ Regional Centres/ Outreach Centres and District Disability Rehabilitation Centres (DDRCs) and also to set up new CRCs and DDRCs as and when required;
- To set up/support resource centres facilitating dissemination of information, awareness campaigns and sensitization programmes on disability issues, counseling and providing support services;
- Supporting activities relating to pre-school training for children with disabilities, counseling for the parents, training for care givers, teachers training programme and activities relating to early detection camps for children of age 0-5 years and early intervention.
- To establish early diagnostic and intervention centres at District Head quarters /other places having Government Medical Colleges, with a view to help visually impaired, physically impaired, hearing impaired, mentally impaired infants and young children to acquire necessary skills to get prepared for regular schooling;
- To promote research and development activities in the field of disability rehabilitation including to undertake surveys, investigation and research concerning cause of occurrence of disabilities;
- Skill Development and vocational training Programme and other programme for PwDs for ensuring employment of PwDs, including establishing centres for creating economic models appropriate for PwDs;
- Grant to the State Governments/UTs for the Offices of State Commissioner for Persons with Disabilities for strengthening infrastructure facilities
- Construction of special recreation centres for PwDs where the appropriate Governments/local authorities have their own land;
- Support for sporting events for Persons with Disabilities at National/State level to ensure optimal physical rehabilitation of PwDs;
- Financial assistance for any other activity specified in the PWD Act for which financial assistance is not being provided/covered by the existing Schemes of the Department.



Implementing agencies

Funds will be released to the implementing organizations/institutions directly. Financial Assistance will be provided by way of Grant-in-Aid to the following agencies:

- States Governments/Union Territories.
- Autonomous organization setup Central/State Government including Central/State Universities.
- National Institutes/ CRCs/DDRCs/RCs/Outreach Centres under MSJ&E.
- Statutory Organizations of Central/ State Govts/UTs
- Organizations/ Institutions set up by Central and State Governments.
- Central/State recognized Sports bodies & Federations.

The Implementing Agency shall submit the final Utilization Certificate for the entire grant along with a project completion report within three months after completion of the work/project as stipulated in the proposal. Unutilized money, if any, is to be refunded to the Ministry. In case the work project is not completed within the stipulated timeframe and further time is sought to complete the same, the organization concerned has to intimate the Ministry and also explain the reason for the delay. If the project is not completed within the timeframe/extended time frame, the organization concerned has to refund the grant forthwith.

2. Deendayal Disabled Rehabilitation Scheme (DDRS)

To enable more effective implementation of Section 66 of PWD Act, the four existing schemes namely, scheme of assistance to organization for the disabled; scheme of assistance to voluntary organization for the rehabilitation of leprosy cured persons; scheme of assistance to voluntary organisations for special school for handicapped children; scheme of assistance to organisation for persons with cerebral palsy and mental retardation then existing for rehabilitation of persons with disabilities were amalgamated in 1999 into a



single scheme called the 'Scheme to Promote Voluntary Action for Persons with Disabilities' as an umbrella Central Sector Scheme. The amalgamated scheme was revised w.e.f. 1 April, 2003 with the approval of the then Minister-in-charge, and renamed as the 'Deendayal Disabled Rehabilitation Scheme' (DDRS) to promote voluntary action for Persons with Disabilities.

Objectives of the DDRS:

The objectives of the scheme are given below:

- To create an enabling environment to ensure equal opportunities, equity, social justice and empowerment of persons with disabilities;
- To encourage voluntary action for ensuring effective implementation of the Persons with Disabilities (Equal Opportunities and Protection of Rights) Act, 1995.

Approach of the DDRS:

The financial assistance is given to NGOs for providing a wide range of services necessary for rehabilitation of persons with disabilities. These services include the following:

- Programmes for pre-school and early intervention;
- Special education;
- Development of daily living skills;
- Vocational training for skill development and placement;
- Training and awareness;
- Community based rehabilitation;
- Manpower development;
- Psycho-social rehabilitation of persons with mental illness;
- Rehabilitation of leprosy-cured persons, etc.



Strategy of the DDRS:

With a view to inclusion of persons with disabilities in the mainstream of society and actualizing their potential, the thrust of the scheme would be on education and training programmes .To achieve the objectives of DDRS, the key strategies of the scheme are to:

- Enhance educational opportunities at all levels and in all forms and enlarge the scope of vocational and professional opportunities, income generation and gainful occupations;
- Support all such measures as may be necessary for promoting formal as well as non formal employment and placement opportunities;
- Implement outreach and comprehensive Community Based Rehabilitation programmes in urban and rural environments;
- Support manpower development activities to train required personnel at different levels for all programmes/projects/activities for persons with disabilities;
- Support the development, publication and dissemination of information, documentation and training materials;
- Set up well equipped resource centres at different levels to promote and support the development of self-help groups, parent organizations and independent living;
- Encourage coordination, cooperation and networking and multi-sectoral linkages;
- Support people with disabilities in projects which are environment friendly and ecopromotive;
- Support construction and maintenance of buildings, provision of furniture and fixtures and installation and maintenance of machinery and equipment;
- Establish and support facilities for sport, recreation, leisure-time activities, excursions, creative and performing arts, cultural and socially inclusive activities;



- Support and facilitate the availability of appropriate housing, homes and hostel facilities;
- Support the conduct of surveys and other forms of epidemiological studies;
- Promote research in various development areas, innovative strategies, assistive devices and enabling technologies and support production of such devices ensuring quality control;
- Support effort to ensure protection of human, civil and consumer rights of persons with disabilities;
- Support legal literacy, including legal counseling, legal aid and analysis and evaluation of existing laws;
- Support other such measures, which may meet the needs of the persons with disability and fulfill the obligations as prescribed in the People with Disabilities (Equal Opportunities and Protection of Rights) Act of 1995.

The Model projects supported under the scheme are:

- Project for Pre-School and Early Intervention and Training:** The primary objective of this project is to prepare infants and children upto the age of 6 years for schooling in special schools and/or their integration at the appropriate stage in regular schools. The project also provides for therapeutic services, day care and counseling of parents.
- Special Schools:** The main thrust of special school projects for the mentally challenged, the hearing and speech impaired and the visually challenged is to develop communication skills and other sensory abilities, with the end objective varying from acquiring daily living skills to integration in regular institutions of learning and society in general. Residential facilities can also be covered under the project. The continuing projects for special schools for orthopedically handicapped children are also being funded.
- Project for Cerebral Palsied Children:** The objectives of this project are similar to project for special schools, with more emphasis on catering to the therapy needs of the individual.



- d) **Vocational Training Centres:** These centres provide skills to persons with disabilities in the age group of 15-35 years to enable them to move towards economic independence.
- e) **Sheltered Workshops:** These projects are meant for creating income generation opportunities.
- f) **Project for Rehabilitation of Leprosy Cured Persons:** The main objective of this project is to empower leprosy cured persons with skills to enable them to improve their socio-economic condition. The project may also include vocational training units and homes only for severely disabled.
- g) **Half Way Home for Psycho-Social Rehabilitation of Treated and Controlled Mentally Ill Persons:** To provide a facilitating mechanism for rehabilitation of persons discharged from the mental hospitals/asylums after their mental illness is treated and controlled. The project covers provision of vocational training and counseling for such persons and their families to facilitate their reintegration with the family/society; and medical advice/treatment relating to their illness to manage periodic psychiatric disturbances.
- h) **Project relating to Survey, Identification, Awareness and Sensitization:** This project includes identification of disability to facilitate early intervention through awareness creation; sensitization of parents/guardians on management needs of persons with disabilities; suggesting appropriate rehabilitation programmes; and facilitation of research on trends relating to various disabilities.
- i) **Home Based Rehabilitation Programme/Home Management Programme:** The project includes guidance and provision for mobility skills; development of basic communication skills and daily living skills; training and sensitization of families of children with disabilities, in the context of the home environment.
- j) **Project for Community Based Rehabilitation:** The objective of this project is to rehabilitate and train disabled individuals and integrate them



into their communities. The focus of this project is on partnership between the disabled persons, families, community, and health professionals to provide needed services in a non-institutional setting, in an environment where services for disabled persons are seriously limited or absent. These projects are particularly relevant in rural areas.

- k) **Project for Low Vision Centres:** The centres provide identification, assessment, rehabilitation and counseling services and assist individuals with low vision to reach their maximum potential through guidance and improvement of visual efficiency.
- l) **Projects for Human Resource Development:** Make provision of training for trainers in special education; develop resource centres and networking of resources in the field of rehabilitation of the disabled.
- m) **Seminars/Workshops/Rural Camps:** Lump-sum grant is provided to support seminars/workshops/rural camps with specified objectives, outcomes and tangible outputs.
- n) **Environment Friendly and Eco-Promotive Projects for the Handicapped:** Support is provided to environment friendly and eco-promotive projects like gardening, horticulture, raising of nurseries and planting of trees for disabled.
- o) **Grant for Computer:** Computers of appropriate configuration as per requirement can be provided under this project.
- p) **Construction of Building:** The project covers construction of class rooms, vocational training or employment centres and hostel buildings for disabled.
- q) **Project for Legal Literacy, including Legal Counseling, Legal aid and Analysis and Evaluation of Existing Laws:** Support is provided for such projects in the form of honoraria for para-legal trainers and other staff, contingencies and court expenses.
- r) **District Disability Rehabilitation Centres:** To support the functioning of District Disability Rehabilitation Centres set up by the Government, after



being handed over to voluntary agencies. These Centres are involved in awareness generation, rehabilitation and training at the grass root level.

The components admissible for assistance under DDRS:

The components admissible for assistance under various model projects include the following:

i) Recurring expenditure:

- Honorarium for staff deployed for the project by the voluntary organization;
- Transportation for beneficiaries;
- Stipend for beneficiaries/hostel maintenance;
- Cost of raw materials;
- Contingencies to meet office expenses, electricity and water charges, etc.;
- Rent of the building.

ii) Non-recurring expenditure:

- Furniture;
- Equipment;
- Building construction;
- Books.

Eligible Organizations:

The Organizations/Institutions eligible for assistance under this scheme are:

- The organizations registered under the Societies Registration Act, 1860 (XXI of 1860), or any relevant Act of the State/Union Territory;
- A public trust registered under the law for the time being in force;
- A charitable company licensed under section 25 of the Companies Act, 1958.



Further an Organization/Institution to be eligible for assistance must be a non profit organization and should have a properly constituted managing body with its clearly defined powers, duties and responsibilities in writing; adequate resources, facilities and experience for undertaking the programme; existed for a period of two years; sound financial position; and should not discriminate against any person or group of persons on the grounds of sex, religion, caste or creed.

The conditions related to experience, period of existence and financial soundness may be relaxed by the Secretary Ministry of Social Justice & Empowerment in consultation with Financial Advisor, in exceptional cases, for reasons to be recorded in writing.

Norms of Financial Assistance:

The quantum of support/grant-in-aid is determined on the basis of the scope and merits of the project proposal and could be upto 90 per cent of the budgeted amount for a project. To encourage gradual self-reliance of NGOs, tapering of grant is applied in projects already funded for 7 years in urban areas by 5 per cent every alternate year, so as to reduce the level of funding to 75 per cent.

3. Scheme of Assistance to Disabled Persons for Purchase/ Fitting of Aids/Appliances (ADIP):

It has been the constant endeavor of the Government to provide the disabled persons with aids/appliance at minimum cost for their social, economic and vocational rehabilitation. To enable and empower disabled persons ADIP Scheme was modified w.e.f. 1 April 2014, in such a manner that it becomes more user-friendly and the needy are not deprived of necessary aids/appliances for want of means to acquire them together with a transparent mechanism for checks and balances.

Objectives of the scheme:

The main objectives of the scheme are to:

- Assist the needy disabled persons in procuring certified durable, sophisticated and scientifically manufactured, modern, standard aids and



appliances to promote their physical, social, psychological rehabilitation by reducing the effects of disabilities and at the same time enhance their economic potential;

- Improve their independent functioning;
- Arrest the extent of disability and occurrence of secondary disability.

Scope:

The Scheme will be implemented through the Implementing Agencies by giving them financial assistance for purchase, fabrication and distribution of such standard aids and appliances to disabled persons in conformity with objectives of the Scheme.

The Implementing Agencies under the scheme will be required to do the following:

- Take care/make suitable arrangements for fitting and post-fitting care of the aids and appliances distributed under the Scheme;
- Give wide publicity of the distribution of such aid and appliances to persons with disabilities;
- Inform the District Collector, BDO, a local public representative, State Government and the Department of Disability Affairs at least one week in advance about the date and the location of the camp;
- Provide a list of beneficiaries provided aids and devices along with the details of aids and assistive devices and the cost incurred to the State Government and the Department of Disability Affairs after the camp;
- Display the list of beneficiaries on the website of the Implementing Agency.

The Scheme shall also include essential medical/surgical correction and intervention, prior to fitment of aids and appliances, as per the following norms:

- ₹ 500- 1,000 for hearing and speech impaired;
- ₹ 1000-2,000 for visually disabled;
- ₹ 3000- 5,000 for orthopedically disabled.



Eligible Implementing Agencies under the scheme:

The agencies eligible to implement the Scheme on behalf of Department of Disability Affairs under Ministry of Social Justice and Empowerment are given below:

- Societies and their branches, if any, registered separately under the Societies Registration Act, 1860;
- Registered Charitable Trusts;
- Indian Red Cross Societies and other Autonomous Bodies headed by District Collector/Chief Executive Officer/District Development Officer;
- National/Apex Institutes, CRCs, RCs, DDRCs, National Trust, ALIMCO functioning under administrative control of the Ministry of Social Justice and Empowerment/Ministry of Health and Family Welfare;
- National/State Handicapped Development Corporation;
- Local Bodies including Zilla Parishad, Municipalities, District Autonomous Development Councils and Panchayats etc.;
- Hospitals registered as separate entity, as recommended by State/UT/ Central Government;
- Nehru Yuva Kendras;
- Any other organization considered fit by Department of Disability Affairs, Ministry of SJ&E;
- Grant-in-aid under the Scheme will not be given for commercial production or supply of aids/appliances.

Eligibility of the beneficiaries:

A person with disabilities would be eligible for assistance under the scheme provided he/she fulfills the following conditions:

- An Indian citizen of any age;
- Holds a 40 per cent disablement certificate;
- Monthly income from all sources should not exceed ₹ 20,000;



- Monthly income of parents/guardians should not exceed ₹ 20,000 in case of dependents;
- He/she has not received assistance from any other source for the same purpose during the last three years. However, for children below 12 years of age it would be one year.

Quantum of assistance:

- The extent of financial support would be limited to ₹ 10,000 for each disability and ₹ 12,000 for students with disabilities in respect of devices costing upto ₹ 20,000.
- Further, all expensive items costing above ₹ 20,000, except cochlear implant, the Government of India shall bear 50 per cent of the cost of these items and the remainder shall be contributed by either the State Government or the NGO or any other agency or by the beneficiary concerned subject to prior approval of Ministry on case to case basis. It would be limited to 20 per cent of the Budget under the Scheme.
- The Ministry of Social Justice and Empowerment will identify and recognize an Institute of national stature from each zone to recommend children eligible under the Scheme for cochlear implant, with a ceiling of ₹6.00 lakh per unit to be borne by the Government.
- Ministry will also identify and recognize the Institutes in the zones wherein the surgery will be undertaken and will also identify suitable agencies for providing cochlear implant (500 children per year) under the Scheme. Income ceiling for the beneficiaries will be same as for other aids/appliances.
- The admissible travelling cost for the Person with Disability and one escort would be limited to bus or railway fare, subject to an outer limit of ₹ 250 each person, irrespective of number of visits to the centre.
- Further, the admissible boarding and lodging expenses would be ₹ 100 per day for maximum duration of 15 days for those patients whose total monthly income is upto ₹15, 000 and the same will be allowed to attendant/escort.



- Boarding and lodging expenses will be admissible for corrective/reconstructive surgery; cases requiring stay for fitment of artificial limb/caliper in case of Locomotor; cases requiring stay for ear mould fabrication/fitment; cataract surgery.
- One per cent of the budget under the Scheme may be used for Research in aids & assistive devices and seeking accreditation with international bodies of equivalent standard of ISI.
- The grant-in-aid would normally be released in one installment if GIA is less than ₹ 10 lakh. However, this limit will not apply for special camps held with the approval of Department of Disability Affairs. Quantum of first and second installment will be decided by the Department keeping in view the provisions under General Financial Rules and also in consultation with Integrated Finance Division.
- Implementing agencies shall use 5 per cent of the grant-in-aid as administrative/overhead expenses for conducting awareness, assessment and follow-up camps.
- The Ministry of Social Justice and Empowerment, Department of Empowerment of Person with Disability has modified Para 8.01 (b) of AIDP Scheme on 26th March 2015. Under the modifications in Para 8.01 (b) of AIDP Scheme, the subsidy to the extent of Rs 25000 will be provided for Motorized tricycles and wheelchairs for severely disabled and for Quadriplegic (SCI), Muscular Dystrophy, Stroke, Cerebral Palsy, Hemiplegia and any other person with similar conditions, where either three/four limbs or one half of the body are severely impaired persons of the age of 16 years and above once in ten years. However, severely disabled person of 16 years and above having mental impairment shall not be eligible for Motorized tricycles and wheelchairs since it puts them at a risk of serious accident of the physical harm.

Requirement of Disability Certificate for getting aids and assistive devices under the ADIP scheme:

- It is mandatory for Persons with Disabilities to produce disability certificate issued by competent medical authority to get aids and assistive devices under the ADIP scheme.



- To ensure that the disable student are not deprived of Aids/Appliances for want of disability certificates, the procedure for issuance of disability certificates for students with disabilities was simplified as below in 2010:
 - The onus to arrange the disability certificate lies with the Principal/ Headmaster of the school;
 - In the case of obvious disability, the disability certificate can be issued at the level of Government Primary Health Centres [PHCs], Community Health Centres (CHCs) and hospitals at the Sub-Divisional level;
 - In case of non-obvious single disability, certificate can be issued by a single doctor specialist of concerned disability as notified by the State Government.
 - In case of multiple disabilities, a multi-member board consisting of specialists of concerned disability would be required for issuance of disability certificate.
- The norms of Disability Certification in the case of Children with Special Needs (CWSN) under the ADIP- SSA were reconsidered in consultation with the Ministry of Human Resource Development, Department of School Education and Literacy for 100 percent coverage.
- It was decided that responsibility for issue of a Joint Disability certificate for availing the benefits under the ADIP-SSA will be that of:
 - Headmaster or Principal of the School;
 - Government Doctor of Government Primary Health Centres (PHCs) or Community Health Centres [CHCs];
 - Local SSA Authority;
 - Representatives of ALIMCO;
- In case of less than 40% disability, CWSN can be issued aids and assistive devices based on the joint certification ;
- For aids and assistive devices under ADIP-SSA, the cost ceiling for Student with Disabilities (SWDs) would be Rs 12,000.



4. Scheme of National Scholarship for Persons with Disabilities

Under the Scheme of National Scholarships for Persons with Disabilities, 500 new scholarships are awarded for pursuing post matric professional and technical courses of more than one year duration. However, in respect of students with cerebral palsy, mental retardation, multiple disabilities and profound or severe hearing impairment, scholarship are awarded for pursuing studies from IX Standards onwards.

- Students with disability of 40 per cent or more and whose monthly family income does not exceed ₹15,000 are eligible for scholarship under the scheme. The continuation/renewal of the award for next year will depend on successfully completing the course in the preceding year with minimum 50 percent marks.
- The monthly amount of scholarship would be ₹ 700 for day scholars and ₹ 1,000 for hostellers pursuing Graduate and Post Graduate level technical or professional courses. The monthly amount of scholarship would be ₹ 400 for day scholars and ₹ 700 for hostellers for pursuing diploma and certificate level professional courses. In addition to the scholarship, the students are reimbursed the course fee subject to a ceiling of ₹ 10,000 per year.
- Financial assistance under the scheme is also given for computer with editing software for blind/deaf graduate and postgraduate students pursuing professional courses and for support access software for cerebral palsied students.

5. Indira Gandhi National Disability Pension Scheme (IGNDPS)

Persons with severe or multiple disabilities in the age group of 18-59 and belonging to BPL families are provided monthly pension under Indira Gandhi National Disability Pension Scheme (IGNDPS). The rate of central assistance under IGNDPS is ₹ 200 per month per beneficiary. State Governments have



been urged to contribute at least ₹ 200 from their end. The estimated number of beneficiaries covered under IGNDPS is 15 lakh.

6. Health Care Programmes

Several programmes have been launched with a view to provide health care and preventive measures for persons with disabilities. These programmes include National Programme for Control of Blindness, National Leprosy Control Programme, Urban Leprosy Control Programme, National Programme for Prevention and Control of Deafness, National Mental Programme, and National Iodine Deficiency Disorders Control Programme. The Non-Government Organizations are also supported for undertaking programmes on early intervention and early detection of disabilities.

7. National Handicapped Finance and Development Corporation (NHFDC)

The Ministry of Social Justice & Empowerment, Government of India has set up National Handicapped Finance and Development Corporation (NHFDC) on 24 January, 1997 with an objective to promote economic development activities and self-employment ventures for the benefit of persons with disability.

The NHFDC functions as an Apex institution for channelizing the funds to persons with disabilities through the State Channelizing Agencies (SCAs) nominated by the State Government(s).

The corporation provides loan of different amounts for the following activities to Indian citizen of 18 to 60 years of age with 40 percent or more disability and having relevant educational/ technical/vocational qualification/experience and background:

- ₹ 3 lakh for sales and trading;
- ₹ 5 lakh for service sector activities;
- Upto ₹ 10 lakh for purchase of vehicle including auto rickshaw for commercial hiring;



- Upto ₹ 10 lakh for agricultural activities;
- Upto ₹ 25 lakh for setting up small industrial unit for manufacturing, fabrication and production;
- Upto ₹ 5 lakh for self-employment amongst persons with mental retardation, cerebral palsy and autism;
- Upto ₹ 7.50 lakh for Professional/Educational/Training courses in India and upto ₹ 15 lakh for studies abroad;
- Upto ₹ 5 lakh for each NGO and ₹ 25, 000 for beneficiaries under Micro Credit Scheme implemented through NGOs;
- Upto ₹ 5 lakh for Parents' Association of mentally retarded persons;
- Financial Assistance in the form of grant is provided for skills and entrepreneurial Development to channelising agencies/reputed training institutions for imparting skills and entrepreneurial development training to disabled persons.

8. Facilities and Concessions provided to Persons with Disabilities:

The various concessions and facilities provided to persons with disabilities include the following:

- Concessions in rail travel for persons with disabilities including travel with escorts, specially designed coaches in several trains, separate reservation counter, barrier free features in the railway stations, etc.
- Wheel chairs and Ambulift provided at some airports, reserved parking in major airports, special adapted toilets etc.;
- Indian Air Carrier offers concession of 50 per cent in economic class to passengers with locomotor disabilities and blind persons;
- Assistance is provided to various sports organizations for national and international tournaments for persons with disabilities; participation of disabled and intellectually challenged sports persons in sports competitions abroad; procurement of sports equipments etc.;



- Grants are provided to schools including special schools for engagement of coaches and purchase of sports equipments etc. under a new scheme, namely, Scheme of Sports and Games for the disabled;
- Various projects undertaken for the benefit of persons with disabilities by Medical Electronics and Telemedicine Division of Ministry of Communication and IT include Re-design and fabrication of Motor Wheel Chair, Computational Analysis of speech impairment, Development of High Speed Inter-point Braille Embosser, Establishment of E-Learning and E-classroom system for Visually impaired, Design & Development of Cost-effective Bio-Signals Controlled Prosthetic Hand, etc.

THE LIVING CONDITION AND PROTECTION OF HUMAN RIGHTS OF MENTALLY ILL PERSONS

It is estimated that 6-7 per cent of population suffers from mental disorders. According to WHO Report 2001, one in four families is likely to have at least one member with a behavioral or mental disorder. These families not only provide physical and emotional support, but also bear the negative impact of stigma and discrimination. Most of mentally ill persons (more than 90 per cent) remained un-treated due to poor awareness about symptoms of mental illness; myths and stigma related to it; and lack of knowledge on the treatment availability and potential benefits of seeking treatment.

The Government of India launched some programmes and enacted Mental Health Act, 1987. The details of these programmes and Mental Health Act are given below:

1. National Mental Health Programme (NMHP)

The Government of India has launched the National Mental Health Programme (NMHP) in 1982, with the following objectives:

- To ensure the availability and accessibility of minimum mental healthcare for all in the foreseeable future, particularly to the most vulnerable and underprivileged sections of the population;
- To encourage the application of mental health knowledge in general healthcare and in social development;
- To promote community participation in the mental health service development and to stimulate efforts towards self-help in the community.



Components of National Mental Health Programme:

- District Mental Health Programme (DMHP);
- Modernization of State Run Mental Hospitals;
- Up gradation of Psychiatric Wings of Medical Colleges/General Hospitals;
- Manpower Development Schemes - Centers of Excellence and Setting Up/ Strengthening PG Training Departments of Mental Health Specialties;
- Information, Education and Communication (IEC);
- Training and Research;
- Monitoring and Evaluation.

i) **District Mental Health Programme (DMHP):** The District Mental Health Programme was launched under NMHP in 4 districts in 1996. It was expanded to 27 districts of the country by the end of IX Five year plan period and is being presently implemented in 123 districts of the country.

The main objective of DMHP is to provide community mental health services and integration of mental health with general health services through decentralization of treatment from specialized mental hospital based care to primary health care services.

The DMHP based on Bellary Model envisages a community based approach to the problem, which includes the following:

- Provide service for early detection and treatment of mental illness in the community (OPD/ Indoor and follow up);
- Provision of short term training for general physicians for diagnosis and treatment of common mental diseases with limited number of drugs, under the guidance of specialists at identified nodal institutions. The Health workers are being trained in identifying mentally ill persons;
- Increase awareness and reduce stigma related to mental health problems through IEC;



- Provide valuable data and experience at the community level in the State and Center for future planning, improvement in service and research.

Based on the evaluation conducted by an independent agency in 2008 and feedback received from a series of consultations, it was decided by the Government of India that DMHP should be revised and consolidated assistance on new pattern with added components like life skills education and counseling in schools; college counseling services; work place stress management; and suicide prevention services should be provided.

These components are in addition to the existing components of clinical services, training of general health care functionaries, and IEC activities in DMHP. The team of workers at the district level under the program consists of a Psychiatrist, a Clinical Psychologist, a Psychiatric Social worker, a Psychiatry/Community Nurse, a Program Manager, a Program/Case Registry Assistant and a Record Keeper.

- ii) **Modernization of State Run Mental Hospitals:** Most of the state run mental hospitals in the country were established long ago and are now in dilapidated state. The infrastructure of these hospitals stands on custodial care pattern. The assistance under this scheme is provided for modernization of state run mental hospitals from custodial care to comprehensive management.

A one-time grant with a ceiling of ₹300 crores per hospital is provided under the programme for modernization of the existing state-run mental hospitals. The activities covered under the grant include construction/repair of existing building(s), purchase of cots and equipments, provision of infrastructure such as water- tanks and toilet facilities etc. The grant does not cover expenses incurred for increasing the number of bed strength, running the hospital, and cost of medicines.

- iii) **Up gradation of Psychiatric Wings of Medical Colleges/General Hospitals:** As per the norms laid down by the Medical Council of India, every medical college should ideally have a Department of Psychiatry



with minimum number of three faculty members and inpatient facilities of about 30 beds. However, one third of the existing medical colleges in the country do not have adequate psychiatric services.

The main aim of the up-gradation of Psychiatric Wings of Medical Colleges/ General Hospitals component of the programme is to strengthen the psychiatric wings of Government Medical Colleges/Hospitals. A one-time grant of ₹50 lakhs is provided under the scheme for:

- Up-gradation of infrastructure and equipment including construction of new ward, repair of existing ward, procurement of items like cots, tables and equipments for psychiatric use such as modified ECTs.;
- Strengthen the training facilities for Under-Graduates and Post-Graduates in the Psychiatry wings of Government Medical Colleges/ Hospitals as per the existing norms.

iv) Manpower Development Scheme: In order to improve the training infrastructure in mental health, Government of India has approved the Manpower Development Component of NMHP for XI Five Year Plan. It has the following two schemes:

A) Centers of Excellence: Under Scheme - A, at least 11 Centres of Excellence were to be established in mental health in the XI Plan period by upgrading existing mental health institutions/hospitals. A grant of upto ₹30 crores is available for each centre for capital work (academic block, library, hostel, laboratory, supportive departments, lecture theatres etc.), equipment and furnishing, faculty induction and retention for the plan period. The commitment is required from the State Governments that they will take over the entire funding of the scheme after the XI Five Year Plan period. The proposal of the State Governments for these centers must include definite plan with timelines for initiating/increasing PG courses in Psychiatry, Clinical Psychology, Psychiatric Social Workers and Psychiatric Nursing.



B) Setting Up/Strengthening PG Training Departments of Mental Health Specialties: To provide further impetus to manpower development in Mental Health, Government Medical Colleges/ Hospitals are supported to start PG courses in Mental Health or to increase the intake capacity for PG training in Mental Health. A support of 51 lacs to 1 Crore per PG department is provided under this component for capital work for establishing/improving mental health departments (Psychiatry, Clinical Psychology, Psychiatric Social Work, and Psychiatric Nursing), equipment, tools and basic infrastructure, engaging required/deficient faculty for starting/enhancing the PG courses.

v) IEC Activities: NMHP has dedicated funds for IEC activities for the purpose of increasing awareness and removal of stigma for mental illness. The funds are allocated at central and state level for IEC activities. An amount of ₹ one crore is allocated for the purpose of IEC activities at central level. A team of workers at the central level in the National Mental Health Cell comprises of two Consultants and two Research Associates.

2. The Mental Health Act, 1987

The Mental Health Act 1987 was enacted to consolidate and amend the law relating to the treatment and care of mentally ill persons, to make better provision with respect to their property and affairs and for matters connected therewith or incidental thereto.

- i) Objectives of the Act:** The main objects of the Mental Health Act are to:
- Regulate admission to psychiatric hospitals or psychiatric nursing homes of mentally ill persons who do not have sufficient understanding to seek treatment on a voluntary basis, and to protect the rights of mentally ill persons while being detained;
 - Protect society from the presence of mentally ill persons who have become or might become a danger or nuisance to others;



- Protect citizens from being detained in psychiatric hospitals or psychiatric nursing homes without sufficient cause;
- Regulate responsibility for maintenance charges of mentally ill persons who are admitted to psychiatric hospitals or psychiatric nursing homes;
- Provide facilities for establishing guardianship or custody of mentally ill persons who are incapable of managing their own affairs;
- To provide for the establishment of Central Authority and State Authorities for Mental Health services;
- Regulate the powers of the Government for establishing, licensing and controlling psychiatric hospitals and psychiatric nursing homes for mentally ill persons;
- Provide legal aid to mentally ill persons at State expense in certain cases.

ii) **Mental Health Authorities:** The Central Government shall establish an authority for Mental Health Services and the State Government shall establish State authority for Mental Health services.

The Authorities shall:

- Be in-charge of regulation, development, direction and coordination with respect to Mental Health Services under the Central Government and all other matters concerning Central Government or any authority subordinate to Central Government;
- Supervise Psychiatric Hospital/Psychiatric Nursing Homes/other Mental Health Service agencies under the Control of Central Government/State Government respectively;
- Advise the Central Government/State Government in all matters relating to Mental Health;
- Discharge such other functions with respect to matters relating to mental health as the Central Government/State Government may require.



The Mental Health Services in addition to psychiatric hospitals and psychiatric nursing homes, observation wards, day-care centres, in patient treatment in general hospitals, ambulatory treatment facilities, convalescent homes and half-way-homes for mentally ill persons.

- iii) **Establishment and maintenance of Psychiatric Hospitals and Psychiatric Nursing Homes:** The Central Government may, in any part of India, or the state government may, within the limits of its jurisdiction, establish or maintain psychiatric hospitals or psychiatric nursing homes for the admission and care of mentally ill persons. Separate psychiatric hospitals and psychiatric nursing homes may be established or maintained for persons under sixteen years; addicted to alcohol or other drugs which lead to behavioural changes in persons; and convicted of any offence.

No person shall establish or maintain a psychiatric hospital or psychiatric nursing home unless he holds a valid license granted to him under this Act. This shall, however, not apply to psychiatric hospital or psychiatric nursing home established and maintained by the Central and State Government.

Grant or refusal of license: The licensing authority shall grant the license if satisfied that the establishment or maintenance of the psychiatric hospital or psychiatric nursing home or the continuance of the maintenance of any such hospital or nursing home established before the commencement of this Act is necessary; the applicant is in a position to provide the minimum facilities prescribed for the admission, treatment and care of mentally ill persons; and the psychiatric hospital or psychiatric nursing home, will be under the charge of medical officer who is a psychiatrist. The licensing authority, if not satisfied on these aspects can refuse to grant the license after giving a reasonable chance for hearing and communicating the reasons for such refusal. Every license unless revoked shall be valid for a period of five years from the date on which it is granted.

Renewal of license: A license may be renewed from time to time by the licensing authority if the psychiatric hospital or psychiatric nursing home is maintained in accordance with the conditions laid down in the Act.



The renewal of a license shall not be refused unless the licensing authority is satisfied that the licensee is not in a position to provide in a psychiatric hospital or psychiatric nursing home, the minimum facilities prescribed for the admission, treatment and care therein to mentally ill persons; or the licensee is not in a position to provide a Medical Officer who is a psychiatrist to take charge of the psychiatric hospital or psychiatric nursing home, or the licensee has contravened any of the provisions of this Act or any rule made there under.

Revocation of license: The licensing authority can revoke the license in case the psychiatric hospital or nursing home is not maintained properly or its maintenance is detrimental to the well-being of the in-patients thereof after giving a reasonable opportunity of being heard.

Appeal: Any person aggrieved by an order of the licensing authority refusing to grant or renew a license, or revoking a license, may, in such manner and within such period as may be prescribed, prefer an appeal to the State Government.

- iv) **Treatment of out-patient:** Provision shall be made in every psychiatric hospital or psychiatric nursing homes for such facilities as may be prescribed for the treatment of every mentally ill-person as out-patients in case his condition does not warrant his admission as an in-patient.
- v) **Admission and Detention in Psychiatric Hospital or Psychiatric Nursing Home:**

Admission on Voluntary basis: Any persons (not being a minor), who considers himself to be a mentally ill person and desires to be admitted to any psychiatric hospital or psychiatric nursing home for treatment, may request the Medical officer-in-charge for being admitted as a voluntary patient.

Where the guardian of a minor considers such minor to be a mentally ill person and desires to admit such minor in any psychiatric hospital or psychiatric nursing home for treatment, he may request the medical officer-in-charge for admitting such minor as a voluntary patient.



On receipt of a request, the medical officer-in-charge shall make inquiry within a period not exceeding twenty-four hours and if satisfied that the applicant or, the minor requires treatment as an in-patient in the psychiatric hospital or psychiatric nursing home, he may admit therein such applicant or minor as a voluntary patient.

Every voluntary patient admitted to a psychiatric hospital or psychiatric nursing home shall be bound to abide by such regulations as may be made by the medical officer-in-charge or the licensee of the psychiatric hospital or psychiatric nursing home.

Admission under special circumstances: Any mentally ill persons who does not, or is unable to, express his willingness for admission as a voluntary patient, may be admitted and kept as an in-patient in a psychiatric hospital or psychiatric nursing home on an application made on his behalf by a relative or a friend of the mentally ill persons and if the medical officers-in-charge is satisfied that in the interest of the mentally ill persons it is necessary to so.

Application for reception order: In case a mentally ill person is suffering from mental disorder of such a nature and degree that his treatment in the psychiatric hospital/psychiatric nursing home is required to be continued for more than six months, or it is necessary in the interests of the health and personal safety of the mentally ill person or for the protection of others that such person shall be detained in a psychiatric hospital or psychiatric nursing home, the application for a reception order may be made by the husband, wife or any other relative of the mentally ill person to the Magistrate within the local limits of whose jurisdiction the patient ordinary resides. Every application shall be made in the prescribed form and shall be accompanied by two medical certificates from two medical practitioners of whom one shall be a medical practitioner in the service of Government.

The Magistrate shall make a reception order if satisfied with the observations of each of the medical practitioner made after examining the



alleged mentally ill person that the alleged mentally ill person is suffering from mental disorder of such a nature and degree as to warrant the detention of such person in a psychiatric hospital or psychiatric nursing home and that such detention is necessary in the interests of the health and personal safety of that person or for the protection of others.

No person who is a minor, or who, within fourteen days before the date of the application, has not seen the alleged mentally ill person, shall make an application under this section.

vi) Discharge of mentally ill persons:

Discharge of Voluntary patients: The medical officer-in-charge of a psychiatric hospital or psychiatric nursing home shall, on a request made by any voluntary patient; and by the guardian of the patient, if he is a minor voluntary patient shall discharge, the patient from the psychiatric hospital or psychiatric nursing home within twenty-four hours of the receipt of such request.

In case the medical officer in-charge of a psychiatric hospital or psychiatric nursing home is satisfied that the discharge of a voluntary patient is not in the interest of such voluntary patient, he shall, constitute a Board consisting of two medical officers and seek its opinion as to whether such voluntary patient needs further treatment and if the Board is of the opinion that such voluntary patient needs further treatment in the psychiatric hospital or psychiatric nursing home, the medical officer shall not discharge the voluntary patient, but continue his treatment for a period not exceeding ninety days at a time.

Discharge of involuntary patients: The medical officer-in-charge of a psychiatric hospital or psychiatric nursing home may, on the recommendation of two medical practitioners one of whom shall preferably be a psychiatrist order for discharge of any person other than a voluntary patient detained or undergoing treatment therein as an in-patient.



Discharge of mentally ill persons on application: Any person detained in a psychiatric hospital or psychiatric nursing home under an order and in pursuance of an application made under this Act, shall be discharged on an application made to the medical officer in charge by the person on whose application the order was made. However, no person shall be discharged if the medical officer in charge certifies in writing that the person is dangerous and unfit to be at large.

The mentally ill person shall be discharged from the psychiatric hospital or psychiatric nursing home on the undertaking of relatives or friends for due care of such mentally ill person, and ensuring that the mentally ill person shall be prevented from causing injury to himself/herself or to others.

A person detained in a psychiatric hospital or psychiatric nursing home in pursuance of a reception order shall be discharged if found subsequently on an inquisition of sound mind, capable of taking care of himself and managing his affairs.

Leave of Absence: An application accompanied by bond for specified amount may be made by the husband or wife or authorized relative for leave of absence of the mentally ill person undergoing treatment as an in-patient in any psychiatric hospital or psychiatric nursing home to the medical officer in-charge undertaking to take proper care of the mentally ill person and bring him back to the psychiatric hospital on the expiry of the leave period, the medical officer may grant leave of absence not exceeding 60 days. In case the medical officer refuses to grant leave of absence, the applicant may apply to the magistrate within the local limits.

vii) Powers and duties of police officers in respect of mentally ill persons:

Every officer in charge of a police station may take or cause to be taken into protection any person found wandering at large within the limits of his police station whom he has reason to believe to be so mentally ill, as to be incapable of taking care of himself, or is dangerous by reason of mental illness.



Every person who is taken into protection and detained shall be produced before the nearest Magistrate within a period of twenty-four hours of taking him into such protection. The Magistrate on production of the person before him shall form his opinion after examining the person to assess his capacity to understand; get him examined by a medical officer, and make such inquiries in relation to such person. He may pass a reception order authorising the detention of the said person as an in-patient in a psychiatric hospital or psychiatric nursing home if the medical officer certifies such person to be a mentally ill person, and the Magistrate is satisfied that the said person is a mentally ill person and that in the interest of the health and personal safety of that person or for the protection of others, it is necessary to pass such order.

viii) Mentally ill person treated cruelly or not under proper care and control:

In case the Magistrate, within the local limits of whose jurisdiction the mentally ill person resides, comes to know through the police officer or private person that the said mentally ill person is being ill treated, neglected or cruelly treated, he may pass orders requiring the relative or other person to take care of such mentally ill person. This section also makes provision for punishment in case of non-compliance of the aforesaid orders. The non-compliance of the order shall be punishable with fine which may extend to two thousand rupees.

ix) Inspection of Psychiatric Hospitals and Psychiatric Nursing Homes:

An Inspecting Officer may, at any time, enter and inspect any psychiatric hospital or psychiatric nursing home and ask for production of any records, which are required to be kept in accordance with the rules made in this behalf, for inspection. However, the personal records of a patient so inspected shall be kept confidential; he may interview in private any patient receiving treatment and care therein for the purpose of inquiring into any complaint made by or on behalf of such patient as to the treatment and care or where the Inspecting Officer has reason to believe that any in-patient is not receiving proper treatment and care.



Where the Inspecting Officer is satisfied that any in-patient in a psychiatric hospital or psychiatric nursing home is not receiving proper treatment and care, he may report the matter to the licensing authority and thereupon the licensing authority may issue such direction as it may deem fit to the medical officer-in-charge/licensee of the psychiatric hospital, or the psychiatric nursing home. Every such medical officer-in-charge or licensee shall be bound to comply with such directions.

Appointment of Visitors for inspection of Psychiatric Hospitals and Psychiatric Nursing Homes:

The State Government or the Central Government, as the case may be shall appoint not less than five visitors comprising at least one medical officer, preferably a psychiatrist and two social workers for the inspection of psychiatric hospital and psychiatric nursing home.

The head of the Medical Services of the State or his nominee preferably a psychiatrist will be an ex officio visitor of all the psychiatrist hospital and psychiatric nursing homes in the State.

The joint inspection shall be conducted of every part of the psychiatric hospital/nursing home by not less than three visitors once in a month. They will record their comments/remarks in respect of the management and condition of such hospital or nursing home and of the in-patients thereof in the inspection book immediately after the inspection.

In case of inspection of mentally ill persons, all the 3 visitors shall visit and examine every minor admitted as voluntary patient and as far as circumstances permit, every mentally ill person admitted therein at least once in three months.

The visitors, however, are not empowered to inspect personal records of in-patients which in the opinion of the medical officer-in-charge are confidential in nature.

In case a visitor does not participate in the joint inspection of the psychiatric



hospital or psychiatric nursing for three consecutive months, he shall cease to hold office.

Inspection of mentally ill prisoners housed in jails:

The mentally ill persons detained in the jail shall be visited by the following to assess the state of mind and physical conditions of such persons and make a detailed report to the authority under whose orders such persons are detained:

- The Inspector General of Prisons where such persons are detained in the jails. The State Government may empower any of its officers to discharge all or any of the functions of the Inspector-General of Prisons;
- All or any three of the visitors including at least one social worker shall visit such persons once in every three months at the place where they are detained;
- The medical officer in charge of a psychiatric hospital or psychiatric nursing home wherein such persons are detained shall make special report once in every six months regarding the mental and physical condition of such person;
- Every person who is detained in jail shall be visited by a psychiatrist or a medical officer if psychiatrist is not available at least once in every three months. The psychiatrist or the medical officer as the case may be shall make a special report regarding the mental and physical condition of such person to the authority under whose order such person is detained.

x) The property of the mentally ill person:

If a mentally ill person possess a property, it can be taken care of by any of his relatives or by public curator or by the advocate general of the state concerned or by the collector of the district in case the property is a land, by means of an application to the district court which shall pass order after examining the concerned mentally ill person personally.



The district court if finds the mentally ill person to be incapable of maintaining his property may appoint a guardian to take care of the person and a manager for his property who shall within a period of six months from the date of appointment gives a statement of all claims due and all debts and liabilities due by such mentally ill person. He should also within a period of three months from the close of the financial year give an account of property, sums received and disbursed.

xi) Liability to meet cost of maintenance of mentally ill persons detained in Psychiatric hospital or Psychiatric nursing home:

Cost of maintenance to be borne by Government: The cost of maintenance of a mentally ill person detained as an in-patient in any psychiatric hospital or psychiatric nursing home shall, unless otherwise provided for by the law be borne by the Government of the State wherein the authority which passed the order has not taken an undertaking from any person to bear the cost of maintenance of such mentally ill person.

Where any mentally ill person detained in a psychiatric hospital or psychiatric nursing home has an estate or where any person legally bound to maintain such person has the means to maintain such person, the Government/local authority liable to pay/bear the cost of maintenance of such person or any local authority liable to bear the cost of maintenance of such mentally ill person under any law may make an application to the District Court concerned for passing an order authorizing it to apply the estate of the mentally ill person to meet the cost of maintenance or for directing the person legally bound to maintain the mentally ill person to bear the cost of maintenance of such mentally ill person. As such the Act does not absolve a person legally bound to maintain a mentally ill person from maintaining such mentally ill person.



xii) Protection of human rights of mentally ill persons:

No mentally ill person during the treatment shall be:

- Treated with indignity (whether physical or mental) or cruelty.
- Used for purposes of research, unless:
 - Such research is of direct benefit to him for purposes of diagnosis or treatment;
 - Such person, being a voluntary patient, has given his consent in writing;
 - The guardian or other person competent to give consent on behalf of such persons (whether or not voluntary patient) by reasons of minority or otherwise has given his consent in writing for research;
- Subject to any rules made for the purpose of preventing vexatious or defamatory communications or communications prejudicial to the treatment of mentally ill persons, no letters or other communications sent by or to mentally ill persons under treatment shall be intercepted, detained or destroyed.

xiii) Penalties and Procedures:

- Any person establishes or maintains such nursing home or hospital in contravention of the Act, shall be punishable with an imprisonment of 3 months or with fine or with both.
- Any person who detains mentally ill person otherwise than in accordance with the Act, shall be punishable with imprisonment for two years or with a fine of ₹ 1000 or with both;
- Any other person who contravenes any of the provision of the Act for which no penalty is expressly provided shall be punishable with an imprisonment for a period of 6 months or with a fine of ₹ 500 or with both.



xiv) Miscellaneous:

a) Report by medical officer: The medical officer in-charge will make a report about the mental and physical condition of the discharged person to the authority under whose orders the mentally ill person was detained in the psychiatric hospital/nursing home.

b) Pension etc. payable to the mentally ill person by Government: Where any sum is payable in respect of pay, pension, gratuity or any allowance to any mentally ill person by the Government, the officer concerned may pay a part of the sum to:

- The person having charge of the mentally ill person for meeting the cost of maintenance of such person;
- Member of the family dependent on the mentally ill person for their maintenance,
- Surplus amount, if any, after making payments shall be held by the Government and disposed of in the following manner:
 - The surplus amount shall be paid back to the person if he ceases to be mentally ill;
 - The whole surplus amount shall be paid to his/her legal heirs if mentally ill person dies before payment;
 - Where the mentally ill person dies during his mental illness without leaving any person legally entitled to succeed to his estate, the whole of the surplus amount shall, with the prior permission of the District Court, be utilized for such charitable purpose as may be approved by the District Court.

c) Legal aid to mentally ill person: Where a mentally ill person is not represented by a legal practitioner in any proceeding under this Act and it appears to the District Court or Magistrate, having regard to all the circumstances of the case that such person ought to be



represented by a legal practitioner, the District court or the Magistrate shall:

- Appoint a legal practitioner to represent him/her at the expense of the state in case the mentally ill person does not have sufficient means to engage a legal practitioner;
- Assign a legal practitioner to represent a mentally ill person having sufficient means to engage a legal practitioner and direct the State to bear the expenses with respect thereto and recover the same from the property of such person.
- The high court may, with the approval of the State Government, make rules relating to the mode of selecting legal practitioners, facilities to be allowed to such legal practitioners; the fees payable to such legal practitioners by the Government.

d) Protection of action taken in good faith: No suit, prosecution or other legal proceeding shall lie against any person for anything which is done in good faith or intended to be done in pursuance of this Act or any rules, regulations or orders made there under.

xv) Powers of Central and State Government to make rules:

The Central Government may, by notification, make rules providing for the qualifications of persons who may be appointed as Mental Health Authority and the terms and conditions subject to which they may be appointed under that section and all other matters relating to such authority.

THE PRISON CONDITIONS AND PROTECTION OF HUMAN RIGHTS OF PRISON INMATES

Prisoners housed in jails have a right to life with dignity even while in custody. The human dignity is the quintessence of human rights and denial of dignity means denial of human rights. Regardless of the crime a man/woman may commit, he/she is a human being and entitled to be treated with dignity, decency, kindness and compassion.

The prison administration in the country, however, has been criticized for the problems of dilapidated prison structure, overcrowding and congestion, increasing proportion of under-trial prisoners, inadequacy of prison staff, lack of proper care and treatment of prisoners etc. in the State prisons. The growing advocacy for the protection of human rights in the various walks of lives has also attracted the attention of activists and judiciary for sub human conditions prevailing in these prisons. The Supreme Court has come down heavily on the sub-humane conditions prevailing in the prisons. In a number of judgments on various aspects of prison administration, the Supreme Court of India has laid down the following three broad principles:

- i) A person in prison does not become a non-person.
- ii) A person in prison is entitled to all human rights within the limitations of imprisonment.
- iii) There is no justification in aggravating the suffering already inherent in the process of incarceration.



In the light of the directives issued by the Supreme Court in a number of judgments, the Bureau of Police Research and Development, Ministry of Home Affairs, Government of India constituted Model Prison Manual Committee for formulation of Model Prison Manual for the Superintendence and Management of Prisons in India. The guidelines given in the Model Prison Manual relating to human rights of prisoners in different spheres are summarized below:

1. Rights of the Prisoners

The rights of the prisoners spelt out in the Model Prison Manual are as follows:

i) Right to Human Dignity:

- Right to human dignity gives prisoners the right to be treated as a human being and as a person. This right has been stressed by the Supreme Court of India which has categorically declared that prisoners shall not be treated as non-persons;
- Right to integrity of body gives immunity from use of repression and personal abuse, whether by custodial staff or by prisoners;
- Right to integrity of mind gives immunity from aggression whether by staff or by prisoners;
- Right to no-deprivation of fundamental rights guaranteed by the Constitution of India, except in accordance with law prescribing conditions and confinement.

ii) Right to Basic Needs:

- Right to fulfillment of basic minimum needs such as adequate diet, adequate potable water for drinking, bathing and cleaning purposes; health and medical care and treatment, access to clean and hygienic conditions of living accommodation, sanitation and personal hygiene, adequate clothing, bedding and other equipment; and recreation.

iii) Right to Communication:

- Right to Communication with the outside world;
- Right to periodic interviews;



- Right to receive information about the outside world through communication media.

iv) Right to Education:

- Education programmes in prison should include physical and health education; academic education; social education; vocational education; moral and spiritual education and cultural education;
- The education should be organized for beginners and illiterates and intermediates and advanced education for educated prisoners with the aim to make every illiterate prisoner literate and motivate literate prisoners to continue their studies and appear in the examination of Board/University by providing him/her necessary facilities;
- The prison library should be properly equipped with books, magazines and newspapers to cater to the needs of different educational standards and development of knowledge of the inmates. The prisoners should be encouraged to develop reading habits.

v) Right to Meaningful and Gainful Employment:

- Right to meaningful and gainful employment means that no prisoner shall be required to perform any form of forced labour which is prohibited as a fundamental right against exploitation under Article 23 of the Constitution;
- Under-trial prisoners volunteering to do work may be given suitable work wherever practicable. Such prisoners should be paid wages as per rules;
- No prisoners shall be put to domestic work with any official in the prison administration. Such work shall not be considered as meaningful or gainful, even if some monetary compensation is offered;
- Prisoner shall in no case be put to any work which is under the management, control, supervision or direction of any private entrepreneur working for profit of the organization. This will not apply to open prisons and camps;
- Right to get wages for the work done in the prison.



vi) Right to Proper Health Cover:

- There should be a hospital in every prison with the necessary number of beds for indoor treatment and separate wards for men and women;
- Every prisoner should be examined by the medical officer on admission to jail and vital statistics relating to his/her health should be entered in prisoner's history ticket;
- Every prisoner complaining of illness, or appearing to be ill, should be sent to the prison hospital for immediate examination and further treatment by the Medical officer;
- Wherever necessary, cases of inmates shall be referred to specialized medical institution with the prior sanction of competent authority;
- The Superintendent on the advice of the Medical officer and approval of the DG/IG Prisons may transfer sick prisoners to the local hospital;
- There should be isolation rooms for accommodating mentally ill patients. The mentally ill patients should be transferred to the Mental Health Care Centres for their treatment;
- Every case, or suspected case, of infectious and contagious disease should immediately be segregated and strictest isolation should be maintained until Chief Medical Officer considers it safe to discontinue the precautions;
- The prison hospital should have a ambulance.
- In case the prison does not have their own hospitals, arrangements should be made for deputing a doctor from district hospitals to visit the prisons every day.

vii) Right to Access to Law:

- Right to effective access to information and all legal provisions regulating conditions of detention;
- Right to consult or to be defended by a legal practitioner of prisoner's choice;



- Right to access to agencies, such as State Legal Aid Boards or similar organizations providing legal services;
- Right to be informed on admission about legal rights to appeal, revision, review either in respect of conviction or sentence;
- Right to receive all court documents necessary for preferring an appeal or revision or review of sentence or conviction;
- Right to effective presentation of individual complaints and grievances during confinement in prison to the appropriate authorities;
- Right to communicate with the prison administration, appropriate Government and judicial authorities, as the case may be, for redressal of violation of any or all of prisoners' rights and for redressal of grievances;
- Right to have legal help if cannot afford to engage a private lawyer;
- Right to be released on due date.

2. Prison Infrastructure

The Model Prison Manual provides certain functional space and infrastructural requirements which represent irreducible, barest minimum needs for a prison and are, therefore, non-negotiable. These requirements are:

Housing of Prisoners:

- Prisons shall have three types of living accommodation:
 - Barracks to accommodate not more than 20 prisoners;
 - Single room accommodation to be provided to prisoners needing privacy for pursuing studies, etc.;
 - Cells for segregation of prisoners from the view point of security and keeping those suffering from contagious diseases separately.
- The prison should have adequate number of buildings including barracks/cells/rooms to accommodate authorized population of different categories of prisoners including women, young offenders, under-trial prisoners,



convicts, detenues, political prisoners and high security prisoners separately;

- There should be enough space inside the perimeter wall of the prison. The number of prisoners confined in a housing unit should not exceed its authorized accommodation;
- The accommodation for the prisoners should be spacious, well lighted and ventilated. Due regard should also be paid to climatic conditions, cubic contents of air, minimum floor space, lighting and ventilation;
- The accommodation provided for use of prisoners, particularly for sleeping should meet basic requirements of healthy living. The minimum accommodation capacity of dormitories/barracks, cells, and hospital per prisoner should be 3.71 sq. mtrs of ground area in sleeping barracks; 8.92 sq.mtrs of cells;
- The overcrowding is the root cause of deplorable living conditions of the jails and violation of the basic human rights. The following measures should be taken to resolve the problem of overcrowding to some extent:
 - The Superintendent should take suitable temporary measures to accommodate all prisoners properly and submit a report to the Inspector General indicating the circumstances leading to overcrowding and the measures to be adopted to resolve the problem of overcrowding;
 - The temporary arrangement should be made to accommodate short term prisoners and under-trial prisoners involved in petty offences in secure corridors/verandas, work-sheds, and tents inside the prison for the night;
 - In case the overcrowding is likely to continue, the excess prisoners may be transferred to other institutions or camps as the case may be with the prior approval of IG (Prisons);
- The administrative block of the prison should be located adjacent to the main gate. It should have office rooms, record rooms, conference hall,



common rooms, enquiry cabins and control room for efficient functioning of the administration.

Kitchen:

- Kitchen will ordinarily be located at a central place inside the prison to ensure quick distribution of food among prisoners. The kitchen will not be built near the barracks;
- The minimum space requirement of the kitchen will be 150 sq. mtrs. per 100 prisoners to facilitate sufficient space for storage of provision articles, vegetables, containers and cooking utensils etc.;
- Single kitchen will ideally cater 250 prisoners.
- Provision of covered dining space in the prisons to enable prisoners to take their meals on platform under a roof;

Latrines:

- Each barrack used for sleeping shall have sufficient number of attached WCs, urinals and wash places;
- The ratio of such WCs in the sleeping barracks should be one unit for 10 prisoners;
- The ratio of WCs which can be used during the day time should be one unit for six prisoners;
- The latrines need to be of the sanitary type with arrangements for flushing.

Bathing Places:

- Every prison should be provide covered cubicals for bathing at the rate of one for every 10 prisoners, with proper arrangements to ensure privacy;
- There should be proper arrangements for adequate supply of water in every prison.

Prison Hospital:

- There will be a separate hospital in every prison with necessary number of beds for indoor treatment with separate wards for men and women;



- Hospital wards should be well lighted and ventilated;
- The prison hospitals shall have:
 - Separate Wards for men and women;
 - Toilet and bathing facilities at the rate of one for five patients;
 - Dressing cum injection room;
 - Room for minor surgeries;
 - Room for laboratory;
 - Rooms for Medical officers;
 - Isolation rooms to accommodate patients with infectious and contagious diseases;
 - Isolation rooms to accommodate mentally ill patients.

Work-sheds:

- The work-sheds should have minimum area of 500 cubic feet per prisoner;
- Work-sheds should be well ventilated.

Recreational facilities

- Prisons should have proper recreational facilities like play grounds for outdoor sports, auditorium for cultural activities, library, Indoor games etc.

3. Maintenance of Prisoners

A person does not become a non person merely on account of being in jail custody. Prisoners have certain human rights which flow from the fundamental right to life with dignity even while in jail custody. These human rights are irreducible barest minimum needs which include wholesome, sumptuous and nutritive food according to certain prescribed scales; food cooked in clean environment and served properly; adequate quantity of potable water for drinking and adequate quantity of water for cooking, bathing, cleaning, washing, and flushing the toilets; proper clothing and bedding; personal hygiene and



sanitation; proper arrangements for their recreation and communication with their friends/relatives/family members and legal advisor etc.

The various dimensions of barest minimum needs prescribed by the Model Prison Manual are as follows:

i) Food

Cooking of food

- Food will be cooked in clean and hygienic environment in a modern kitchen;
- The kitchen will be well lighted and ventilated and kept clean and tidy;
- The provision stores should be kept clean, well arranged and well ventilated;
- Grain stores should be treated with suitable insecticides to prevent the growth of weevil;
- Kitchen shall be provided with adequate supply of pure water for cooking and washing;
- The prison will be modernized with the introduction of the following:
 - Tiles on the walls upto a height of 2 meters for easy cleaning;
 - Chimney or sufficient number of exhaust fans;
 - Fly-proof automatic doors and fly-proof wire mesh all around;
 - Floor made of an impermeable material;
 - LPG/hot plates, kneading machines, chapatti making machines and grinders;
- The food will be cooked, stored and served in stainless steel utensils;
- Cooking may be done by cooks with due care and attention;
- The cooks engaged in cooking should be regularly examined to make sure that they are not suffering from any infection;



- The necessary arrangements should be made for cooks to wash their hands with soap and change into clean uniform before starting to cook and serve food;
- In view of the extremely strenuous job of cooking, the prisoners working in the kitchen should be paid wages at higher rates;

Food entitlement of prisoners

- Every prisoner shall have three meals a day according to the prescribed scales. The three meals will include a light meal in the morning; a midday meal; and an evening meal. The timings of serving morning, mid-day and evening meals will be prescribed by the Inspector General;
- The scales of diet for prisoners shall be prescribed by the State Government by taking into consideration the calorie requirement, classified needs, and climatic conditions of the place;
- An average man requires approximately 2,000 to 2,400 calories a day and a person who does heavy work will require 2,800 calories per day. An average woman having a body weight of 45 Kg requires about 2,400 calories. The pregnant and nursing mothers need about 3100 calories every day;
- The variety in diet may be introduced by preparing different kinds of pulses, vegetables and antiscorbutics on different days of the week or for different meals. Superintendent may lay down menu for different days of the week.

Special/extra diet

- A suitable hospital diet is prescribed by the Medical Officer (In-charge); When meat is recommended by the Medical Officer as an extra diet, the weight of meat should be taken without bones;
- Prisoners shall be given extra dietary items on festivals. Prisoners observing fasts may receive extra articles of food, or may have the whole or part of their meal at a place and time of the day for proper observance of fasts by them;



- The Special dietary needs of the children staying with their mothers in the prison should formally be incorporated in the scale of food.

Serving of food

- Food should be served fresh and hot by the cooks in the presence of a responsible prison officer not below the rank of an Assistant Superintendent. The floors and platforms shall be cleaned immediately after the prisoners finish their meals;
- The delivery of food to various blocks needs improvement by replacing the primitive method of carrying food with trolleys;
- The Superintendent and Medical Officer shall exercise vigilance in the supervision of food served to the prisoners by checking the cooked food without prior notice once a week. Medical officer shall inspect the quality of all articles issued for consumption and quality of cooked food.

ii) Water

- Necessary arrangements should be made to supply adequate quantity of water for drinking, cooking, washing, cleaning. The daily requirement of water of an individual is about 135 liters. The water supplied to inmates for drinking should be potable;
- Arrangements should be made to connect prison with corporation, municipal, or cantonment water by a pipe line;
- In case water is being supplied from tube-well or well, the wells should be protected from being polluted;
- No garbage or sanitary wastes should be dumped within a radius of 15 mtrs. of any ring well or tube well;
- Water may be filtered as per directions of IG on the advice of the medical officer and municipal authorities;
- The samples of water should be sent to the State Water Analyzing Authority twice a year both for chemical and bacteriological examination. In case of chemical and bacteriological impurities found, corrective measures should be taken to remove impurities;



- The overhead tanks are required to be cleaned regularly with the state of art technology with mechanized dewatering sludge removal, high pressure cleaning, vacuum cleaning, anti - bacterial spray.
- All prison buildings should have rain water harvesting system to improve water supply in prison.

iii) **Clothing and Bedding**

- Every convict shall be provided prison clothing and bedding as per the prescribed scales;
- The scales of clothing and bedding should be fixed by the State Government keeping in view the climatic conditions and customs of the States;
- The under-trial prisoners and detenues may be supplied with clothing and bedding, if they apply to Prison Superintendent;
- The convicts while taken to courts should wear their ordinary private clothing;
- The prisoners shall be issued sandals subject to the sanction of the Prison Superintendent.

iv) **Personal Hygiene and Sanitation**

- All prisoners should take bath as frequently as necessary according to the climatic conditions;
- Every prisoner should wash his clothing at least once a week;
- Each male and female prisoner will be supplied 500 grams and one kg soap every month respectively and 50 grams of washing powder every week;
- The prisons should have mechanized laundry to wash items of prison clothing and bedding at the time of their return to the clothing store;
- Each barrack used for sleeping should have sufficient number of attached WCs, urinals and wash places. The latrines need to be of the sanitary type with arrangements for flushing;



- Prison should be providing covered cubical for bathing at the ratio of one for every 10 prisoners, with proper arrangements to ensure privacy;
- The prison area should be cleaned daily and kept free from all unwanted plants and weeds, accumulation of garbage, manufacturing waste and kitchen waste. The latrines shall be thoroughly cleaned twice a day or more often, if necessary, with disinfectants.

v) Recreation and Cultural activities

The prison authorities should make arrangements for providing/organizing the following recreational and cultural activities:

- Indoor and outdoor games like chess, ludo and carom, cricket, kabaddi, wrestling, volley ball, badminton, football, basket-ball and Gymnastics;
- Film shows, Dramas, Skits, Music programmes for the inmates;
- Group and folk dances on festivals and social occasions;
- Celebrating Independence day, Republic day and Mahatma Gandhi's birthday by organizing cultural programmes with the involvement of prison inmates;
- Celebrating religious festivals of all religions by encouraging prisoners participation;
- Organizing annual sports day by involving prisoners;
- Organizing daily meditation and yoga classes for inmates with the help of NGOs;
- Installing TV in each barrack and selecting channels carefully.

vi) Communication

- Prisoners should be allowed reasonable facilities for seeing or communicating with their family members, relatives, friends and legal advisers through interviews or letters for the preparation of



appeal/ procuring bail/arranging the management of his/her property and family affairs;

- The interviews should be conducted twice a week according to alphabetical order of names. The days and hours of interview should be fixed by the Superintendent;
- These interviews should be held in a specified place, if possible near the main gate to ensure safety and security of prisoners. The interview rooms should be divided into cubicles and its walls and ceilings should be covered with sound proofing materials. The interview with female prisoners may take place in female enclosures/wards, if practicable. The Superintendent may allow interview to take place in prison hospitals for seriously ill prisoners and for condemned prisoner in their cells;
- The interview with the convicted prisoner should take place in the presence of an experienced prison officer, who shall be positioned at a place from where he can see what passes between the prisoner and his interviewer and a lady officer should be present when female prisoners are interviewed;
- The number of persons who may interview a prisoner at one time should be limited to three. The time allowed for an interview should not exceed half an hour;
- The number of letters a prisoner can write in a month should be fixed by the Government under rules;
- No letter shall be delivered to, or sent by a prisoner, until the Superintendent has satisfied himself that its transmission is not objectionable;
- No letter written in secret language shall be allowed. Superintendent may hold any letters which he considers improper or objectionable;
- The Superintendent of Prison shall have the discretionary powers to allow a prisoner to use the telephone on payment to contact his family and lawyer from time to time, wherever such facility is available;



- The prisoner can use this facility under the supervision of a prison officer to be designated by the Superintendent. The facility to use telephone should not be given to prisoners who have a record of unruly behaviour and bad conduct.

4. Educational Facilities for Prison Inmates

The main objectives of educational programmes in prison should be to:

- Channelize prisoners' energies into constructive and creative pursuits;
- Instill a sense of confidence in them;
- Change their habits and attitudes necessary for adjusting in the community;
- Uplift their morality and mentally to enable them to adjust their lives in the community and lead the life of a good citizen;
- Create an awareness of futility of leading a criminal life.

The education programmes should consist of physical and health education; academic education; social education; vocational education; moral and spiritual education and cultural education. The course contents of education should include the following:

- The elementary education should be organized for beginners and illiterates to make every illiterate prisoner literate;
- Intermediates and advanced education should be organized for educated prisoners and necessary facilities should be provided to motivate literate prisoners to continue their studies and appear in the examination of Board/University.
- The education of prisoners if possible should be integrated with the educational system of the state to enable them to continue their education after their release without much difficulty.

Persons and Institutions need to be involved in providing education to prison inmates are:



- The prison should establish liaison with the Department of Education, NOS/IGNOU and other approved educational institutions for obtaining material and other help;
- Educational personnel should be oriented through special training courses to correctional policies, programmes and methods as far as practicable;
- The Non Governmental Organizations should be extensively involved in the educational programmes.

Library facilities in the prison:

- The prison library should be properly equipped with books, magazines and newspapers;
- The books in the library should cater to the needs of different educational standards and development of knowledge of the inmates;
- A librarian should be deployed for the management of books and other reading material. The educated prisoners may be involved to assist the librarian;
- The NGOs should be approached for donation of books.

5. Vocational Training and Works Programmes in Prisons

Vocational training programmes should be organized in self-employing trades and occupations in every Central and District prisons for employable convicts.

The objectives of the vocational training programmes should be to:

- Impart discipline and work culture among inmates;
- Develop right attitude towards work and respect for dignity of labour;
- Promote physical and mental well-being, proper development of mind through intelligent manual labour, spirit of fellowship, cooperative way of living and a sense of group adjustment;
- Build concentration, steadiness, regularity and exactness in work;



- Develop capacity for sustained hard work; impart and improve work-skills; develop self-confidence and self-reliance;
- Prepare inmates for social readjustment and rehabilitation;
- Keep inmates usefully employed in meaningful and productive work and create a sense of economic security among inmates.

States should have clear policies for vocational training and work programmes of prisoners:

- The employment and production policy in prison should be designed to cater to the needs of prisoners coming from both rural and urban areas.
- The emphasis should be on the development of such skills and jobs that would ensure employment or self-employment of inmates after their release from the prison.

The vocational training and work programmes should be designed to suit the needs of prisoners sentenced to short, medium and long term imprisonment in the following manner:

- Prisoners sentenced to medium and long term imprisonment should be given training in multiple skills to enable them to compete in the labour market after their release from the prison;
- The prisoners sentenced to one year and above should be employed in production units in closed or open prisons;
- The prisoners sentenced to less than one year imprisonment should be employed in prison maintenance services, gardening, work centres and work camps;
- Under-trial prisoners who volunteer to work should also be employed on work programmes;

The prison authorities should seek the help of local industrial training institutes of state in providing:

- Training to the prisoners;



- Providing adequate number of qualified technical personnel for every programmes of vocational training and in every production unit on deputation basis.
- Prison authorities should establish liaison with the department of Technical Education, Directorate of Industries including Cottage Industries, Industrial Training Institutes, Polytechnics and vocational Training Institutions for:
 - Developing vocational training programmes on a practical and pragmatic basis;
 - Examining inmates on completion of the vocational training courses by the Department of Technical Education of the concerned State and awarding the certificate/diploma by the department on passing the examination;
 - Getting permission for the prison industry to run various industrial/production units;
- The Government departments, semi-government departments, cooperatives and public undertakings should purchase articles produced in prison industries from the Department of Prisons and Correctional Services.
- Prisoners selected carefully may be employed in public undertakings, co-operatives farms of the State and agro-industries in the cooperative sector after their release from the prisons.

The prisoners engaged in work programmes should be paid:

- Fair and equitable wages;
- The wage rates should be standardized keeping in view the minimum wages notified by the Government from time to time;
- The wages should be reviewed every year and revised whenever necessary to keep prison wages in harmony with market wages;
- Under-trial prisoners employed in prison industry or agriculture should be given fair and equitable remuneration on the same scale as prescribed for convicts; Under-trial prisoners should also be given labouring diet and other facilities;



- A part of prisoners' wages payable to convicts should be deducted for the victim or his family in accordance with the rules framed by the State Government from time to time;
- The wages should be deposited in prisoners' saving bank account on a fixed date every month and passbook should be kept with the prisoners.

6. Medical Health Care in Prisons

The following requirement should be met to ensure proper medical care of persons housed in prisons:

- There should be a hospital in every Central and District prison with adequate number of beds for indoor treatment and separate wards for men and women;
- There should be proper arrangement for continuous supply of potable water in the hospitals;
- Every prisoner should be examined by the Medical officer on his/her admission to jail. The Medical officer should write the weight of the prisoner on admission and his/her state of health in prisoner's history ticket. The prisoners shall be weighed fortnightly and weight of each prisoner should be recorded in his/her weight chart;
- The Medical officer shall visit the prison daily to examine the sick prisoners and make full examination of all prisoners every month; He/she shall also maintain best health standards in the prisons under his/her charge by paying proper attention to the treatment of the prisoners, matters relating to the health of prisoners, and overall hygiene and sanitation of the prison;
- Every prisoner complaining of illness, or appearing to be ill, should be sent to the prison hospital for immediate examination and further treatment by the Medical officer;
- The Superintendent on the advice of the Medical officer and approval of the DG/IG Prisons may transfer sick prisoners to the local hospital. However, no prisoner should be allowed to stay in the outside hospital except of dire medical needs;



- Every patient in the hospital should be provided with hospital clothing and bedding including proper mattress, a pillow and white sheets. Care shall be taken that their clothing and bedding are changed regularly to maintain cleanliness;
- The diet of prisoners in hospital shall entirely be under the control of Medical officer. He may recommend special diet in lieu of regular diet for any prisoner after giving reasons for recommending such diet;
- In case of convicted prisoners sentenced to rigorous imprisonment, the medical officer would enter the class of labour for which he/she is fit;
- In case the mortality of a prison exceeds 1 per cent per annum, the Medical officer should record an explanation of the cause of such excess of mortality in his monthly return and in case of unusual mortality, he should make a special report on the subject for transmission to the Government through the Inspector General;
- Every case, or suspected case, of infectious disease should immediately be segregated and strictest isolation shall be maintained;
- The mentally sick persons should not be detained in the jails; if housed in prison, they should be treated at par with other prison inmates. They should be referred to mental health care centres with prior sanction of the competent authority for proper treatment.

7. Deaths in Prisons

The custodial deaths need proper investigation to ascertain the causes of death of the prison inmate and to find out whether the death had occurred due to normal ailments or negligence in giving proper care and treatment or any sort of mental or physical torture. The procedure need to be followed in case of custodial deaths is given below:

- Medical Officer should examine the body of the deceased prisoner to certify the fact and cause of death;
- A post-mortem examination should be carried out by the Medical Officer. A full report on the circumstances of death should be sent by the Superintendent without any delay to the Inspector General of Prisons for submission to the Government;



- The intimation of all deaths of prisoners, occurring from whatever cause in the prison should be sent to the nearest magistrate to hold inquests and the officer in charge of the police station having jurisdiction is required to make a preliminary investigation. The body of the deceased prisoner should be kept for inspection and orders of the officer holding the inquests;
- No prison officer should be a member of a Panchayat formed to express an opinion as to the cause of death of any prisoner;
- According to the guidelines issued by the National Human Rights Commission:
 - The intimation of the custodial death should be sent to the National Human Rights Commission within 24 hours of its occurrence;
 - Post Mortem Reports, Magisterial Inquest along with other documents must be sent within 2 months of the incident without waiting for the viscera report;
 - The viscera report should be sent subsequently as soon as it is available;
 - The video filming of post mortem examination of deaths occurred in jails and cassettes of video-filming needs to be sent to the NHRC only in cases where preliminary inquest by magistrate has raised suspicion of some foul play; where any complaint alleging foul play has been made to the concerned authorities or there is any suspicion of foul play.

8. Prison Staff

The primary duties and responsibilities of different categories of institutional personnel are given below:

- Guarding staff i.e., warders to carry out internal and external guarding of the prison; supervision of prisoners; and guarding and maintaining security of prison premises. There should be one guarding staff for every six prisoners.



- Executive staff includes Superintendents, Additional Superintendents, Deputy Superintendents, Assistant Superintendents, guarding staff (wards) including Chief Head Warders, Head Warders and Warders. The primary duty of the executive staff is to ascertain that the human rights of the prisoners are not impinged upon or restricted beyond the limit inherent in the process of incarceration itself and to ensure that prison programmes are geared towards the overall objective of imprisonment in terms of reform and rehabilitation of the prisoners.
- Medical Personnel including Medical Officers, Psychiatrist, Nursing staff and Pharmacist will be directly responsible for the medi-care and health care of prisoners. The specific duties of the medical personnel have already been covered under right to proper health cover.
- Welfare Staff including Assistant Director, Correctional Services, Welfare Officer, Law Officer, Counselor, Probation Officer and Psychologist shall be concerned with the well-being of prisoners; undertaking individualized care for those needing institutional adjustment and responsiveness through correctional programmes.
- The law officers shall be advising prison authorities on the protection of human rights of prisoners within the limitations of imprisonment; interpreting legal and procedural rights of prisoners; assisting prison authorities in dealing with all prison matters pending in the courts; arranging free legal aid for indigent prisoners; preparing petition and appeals for deserving cases; assisting prison authorities in holding special courts, Jail Adalats and Video conferencing.
- The Counselors shall be dealing with emotional and psychological problems of inmates; providing counseling to prisoners facing problems of adjustment within the prison and in relation to their families outside; helping inmates in developing their self- image, self-confidence and motivation for correctional treatment; and helping the staff in understanding the problems faced by inmates;



- The probation officers shall look after all matters relating to pre-mature release including probation service under supervision of Assistant Director and correctional services;
- Educational staff includes teachers and physical training instructors. The main responsibilities of education functionaries have already been covered under educational facilities for prison inmates.
- Technical Personnel includes Instructors and maintenance staff. The instructors prepare plans for vocational training projects; impart apprenticeship, on the job and vocational training to inmates; arrange vocational examinations for inmates; provide training to newly admitted inmates, distribute work among inmates, maintain muster rolls of inmates working in various sections; supply inmates with working tools and materials; supervise quality and quantity of production, maintain worksheets for measuring tasks and supporting wages; maintain discipline in the work places and ensure safety measures in workshops and factory areas.
- The maintenance Staff shall be responsible for maintenance and repairs of prison buildings; maintenance of machines, tools and equipment and transport; maintenance and service of electric lines, plumbing facilities, water supply plant and power plant.
- Agricultural staff including Supervisors and Agricultural Assistants are responsible for imparting training to inmates in improved methods and practices of agriculture and horticulture and development of agriculture in prisons; distributing agricultural work to prisoners, maintaining muster rolls, assessing the work done and apportioning of wages; maintaining discipline in the work place, conducting daily inspection rounds, weekly night inspection of farms and attending to all emergencies.
- Ministerial Staff including Administrative Officer, Office Superintendent, Accountant, Store Keepers, Cashier, Office Assistants, Stenographers, Typists/Computer Operators is involved with preparation of budget, maintenance of accounts, daily checking of stores and accounts register,



and monthly stock taking of all stores. The store keeper is in-charge of all stores including grains, provisions, supplies, raw materials, accessories, manufactured articles, equipment, dead stock and miscellaneous stores.

9. Board of Visitors

The State Governments shall constitute a Board of Visitors comprising Official and Non-official members at District and Sub-divisional level. The chairman of the Board of Visitors at the District level shall be the District Judge and at the Sub-Division level shall be the Sub-Divisional Judicial Magistrate.

The Board of Visitors shall meet at least once in every quarter in the office of the Superintendent of Prisons and the minutes recorded in the Visitors' Minute Book are forwarded to the IG of Prisons with comments of the Superintendent.

To ascertain the health, cleanliness and security conditions and arrangements made for security and discipline, the official and Non official members of the Board of Visitors shall:

- Examine the quantity and quality of cooked food; prison registers and records, except secret records and records pertaining to accounts;
- Pay special attention to quality and quantity of prison diet, conditions of kitchen, hospital arrangements and availability of medicines; sanitary arrangements; vocational training; literacy program, and library facility for prisoners;
- Inspect barracks, wards, work-sheds, other buildings of the prison;
- Monitor the correctional work in prisons, with special attention to the degree and quality of training and effectiveness of infrastructure/facilities in the prisons;
- Hear individual and collective complaints made by prisoners, and attend to all representations and petitions made by or on behalf of the prisoners;
- Direct redressal of the grievances in consultation with prison authorities or forward to the Government if deemed advisable.



10. Jail Adalats

The Supreme Court of India gave directions for holding Jail Adalats for disposing off cases of petty offenders who are willing to confess their guilt.

11. Rights of Under-trial Prisoners (UTPs)

The Under-trial Prisoners housed in different prisons have certain rights and are also eligible for certain concession. These rights and concession include the following:

- Right to speedy trial implying timely filing of charge sheet and commencement of trial immediately after filing of the charge sheet; witnesses appearing on the date of hearing to record their evidence; and pronouncement of the judgment quickly after completing the necessary judicial procedure;
- Right to be produced in person before the Magistrate on every date of hearing;
- The UTP under his/her right to communicate shall be allowed interview with his family members close relatives/close friends once a week. The interview shall be held within the sight but out of hearing of a prison official. In deserving cases additional interviews may be granted for legal purposes with the discretion of the Superintendent. Under-trials shall not be granted interviews with convict prisoners unless they are close relatives. Under-trial prisoners shall be allowed to write two letters at his own cost and two at the cost of the Government per week and additional letters for legal purposes such as arranging defence, bail may be allowed at prisoners' own cost;
- The Under-trial prisoners has a right to get legal aid at the Government cost by expressing his/her financial inability to engage a lawyer for defending his/her case; the lawyers provided to the UTPs should take necessary interest in their cases;
- Under-trial prisoners are to be kept separately from convicts, no convict shall be kept in the same area in which UTPs are kept or allowed to have



contact with UTPs except prisoners working in essential prison services like conservancy etc.;

- The UTPs under right to proper medical health care shall be transferred to a hospital outside the prison immediately if the medical officer recommends for his/her admission in the outside hospital. The matter should be reported to the court concerned. The death of the under-trial prisoner shall be promptly reported to the court under whose orders he was detained.
- A seriously ill under-trial prisoner may be released on bail on the basis of a report sent by the Superintendent, along with a medical report, to the court concerned and if the law permits and the court think fit. The prison authorities should take prompt action on receipt of a bail bond or release order.
- The employment of UTPs on hard jobs is strictly prohibited under right not to be engaged on extramural work. They should not be employed outside their own enclosure or in the work sheds and areas where other convicted prisoners are working. The under-trial prisoners should, however, be detailed to clean the yard, barracks and cells where they are kept on a group basis. The Under-trial prisoners if volunteer to work, they may be engaged in suitable work and paid wages according to schedules of standard tasks and wages fixed by the State Government;
- The Under-trials may be allowed to get food from outside after getting an undertaking from the prisoners and suppliers that they are responsible for the wholesomeness of such food and prison administration will not be responsible for any mishap;
- An under-trial may make purchases from the canteen upto ₹ 20 per month as per canteen rules;
- The under-trial prisoners are allowed to get usual private clothing to meet reasonable requirements. In case an under-trial prisoner does not have his own private clothing, he may be provided the same at the Government cost at prescribed scales.



Rights of Convicted Prisoners

The convicts have certain rights and are also granted certain concessions to reform convicts to ensure good conduct and behaviour of the prisoners; ensure prison discipline; enable them to maintain continued contact and social relations with his/her family and community; develop a sense of self confidence, constructive hope and active interest in life; encourage them to learn work culture; reformation of offenders and their rehabilitation and integration into the society. These rights and concessions are given below:

- The convicts under right to appeal shall be entitled to make an appeal to the higher court against the judgment delivered by the court;
- The prisoners under right to be released on completion of the term of his/her sentence shall not be detained in the prison beyond the period indicated by the terms of the warrant of commitment;
- Remission is a concession granted by the State government. This concession with prospects of early release from the prison is intended to reform the prisoners and ensure prison discipline; good conduct and behavior of the prisoners and to encourage them to learn work culture. The concession of remission is subject to subsequent withdrawal/forfeiture/revocation. The State Government reserves the right to debar/withdraw any prisoner, or category of prisoners, from the concession of remission;
- Leave and Special leave is not a right but a concession granted to convicts. These are progressive measure of correctional services. It helps him/her to develop a sense of self confidence and continued contacts with family and community and also enables him to develop constructive hope and active interest in life. This concession is subject to cancellation. The State Government/Inspector General reserves the right to debar/withdraw any prisoner or category of prisoners from the concession of leave;

The prisoners not eligible for release on leave include those whose presence is considered dangerous or otherwise prejudicial to public



peace; involved in serious prison violence like assault, outbreak, riot, mutiny or escape, or found to be instigating serious violation of prison discipline; prisoners convicted for offences such as dacoity, terrorist crimes, kidnapping, smuggling including those convicted under NDPS Act and foreigners; prisoners committed for failure to give security for maintaining peace or good behaviour; suffering from mental illness, if not certified by the Medical Officer to have been recovered; not having good conduct during the preceding 12 months; convicted of an offence against any law relating to matters to which the executive powers of the Union Government extends, unless approved by the Union Government; and those whose release on leave is likely to have repercussions elsewhere in the country;

- Special leave shall be granted to a prisoner in a special situation such as death or serious illness of father/mother/brother/sister/spouse/children; marriage of brother/sister/children. Special leave is granted under normal circumstances for a period not exceeding 30 days at a time but can be extended under special circumstances up to a period of 90 days but in no case shall be extended further. The competent authority for granting release on leave and special leave up to 30 days will be Head of the Prison Department/IG Prisons and for extending such leave beyond 30 days the Head of Department/IG Prisons need to obtain orders from the State Government. However, special leave may be granted for a maximum period of 14 days excluding the journey time by the Superintendent of the prison concerned in the event of an emergent situation like death of a family member of the prisoner;
- Premature Release is also a concession granted to the prisoners. The primary objective of premature release is reformation of offenders and their rehabilitation and integration into the society. The premature release of prisoners depends largely on their conduct, behaviour and performance in prison. This is a confirmation that they have become harmless and useful member of the society;



- The women offenders sentenced to life imprisonment may be considered for premature release after completion of 7 years of imprisonment, including remission except those covered under Section 433-A of Cr.P.C. 1973 whose cases shall only be considered after completion of 14 years of actual imprisonment;
- Cases of life convicts (men and adolescent) may be considered for premature release on completion of 10 years of imprisonment including remission except those covered under Section 433-A of CrPC, 1973 whose cases shall only be considered after completion of 14 years of actual imprisonment;
- Cases of prisoners convicted of offences such as rape, dacoity, terrorist crimes, kidnapping, smuggling including those convicted under NDPS Act, offences against the State, and undergoing life imprisonment shall be considered after completion of 14 years of actual sentence including remission;
- The cases of habitual offenders (other than those sentenced to life imprisonment) sentenced to 5 or more than 5 years imprisonment shall be considered for premature release on completion of two-third of their sentence including remission, subject to the condition that they shall not be released unless they have undergone imprisonment of five years including remission;
- Cases of non-habitual prisoners including men, women and adolescent (other than those sentenced to life imprisonment) sentenced to more than one year of imprisonment shall be considered after undergoing half of their substantive sentence, including remission subject to the condition that they shall not be released unless they have actually undergone at least one year of sentence including remission;
- The cases of women offenders sentenced for infanticide and women who have committed crime under compulsions and/or under social and cultural pressures should be considered immediately after their admission in the prison and they should be sent to the care of voluntary organizations of good repute;



- cases of prisoners above 65 years of age and infirm offenders other than those serving life imprisonment shall be considered on completion of one third of their substantive sentence including remission, subject to the condition that they shall not be released unless they have undergone at least one year of imprisonment including remission;
- Cases of offenders certified by designated Medical Board to be suffering from incurable diseases likely to prove fatal shall be considered whenever such a situation arises;
- The sentence review board comprising Minister in-charge, Jail Department/Principal Secretary/Home or Secretary in charge Jail Affairs/ Law and Order as Chairman and Judicial Secretary/Legal Remembrancer, District & Session Judge nominated by the High Court, Director Probation Services/Chief Probation Officer, Senior Police officer nominated by DG of Police of the State not below the rank of IG of Police as members and Inspector General of Prisons (Head of the Prison Department)/ Senior Prison Officer nominated by the Secretary as member Secretary shall recommend cases of premature release of prisoners to the Government. The Board shall meet once in a quarter and the Chairman of the Board can convene the meeting of the Board more frequently. The meeting shall not be held if the Coram is less than 4 members including the Chairman.

RECENTLY ANNOUNCED SCHEMES

1. Digital India

The Digital India campaign was launched on August 21, 2014 to change India into an electronically powered economy. The main thrust of the programme is to make India a leader in usage of IT in delivery of services related to various domains such as health, education, agriculture and banking. The Government plans to complete the project within a period of five years, i.e., the Digital India project is expected to be fully functional by 2019.

Objectives of Digital India

The main objectives of this scheme are to:

- To transform India into a digitally empowered society and knowledge economy;
- Generate IT, telecommunication and electronic jobs, both directly and indirectly;
- To connect all Government Departments and people of India digitally or electronically with each other for ensuring effective governance;
- To transform India into a digitally empowered society and knowledge economy;
- Reduce paper work by making all Government services available electronically to people;
- A plan to connect all villages and rural areas through internet network.



The Components of Digital India:

The major components of Digital India are:

- Digital infrastructure as a utility to every citizen;
- Digital literacy for empowerment of citizens;
- Digital governance delivery of services on demand.

2. Pradhan Mantri Jan Dhan Yojana (PMJDY)

Introduction:

The Prime Minister of India launched the Pradhan Mantri Jan Dhan Yojana on August 28, 2014. The PMJDY is a National Mission on Financial Inclusion encompassing an integrated approach to bring about comprehensive financial inclusion of all the households in the country. The Department of Financial Services, Ministry of Finance will be in-charge of the scheme.

Objectives of the Programme:

The main objectives of Pradhan Mantri Jan-Dhan Yojana (PMJDY) are to:

- Ensure access to the following financial services to every household:
 - Basic savings bank account;
 - Need based credit;
 - Remittances facility;
 - Financial literacy;
 - Insurance and pension to the excluded sections, i.e. the weaker sections and low income groups;
 - Provide RuPay Debit card;
- Provide deep penetration at affordable cost with effective use of technology.
- Channeling all Government benefits (from Centre/State/Local Body) to the beneficiaries accounts and pushing the Direct Benefits Transfer (DBT) scheme of the Union Government;



- Address technological issues like poor connectivity, on-line transactions;
- Use Mobile transactions through telecom operators and their established centres as Cash Out Points for Financial Inclusion under the Scheme;
- Reach out to the youth of the country to participate in this Mission Mode Programme.

Main features of the Scheme:

- Pradhan Mantri Jan-Dhan Yojana (PMJDY) is National Mission for Financial Inclusion to ensure access to financial services, namely, Banking/ Savings & Deposit Accounts, Remittance, Credit, Insurance, Pension in an affordable manner.
- Account can be opened in any bank branch or Business Correspondent (Bank Mitra) outlet;
- PMJDY accounts are being opened with zero balance. However, if the account-holder wishes to get cheque book, he/she will have to fulfill minimum balance criteria;
- Interest paid on deposits;
- No minimum balance required;
- Accidental insurance cover of ₹1.00 lac;
- Life insurance cover of ₹30,000;
- Easy Transfer of money across India;
- RuPay Debit Card must be used at least once in 45 days;
- Beneficiaries of Government Schemes will get Direct Benefit Transfer in these accounts;
- After satisfactory operation of the account for 6 months, an overdraft facility will be permitted. However, the overdraft facility upto ₹5000 is available only to one account per household, preferably to the lady of the household.
- The documents required for opening an account under PMJDY are:



- a) In case Aadhaar Card is available, no other document is required. If address has changed, then a self certification of current address is sufficient;
- b) If Aadhaar Card is not available, then any one of the following Officially Valid Documents (OVD) is required:
 - Voter ID Card;
 - Driving License;
 - PAN Card;
 - Passport;
 - MGNREGA Card.

These documents if contain the address, can serve both as Proof of Identity and Address.

- c) If a person does not have any of the officially valid documents mentioned above, but it is categorized as low risk by the banks, then he/she can open a bank account by submitting any one of the following documents:
 - Identity Card with applicant's photograph issued by Central/State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks and Public Financial Institutions;
 - Letter issued by a gazette officer, with a duly attested photograph of the person.

Initial Success of the Programme:

It is reported that 15 million bank account were opened on the very first day of the launch of the programme and 3.02 crore accounts were opened by September, 2014. The amount deposited under this programme was around Rs 1,500 crore.



3. Deen Dayal Upadhyaya Grameen Kaushalya Yojana (DDU-GKY)

Deen Dayal Upadhyaya Grameen Kaushalya Yojana was launched on 25 September 2014. The Ministry of Rural Development is in-charge of the scheme. The DDU-GKY is applicable to the entire country. The scheme is being implemented currently in 33 States/UTs across 610 districts partnering with over 202 PIAs, covering more than 250 trades across 50+sectors.

Objective of the Scheme:

- The aim of Deen Dayal Upadhyaya Grameen Kaushalya Yojana is to train 10 lakh rural youths for jobs within a period of three years.

Features of Deen Dayal Upadhyaya Grameen Kaushalya Yojana

- Enable Poor and Marginalized rural youth to have access to demand led skill training benefits at no cost;
- Inclusive Program Design with mandatory coverage of socially disadvantaged groups (SC/ST 50%; Minority 15%; Women 33%)
- Shifting emphasis from training to career progression in providing incentives for job retention, career progression and foreign placements;
- Greater support for placed candidates;
- Providing post-placement support, migration support and alumni network for placed candidates;
- Follow proactive approach to build placement partnerships to provide guaranteed placement for at least 75 per cent trained candidates;
- Enhancing the capacity of implementation partners by nurturing new training service providers and developing their skills;
- Regional focus with greater emphasis on projects for poor rural youth in Jammu and Kashmir (HIMAYAT), the North-East region and 27 Left-Wing Extremist (LWE) districts (ROSHINI)



- Standards-led delivery by making:
 - All program activities subject to standard operating procedures, that are not open to interpretation by local inspectors;
 - All inspections supported by geo-tagged, time stamped videos/ photographs

Implementation Model:

- The DDU-GKY follows the following 3-tier implementation model:
 - The DDU-GKY National Unit at Ministry of Rural Development functions as the policy-making, technical support and facilitation agency;
 - The DDU-GKY State Missions provides implementation support;
 - The Project Implementing Agencies (PIAs) implement the programme through skill development and placement projects.

Project Funding Support:

- The DDU-GKY provides funding support ranging from ₹ 25,696 to more than 1 lakh per persons for placement linked skilling projects that address the market demand;
- The DDU-GKY funds projects with training duration from 576 hours (3 months) to 2304 hours (12 months) depending on the duration of the project and whether the project is residential or non-residential;
- Funding components include support for:
 - Training costs;
 - Boarding and lodging (residential programmes);
 - Transportation costs;
 - Post-placement support costs,
 - Career progression;
 - Retention support costs.



- In funding projects, priority is given to:
 - PIAs offering foreign placement
 - PIAs or organizations that take up skill training to meet internal ongoing HR needs
 - Support for internships with co-funding from industry;
 - PIAs that can assure skill training and placement for a minimum of 10,000 DDU-GKY trainees in a span of 2 years
 - Institutes with a minimum National Assessment and Accreditation Council (NAAC) grading of 3.5 or Community Colleges with University Grants Commission (UGC)/All India Council for Technical Education (AICTE) willing to take up DDU-GKY projects

Training Requirements:

- The DDU-GKY funds a variety of skill training programs covering more than 250 trades across a range of sectors such as Retail, Hospitality, Health, Construction, Automotive, Leather, Electrical, Plumbing, Gems and Jewelry etc.;
- The only mandate is that skill training should be demand based and lead to placement of at least 75 per cent of the trainees;
- The trade specific skills are required to follow the curriculum and norms prescribed by the National Council for Vocational Training and Sector Skills Councils;
- In addition to the trade specific skills, training must be provided in employability and soft skills, functional English and functional Informational technology literacy so that the training can build cross cutting essential skills.

4. 'Make In India' Global Initiative

'Make in India' global initiative is basically a slogan coined by Prime Minister of India, Shri Narendra Modi on 25 September 2014 to boost India's manufacturing



sector. It then became an international marketing campaign to give boost to India's manufacturing sector and to ensure ample job opportunities. The Make in India campaign is completely under the Central Government. The Government has identified 25 major sectors which have the potential of becoming a global leader.

Objectives of 'Make in India' global initiative:

The main objectives of Make in India initiative are:

- To attract the global world to invest and manufacture in India;
- Create ample job opportunities in India;
- Give a boosts to the economy;
- Make India a self-reliant country;
- Allow FDI in the country;
- Revive loss-making Government firms.

5. Deen Dayal Upadhyaya Antyodaya Yojana For Urban And Rural Poor

Deen Dayal Upadhyaya Antyodaya Yojana for urban and rural poor was launched on 25, September 2014. Union Ministry of Housing & Urban Poverty Alleviation and Union Ministry of Rural Development are in-charge of the scheme.

Objective of Deen Dayal Upadhyaya Antyodaya Yojana for urban and rural poor:

The main aim of Deen Dayal Upadhyaya Antyodaya Yojana for urban and rural poor was to alleviate urban and rural poverty through enhancement of livelihood opportunities through skill development and other means.



6. Saansad Adarsh Gram Yojana

Prime Minister of India launched Saansad Adarsh Gram Yojana on 12 October 2014 with the main aim of making India's villages to be fully developed with physical and institutional infrastructure. The ministry of Rural Development being in-charge of the scheme has formulated guidelines of the scheme.

Objectives of Saansad Adarsh Gram Yojana

The objectives of Saansad Adarsh Gram Yojana are to:

- Encourages Members of Parliament from both Houses to identify and develop villages in their constituencies;
- Each MP will take the responsibility of developing;
 - One village from their constituency as a model village by 2016;
 - Two more villages by 2019;
- Covering more than 4,000 villages and 2.5 crore people in rural India by 2019.

7. Pandit Deendayal Upadhyay Shramev Jayate Karyakram

Pandit Deendayal Upadhyay Shramev Jayate Karyakram was launched on 16 October 2014. The Labour Ministry is in-charge of this scheme.

Objective of the Scheme:

- To create an environment conducive to industrial development;
- Ensure transparency in the labour sector.

Main components of the Scheme:

The Key elements of the scheme are:

I. Shram Suvidha Portal:

The objective of the unified web portal is to consolidate information of labour inspection and its enforcement, which will lead to transparency and accountability in inspections.



The compliances would be reportable in Single Harmonized Form which will make it simple and easy for those filing such forms. The performance will be monitored using key indicators thus making the evaluation process objective. The portal also has an effective grievance redressal System. It promotes the use of a common Labour Identification Number (LIN) by all implementing agencies.

The main features of the portal are:

- Unique labour identification number (LIN) will be allotted to Units to facilitate online registration.
- Filing of self-certified and simplified Single Online Return by the industry. The Units will be required to file a single consolidated Return online instead of filing 16 separate Returns.
- Mandatory uploading of inspection Reports within 72 hours by the Labour inspectors.
- Timely redressal of grievances will be ensured with the help of the portal.

The portal will be operative in 4 central organizations namely Chief Labour Commissioner, Directorate General of Mines Safety, Employee Provident Fund and Employees' State insurance Corporation. In this endeavour of the Ministry, complete information of all 11 lakh units for these organizations has been collected, digitized and de-duplicated reducing the total number to 6-7 lakh and Labor Identification Number would be allotted to these 6-7 units.

II. Labour Inspection Scheme:

A transparent Labour Inspection scheme has been developed to bring in transparency in labour inspection and check the arbitrariness in compliance mechanism.

The main features of the inspection scheme are to:

- Cover serious matters under the mandatory inspection list;
- Generated randomly a computerized list of inspection based on pre-determined objective criteria;



- Determine complaints based inspections centrally after examination based on data and evidence;
- Make a provision of Emergency List for inspection of serious cases in specific circumstances.

III. Portability through Universal Account Number (UAN) for Employees Provident Fund:

The main features of Universal Account Number are as follows:

- The complete information of approximately 4.17 crore subscribers of EPF has been centrally compiled and digitized and a UAN has been allotted to all;
- The UAN is being seeded with Bank account and Aadhar Card and other KYC details for financial inclusion of vulnerable section of society and their unique identification to ensure portability of the Social Security Benefits to the labour of organised sector across the jobs and geographic areas;
- The EPF account of employee will be updated every month and the account holder will be informed through SMS;
- The 4 crore or more EPF account holders have direct access to their EPF accounts and will also enable them to consolidate all their previous accounts (approximately Rs 27000 Crore are currently lying with EPFO in inoperative accounts);
- The minimum monthly pension of Rs 1000 for employees has been introduced for the first time;
- The wage ceiling has been raised from ₹ 6500 to ₹ 15000 per month to ensure that vulnerable groups are covered under EPF Scheme.

IV. Recognition of Brand Ambassadors of ITIs:

The main features of this component are:

- To project successful ITI graduates as National Brand Ambassadors of Vocational Training.



- To compile and publish in media and print the success stories of ITIs in bringing fame to the country to motivate youngsters and their parents towards it is.
- Taking the ITI vocational training to every section of society.

V. All India Skill Competition:

The Ministry of Labour conducts the following competitions to foster the healthy spirit of competition among the trainee Craftsmen/Apprentices. Winning spirit brings pride to world of skills, improves changing work habits to be more organized; goal setting to achieve goals; and performing higher quality work:

- All India Skill Competition for Craftsmen among trainees admitted under Craftsmen Training Scheme (CTS) once in a year. On the basis of marks obtained in skill competition by trainees, the award is given to BEST CRAFTSMAN-cash prize and merit certificate, BEST INSTITUTE – a merit certificate and the BEST STATE –a shield.
- All India Competition for Apprentices among trainees admitted under Apprenticeship Training Scheme (ATS) twice a year. The award is given to the BEST Apprentice- cash prize of ₹ 50,000 and a merit certificate; Runner-up Apprentice- cash prize of ₹ 25000 and merit certificate in each Trade; and the BEST ESTABLISHMENT on all India basis- a trophy and certificate by President of India.
- Both the competitions are conducted in 15 trades including Fitter, Turner, Machinist, Welder (G&E), Mechanic (Motor Vehicle), Mechanic (Diesel), Instrument Mechanic, Draughtsman (Mechanical), Draughtsman (Civil), Electrician, Electronic Mechanic, Cutting & Sewing, Foundry Man, Computer Operator & Programming Assistant (COPA), and Refrigeration and Air Conditioning Mechanic.

VI. Apprenticeship Protsahan Yojna:

This is a major initiative to revamp the apprenticeship Scheme in India with the vision of increasing apprenticeship seats to more than 20 lakhs in next few years. The main components of this initiative are to:



- Make the legal framework friendly to both the industry and youth. The necessary Bill amending the Act was placed and passed in Lok Sabha on 14 August, 2014;
- Enhance the rate of stipend and indexing it to minimum wages of semi-skilled workers;
- Support the manufacturing units mainly and other establishments by reimbursing 50 per cent of the stipend paid to apprentices during first two years of their training;
- Restructure the basic training component (mainly class room training part) of the curricula on scientific principles to make it more effective, and financially supporting the Micro Small and Medium Enterprises (MSMEs) by permitting this component in government funded SDI scheme.

8. Digital Life Certificate eJeevan Pramaaní For Pensioners

Digital life certificate 'Jeevan Pramaan' for pensioners was launched on 11 November, 2014 with the aim to enable retired employees of government and PSUs to digitally provide proof of their existence to authorities for continuity of pension every year instead of requiring to present themselves physically or through a Life Certificate issued by specified authorities. The Department of Electronics and IT will be in-charge of the scheme.

9. Deendayal Upadhyaya Gram Jyoti Yojana (DDUGJY)

The Deendayal Upadhyaya Gram Jyoti Yojana was launched on 20 November, 2014. The process of sanction of projects shall commence immediately. After sanction of projects, contracts for execution of projects will be awarded by States Discoms / Power Departments. The projects shall be completed within 24 months from date of award.

Main objectives of the Scheme:

The main objectives of the scheme are:

- To provide access to electricity to rural households.



- Bring improvement in number of hours of power supply in rural areas;
- Reduction in peak load;
- Bring Improvement in billed energy based on metered consumption;

Components of Deendayal Upadhyaya Gram Jyoti Yojana:

The main features of DDUGYJ are:

- To separate agriculture and non agriculture feeders facilitating judicious rostering of supply to agricultural and non-agricultural consumers in rural areas;
- Strengthening and augmentation of sub transmission and distribution infrastructure in rural areas including metering of distribution transformers/ feeders/consumers;
- The estimated cost of the scheme for these two components is ₹43,033 crore. This includes the budgetary support of ₹33,453 crore from Government of India over the entire implementation period;
- The balance work relating to rural electrification as per CCEA's approval in August, 2013 with the norms of the ongoing scheme of RGGVY in 12th and 13th Plans will get subsumed in DDUGJY as a distinct component for rural electrification;
- The CCEA for this has already approved an amount of the scheme cost of ₹39,275 crore as cost of the scheme. This includes budgetary support of ₹35,447 crore from the Government of India.
- This outlay will be carried forward to the new scheme of DDUGJY in addition to the outlay of ₹43,033 crore.

10. HRIDAY (National Heritage City Development and Augmentation Yojana) Scheme Background:

India is endowed with different cultures, religions, traditions, art & handicrafts, architectural styles, music and literature. Not that there haven't been any efforts



to conserve historic and cultural resources in Indian cities, but most of them have been carried out in isolation from the immediate aspirations of the local communities. Often, main urban development issues, such as local economy, urban planning, livelihood, service delivery and infrastructure provision have been neglected. Basic amenities like toilets, street lights are missing at heritage areas. Multiple institutions and unclear regulatory framework for financing and managing urban heritage assets, combined with the weak capacity of Urban Local Bodies have created major challenges for managing these heritage cities.

Launch of the Scheme:

Ministry of Urban Development launched HRIDAY (National Heritage City Development and Augmentation Yojana) scheme on 21 January, 2015 with the main aim of:

- Conserving and preserving the heritage characters of 12 cities including Amritsar, Varanasi, Gaya, Puri, Ajmer, Mathura, Dwarka, Badami, Velankanni, Kanchipuram, Warangal and Amaravati;
- Bringing together urban planning, economic growth and heritage conservation in an inclusive manner to preserve the heritage character of each Heritage City;
- The development of the entire city, its planning, its basic services, quality of life of its communities, its economy and livelihoods, cleanliness, security, and an explicit manifestation of its character;
- Inculcate a planned approach to tap the unlimited potential underlying in tourism and heritage sector of these cities, further giving a boost to the traditional and national economy;
- Enable the smooth dovetailing of modern concept of economic development through locally available knowledge, resources and skills.



Objectives of the Scheme:

The main Objectives of the Scheme are:

- Planning, development and implementation of heritage-sensitive infrastructure;
- Service Delivery and infrastructure provisioning in the core areas of the historic city;
- Preserve and revitalise heritage wherein tourists can connect directly with city's unique character;
- Develop and document a heritage asset inventory of cities – natural, cultural, living and built heritage as a basis for urban planning, growth, service provision and delivery;
- Implementation and enhancement of basic services delivery with focus on sanitation services like public conveniences, toilets, water taps, street lights, with use of latest technologies in improving tourist facilities/amenities;
- Local capacity enhancement for inclusive heritage-based industry

Features of the Scheme:

- The Scheme shall support development of core heritage infrastructure projects including revitalization of linked urban infrastructure for heritage assets such as monuments, Ghats, temples etc. along with reviving certain intangible assets.
- These initiatives shall include development of sanitation facilities, roads, public transportation & parking, citizen services, information kiosks etc.
- The scheme is likely to involve an expenditure of Rs 500 crores and expected to be completed by March 2017.

Funding of the Scheme:

HRIDAY is a central sector scheme, where 100 per cent funding will be provided by Government of India. An amount of ₹ 500 Crores have been allocated to the scheme.



- The funds allocated to the following components and their shares in the total budgetary allocation are:
 - Project Implementation ₹ 425 crores (85%);
 - City PMU Establishment ₹ 15 crores (3%);
 - Administrative and Operating Expenses ₹ 5 cores (1%);
 - Information, Education and Communication ₹20 crores (4%);
 - DPRs and HMP preparation ₹20 crores (4%);
 - Capacity Development ₹15 crores (3%);

- The scheme would be implemented in a mission mode. Each city has been granted the following amount on the basis of its population and size:
 - Ajmer ₹ 40.04 crores;
 - Amritsar ₹ 69.31 crores,
 - Amaravati ₹ 22.26 crores;
 - Badami ₹ 22.26 Crores;
 - Dawarka; ₹ 22.26 crores;
 - Gaya ₹40.04 Crores;
 - Kanchipuram, ₹ 23.04 Crores;
 - Mathura ₹ 40.04 Crores;
 - Puri 22.54 ₹ Crores;
 - Varanasi ₹ 89.31Crores;
 - Velankanni ₹ 22.26 Crores;
 - Warangal ₹ 40.54 Crores.

11. Atal Pension Yojana (APY)

Introduction

The Government of India introduced Atal Pension Yojana (APY) on 1 June, 2015 to provide old age income security to the working poor in the unorganized



sector. As per the 66th Round of NSSO Survey of 2011-12, the persons working in the unorganized sector constituting 88 per cent of the total labour force of 47.29 crores had no formal pension provision. The Government had started the Swavalamban Scheme in 2010-11 but the coverage under Swavalamban Scheme was inadequate mainly due to lack of guaranteed pension benefits at the age of 60.

The Objectives of the Scheme:

The main objectives of the scheme are to:

- Encourage and enable working poor in the unorganized sector to join the National Pension System (NPS);
- Encourage the workers in unorganised sector to voluntarily save for their retirement;
- Provide old age income security to the working poor in unorganized sector;
- Provide a defined pension, depending on the contribution, and its period;
- Address the longevity risks among the workers in unorganised sector;

Main features of the Scheme:

- The Government would provide the fixed minimum pension guarantee to the subscriber;
- The APY will cover all citizens in the unorganised sector, who join the National Pension System (NPS) administered by the Pension Fund Regulatory and Development Authority (PFRDA);
- Under the APY, the subscribers would receive the fixed minimum pension of ₹ 1000 per month, ₹ 2000 per month, ₹ 3000 per month, ₹ 4000 per month, ₹ 5000 per month, at the age of 60 years, depending on their contributions, which itself would be based on the age of joining the APY;
- The contribution levels would vary and would be low if subscriber joins early and increase if he joins late;



- To get a fixed monthly pension between ₹ 1,000 per month and ₹ 5,000 per month, the subscriber has to contribute on monthly basis between ₹ 42 and ₹ 210, if he joins at the age of 18 years. For the same fixed pension levels, the contribution would range between ₹ 291 and ₹ 1,454, if the subscriber joins at the age of 40 years;
- The minimum age of joining APY is 18 years and maximum age is 40 years. Therefore, minimum period of contribution by any subscriber under APY would be 20 years or more;
- The Central Government would co-contribute 50 per cent of the total contribution or ₹ 1000 per annum, whichever is lower, to each eligible subscriber account, for a period of 5 years, i.e., from Financial Year 2015-16 to 2019-20, who joins the NPS between the period 1st June, 2015 and 31st December, 2015; who is not members of any statutory social security scheme; and is not an income tax payer.
- The Government co-contribution is payable to eligible PRANs by PFRDA after receiving the confirmation from Central Record Keeping Agency at such periodicity as may be decided by PFRDA.
- The scheme will continue even after this date but Government co-contribution will not be available.
- For enrolment to this scheme, Aadhaar would be the primary KYC document for identification of beneficiaries, spouse and nominees to avoid pension rights and entitlement related disputes in the long-term;
- Each subscriber will be provided with an acknowledgement slip after joining APY which would invariably record the guaranteed pension amount, due date of contribution payment, PRAN etc.
- The subscribers will have the option to change the non-financial details like nominee's name, address, phone number etc whenever required.
- All bank account holders under the eligible category may join APY with auto-debit facility to accounts, leading to reduction in contribution collection charges.



- The subscribers are required to opt for a monthly pension from ₹ 1000 to ₹ 5000 and ensure payment of stipulated monthly contribution regularly;
- The subscribers can opt to decrease or increase pension amount during the course of accumulation phase, as per the available monthly pension amounts. However, the switching option shall be provided once in year during the month of April.
- The subscribers should keep the required balance in their savings bank accounts on the stipulated due dates to avoid any late payment penalty;
- In case of repeated defaults for specified period, the account is liable for foreclosure and the Government of India co-contributions, if any shall be forfeited;
- The entire government contribution shall be forfeited along with the penal interest in case of any false declaration about his/her eligibility for the benefit under the scheme for whatsoever reason.
- All subscribers under APY remain connected on their mobile so that timely SMS alerts can be provided to them at the time of making their subscription, auto-debit of their accounts and the balance in their accounts.

Migration of existing subscribers of Swavalamban Scheme to APY:

- The existing Swavalamban subscribers between 18-40 years will be automatically migrated to APY. For seamless migration to the new scheme, the associated aggregator will facilitate those subscribers for completing the process of migration. Those subscribers may also approach the nearest authorised bank branch for shifting their Swavalamban account into APY with PRAN details. However, the benefit of five years of government co-contribution under APY would not exceed 5 years for all subscribers.
- The Swavalamban subscribers who are beyond the age of 40 and do not wish to continue may opt out the Swavalamban scheme by complete withdrawal of entire amount in lump sum, or may prefer to continue till 60 years to be eligible for annuities there under.



Penalty for default:

- Under APY, the individual subscribers shall have an option to make the contribution on a monthly basis. Banks are required to collect additional amount for delayed payments, such as ₹ 1 per month for contribution upto ₹ 100 per month; ₹ 2 per month for contribution upto ₹ 101 to 500 per month; ₹ 5 per month for contribution between Rs 501 to 1000 per month; and ₹ 10 per month for contribution beyond Rs 1001 per month.
- The discontinuation of payments of contribution amount shall lead to:
 - Freezing of accounts after 6 months;
 - Deactivation of account after 12 months;
 - Closure of account after 24 months.

Investment of the contributions under APY:

The amount collected under APY are managed by Pension Funds appointed by PFRDA as per the investment pattern specified by the Government. The subscriber has no option to choose either the investment pattern or Pension Fund.

Exit and pension payment

The subscriber on completion of 60 years will submit the request to the associated bank for drawing the guaranteed monthly pension.

The exit before completion of 60 years of age is not permitted;

The exit before completion of 60 years of age is permitted only in exceptional circumstances such as the death of beneficiary or terminal disease.

12. Pradhan Mantri Jeevan Jyoti Bima Yojana

The Pradhan Mantri Jeevan Jyoti Bima Yojana was introduced on 1st June 2015 to provide financial security to the family in case of the death of the person due to any reason. The next annual renewal date shall be each successive 1st June in subsequent years.



Main features of the Scheme:

- The scheme provides life insurance cover for death due to any reason for one year;
- It is renewable from year to year;
- An amount of ₹ 2 lakhs is payable on member's death due to any reason;
- The annual premium amount per person is ₹330;
- The premium will be deducted from the account holder's savings bank account through 'auto debit' facility in one installment, as per the option given, on or before 31st May, of each annual coverage period;
- The scheme is offered/administered through LIC and other Life Insurance companies willing to offer the product on similar terms with necessary approvals and tie ups with Banks for this purpose;
- Participating banks will be free to engage any such life insurance company for implementing the scheme for their subscribers.
- All savings bank account holders in the age 18 to 50 years in participating banks will be entitled to join;
- In case of multiple saving bank accounts held by an individual in one or different banks, the person would be eligible to join the scheme only through one savings bank account;
- Aadhar would be the primary Know Your Customer (KYC) for the bank account

Enrolment Modalities:

- Initially on launch for the cover period 1st June 2015 to 31st May 2016, subscribers will be required to enroll and give their auto-debit consent by 31st May 2015;
- Late enrollment for prospective cover will be possible up to 31st August 2015, which may be extended by Govt. of India for another three months, i.e. up to 30th of November, 2015; Those joining subsequently may be able to do so with payment of full annual premium for prospective cover, with



submission of a self-certificate of good health in the prescribed Performa;

- Individuals who exit the scheme at any point may re-join the scheme in future by submitting a declaration of good health in the prescribed Performa;

Termination of assurance:

The assurance on the life of the member shall terminate on any of the following events and no benefit will be available there under:

- On attaining the age of 55 years subject to annual renewal up to that date (entry, however, will not be possible beyond the age of 50 years).
- Closure of bank account with the Bank or insufficiency of balance to keep the insurance in force;
- In case a member is covered under PMJJBY with LIC of India/other company through more than one account and premium is received by LIC/other company inadvertently, insurance cover will be restricted to ₹ 2 Lakh and the premium shall be liable to be forfeited;
- If the insurance cover is ceased due to any technical reasons such as insufficient balance on due date or due to any administrative issues, the same can be reinstated on receipt of full annual premium and a satisfactory statement of good health.

Administration:

- The scheme will be administered by the LIC P&GS Units/other insurance company setups;
- It will be the responsibility of the participating bank to recover the appropriate annual premium in one installment, as per the option, from the account holders on or before the due date through 'auto-debit' process;
- Members may also give one-time mandate for auto-debit every year till the scheme is in force;
- Enrollment form/Auto-debit authorization/Consent cum Declaration form in the prescribed Performa shall be obtained and retained by the participating bank. In case of claim, LIC / insurance company may seek



submission of the same;

- LIC/Insurance Company reserves the right to call for these documents at any point of time;
- The acknowledgement slip may be made into an acknowledgement slip-cum-certificate of insurance;
- The experience of the scheme will be monitored on yearly basis for re-calibration etc., as may be necessary;
- The scheme is liable to be discontinued prior to commencement of a new future renewal date if circumstances so require.

13. Pradhan Mantri Suraksha Bima Yojana

The Pradhan Mantri Suraksha Bima Yojana was introduced on 1st June, 2015 to provide protection against death or disability due to accident for one year and the scheme is renewal from year to year.

Main features of the scheme:

- The scheme provides one year insurance cover against death or disability due to accident;
- All savings bank account holders in the age group of 18 to 70 years in participating banks will be entitled to join the scheme;
- In case of multiple saving bank accounts held by an individual in one or different banks, the person would be eligible to join the scheme only through one savings bank account;
- The annual amount of premium to be paid per person is ₹ 12;
- The benefits under the scheme would be:
 - ₹ 2 lakhs to be paid in case of death of the subscriber to the family;
 - Rs 2 lakhs paid to the subscriber in case of total and irrecoverable



loss of both eyes or loss of use of both hands or feet or loss of sight of one eye and loss of use of hand or foot;

➤ Rs 1 lakh in case of total and irrecoverable loss of sight of one eye or loss of use of one hand or foot;

- The subscribers are expected to enroll and give their auto-debit option by 31st May 2015, extendable up to 31st August 2015;
- The enrolment subsequent to this date may be possible prospectively on payment of full annual payment, subject to conditions that may be laid down;
- Subscribers who wish to continue beyond the first year will be expected to give their consent for auto-debit before each successive May 31st for successive years;
- Delayed renewal subsequent to this date may be possible on payment of full annual premium, subject to conditions that may be laid down;
- The individuals who exit the scheme at any point may re-join the scheme in future years by paying the annual premium, subject to conditions that may be laid down;
- The premium will be deducted from the account holder's savings bank account through 'auto debit' facility in one installment, as per the option to be given on enrolment; Members may also give one-time mandate for auto-debit every year till the scheme is in force, subject to re-calibration that may be deemed necessary on review of experience of the scheme from year to year;
- This cover will be in addition to any other insurance scheme under which the subscriber may be covered.

Termination of the accident assurance cover:

- The accident cover of the member shall terminate/be restricted on any of the following events:



- Attaining the age of 70 years;
- Closure of account with the Bank or insufficiency of balance to keep the insurance in force;
- In case a member is covered through more than one account and premium is received by the insurance company inadvertently, insurance cover will be restricted to one account and the premium shall be liable to be forfeited.

Administration of the scheme:

- The scheme would be offered/administered through the Public Sector General Insurance Companies (PSGICs) and other General Insurance companies willing to offer the product with necessary approvals on similar terms, in collaboration with participating Banks;
- The participating banks will be free to engage any such general insurance company for implementing the scheme for their subscribers;
- The participating bank will be responsible to recover the appropriate annual premium in one installment, as per the option, from the account holders on or before the due date through 'auto-debit' process and transfer the amount due to the insurance company;
- The Enrollment form/Auto-debit authorization/Consent-cum-Declaration form in the prescribed proforma shall be retained by the participating bank;
- In case of claim, PSGIC/insurance company may seek submission of the same. PSGIC/ Insurance Company also reserve the right to call for these documents at any point of time.