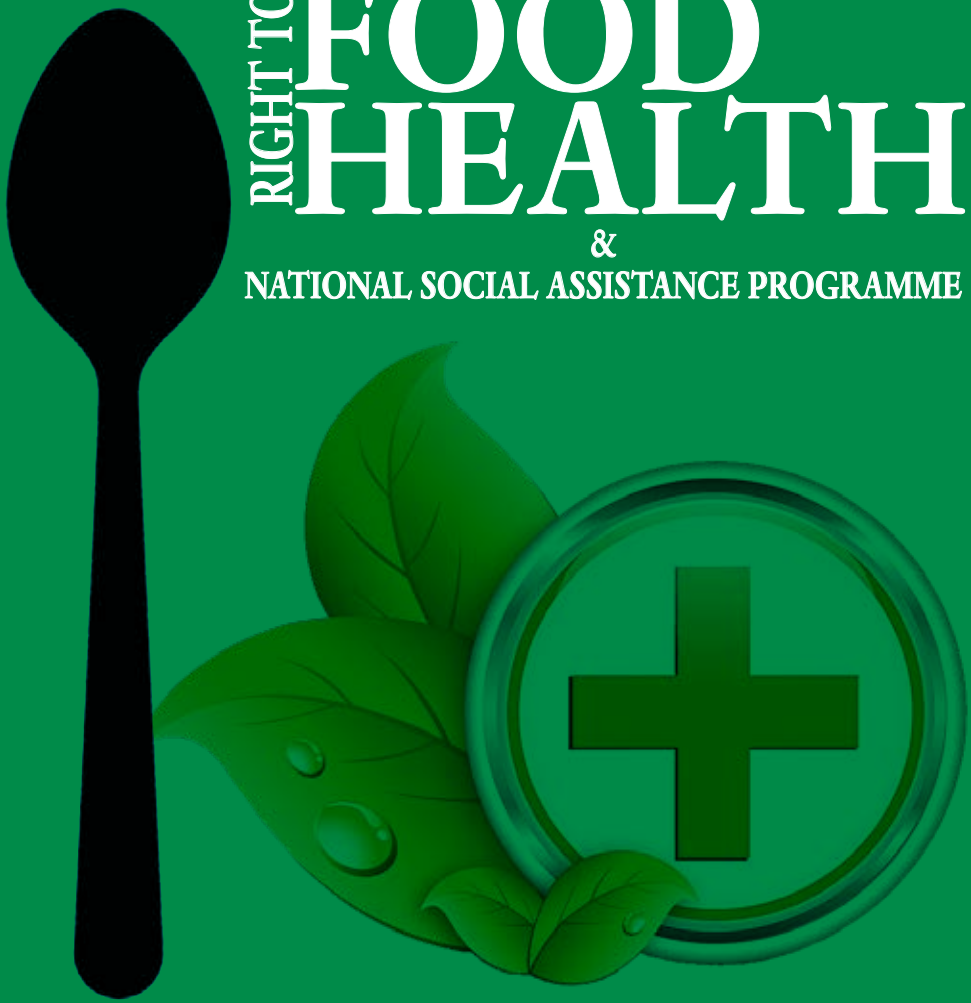
TRAINING MODULE

RIGHT TO FOOD & HEALTH

NATIONAL SOCIAL ASSISTANCE PROGRAMME



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CONTENT

Session 1

RIGHT TO FOOD

Learning objectives

- Understanding Right to Food and it's legal framework
- Entitlements and eligibility under different programmes
- Grievance, transparency and accountability mechanisms

Aids required

- White board and markers
- Computer/Laptop
- Projector and screen
- Chart papers

Session plan

Sl.	Topic	Methodology	Duration
1	Right to Food, NFSA and the PDS	Presentation	20 minutes
2	ICDS and POSHAN	Presentation	15 minutes
3	Mid Day Meal	Presentation	10 minutes

1. Right to Food, NFSA and the PDS

The facilitator can start by explaining the rationale of right to food and giving introduction to the precursor of the PDS. The facilitator should also explain the role of judiciary in recognizing right to food as a fundamental right under Art 21 in the "Right to Food Case (2009)" and the subsequent National Food Security Act, 2013 passed by the Indian Parliament.

The facilitator should explain the entitlements under the PDS and the Antyodaya Anna Yojana (AAY), major issues in the PDS and the series of reforms aimed at improving the PDS, including the Integrated Management of the PDS (IMPDS) and National Portability.

National Food Security Act, GIZ

https://youtu.be/693r84BFVXc

RIGHT TO FOOD, NFSA AND THE PDS

- PDS started during the WWII as war rationing, largely dependent on imports
- Streamlined during the 1960s after the FCI and Agricultural Prices Commission was set up to improve domestic procurement, became universal scheme open to all.
- Became RPDS (Revamped PDs) in 1992 to extend its reach, TDPS (targeted PDS) in 1997 with a focus on the poor wits two categories APL and BPL.
- AAY started in 2000 (NSSO survey brought out that 5% population sleeps without two square meals)
- The SC in 2009 declared that Right to food was a fundamental right under right to life (Art 21) and the government was under an obligation to provide food security to people.
- The NFSA was passed in 2013, making food a justiciable right, currently covers 75% of rural and 50% of urban population.
- State wise coverage determined by the Planning Commission by using the NSS household consumption data for 2011-12
- State has to set the criteria and identify priority households.

PDS ENTITLEMENTS

- Under the NFSA the eligible households are entitled to receive food grains
- Antyodaya Anna Yojana (AAY)/Lal card: 35 kgs of foodgrains/family/per month
- Priority households: 5 kgs/person/month
- Rice and what to be provided @ Rs.3 and Rs. 2 respectively
- Subsidized sugar: 1 kg/AAY HH/month
- States/UTs can allow sale of other commodities other than foodgrains at subsidized price (viz. pulses, kerosene, edible oil, iodized salt etc.) and also further subsidize the prices

ISSUES WITH PDS

- Exclusion (61%) and inclusion (25%) errors
- Leakage (transport and black marketing
- Denial of services
- Procurement vs. shortage in open market
- Limited storage capacity and wastage
- Encourages wheat rice system (changing food basket and environmental impacts)

PDS REFORMS

- Aadhar linkage
- IT based reforms-digitization of card, stock, distribution, GPs based tracking of transport, delivery, compuetrization based allocation to the FPS, declaration of stock and balance, sms based monitoring (Andhra, MP, CG, Karnataka, Guj etc.)
- Issue of smart cards (Haryana, AP, Odisha)
- Web based citizens portal (Chhattisgarh)
- DBT (Chandigarh, Puducherry, D&N Haveli on pilot basis) Food coupons in some states
- Overall goal IMPDS (Integrated management of PDS), end to end computerization of the PDS, most of the states have achieved
- National Portability launched in Andhra and Telegana on Pilot basis in August 2019.

GRIEVANCE REDRESSAL UNDER THE NFSA

- S. 14 provides that every State Govt shall put in place a mechanism which may include call centres, help lines, designation of nodal officers, or such other mechanism as may be prescribed.
- States to appoint DGRO, state food commission and vigilance committee at state, district, block and FPS level consisting of such persons, as may be prescribed by the State Government giving due representation to the local authorities, SC, ST, women and destitute persons or persons with disability.
- Any local or any other authority may be authorized by the State Govt. to conduct periodic social audits on the functioning of fair price shops, TPDS and report its findings and take necessary action as may be prescribed by it.
- Each FPS to display information related to stock and provisions of GR.
- State governments to provide number of complaints and resolutions every quarter to the central ministry.
- See Satark Nagrik Sanstha, Delhi report for more GR related information @ http://snsindia.org/wp-content/uploads/2018/03/Report-13-with-annexures-FINAL.pdf

The facilitator can explain details from below, if required.

National Food Security Act (NFSA) makes elaborate arrangement for the grievance redressal. However, an audit by the CAG in Dec.2015 gaps found many gaps. Almost all the states have put a toll free number, designated DGRO and the State Commission. However, many states have put up only state level vigilance committees. None of the states except Andhra (later Telegana) have institutionalized social audits. States were also found lacking in reporting to the central ministry.

PDS SUMMARY

- Benefits- households get 35 kgs/month and 5 kg/person/month food grains under AAY and priority households respective, rice @Rs3/kg and wheat @ RS 2/kg, state Govts may provide sugar, pulses, edible oil, kerosene, iodised salts etc.
- Eligibility- All below poverty households/APL, state Govts identify eligible households based on a set of criteria
- Department- department of food and civil supplies
- Process of application- many states allow online application (www.pdsportal.nic.in, https://rationcardagent.co.in/application/#), others require to download form and submit it at circle office or SDO office
- Documents required-passport sized photo of head of the family attested by gazetted office/MLA/MP/ councillor, residence proof, if no proof available then verification required by circle FSO/MO/SI
- Issues faced-name deleted, others…contact DGRO, state food commission

The facilitator can wind up the session on PDS by inviting the participants to share their experiences on the PDS/improving the PDS, outstanding issues and how the NGOs can contribute to strengthening grievance redressal and more effective delivery of services.

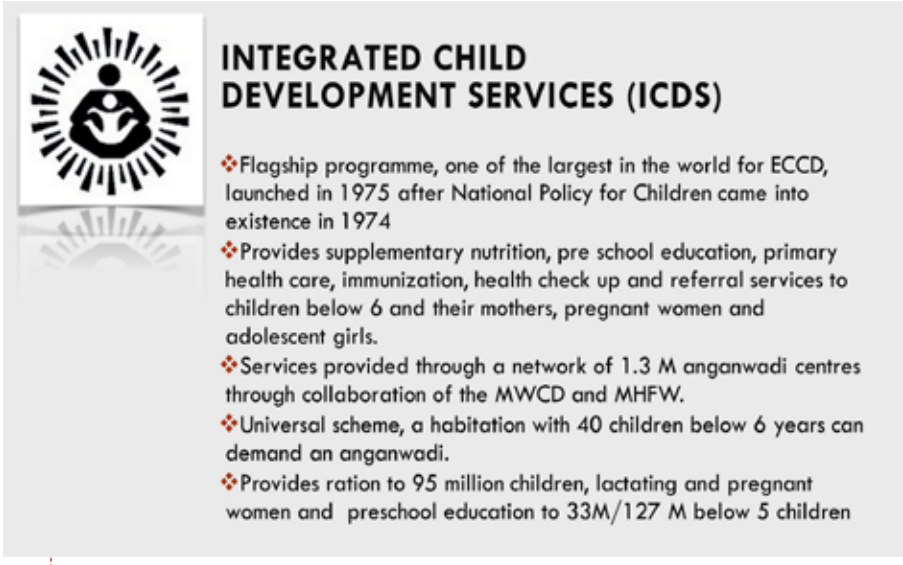
The facilitator should ask whether any among the participants is in the FPS/Block/District level vigilance committee, what has been their experience, and encourage them to get into the vigilance committee.

GROUP EXERCISE

- Conducting social audit of an FPS Shop/GR mechanism in the state
- What information needed beforehand, how to get it?
- How to conduct audit?
- What do you do with the results?

2. Integrated Child Development Services scheme (ICDS) and POSHAN

The facilitator should explain the poor health and nutritional status of children and women in the country necessitating an expansive ICDS programme. It entails entitlements of children below 6 years, pregnant and lactating mothers and adolescent girls under the programme to supplementary nutrition and take home ration, delivery network through the Anganwadi centres, issues related to the adequacy, quality and delivery of the programme etc.



The facilitator can explain details from below, if required.

AWCs provide 300 days of supplementary food to the beneficiaries in a year which would entail giving more than one meal to the children from 3-6 years who visit AWCs. This includes morning snacks in the form of milk/banana/egg/seasonal fruits/micro-nutrient fortified food followed by a hot cooked meal (HCM). For children below 3 years of age, pregnant and lactating mothers, Take Home Rations (THRs) in the form of pre-mixes/ready-to-eat food are provided. Besides, for severely underweight children in the age group of 6 months to 6 years, additional food items in the form of micronutrient fortified food and/or energy dense food as THR is provided. These norms have also been endorsed by the Supreme Court in order dated 22.04.2009.

The funding pattern is 50:50 except for NE states where it is 90:10

Revised Nutritional Norms in ICDS (since February, 2009)

Beneficiaries	Calories	Protein (g)
Children (6 months to 72 months)	500	12-15
Severely malnourished Children (SAM)	800	20-25
(6 months- 72 months)		
Pregnant women and lactating mothers	600	18-20

As part of Strengthening and Restructuring of ICDS Scheme, Government of India has approved provision for construction of 2 lakh AWC buildings @ Rs. 4.50 lakh per AWC building during the XII Plan period in a phased manner with cost sharing ratio of 75:25 between Centre and States other than the NE States, where it will be at the existing ratio of 90:10

The ICDS team comprises the 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.

UNICEF provides support to run this programme for 60 years, DFID, WFP and Care India also provides technical and some financial support.

Supplementary Nutrition Programme (SNP) is one of the core components of ICDS. Balbhog (Energy Dense Micronutrient Fortified Extruded Blended Food) is provided as Take Home Ration (THR) to children 7 months to 3 years (7 packets to normal weight and 10 packets to severe underweight). Pregnant women, nursing mothers and adolescent girls are given Sukhdi (1 packet of 1 kg/month), Sheera (3 packets of 500 g each) and Upma (2 packets of 500 g each).

Suggested reading

NECESSITY IS THE MOTHER OF INVENTION

Inside India's ambitious effort to provide early care and education to 400 million kids

By Annabelle Timsit, Geopolitics reporter

New Delhi, India

https://qz.com/india/1584703/indias-icds-anganwadi-system-is-a-challenged-but-impressive-effort/

ISSUES WITH ICDS

- Poor infra: 1/3rd of the AWCs are run in hired premises highly inadequate to provide basic services like water, electricity, toilets
- NIPCCD (1992) found that 27% of AWCs didn't have enough food supplies to feed all their students for periods of more than 90 days.
- Retention of anganwadi and ASHA workers a huge problem, are underpaid, undertrained and overworked. over 2 lakh posts are lying vacant.
- Anganwadi and ASHA workers have staged large scale protests recently
- Despite high enrolment rate of 78 per cent, only 46 per cent pregnant and lactating women received 'Take Home Ration' under the supplementary nutrition programme, NITI survey in 27 districts, of the 64 per cent eligible children registered with Anganwadi services, only 17 per cent received a hot cooked meal in a day (NITI, 2019)

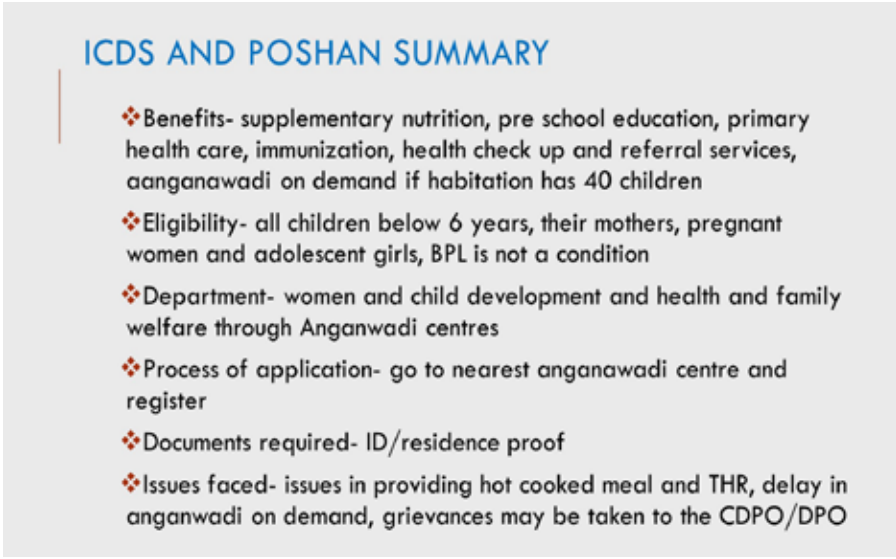
The urgent need to address the nutritional status of the children should also link with POSHAN, which is aimed at addressing nutrition in a time bound manner in order to achieve given targets.

POSHAN ABHIYAAN

- POSHAN Abhiyaan (earlier known as National Nutrition Mission) started since 18th December 2017, all districts of States/UTs covered in the Abhiyaan, delivered through anganawadi centres
- Goal to achieve improvement in nutritional status of Children from 0-6 years, adolescent girls, pregnant women and lactating mothers, in a time bound manner in three years with fixed targets.
- Results will be available after the programme has completed its approved period.
- Comprehensive National Nutrition Survey (CNNS) conducted by UNICEF says prevalence of stunting and underweight among children has come down to 34.7% and 33.4% respectively, as against 38.4% and 35.7% respectively in National Family Health Survey-4. (GOI, March 2020)

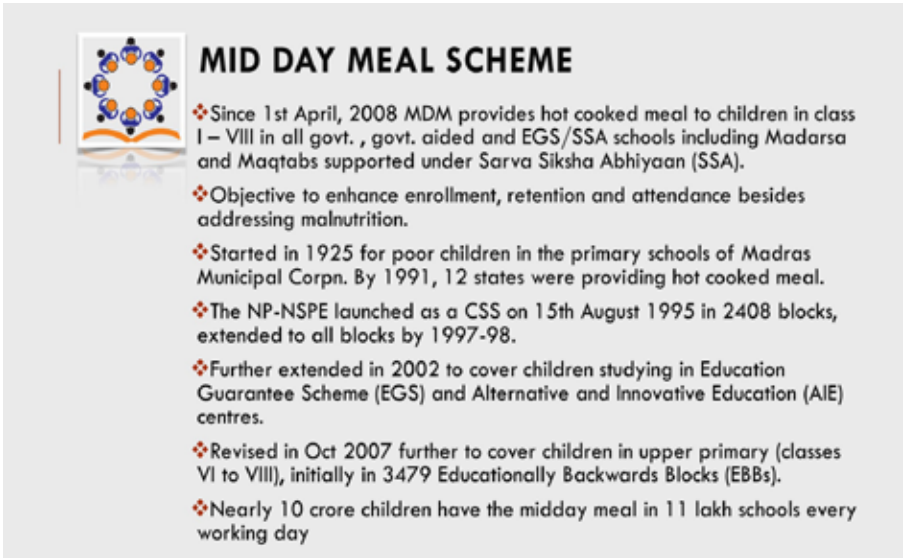
The facilitator can explain details from below, if required.

S.No	Objective	Target
1.	Prevent and reduce Stunting in children (0- 6 years)	By 6% @ 2% p.a.
2.	Prevent and reduce under-nutrition (underweight prevalence) in children (0-6 years)	By 6% @ 2% p.a.
3.	Reduce the prevalence of anaemia among young Children(6-59 months)	By 9% @ 3% p.a.
4.	Reduce the prevalence of anaemia among Women and Adolescent Girls in the age group of 15-49 years.	By 9% @ 3% p.a.
5.	Reduce Low Birth Weight (LBW).	By 6% @ 2% p.a.



3. Mid Day Meal scheme

The last session on the ICDS should have provided an opportunity to discuss food and nutrition among children above 6 years (since ICDS caters to children below 6), and that's how the facilitator should introduce the MDM.



The facilitator can explain details from below, if required.

A separate provision for payment of honorarium to cook-cum-helper @ Rs. 1000/- per month has been made. One cook-cum-helper may be engaged in a school having upto 25 students, tow cooks-cum-helpers for schools having 26 to 100 students and one additional cook-cum-helper for every addition of upto 100 students.

The cost of construction of Kitchen-cum-store is shared between the Centre and the NER States on 90:10 and with other States /UTs on 75:25 basis. Provision for assistance in a phased manner for provisioning and replacement of kitchen/cooking devices at an average cost of Rs. 5,000 per school.

Issues related to the MDMS: Government is under pressure to provide MDM from Centralized kitchen and packages food Vs. hot cooked Meal, vegetarian Vs. Non veg, corruption and leakage, food safety etc.

Across the country, there are nearly 70 NGOs engaged in preparation of the meals in 137 district headquarters of 13 states, including Bengal, Odisha, Bihar, Jharkhand, Assam, Uttar Pradesh and Delhi. Most of them serve vegetarian food. Akshaya Patra, which too serves vegetarian food, is the leading NGO to provide meals to 18 lakh students out of the total 70 lakh served from centralised kitchens.

The facilitator should explain the entitlement, operational and grievance mechanisms drawing experiences from the participants as all of them would be rather too familiar with the MDM.

ENTITLEMENTS UNDER THE MDMS

- Every child from 6-14 years studying in classes I to VIII who enroll and attend the school, shall be provided hot cooked meal
- Nutritional standards of 450 calories and 12 gm of protein for primary and 700 calories and 20 gm protein for upper primary free at school every day except holidays.
- Energy and protein requirement for a primary child comes from cooking 100 g of rice/flour, 20 g pulses and 50 g vegetables and 5 g oil, and for an upper primary child it comes from 150 g of rice/flour, 30 g of pulses and 75 g of vegetables and 7.5 g of oil.
- Provision of MDM during summer vacation in drought affected areas.
- Mothers of the children to supervise and monitor the scheme.
- Preference to women in engagement of cooks cum helpers.
- Every school shall have the facility for cooking meal in hygienic manner.
- The School Management Committee shall monitor the implementation.
- Provision for food security allowance in case MDMS is not provided.

The facilitator can explain details from below, if required.

Mid-Day Meal Rules, 2015 Under National Food Security Act, 2013 Notified

The Central Government notified 'Mid Day Meal Rules, 2015' on September 30th, 2015. The National Food Security Act, 2013 (NFSA, 2013) contains provisions related to welfare schemes including Mid Day Meal Scheme. In accordance with the provisions of the Act, the Ministry of HRD has finalized the MDM Rules after consultation with the States and other related Central Ministries. The rules will be known as Mid Day Meal Rules, 2015 and will be in effect from the date of notification in the Gazette of India. The Rules inter alia provide for temporary utilization of other funds available with the school for MDM in case school exhausts MDM funds for any reason; Food Security Allowance to be paid to beneficiaries in case of non-supply of meals for specified reasons; and monthly testing of meals on a random basis by accredited Labs to check its quality. Further, the Rules also provide that concerned State Governments shall fix responsibility on the person or agency if meals are not provided on 3 consecutive school days or 5 days in a month. These rules and their effective compliance by implementing agencies in the States will ensure better regularity in serving mid day meals in schools and also improve quality of the meals as well as overall implementation of the Mid Day Meal Scheme in the country. The salient provisions of the rules are as under:

Entitlements of children: Every child within the age group of six to fourteen years studying in classes I to VIII who enroll and attend the school, shall be provided hot cooked meal having nutritional standards

of 450 calories and 12 gm of protein for primary and 700 calories and 20 gm protein for upper primary free of charge every day except on school holidays. The place of serving meals to the children shall be school only.

Implementation of the Scheme: Every school shall have the facility for cooking meal in hygienic manner. Schools in urban area may use the facility of centralised kitchens for cooking meals wherever required in accordance with the guidelines issued by the Central Government and the meal shall be served to children at respective school only.

Responsibility of School Management Committee: The School Management Committee mandated under Right to Free and Compulsory Education Act, 2009 shall also monitor implementation of the Mid-day meal Scheme and shall oversee quality of meals provided to the children, cleanliness of the place of cooking and maintenance of hygiene in implementation of mid day meal scheme.

Utilization of School Funds: The Headmaster or Headmistress of the school shall be empowered to utilise any fund available in school for the purpose of continuation of Mid Day Meal Scheme in the school in case of temporary unavailability of food grains, cooking cost etc. in the school. The utilised fund shall be reimbursed to the school account immediately after receipt of mid day meal funds.

Testing of the meals by Accredited Labs to ensure nutritional standards: Hot cooked meal provided to children shall be evaluated and certified by the Government Food Research Laboratory or any laboratory accredited or recognized by law, so as to ensure that the meal meets with the nutritional standards and quality.

The Food and Drugs Administration Department of the State may collect samples to ensure the nutritive value and quality of the meals. The samples shall be collected at least once in a month from randomly selected schools or centralised kitchens and sent for examination to the accredited laboratories.

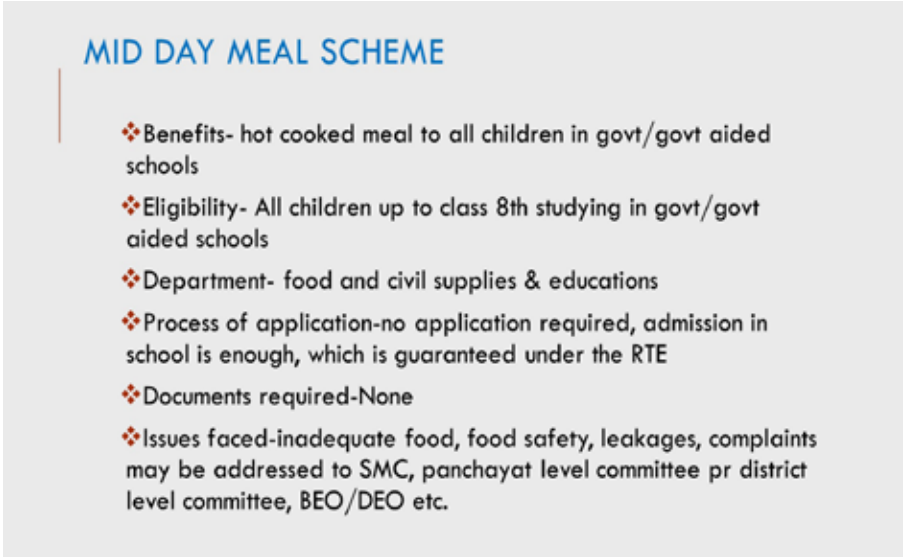
Food Security Allowance: If the Mid-Day Meal is not provided in school on any school day due to non-availability of food grains, cooking cost, fuel or absence of cook-cum-helper or any other reason, the State Government shall pay food security allowance by 15th of the succeeding month in the manner provided herein below:-

(a) Quantity of Food grains as per entitlement of the child; and
(b) Cooking cost prevailing in the State.

- In case of non-supply of meal by the Centralised Kitchen, the Food Security Allowance shall be realised from the Centralised Kitchen as stated above.

- Provided that in case a child has not taken food on offer for whatever reasons, no claim of food security allowance shall lie with the State Government or Centralised Kitchens:
- Provided further that no claim shall lie with State Government or Centralised Kitchen for reasons of quality of food grains and meal:
- The State Government shall take action to fix responsibility on the person or agency in accordance with the procedure laid down, if mid day meal is not provided in school on school days continuously for three days or at least for five days in a month.
- Wherever an agency of Central Government is involved, the State Government shall take up the matter with Central Government which shall resolve the matter within a month.

Source: https://pib.gov.in/newsite/mbErel.aspx?reli



The facilitator should also draw on the experience of the participants if any of them should be on the School Management Committee, or encourage them to be there.

The facilitator should help the participants' collective experience to be used for providing a feedback for improving the services.

Session 2

RIGHT TO HEALTH

Learning objectives

- Government programmes under right to health
- Health infrastructure in rural and urban areas
- Understanding health insurance and schemes

Aids required

- White board and markers
- Computer/Laptop
- Projector and screen

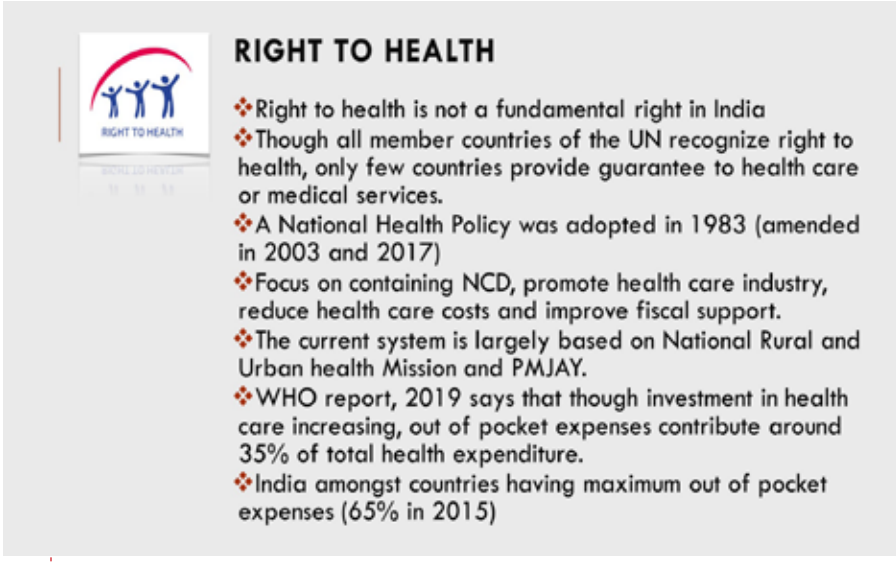
Session plan

Sl.	Topic	Methodology	Duration
1	Right to Health	Presentation	10 minutes
2	NRHM & NUHM (infrastructure, standards and programmes)	Presentation and guided discussion	30 minutes
3	Health insurance and schemes	Presentation and guided discussion	30 minutes

1. Right to Health

The right to health means that everyone should have access to the health services they need, when and where they need them, without suffering financial hardship.

In India right to health is non justiciable like many countries in the world. However, India has elaborate arrangement on promoting people access to healthcare. National Rural Health Mission, National Urban Health Mission along with PM Jan Aarogya Yojana (PMJAY, earlier Ayushman Bharat) are the trinity of the government health facilities.



The facilitator can explain details from below, if required.

A University of California, Los Angeles (UCLA) study (2011) found that 73 U.N. member countries (38 percent) guaranteed the right to medical care services, while 27 (14 percent) aspired to protect this right in 2011. When it came to guaranteeing public health, the global performance was even poorer: Only 27 countries (14 percent) guaranteed this right, and 21 (11 percent) aspired to it.

2. NRHM and NUHM

The facilitator should be able to explain health infrastructure in rural India and urban India, population norms for designated centres and what kind of facilities people should expect from the government centres under National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM).

RIGHT TO HEALTH

- NRHM launched in 2005 to provide effective primary health care in 18 states with poor health infrastructure and indicators.
- NUHM launched in 2013, works in 779 cities with population of over 50,000. besides improving health services (setting up one urban public health centre/50,000 population) and infrastructure, also aims to improve sanitation and drinking water and outreach.
- PMJAY (earlier Ayushman Bharat) launched in 2018 aims to provide an insurance cover of Rs. 5 lakh per family per year and cashless health cover facilities to 10 crore households (approx. 50 crore individuals) in rural and urban areas.
- To know you eligibility dial the Ayushman Bharat Yojana call centre number: 14555 or 1800-111-565
- Many of the state governments also ask private hospitals built on govt leased lands to provide services to the EWS in OPD and IPD.

NATIONAL RURAL HEALTH MISSION (NRHM)

Rural Healthcare Infrastructure

Sub centre- 5000/3000 in hilly areas (staffed by ANM/s, female and male health worker, one lady health visitor (LHV) supervises 6 sub centres)

Primary health centre: 30,000/20,000 in hilly areas (one mdical officer +14 paramedical and other staff, has 4-6 beds and acts as referral centre for 6 sub centres)

Community health centre:120,000/80,000 in hilly areas (manned by four medical specialists i.e. surgeon, physician, gynecologist and pediatrician supported by 21 paramedical and other staff. It has 30 in-door beds with one OT, X-ray, labour room and laboratory facilities. It serves as a referral centre for 4 PHCs and also provides facilities for obstetric care and specialist consultations.)

First referral Units (FRUs)**:** District Hospital, Sub-divisional Hospital, Community Health Centre etc. functions as FRUs provided it is equipped to provide round-the-clock services for emergency obstetric and New Born Care, in addition to all emergencies that any hospital is required to provide. It should be noted that there are three critical determinants of a facility being declared as a FRU: Emergency Obstetric Care including

surgical interventions like caesarean sections; new-born care; and blood storage facility on a 24-hour basis.

Health and Wellness Centres: Under the National health Policy 2017 Government of India is committed towards creation of 150000 Health and Wellness Centres (HWCs) by transforming existing Sub Centres (SCs) and Primary Health Centres (PHCs) as basic pillar of Ayushman Bharat to deliver Comprehensive Primary Healthcare (CPHC). Health and Wellness Centres, are envisaged to deliver and expanded range of services to address the primary health care needs of the entire population in their area, expanding access, universality and equity close to the community with the principle being "time to care" to be no more than 30 minutes. Such care could also be provided/ complemented through outreach services, Mobile Medical Units, camps, home and community-based care, but the principle should be a seamless continuum of care that ensures the principles of equity, universality and no financial hardship

Status of rural health care infrastructure

As on 31st March, 2019, there are 157411 Sub Centres (SC), 24855 Primary Health Centres (PHCs) and 5335 Community Health Centres (CHCs) in rural areas which are functioning in the country. Further there are 7821 SCs which are upgraded as Health and Wellness Centre-Sub Centres (HWC-SCs) out of total 157541 SCs and 8242 Health and Wellness Centres-Primary Health Centres (HWC-PHCs) has been upgraded out of total 24855 PHCs.

75.3 percent of Sub Centres, 94.5 percent of PHCs and 99.3 percent of CHCs function in government buildings.

As on 31st March, 2019 the overall shortfall in the posts of HW(F)/ ANM is 3.9 percent of the total requirement, mainly due to shortfall in States namely, Karnataka (3423), Gujarat (1474), Himachal Pradesh (830), Rajasthan (604) and Uttarakhand (279). For allopathic Doctors at PHCs, there is a shortfall of 7.6 percent of the total requirement for existing infrastructure as compared to manpower in position.

The position of specialists manpower at CHCs reveal that as on 31st March, 2019, out of the sanctioned posts, 79.9 percent of Surgeons, 64

percent of obstetricians ands gynecologists, 77.5 percent of physicians and 69.7 percent of pediatricians are vacant. However, in addition to the specialists, about 15395 General Duty Medical Officers (GDMOs), 3197 AYUSH and 1920 Dental Surgeons doctors are also available at CHCs as on 31st March, 2019.

A total of 1234 Sub Divisional/Sub District Hospital are functioning as on 31st March, 2019 throughout the country. In these hospitals, 13750 doctors are available. In addition to these doctors, about 36909 paramedical staffs are also available at those hospitals as on 31st March, 2019.

In addition to above, 756 District Hospitals (DHs) are also functioning as on 31st March, 2019 throughout the country. There are 24676 doctors available in the DHs. In addition to the doctors, about 85194 para medical staff is also available at District Hospitals as on 31st March, 2019.

NATIONAL URBAN HEALTH MISSION (NUHM)

Urban health infrastructure

The health care infrastructure in urban areas consists of the Community Health Centres and Primary Health Centres.

Population norms for urban health infrastructure

Primary Health Centres: 50,000 population (preferrably close to communities, working in two shifts from 12-4 pm and 4-8 pm)

Community Health Centres: 2,50,000 population (5 Lakh for metros), serves as referral for 4-5 PHCs, generally having 30-5- beds, 100 beds for every 500,000 population, provides inpatient services, medical care, surgical facilities and institutional delivery facilities in addition to primary health care facilities.

Health and Wellness Centres: Existing U-PHCs would be converted to Health and Wellness Centres (HWC)

Status of urban health care infrastructure

As on 31st March 2019, there are 5190 U-PHCs are functional in the country. Out of these U-PHCs a total of 1734 PHCs has been upgraded

as HWCs. There is a shortfall of about 44.4 percent of U-PHCs as per the urban population norms. About 70 percent of UPHCs are located in the government buildings, 27 percent located in the rented buildings and 3 percent are located in the rent free buildings.

As on 31st March 2019, there are 350 U-CHCs functional in urban areas of the India. About 96 percent of U-CHCs are located in government buildings and 4 percent in rented buildings.

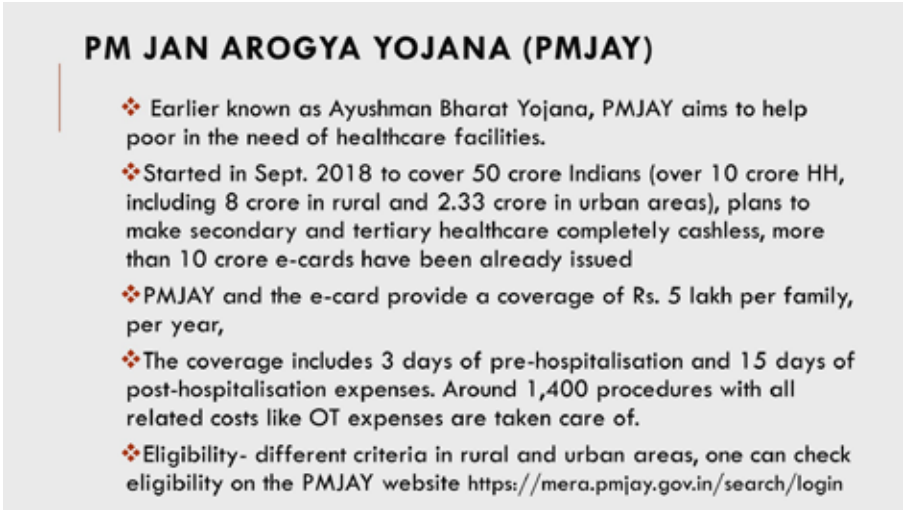
There are 16820 HW (female)/ ANM available at the PHCs and SCs level in urban areas. There are 4457 Doctors, 3549 Pharmacists, 1933 Lab Technicians and 5938 Staff nurses available at U-PHCs. As far as vacancy is concerned there is a vacancy of 16.9 percent of HW (F)/ ANMs at PHCs and SCs level. There is a vacancy of 19.1 percent of Doctors, 21.4 percent of Pharmacists, 29.8 percent of Lab Technicians and 21.7 percent of Staff nurses at the U-PHCs. At U-PHC level shortfall has been observed in all the posts. There is a shortfall of 44.3 percent ANMs at PHCs and 57 SCs. There is a shortfall of 16.7 percent of Doctors, 24.3 percent of Pharmacists, 50.9 percent of Lab Technicians and 22.2 percent of Staff nurses at U-PHCs.

At U-CHCs there are 1017 Specialists, 713 GDMOs, 192 Radiologists, 468 Pharmacists, 447 Lab Technicians and 4618 Staff nurses available at U-CHCs. There is a vacancy of 36.9 percent of Specialists, 28.8 percent of GDMOs, 30.2 percent of Radiographers, 13 percent of Pharmacists, 17.3 percent of Lab Technicians and 17.6 percent of Staff nurses at U-CHCs. There is shortfall of 45.8 percent of total specialist, 24.6 percent of GDMOs, 48 percent of Radiographers, 16 percent of Pharmacists, 13.4 percent of Lab Technicians and 21.3 percent of Staff nurses at U-CHCs

3. Health insurance and schemes

The facilitator should explain that the PMJAY has entitled every Indian to enjoy health insurance facilities up to a coverage of INR 5 lakh for every financially disadvantaged household every year.

The facilitator should show the participants the homepage of the PMJAY (https://www.pmjay.gov.in) and make a live demonstration of how to check whether one is eligible for the PMJAY.



Ayushman Bharat Yojana (PMJAY):

Introduction

Ayushman Bharat Yojana, also known as the Pradhan Mantri Jan Arogya Yojana (PMJAY), is a scheme that aims to help economically vulnerable Indians who are in need of healthcare facilities.Prime Minister Narendra Modi rolled out this health insurance scheme on 23 September 2018 to cover about 50 crore citizens in India and already has several success stories to its credit. As of September 2019, it was reported that 18,059 hospitals have been empanelled, over 4,406,461 lakh beneficiaries have been admitted and over 10 crore e-cards have been issued.The Ayushman Bharat Yojana - National Health Protection Scheme, which has now been renamed as Pradhan Mantri Jan Arogya Yojana, plans to make secondary and tertiary healthcare completely cashless. The PM Jan Arogya Yojana beneficiaries get an e-card that can be used to avail services at an empanelled hospital, public or private, anywhere in the country. With it, you can walk into a hospital and obtain cashless treatment.The coverage includes 3 days of pre-hospitalisation and 15 days of post-hospitalisation expenses. Moreover, around 1,400 procedures with all related costs like OT expenses are taken care of. All in all, PMJAY and the e-card provide a coverage of Rs. 5 lakh per family, per year, thus helping the economically disadvantaged obtain easy access to healthcare services.

Medical Packages and Hospitalization Process

The Rs. 5 lakh insurance cover provided by the Pradhan Mantri Jan Arogya scheme can be utilized not just by individuals in particular, but also by families in general. This lumpsum is enough to cover both the medical and surgical treatments in 25 specialities among which are cardiology, neurosurgery, oncology, paediatrics, orthopaedics, etc. However, medical and surgical expenses cannot be reimbursed simultaneously.If multiple surgeries are necessary, the highest package cost is paid for in the first instance followed by a 50 percent waiver for the second and a 25 percent discount for the third. Unlike other health insurance schemes, there is no waiting period for pre-existing diseases under PMJAY scheme, which comes under the larger umbrella scheme of Ayushman Bharat Yojana. Should any beneficiary or anyone in their family require hospitalization, they need not pay anything, provided they are admitted in any empanelled government or private hospital.The cashless treatment and hospitalization is made possible due to a 60:40 cost sharing agreement between the Centre and states. Once identified as a genuine beneficiary, you or your family member will be issued a health card by specially trained Ayushman Mitras, who man kiosks in hospitals for those unaware of the PMJAY scheme.With these details in hand, you can benefit from the features of the Pradhan Mantri Jan Awas Yojana or help someone else get the healthcare cover benefit.

PMJAY helps households access secondary and tertiary care via funding of up to Rs. 5 lakh per family, per year. This assistance is valid for day care procedures and even applies to pre-existing conditions. PMJAY extends coverage for over 1,350 medical packages at empanelled public and private hospitals.

Some of the Critical illnesses that are covered

- Prostate cancer
- Coronary artery bypass grafting
- Double valve replacement
- Carotid angioplasty with stent
- Pulmonary valve replacement
- Skull base surgery

- Laryngopharyngectomy with gastric pull-up
- Anterior spine fixation
- Tissue expander for disfigurement following burns
- PMJAY has a minimal list of exclusions. They are as follows.
- OPD
- Drug rehabilitation programme
- Cosmetic related procedures
- Fertility related procedures
- Organ transplants
- Individual diagnostics (for evaluation)

Eligibility Criteria for Rural and Urban People

The PMJAY scheme aims to provide healthcare to 10 crore families, who are mostly poor and have lower middle income, through a health insurance scheme providing a cover of Rs. 5 lakh per family. The 10 crore families comprise 8 crore families in rural areas and 2.33 crore families in urban areas. Broken into smaller units, this means the scheme will aim to cater to 50 crore individual beneficiaries.However, the scheme has certain pre-conditions by which it picks who can avail of the health cover benefit. While in the rural areas the list is mostly categorized on lack of housing, meagre income and other deprivations, the urban list of PMJAY beneficiaries is drawn up on the basis of occupation.

PMJAY Rural

The 71st round of the National Sample Survey Organisation reveals that a staggering 85.9 percent of rural households do not have access to any healthcare insurance or assurance. Additionally, 24 percent of rural families access healthcare facilities by borrowing money. PMJAY's aim is to help this sector avoid debt traps and avail services by providing yearly assistance of up to Rs. 5 lakh per family. The scheme will come to the aid of economically disadvantaged families as per data in the Socio-Economic Caste Census 2011. Here too, households enrolled under the Rashtriya Swasthya Bima Yojana (RSBY) will come under the ambit of the PM Jan Arogya Yojana.

In the rural areas, the PMJAY health cover is available to:

1. Those living in scheduled caste and scheduled tribe households
2. Families with no male member aged 16 to 59 years
3. Beggars and those surviving on alms
4. Families with no individuals aged between 16 and 59 years
5. Families having at least one physically challenged member and no able-bodied adult member
6. Landless households who make a living by working as casual manual labourers
7. Primitive tribal communities
8. Legally released bonded labourers
9. Families living in one-room makeshift houses with no proper walls or roof
10. Manual scavenger families

PMJAY Urban

According to the National Sample Survey Organisation (71st round), 82 percent of urban households do not have access to healthcare insurance or assurance. Further, 18 percent of Indians in urban areas have addressed healthcare expenses by borrowing money in one form or the other. Pradhan Mantri Jan Arogya Yojana helps these households avail healthcare services by providing funding of up to Rs. 5 lakh per family, per year. PMJAY will benefit urban workers' families in the occupational category present as per the Socio-Economic Caste Census 2011. Further, any family enrolled under the Rashtriya Swasthaya Bima Yojana will benefit from the PM Jan Arogya Yojana as well.

In the urban areas, those who can avail of the government-sponsored scheme consist mainly of:

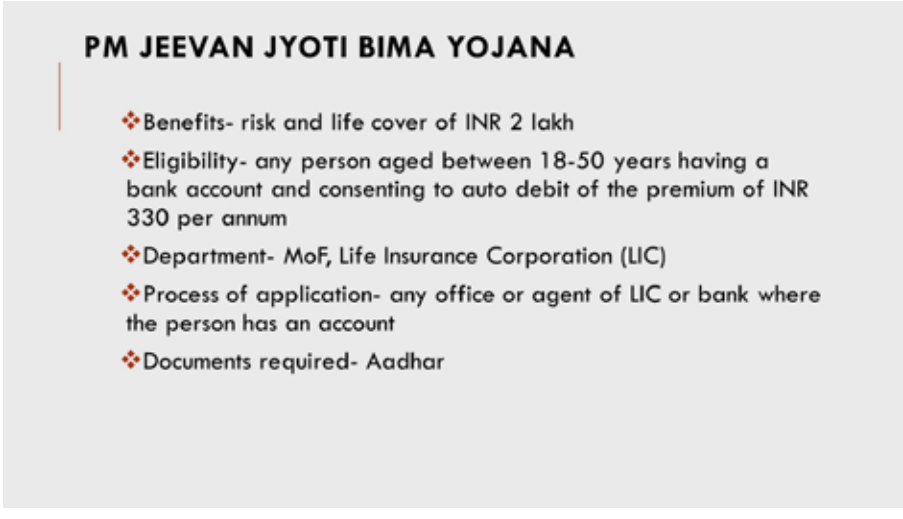
1. Washerman / chowkidars
2. Rag pickers
3. Mechanics, electricians, repair workers
4. Domestic help
5. Sanitation workers, gardeners, sweepers
6. Home-based artisans or handicraft workers, tailors
7. Cobblers, hawkers and others providing services by working on streets or pavements

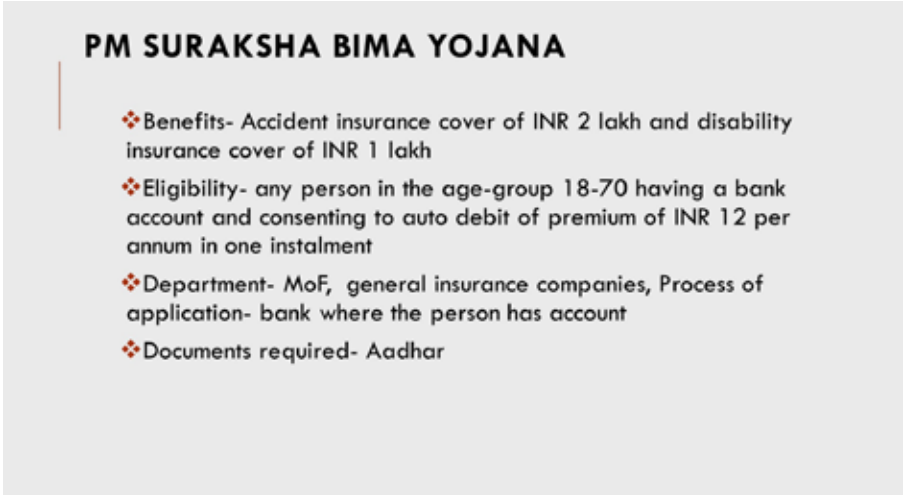
8. Plumbers, masons, construction workers, porters, welders, painters and security guards
9. Transport workers like drivers, conductors, helpers, cart or rickshaw pullers
10. Assistants, peons in small establishments, delivery boys, shopkeepers and waiters

People not entitled for the Health Cover under Pradhan Mantri Jan Arogya Yojana:

1. Those who own a two, three or four-wheeler or a motorised fishing boat
2. Those who own mechanised farming equipment
3. Those who have Kisan cards with a credit limit of Rs.50000
4. Those employed by the government
5. Those who work in government-managed non-agricultural enterprises
6. Those earning a monthly income above Rs.10000
7. Those owning refrigerators and landlines
8. Those with decent, solidly built houses
9. Those owning 5 acres or more of agricultural land

Other schemes





Advantages of Health Insurance in India

The main advantage of having a health insurance policy is that you can avail medical treatment without suffering any strain on your finances. Moreover, as a significant number of Indians end up borrowing money informally to pay medical bills, utilising the features of PMJAY helps avoid the risk of a debt trap. You can get upto Rs. 5 lakh treatment under PMJAY but you can also buy health insurance from Bajaj Finserv to avail more coverage and benefits for yourself and your family. Alternately, you can explore other health policies too like Pocket Insurance by Bajaj Finserv which offers affordable policies to take care of your specific needs. What's more, you can apply for these policies easily online. For instance, Dengue Cover helps you pay for diagnostic tests in case you contract malaria or dengue, while Hospital Cash Cover gives you daily cash assistance of up to Rs.1,000 per day that you can use for a range of expenses. You can also purchase plans such as Adventure Cover if you get injured or Kidney Stones Cover in case you suffer from this condition. Regardless of the policy you choose, you can get substantial coverage at a nominal premium and protect every aspect of your health in an instant.

Additional Read:
How To Choose The Right Health Insurance Policy For Yourself.
Source : Rural Health Statistics 2018-19, Ministry of Health and Family Welfare

Session 3

NATIONAL SOCIAL ASSISTANCE PROGRAMME & OTHER SCHEMES

Learning objectives

- Government programmes under NSAP
- Understanding social assistance programmes

Aids required

- White board and markers
- Computer/Laptop
- Projector and screen

Session plan

Sl.	Topic	Methodology	Duration
1	National Social Assistance Programme	Introduction	5 minutes
2	Pension schemes	Presentation	10 minutes
3	Benefit schemes	Presentation	10 minutes
4	Other schemes	Presentation	10 minutes

1. National Social Assistance Programme (NSAP)

The National Social Assistance Programme comprises of 6 programmes providing old age pension, widow pension, family benefit, maternity benefit, disability pension and Annapurna.

The facilitator should be able to briefly explain each scheme, entitlements and eligibility from the appended material along with grievance redressal.

The facilitator should draw the audience in discussion on inclusion and exclusion error in these schemes and underline how they can help correct these errors.

NATIONAL SOCIAL ASSISTANCE PROGRAMME (NSAP)

- Launched in 1995 towards fulfillment of the DPSP (Art 41 & 42) provides for a policy for social assistance for the poor.
- NSAP at present, comprises of 5 programmes, IGNOAPS, IGNWPS, IGNDPS, NFBS and Annapurna.
- NSAP is 100% centrally sponsored scheme, eligibility BPL
- NSAP guidelines @ https://darpg.gov.in/sites/default/files/NSAP-District%20Manual_21.11.2017%_281%29.pdf

Programme Guidelines for NSAP:
http://nsap.nic.in/Guidelines/nsap_guidelines_oct2014.pdf

2. Pension schemes

INDIRA GANDHI NATIONAL OLD AGE PENSION SCHEME (NOAPS)

- Launched on 19th November, 2007
- Age of the applicant (male or female) should be 60 years or more and the applicant should be BPL
- Central contribution of pension under the Scheme is Rs. 200/- per month per beneficiary up to 79 years and Rs.500/- per month per beneficiary from 80 year onwards
- State Governments may contribute over and above to this amount.
- At present old age beneficiaries are getting between Rs. 200/- to Rs. 1000/- depending on the State contribution
- Pension is not restricted to only one person in a family, all persons who are 60 years of age in a BPL family are eligible.

NATIONAL OLD AGE PENSION

- Benefits- pension of INR 200/ month to people aged 60-79 years, INR 500/month to 80 years and above, additional assistance/top up by state governments ranging from Rs. 50-Rs.1800/month, door step delivery, DBT/IT enabled transfer is encouraged
- Eligibility- any male/female aged 60 years or above and belonging to BPL household
- Department- rural development and health and family welfare
- Process of application-application at GP office, municipality
- Documents required-ID, Residence proof, age proof
- Issues faced-delays, complaints can be taken to district social welfare officer (nodal officer), district collector (chair of District level steering committee)

INDIRA GANDHI NATIONAL WIDOW PENSION SCHEME (IGNWPS)

- Benefits- Rs.300/month pension to widows aged 40-79 years, Rs.500/month to widows aged 80 and above
- Eligibility- applicant must be a widow aged 40 years or above and belonging to the BPL Household.
- Department- rural development
- Process of application-application at GP office, municipality
- Documents required-ID, Residence proof, age proof, marriage certificate, death certificate, ration card
- Issues faced-delays, complaints can be taken to district social welfare officer (nodal officer), district collector (chair of District level steering committee)

INDIRA GANDHI NATIONAL DISABILITY PENSION SCHEME (IGNDPS)

- Benefits- Rs.300/month for disabled in the age group 18-79, Rs. 500/month for disabled of 80 years and above
- Eligibility- 80% disability of dwarf aged 18 years or above belonging to BPL families
- department- rural development
- Process of application-application at GP office, municipality
- Documents required-ID, Residence proof, age proof, disability certificate
- Issues faced-delays, complaints can be taken to district social welfare officer (nodal officer), district collector (chair of District level steering committee)

The facilitator can explain details from below, if required.

Where to apply and whom to contact in the office for applying: Village Offices and the Officer concerned.

No Fee

No prescribed format

Documents to prove the eligibility, viz. proof of age/ proof of belonging to BPL family/proof of disability/proof of being primary bread winner etc.

Where to contact in case of process related complaints: Panchayat/ Block/District level officers as the case may be

The NSAP was transferred to the State Plan w.e.f. 2002-03 and funds are provided as Additional Central Assistance (ACA) for all the schemes of NSAP taken together. The responsibility for identification of beneficiaries, sanction of benefits and disbursement of the same vests with the respective State Government/UT Administration

3. Benefit Schemes

NATIONAL FAMILY BENEFIT SCHEME (NFBS)

- A lumpsum amount provided to the BPL households on the death of the primary breadwinner in the family as per the following criteria;
- Primary breadwinner of the household, male or female, whose earnings contribute substantially to the total household income.
- Death occurs while he or she is more than 18 years and less than 60 years of age.
- Bereaved household qualifies as BPL.
- Amount of central assistance under the scheme is Rs. 20000/- in case of death of primary breadwinner due to natural or accidental causes.
- The family benefit is paid to such surviving member of the household of the deceased who, after local enquiry is determined to be the head of the household

NATIONAL FAMILY BENEFIT SCHEME (NFBS)

- Benefits- Lumpsum amount of INR 20,000 given to the BPL family whose breadwinner dies
- Eligibility- the person (male/female) whose death occurs should be the main breadwinner, between 18-60 years, household should qualify as BPL, next head of the family gets the amount
- Department- rural development
- Process of application-application at GP office, municipality
- Documents required- ID, Residence proof, death certificate, document showing relationship (ration card)
- Issues faced-delays, complaints can be taken to district social welfare officer (nodal officer), district collector (chair of District level steering committee)

ANNAPURNA SCHEME

- Benefits- 10 kgs of foodgrains (wheat or rice) per month provided free of cost
- Eligibility- Senior citizens otherwise eligible but not covered under old age pension for any reason belonging to BPL household
- Department- rural development
- Process of application-application at GP office, municipality
- Documents required- ID, Residence proof, age proof
- Issues faced-delays, complaints can be taken to district social welfare officer (nodal officer), district collector (chair of District level steering committee)

INDIRA GANDHI MATRITVA SAHYOG YOJANA (IGMSY)

- Benefits- pregnant women and lactating mothers receive RS. 6000 in three instalments
- Eligibility-Pregnant women aged 19 or above for the first two live births where she or her husband does not work in govt/PSU
- Department- women and child development
- Process of application- registration of pregnancy at the nearest anaadi centre or health centre
- Documents required-ID, residence proof
- Issues faced-delays in payment, payment made in one shot, complaints may be taken to the CDPO, DPO, DC

4. Other schemes

Beyond NSAP and Health insurance government runs other schemes to provide assistance for people with different needs.

PM FASAL BIMA YOJANA

- Benefits- crop insurance at minimum premium of 2% for all kharif crops, 1.5% for all rabi crops and 5% for all commercial and horticultural crops
- Eligibility- All farmers growing notified food grains, oilseeds and horticulture, farmers having crop loan account or KCC
- Department- Ministry of Agriculture
- Process of application- apply online at http://pmfby.gov.in/., or helpline 011-23382012, followed by an extension 2715 / 2709
- Documents required- Aadhar, land ownership papers, details of bank account/passbook, sowing information, application form
- Issues faced- not many in registering but later related to delayed and inappropriate payments etc.

LIVESTOCK INSURANCE POLICY

- Benefits- cross bred and high yielding cattle and buffalo are insured up to maximum value of their market price at 50% premium
- Eligibility- farmers having high yield high value cattle and buffalo in 100 districts in the country
- Department- department of Animal Husbandry
- Process of application- animal husbandry department, veterinary hospital/ practitioner
- Documents required- KYC, ownership/sale/purchase papers

PM VAYA VANDAN YOJANA

- Benefits- Assured pension for the aged 60 years and above, on assured rate of return of 8% pa, on purchase of minimum instrument of INR 150000 for pension of INR 1000/month, and maximum purchase of INR 750000 for pension of INR 5000 per month
- Eligibility- any person aged 60 or above having a bank account and willing to
- Process of application- LIC or Bank office
- Documents required- Aadhar

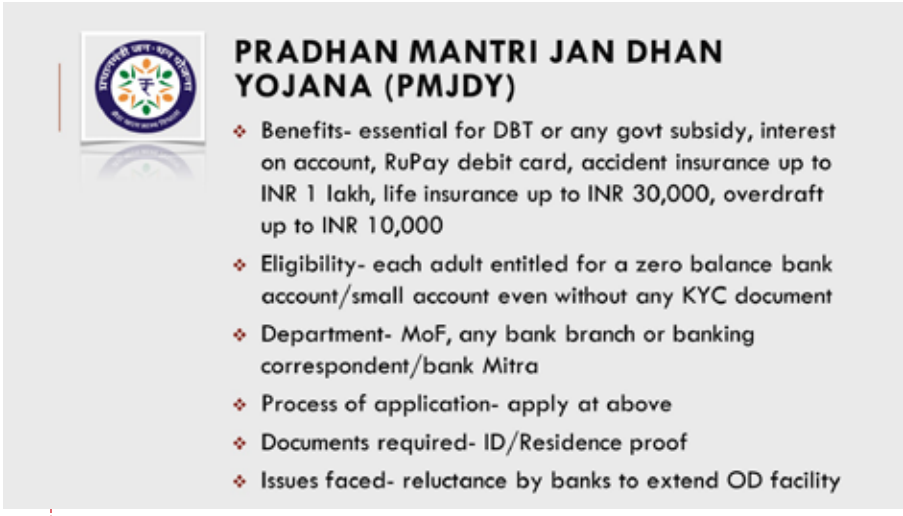
PM SHRAM YOGI MAAN-DHAN YOJANA

- Benefits- fixed pension of INR 3000/month to informal workers after 60 years @50% premium
- Eligibility- any informal worker in the age group 18-40 years with monthly income less than 15000, having a bank account and willing to pay the premium till 60 years.
- Department- MoF, LIC
- Process of application- apply at common services centre, LIC agent or office
- Documents required- Aadhar, bank account

After the PM launched Jan Dhan Yojana in 2014, financial inclusion has become a right of citizen. Every citizen/resident can have a bank account even if he/she doesn't have relevant identify documents.

The facilitator should explain the benefits of financial inclusion and bank account for every citizen especially the poor. He should explain that a small account can be opened even without the KYC documents. The facilitator should explain other benefits of the JDY account.

The facilitator should also ask the participants on their knowledge on how and to what extent people and especially poor are benefitting from DBT and other benefits of financial inclusion. The experiences can be shared with the relevant government departments.



In case of problem faced by PMJDY account holders whom can they contact?

In case of queries related to PMJDY account, one can contact the following:

i. Bank wise grievance related contact detail are available at https://pmjdy.gov.in/PMJDYGrievance/SecurePages/User_Login.aspx

ii. One can lodge complaints related to PMJDY at the following website: https://pmjdy.gov.in/PMJDYGrievance/user_feedback.aspx

Public Advocacy Initiatives for Rights and Values in India (PAIRVI) is a capacity building and advocacy support organization working at the intersections of rights, development and sustainability. It works with small grassroots organizations and community based groups to enhance their understanding on development discourse and capacity to respond appropriately.
PAIRVI also works with a pan Indian coalition on climate and environmental justice, MAUSAM (Movement for Advancing Understanding on Sustainability and Mutuality), previously Beyond Copenhagen.

Visit: www.pairvi.org Contact: pairvidelhi1@gmail.com, info@pairvi.org