

OPERATIONAL GUIDELINES

FOR

**Various interventions implemented by Ministry of Tribal Affairs under SCA to TD
(PMAAGY)**

Under the umbrella scheme of

‘DHARTI AABA JATIYA GRAM UTKARSH ABHIYAN (PM-JGUA)’



Ministry of Tribal Affairs

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Consolidated Guidelines for various interventions implemented by Ministry of Tribal Affairs under Dharti Aaba Janjatiya Gram Utkarsh Abhiyan (DA--JGUA)

Introduction: The **Dharti Aaba Janjatiya Gram Utkarsh Abhiyan** envisions *saturation of critical gaps in infrastructure, health, education, livelihood*, through different schemes of Govt of India by means of convergence and outreach ensuring holistic and sustainable development of tribal areas and communities. The Abhiyan will be for a period of 5 years under which 25 interventions will be implemented through 17 Ministries including MoTA with a budget of 79,156 crore. The mission guidelines giving details of different schemes, Ministry wise budget allocation and target have been separately issued which may be seen at **Annexure-I**. The present guidelines discuss various schemes of MoTA, which would be part of DA-JGUA.

2. Ministry of Tribal Affairs: Special Central Assistance for Tribal Development (SCA to TD)/ Pradhan Mantri Adi Adarsh Gram Yojana (PMAAGY)

Ministry of Tribal Affairs has been implementing several schemes for welfare and development of tribal communities and areas. In 2021, it was decided by the Ministry as a part of the policy to shift focus of the scheme to Integrated Village Development by way of appropriate convergence of resources available under State Tribal Sub-Plan (TSP) and Central Scheduled Tribe Component (STC). The nomenclature of the scheme was changed from ‘Special Central Assistance to Tribal Sub Scheme (SCA to TSS)’ to ‘Special Central Assistance for Tribal Development (SCA for TD)’, which aimed at holistic development of tribal villages (Named as Pradhan Mantri Adi Adarsh Gram Yojana). Under PMAAGY, the responsibility of the convergence at Village and District level was with the State Government. Many States were finding it difficult to effectively converge with the Central and State DAPST funds.

Based on learning from the success of PM JANMAN, the erstwhile PMAAGY is being revamped and with enhanced scope covering over 63,000 villages making it **more structured with dedicated convergence of funds available with 17 Ministries including MoTA through 25 schemes** and Saturation for critical interventions from line Ministries and States down. It envisages providing dedicated funds for multi-sectoral interventions through convergence of specific schemes of line Ministries/Departments. As most of the interventions of PMAAGY are covered under different interventions of line ministries, the scope of SCA to TD (PMAAGY) is being widened for undertaking dedicated interventions as mentioned below.

2.1. PMAAGY: The ongoing scheme of **₹20.39 lakhs for integrated development of eligible village-** State have option to submit proposal of pending villages under the

erstwhile scheme by 31st October 2024. Thereafter only the committed liabilities of the approved Village Development plans will be released to States. For remaining villages, if any, the State will need to submit plans under DA-JGUA. All plans approved under PMAAGY will need to be implemented before 31.3.2026. State expenses and committed liabilities will not be entertained after 31.3.2026 [finance cycle (2021-26)]

2.2. Expanded Program:

- i. **Residential Schools** - Improving infrastructure of Ashram Schools, Hostels, Govt./State Tribal Residential schools (Please refer to para 3)
- ii. **Marketing Centres** - Provision for 100 Tribal Multipurpose Marketing Centres (Please refer to para 4)
- iii. **SCD** - Setting up of Centre of Competence, and counselling support/awareness for Sickle Cell Disease (SCD) (Please refer to Para 5)
- iv. **FRA Management** –
 - a) Digitization and support to FRA claim process, setting up of Dharti Aaba FRA Cells etc.
 - b) Formulation & implementation of Potential Area Maps and CFR Management Plans (Please refer to Para 6)
 - c) Post claim support
- v. **Awards** - Annual incentives totalling ₹20 cr/yr for best performing Tribal districts. (Please refer to Para 7)
- vi. **Project Management cost, IEC** etc. 200 cr for 5 years (Please refer to para 8).

2.3 Allocations and Fund Flow: The funds allocated under the scheme for next 5 years are as under.

2024-25	2025-26	2026-27	2027-28	2028-29	Total
2000	2000	5013			9013

- i. The entire funding under the scheme will be made by the Central government. However, the States are encouraged to contribute from the State TSP funds in case of shortage of funds or where the State intends to take more projects or bigger projects or where the amount is more than the approved norms with contribution/ top up with state funds.
- ii. Allocation of funds among States under the Scheme shall be made keeping in view proportion of ST population in the State, tribal area, past performance/ support for innovation/ support for emergent need and for

special purpose. Allocation to a State in the first phase shall be made as per weightage given above subject to a minimum of Rs. 25 cr.

- iii. Actual release of funds to the State will be subject to submission of Utilization Certificate, Single Nodal Agency Account (SNA balance) and Progress Report as per the provision of General Financial Rules.
- iv. Other than the overall allocation for TMMC, CoC, Ashram etc “Challenge method” will also be resorted to. Funds allocated to States as above which is not released for reasons like pending UCs, PPR, lack of complete proposal, lack of physical progress etc. may be allocated to other States. Therefore, States performing better with regard to physical and financial targets stand with better chances of availing more funds.
- v. As there are several multisectoral interventions aimed at education, Health and Sustainable Livelihood with special focus on FRA beneficiaries, an amount of 50% of the budget allocated to the state or the amount approved by the PAC, whichever is higher will be released to the State. The state will be permitted for Inter-se allocation among various components as per actual requirements in respect of approved projects.
- vi. The state will be required to route Central Govt funds through the SNA account or any other mechanism mandated by Department of Expenditure. The state contribution/top up need not be routed through the SNA account.
- vii. The State will be required to maintain project wise utilization of funds as per sanction given by PAC.
- viii. The physical and financial progress will be monitored through PM-Gatishakti Portal. While claiming the committed liabilities, the States will be required to update physical and financial progress.

The broad guidelines with respect to various interventions mentioned above are discussed as under.

3. Upgradation and Improving Infrastructure of Ashram schools/hostels/Tribal schools /Govt residential schools by any nomenclature

3.1. Background: Many Tribal villages located in remote hilly, border and forest areas are sparsely populated due to which they are low on educational resources, and where mainstream schools cannot be established. Central and State Governments have taken exclusive initiative for tribal students by setting up Ashram Schools, dedicated hostels for tribal students, Eklavya Residential Model Schools etc. for tribal education.

Many such schools are known by different names in different states (eg Gurukulam in Telangana). Central (DoSEL) and State Govts are also making efforts to upgrade such schools to PM Shree and CM Rise Schools etc and there may be different names in different states. By virtue of being established in remote areas and residential nature of the schools enables students to get uninterrupted access to education and have been an important tool to give formal education to ST children at the elementary level. Such schools serve to check the problems of non-enrolment, drop-out and poor quality of tribal students. In the last few years several studies have been conducted in different states by TRIs, State Government including Odisha, Maharashtra, Andhra Pradesh, Gujarat regarding infrastructure facilities in such schools. The Parliamentary Standing Committee on Social Justice and Empowerment also in its report discussed need of improving infrastructure and conditions of the Ashram Schools and tribal hostel. The findings of studies across different states show that the number of students studying in Ashram Schools has increased considerably, however due to paucity of funds or investments in state government, the commensurate infrastructure has not improved. The Ministry also got a study done by NABET which confirms the findings of various reports.

- i. Most Ashram Schools are not equipped with even basic amenities like toilets, bathrooms, safe drinking water and have unsafe mechanisms for waste disposal i.e. in uncovered pits within or outside campus.
- ii. Interrupted power supply.
- iii. Infrastructure is in a dilapidated condition.
- iv. Overcrowding in hostels and schools and lack of areas.
- v. Many schools did not even have benches/desks for the students.
- vi. Lack of associated learning facilities such as library.

3.2. In this background, under the revamped scheme of PMAAGY (SCA to TD), Upgradation and Improving Infrastructure of Ashram residential schools/hostels/Tribal residential schools /Govt residential schools for tribal by any nomenclature is one of the critical components. The tentative rates for various requirements taken for estimating the funds required for improving infrastructure of these tribal residential Schools is as tabulated below.

Particular	Maximum amount to be sanctioned (in Rs. lakhs)
Classroom (50 students)	35
Toilet Block	20
Hostel (50 students)	275 (in line with PM JANMAN norms)
Furniture (per additional classroom)	2.75
Major works in the school	Rs 75
Teacher & staff Hostel in residential school (Upto 12 studio apartment with bathroom and common kitchen)	175

The indicative working with cost estimated have been given in **Annexure-II**. The entire funding (subject to limit of above-mentioned norms) will be provided by MoTA with in the share of allocation of the State Government.

3.3. DoSEL Hostel scheme - Other than these interventions which are funded by Ministry of Tribal Affairs, the DA-JGUA also has provision of setting up 1000 hostels by DoSEL in schools which may or may not be necessarily tribal schools. Such hostels will be attached to any Government schools and funded as per the norms of Samagra Shiksha Abhiyan for which separate guidelines have been issued by DoSEL. The State Tribal Welfare department if desires to set up tribal hostels in schools which are run by State Education Department, they have option to avail facility of DoSEL scheme also. The funding ratio between Central and the State Government would in the sharing ration approved for Samgara Shiksha.

3.4. Procedure for sanction

The state government is required to take following steps before the funds are granted to the State Governments for this intervention.

- i. **Map** - Make a list of all Govt residential schools, hostel which are located in tribal areas being managed by Tribal Welfare Department or State School Education Department (where not under TWD).
- ii. **Gap analysis** - Undertake gap analysis in villages which do not have upper primary or secondary schools within 5-10 km. Map such villages with nearest Govt residential schools, hostel for upgradation for additional classroom, hostel or for teacher accommodation as per requirements.

- iii. **Plan** - Undertake assessment of schools which have Infrastructure gaps, basic amenities. These findings would be helpful for the State and Ministry to make an action plan for upgradation of Ashram residential Schools/Hostels. Ministry has engaged NABET for preparing a portal by NABET for Updation of data base of schools with details of infrastructural gaps.
- iv. **Land** - Ensure availability of land. Provide specific details of the land with approvals for making additional classroom/hostel/teacher accommodation/toilet with details in the proposed Education facility. For this the Distt. Mag/DC should be involved in the planning process.
- v. **DPR** - Prepare cost estimates with approval of the competent authority of the States in consultation with agency which will be implementing the project.
- vi. **Proposal** - The proposals will be submitted by the State through Pr Secretary, Tribal welfare Department for approval of the PAC. The state will geo-tag each location in the proposal itself.
- vii. **Gati Shakti Portal** - The State will be required to maintain project wise details of the funds sanctioned on Gati Shakti Portal, where in details of the project location, name of the agency executing the project, fund sanctioned and utilised for the project will be maintained. All projects need to be geotagged.
- viii. **O&M** - Annual recurring cost like maintenance of building, salary of staff including watchman, cleaning/ support staff etc. will be provided by the State Govt. MoTA will not provide any recurring cost. An undertaking (wherever required) will be provided by the state.

4. Establishment of Tribal Multi-purpose Market Center (TMMC)

Background: The tribal economy is deeply intertwined with forest ecology. Effective marketing of tribal products is crucial for creating employment, generating income, and utilizing natural resources. Ministry of Tribal Affairs has been sanctioning Vandhan Vikas Kendra aimed at backward and forward linkages and value addition for MFPS. The MoRD and MoHFW have also supported tribal self-Help Groups and Tribal FPOs. However, the lack of marketing infrastructure, awareness, branding, packaging, and transportation facilities poses major constraints. Periodic markets, or haat bazaars, held weekly, biweekly, or fortnightly, serve tribal villages within a 5-10 km radius, operating at specific places at regular intervals. The Antyodaya Mission data shows that 77% of tribal villages lack markets and 73356 villages have markets more than 5 km away. In this background, Ministry has decided to sanction 100 Tribal Multi Marketing Centre at the cost of upto Rs 1 crore per centre which will act as a market place for group of villages / block /district level.

4.2.1 Objectives:

The main objective of TMMC is to act as a facility centre for aggregation, value addition and marketing of tribal produce/products for overall socio-economic development of tribal communities and enhancing their income in following ways:

- a. Minimize post-harvest and post-production losses.
- b. Foster the use of locally sourced produce / products through aggregation/ value addition of tribal produce / products.
- c. Provide tribal producers with opportunities and support for collective marketing and other services such as market information and establishing contacts between farmers and potential buyers.
- d. Ensuring better price realization of tribal produce / products by establishing market linkages at various levels and opportunities of aggregation with tie ups.

4.2.2. General Features:

- a. **Nature of the Scheme:** Central Sponsored Scheme wherein 100% Grant-in-aid will be provided by Government of India (GoI) to State Government.
- b. **Coverage of the Scheme:** Tribal dominated areas of the States / UTs across the country.
- c. **Duration of the Scheme:** 2024-25 to 2028-29.
- d. **Implementing Agency:** State Tribal Welfare/Development Departments.
- e. **Provision of fund under the scheme:** Ministry of Tribal Affairs to provide 100% financial grant-in-aid upto Rs. 100.00 lakhs per TMMC to the State Governments/UT Administrations.
- f. **Management, Operation & Maintenance:** To be undertaken by State Governments (Annual recurring cost like maintenance of building, salary of service staff like watchman, cleaning/ support staff etc.). States will also provide all necessary additional support like roads, electricity, connectivity etc.

4.3. Establishment and Operationalization of TMMC:

- a. Approx. half acre of land may be identified and to be provided by the State Government for setting up of TMMCs. The Tribal Welfare/Development Department of the State Government will identify the location suitable for TMMC in consultation with TRIFED and other stakeholders. One of the important considerations would be the catchment of VDVKS and tribal SHGs which are to be served. States/UTs may consider diversion of forest land under

Forest Rights Act Section 3 (2) for community benefit or a private land may be taken as donation and ownership shall be subsequently transferred in the name of Tribal Welfare/Development Departments / Gram Panchayat. The criterion of half acre is only indicative which may be relaxed by depending upon the availability of land in particular habitation/village/ block. However, the land should be sufficient to accommodate construction of up to 4000 sq ft with circulation area and activities required for TMMC. The construction cost for each unit would depend on the prevailing costs norms of State Government.

b. The State Government will undertake construction of TMMC with following indicative components & specifications:

- Shops with shutter – up to 15 numbers (based on State choice)
- Godown
- Auction/ Drying Platform / Processing space / Parking space
- Open Platform / Auction / Add-on activities
- Office room
- Generator room
- Approach road (minimum 20' wide; to be funded by state government)
- Boundary wall & land development (to be funded by state government)
- Power Supply: A D.G. Set or solar has been proposed as an alternative Power source for the project.
- Provision of amenities: drinking water, waste management plan, public toilet, electricity fittings, grading & weighing machine etc. to be supported by the States.

[Note: An indicative layout plan of the proposed components for TMMC is given in **Annexure-III**)

c. The above-mentioned components are indicative in nature. State Government may design as per local needs and availability of local building material and get the design changed as per local requirement. In order to optimally utilize, TMMC for various activities availability of water, electricity, toilet, drain, solar, Rainwater harvesting, waste management and garbage disposal should be done with community participation.

4.3.1 Proposal flow

a. Upon identification of land, the State Tribal Welfare/Development Departments in consultation with TRIFED and other stakeholders will prepare project

proposal based on feasibility / accessibility of the same and Secretary/Principal Secretary, State Tribal Welfare/Development Departments will submit the proposal to the Ministry of Tribal Affairs along with the LGD code of the identified project location for sanction. A template for the submission of the project proposal for setting up of TMMC is given in **Annexure-IV**.

- b. State Government may empanel dedicated technical support agencies with expertise in development of marketing centres, marketing linkages, market feasibility studies and value chain development etc. for development and operation of TMMCs under the supervision of District Collector.
- c. Other partners could be State Agencies as well as Private Sector Agencies.

4.4 Release of Grant

- a. 100% Grant-in-aid i.e. upto Rs 100.00 lakh per TMMC will be provided by Ministry of Tribal Affairs under the scheme. This will be part of the overall lumpsum Dharti Aaba Janjatiya Gram Utkarsh Abhiyan (DA-JGUA) Grant meant for the state.
- b. The financial assistance to the States/UTs will be released in two instalments. The first instalment will be of 50% of the DA-JGUA grant, which will be released after approval of the project proposal by Ministry of Tribal Affairs. The second instalment of the remaining 50% will be released after utilization of 75% of the already released overall grant along with physical progress report from State Tribal Welfare/Development Departments for the various interventions including for TMMC.
- c. Utilization of funds and fund-flow shall follow the procedures prescribed under Public Financial Management System (PFMS), GFR and other stipulations made by the Department of Expenditure, Ministry of Finance, Government of India from time to time.
- d. State Government will endeavour to achieve convergence from any other scheme of the Central or State/UT government for enhancing the financial resources to achieve the objectives of the Scheme.

4.5 Monitoring & Evaluation

- a. The Ministry will develop Dharti Aaba Janjatiya Gram Utkarsh Abhiyan portal on the PM GatiShakti platform with facility to upload physical and financial progress of the TMMCs.

- b. State Government will be required to map their TMMCs through web-based GIS facility on the portal utilizing the Block LGD codes of the constructed TMMCs.
- c. MoTA will periodically review the progress of the project through GatiShakti portal as well as through regular interaction / meetings with State Government. Additionally, TRIFED, through its regional offices, will monitor the operationalization of the TMMCs on behalf of MoTA.

4.6 Management and Operation & Maintenance (O&M) of Assets

- a. The State Tribal Welfare/Development Departments or the Implementing Agency selected by them will be responsible for construction and maintenance of the TMMCs.
- b. State Governments shall ensure that the services of the facilities created under the TMMCs are extended to the tribal community in specific.
- c. State Governments shall be responsible for the management and the O&M of the assets created under the Scheme beyond the project duration. The State will set up Institutional mechanism to run these TMMCs. This mechanism must be a part of their proposals.

4.7 Awareness Generation and Publicity

Awareness generation through Information, Education and Communication (IEC) should be undertaken by Central / State Government to give wide publicity of the Scheme. Besides, social messages on aspects relating to the components of the scheme can also be disseminated.

5. Setting up of Centre of Competence (CoC) and comprehensive patient and social support/awareness of Sick Cell Disease (SCD) among the tribal population in India”

5.1. Background:

5.1.1. The Hon'ble PM launched Mission for Elimination of Sick Cell Disease by 2047 on 1st July 2024 from Shahdol, MP. The Mission aims to manage, prevent, and eliminate Sick Cell Disease through multi-faced coordinated approach towards screening and awareness strategies. The guidelines FOR NATIONAL PROGRAMME FOR PREVENTION & MANAGEMENT OF SICKLE CELL DISEASE" were issued by MoHFW in 2023. One of the major components of mission involves, universal screening of 7 crore people in the age group of 0-40 years, being implemented through

National Health Mission by Ministry of Health and Family Welfare covering 17 States. The treatment for Sickle Cell Disease is also covered through a package under PM-Jan Arogya Yojana (Ayushman Bharat). The essential drugs like Hydroxyurea is also being provided at Health centers. **MoTA and Sate TWD is entrusted with the responsibility of awareness generation, establishment (funding) of Centres of Competence and support for other activities.**

5.2. Objective of Centers of Competence (CoC)

5.2.1. Setting up of Centers of Competence (CoC) for advanced diagnostic facilities at premier medical Institutions for the counselling of expectant parents, either or both of whom are carriers of the disease, to undertake Prenatal testing for SCD in the foetus during pregnancy, so as to reduce future births with SCD. These CoCs will also function as tertiary care centres for SCD patients and act as hub for the area with respect to the management of the disease and prevention of its inter-generational transmission.

5.2.2. Awareness Generation amongst the population about the disease, its management and prevention of inter-generational transmission and **comprehensive health support to carriers and patients** through personal contacts as stipulated in these guidelines.

5.3. Early detection and management of sickle cell disease with special emphasis on anti-natal testing: Setting up Centre of Competence (CoC): One of the techniques for diagnosis of Sickle Cell Disease during pregnancy (Prenatal diagnosis) is Chorionic Villus Sampling (CVS). In case, if the foetus is found to have disease after CVS test, the family is counselled about the complications of SCD so that family can take an informed decision about Medical Termination of pregnancy before 24 weeks of pregnancy.

5.3.1. The procedure for CVS and testing requires specific equipment and trained manpower. While trained manpower may be available in a tertiary care medical institution, it is possible that the required equipment may not be available. The entire set up of equipment, trained manpower and capability to carry out the pre-natal testing, management of the disease at the tertiary level and the capability to become the hub for the Mission for Elimination of Sickle Cell Disease in specified area form a Centre of Competence.

5.3.2. The Ministry of Health and Family Welfare (MoHFW) has issued technical guidelines (**Annexure V**), which address the requirement of such centres in terms of equipment and personnel, for setting up of such CoCs. A Centre of Competence (CoC)

shall be equipped with the facilities, technology, personnel, and research capabilities for pre-natal diagnosis in terms of these guidelines of MoHFW.

5.3.3. For sending the proposals, the state needs to follow the steps mentioned below.

- i. The Ministry of Tribal affairs will provide the cost for equipment and recurring cost for the first two years, subject to a maximum of Rs. 50,00,000 or actuals only, for the setting up of the CoC. The maintenance of the equipment, human resources, recurring costs beyond the admissible amount and infrastructure development if any, shall be met with state/institutional funds. Furthermore, all costs including the recurring (not covered under the Scheme), operations and maintenance ones shall be borne by the institution/State Government. The Estimated Budget per CoC would be up to Rs.6.0 Cr. Funding will be based on actual requirements or limited to Rs. 6.00 crore, whichever is lower.
- ii. At least 1 CoC will be set up in each of the 17 states. Based on prevalence of disease, number of pregnancies (where both parents are diseased or carriers) and requirement of state, more than 1 CoC may be established, based on proposals by States. CoCs sanctioned under other schemes will continue to be funded under those schemes. Priority shall be given to States without CoCs in the first instance.
- iii. The state TWD in consultation with the State NHM/ Health department shall identify the medical institution (either AIIMS or any other Central or State Government tertiary medical care institution of repute) and send a proposal. The template for the proposal is attached as (**Annexure VI**). The approving authority for the same shall be as at Section 9 of this guideline.

5.4. Patient/social support system involving general awareness generation and counselling:

5.4.1. As tribal communities have their own traditions, beliefs and culture values, these counselling and general awareness cannot be done without involving the tribal headmen and tribal healers of each tribe. Since Ministry of tribal affairs works in close collaboration with the tribal population of the country, it is logical that the ministry spearheads the awareness generation for the public and counselling for the Sick cell trait individuals and Sick cell disease patients.

5.4.2. The “*Comprehensive patient and social support/awareness of Sick Cell Disease (SCD) among the tribal population in India*” is therefore a part of the SCD

scheme under the DA-JGUA. However, for purposes of this guideline, component shall be hereinafter referred to as the *SCD Awareness and Counselling (SCD A&C) Scheme*.

5.4.3. In this background, Ministry of Tribal Affairs would undertake the task of **awareness generation** and **counselling** about the Sickle Cell Disease. The objectives of the SCD (A&C) scheme are as follows

1. **IEC:** Awareness Generation amongst the population, especially the tribal population, about the SCD, its management and prevention of inter-generational transmission.
2. **Health Support** to the carriers and tribal patients in prevention of inter-generational transmission and management of the disease through personal contacts as stipulated in these guidelines.

5.4.4. **The awareness generation campaign and counselling activities** will be undertaken at various levels, as given below:

National Level	State Level	District Level
Development of IEC materials and training modules	State level trainings	Training of Health work force including ASHAs
National level ToTs	Translation and dissemination of IEC materials supplied from the Centre.	Engagement of tribal healers/ NGOs/SGHs for awareness generation
National Events	Conduct IEC events and engagement of social and digital media for awareness generation	Identification and utilization of CSR and District Mineral foundation funds for IEC activities.
Dissemination of IEC materials to the states.	Engage Civil Society organizations and CSR agencies for awareness generation activities	Undertake awareness campaigns, including social media campaigns
		Undertake individual patient and carrier support activities by

		ASHA and with support of NGOs/CSOs
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5.4.5. State Level Committee: The activities at the state level will be coordinated and monitored by a committee co-chaired by the Principal Secretary/Secretary of Tribal Welfare and Health Departments. The State Health Commissioner/Director or Director, NHM will be the Member Secretary of the Committee. The other members of the Committee would comprise of 2 experts in the field and representatives of the CoC(s) of the State. The State Committee shall approve the Annual Action Plan of the State and furnish the same, through the TWD to the MoTA for approval. The Committee shall meet at least once in 2 months.

5.4.6. District Level Committee: At the District level, a Committee headed by the District Collector, District Health Officer as Member Secretary, District hospital representative, experts in the field (not more than 2 nominated by District Collector) and 2 PHC in-charge (by rotation, if found appropriate) will supervise the activities including capacity building, awareness generation and counselling campaigns, patient support etc. The services of NGOs/CSO may be utilized for awareness generation/counselling. The Committee shall meet monthly and will review the work of the Block/Village officials & Volunteers.

5.4.7. The implementation of the Annual Action Plan will be through the health work force in the state/District. Individual patient/carrier support will be done by the ASHA. The day-to-day monitoring of ASHAs work will be done by the District Health Departments with support from TWD.

5.5 Towards health support to carriers and patients:

5.5.1. The following activities will be undertaken under this head:

- i. Strengthening the capacity of health staff, including ASHAs and Health and Tribal Welfare Department teams in extending health support on an individual basis to patients and carriers.
- ii. Provide counselling to tribal persons with the Sickle cell trait on the selection of partners, pre-marital, pre-conception and post-conception training at the PHC/CHC/community level.
- iii. Provide counselling to people with Sickle cell disease on the complications associated with SCD, the need for treatment, and the need for pre-marital and pre-natal genetic counselling and testing.

- iv. Data management with respect to the patients and carriers of the disease within the jurisdiction of the personnel concerned.

5.5.2 ASHA as a Mentor, Counsellor, and Treatment supporter

5.5.2.1. It is proposed to assign ASHA worker as a mentor for sickle cell trait people and a mentor-cum-treatment supporter for people with Sickle Cell Disease. An incentive of Rs. 100/- per person shall be payable to the ASHA for the duration of two years of the Scheme. The honorarium will be based on the list of deliverables as below:

- i. Documented visit to the Sickle cell disease patient/person with sickle cell trait monthly during the initial three months and then at least three more times during the duration of the scheme.
- ii. Referral of the patients with sickle cell disease to the Ayushman Arogya Mandirs/PHCs/CHCs for routine quarterly check-ups or for other illnesses or for complications of the disease.
- iii. Ensure that the patient follows up on the referrals
- iv. Ensure that the sickle cell disease patient continues treatment as directed by the physician.
- v. Ensure that the Sickle cell trait people/ people with sickle cell disease undergo pre-marital and pre-natal genetic counselling.

5.6. Role of various Departments/Stakeholders:

- i. **Ministry of Tribal Affairs:** The Ministry shall coordinate with others including MoHFW that the activities listed out as national level activities are carried out in collaboration with the Ministry of Health and Family Welfare.
- ii. **Ministry of Health and Family Welfare:** The MoHFW shall collaborate with the MoTA in ensuring that the national activities are carried out. Further, it shall ensure synchronization of this scheme with the Mission for Elimination of Sickle Cell Disease in India by 2047. It shall also ensure that the progress of implementation of this scheme shall be a part of its own review mechanisms.
- iii. **State TWD:** The State TWD shall take up all activities as given in the guidelines. Further, this Department shall ensure that timely implementation of the scheme is taken up. Further, it shall be responsible for supervision, monitoring and evaluation of the District level implementation of the scheme.

- iv. **State Health Department:** This Department shall ensure that the State health work force implements the scheme in the manner envisaged. It will supervise the outputs and outcomes of the scheme. Further, It shall ensure that the expertise in the field is identified and contributes to the implementation of the scheme and Mission.
- v. **District Collector:** This officer shall be in overall charge of all District level activities and shall ensure that the Committee constituted under their chairpersonship meets at least once a month.
- vi. **District Health Department:** Plan activities under the scheme and ensure its implementation. Further, monitoring and evaluation of the work of the ASHA and other stakeholders as per their role would also be their responsibility.

5.7. Monitoring of implementation of the Scheme: The State and District Committees shall monitor the implementation of the scheme on the basis of the Monitoring Mechanism to be developed by MoTA towards this end.

5.8 Funding and Implementation Mechanism:

5.8.1. An amount of Rs. 100 Cr has been earmarked for this intervention of comprehensive patient and social support/ awareness and counselling at all levels. It may be noted that the funds will be routed through the TWD of the State. However, the annual action plan shall be primarily implemented and monitored by the Health Department at the State and District/sub-District levels, so as to ensure that the objectives of the Mission for Elimination of Sickle Cell Disease are achieved through synergy of this scheme with the Mission.

5.8.2. The proposals will be submitted by the State through Secretary, Tribal welfare Department for approval of the PAC.

5.9. Approving Authority for the SCD scheme:

For activities at the State/District levels, the State TWD shall submit the proposal for setting up of the CoC and an Annual Action Plan on awareness and counselling component in consultation with the State Health Department immediately on finalization of these guidelines for the current Financial Year and thereafter by March for the following financial year. A Project Approving Committee (PAC), consisting of the following Members will be the competent authority for approval of the setting up of the CoC as well as Annual Action Plan of the States:

S. No	Designation	Role in Committee
1	Bureau Head, Tribal Health Division, MoTA	Chairperson
2	JS & FA, MoTA	Member
3	Secretary, TWD of respective State Government	Member
4	Representative of MoHFW (Not below the rank of DS/Director)	Member
5	Representative of State Health Department	Member
6	Representative (not below the rank of Professor) of the Medical Institution proposing the CoC (for CoC proposals only)	Member
7	Deputy Secretary, Tribal Health Division, MoTA	Member Secretary

Projects under components of this scheme which have been already approved under various schemes, such as Grants under Article 275(1) or any other scheme shall, however, continue to be taken up under the same schemes though they will be monitored herein.

6. Vesting of Rights to IFR and CFR rights and formulation & implementation of CFR Management Plans

6.1. Background: The Scheduled Tribes and Other Traditional Forest Dwellers (Recognition of Forest Rights) Act, 2006 (Here in after FRA), was enacted to recognize and vest the forest rights to forest dwelling Scheduled Tribes and other traditional forest dwellers, who have been residing in such forests for generations, but whose rights could not be recorded. The Act came into effect from 31.12.2007 and the Rules were notified on 01.01.2008 with amendments on 06.09.2012. Ministry of Tribal affairs is the nodal agency for the implementation of the provisions of this Act, however the States are responsible for execution and implementation at the ground level. Currently, FRA is being implemented across 20 states and 1 union territory, covering 386 districts.

6.1.1. Rights under the Act: The Act not only recognizes the rights to hold and live in the forest land under the individual or common occupation for habitation or for self-cultivation for livelihood, but also grants several other rights to ensure their control

over forest resources, which can be divided mainly in 3 types of rights of the STs and other Traditional Forest Dwellers.

(i). Individual Land Rights: A claimant gets rights to right to hold and live in the forest land under the individual or common occupation for habitation or for self-cultivation for livelihood by a member or members of a forest dwelling Scheduled Tribe or other traditional forest dwellers. The land recognized under FRA cannot be sold or transferred except by inheritance.

(ii). Community Rights: Under FRA, Community is granted rights of access and entitlements like for fish and other products of water bodies, grazing and traditional seasonal resources access of nomadic or pastoralist communities, the community rights include such as nistar; habitat rights for primitive tribal groups and pre-agricultural communities; right to protect, regenerate or conserve or manage any community forest resource which they have been traditionally protecting and conserving for sustainable use, as shown below.

- a. **Community Rights (CR: Type 1):** Rights to access and use forest and other natural resources (including collection of firewood, grazing, Non Timber Forest Produce (MFP) and fishing, ...) (Sec 3(1)-b, c, d),
- b. **Community Rights (CR: Type 2):** Rights to continue customary non-forest use on forest land, such as temples, cemeteries, etc. (Sec 3(1)-e, f, g, l)
- c. **CFR right (CFRR):** Right to *protect and manage* their community forest resource (Sec. 3 (1) (i))

(iii). Rights to development facilities: The Act is mandated to provide for diversion of forest land for the following facilities managed by the Government which involve felling of trees not exceeding seventy five trees per hectare namely- (a) Schools;(b) Dispensary or hospital;(c) Anganwadis; (d) Fair price shops; (e) Electric and telecommunication lines;(f) Tanks and other minor water bodies;(g) Drinking water supply and water pipelines;(h) Water or rain water harvesting structures; (i) Minor irrigation canals;(j) Non-conventional source of energy;(k)Skill up gradation or vocational training centres; (l) Roads and; (m)Community Centers.

Being a significant legislation, it aims at empowering forest-dwelling communities in management of forest and biodiversity. As per the provisions of the Act and rules made there under the implementation of the Act lies with the State Government / UT administration.

6.1.2. Under the Act, **Gram Sabha has been empowered and assigned substantial role** for implementation of the provisions of the Act. Gram Sabha shall be the authority to initiate the process for determining the nature and extent of individual or community forest rights or both, to recommend developmental projects managed by the Government under Section 3 (2) of the Forest Rights Act, 2006, to consider the resettlement or alternative packages prepared by the State Governments for providing free informed consent to the proposed resettlement and to the alternative package, to protect the wild life, forest, biodiversity, adjoining catchments areas, water sources, other ecological sensitive areas etc. The Act strengthens the role of Gram Sabha, which has been traditionally managing the forests and affairs of the tribal communities. It expands the mandate of the Fifth and the Sixth Schedules of the Constitution that protect the claims of indigenous communities over tracts of land or forests they inhabit. The Forest Rights Act serves as a mechanism to tackle significant challenges faced by Scheduled Tribes and traditional forest dwellers in securing their livelihoods. Additionally, it emphasizes responsibilities for sustainable resource use, biodiversity conservation, and ecological balance, thereby strengthening the conservation framework of forests.

6.1.3. As of now, there was no specific scheme, Institutional mechanism and availability of funds to ensure implementation of FRA and provide benefits of different schemes to FRA holders. Different states had worked out its own modalities for the implementation of the Forest Rights Act (FRA). To realize the objectives of the FRA, a focused, goal-oriented approach is essential.

6.2. Intervention Objective

The intervention aims to strengthen Institutional mechanism and streamline the recognition process to secure forest rights and empower forest dwelling tribal communities by making them available benefit of all Government Schemes and involve them as active partners in the protection, maintenance, and conservation of forests while ensuring sustainable livelihoods with government support.

6.3. In the above context, Union Cabinet on 18.09.2024 has approved ‘Dharti Aaba Janjatiya Gram Abhiyan (DA-JGUA), which is a concerted effort by 17 Ministries to implement 25 schemes of Government of India. The FRA related initiatives under DA-JGUA involves convergence of different schemes of Ministry of Tribal Affairs (MoTA), Ministry of Panchayati Raj (MoPR), Ministry of Agriculture and Farmer Welfare (MoAFW), Department of Fisheries (DoF), Department of Animal Husbandry

(DoAHAD) in collaboration with State Govt and Ministry of Environment, Forest and Climate Change (MoEFCC) to ensure

- a. **Complete Process of Recognition of rights in a time Bound manner (MoTA, MoPR, MoEFC and States)**
- b. **Sustainable livelihood to Forest dwelling tribal families** who have been vested with Individual and Community Forest Rights with benefits of different schemes of Central and State Governments (MoTA, MoEFCC, MoAFW, DoF, DoAHAD)

6.3.1. Various interventions proposed under the Mission:

The implementation strategy and various interventions proposed under mission are to address following initiatives

- a. Creating awareness of claimants, Gram Sabha and capacity of stakeholders associated with implementation-
- b. Strengthening Institutional Mechanism and Data base in time bound manner
- c. Making dedicated funds (Rs. 3380 cr) available through convergence of different schemes of Government of India as shown below

Activity	Funds Available (Cr)	Source/scheme
Process of Recognition of rights in a time Bound manner		
(i). Digitisation of record and claim process . (ii). Development of State and National FRA Portal	50	TRI scheme, MoTA
(iii). Awareness programs for Gram panchayats and Capacity building of Government Authorities with focus on FRA.	50	TRI scheme, MoTA
(iv). Setting up of FRA Cells for data digitization, saturation and vesting in time bound manner at district level, subdivision and Forest Right Cell at State Level	200	Revamped PMAAGY
Sustainable livelihood to Forest dwelling tribal families		
(v)Support for CFR Management plans	100	PMAAGY, MoTA

Convergence of Schemes of Line Ministries for FRA beneficiaries

Activity	Funds Available (Cr)	Source/scheme
(i). Awareness programs for Gram panchayats and Capacity building of Government Authorities with focus on FRA.	30	Gram Swaraj Abhiyan (GSA), MoPR
(ii). Grant of Post Claim benefits to Individual FRA Patta holders through various schemes of Govt of India.	2500	As per different schemes of DoAFW
(iii). Support for Fishermen and Community rights holders for fish and other products of water bodies	375	PMMSY, DoF
(iv). Support to for FRA Patta Holders for Animal Husbandry & Dairying	75	NLM, DoAHD
	2980	

The Mission is for a period of 5 years, however the process of recognition and vesting of IFR, has to be completed in a timebound manner in a mission mode in 2 years so that the benefits of different schemes reaches the targeted stakeholders.

6.3.2. As can be seen from para 6.3.1 above, the mission involves convergence of various line ministries. The Ministry of Tribal Affairs will be the nodal Ministry at Central level who will coordinate with other line ministries and the State Tribal Welfare Department will be nodal at State level. The present guidelines give details of activities, funding mechanism and implementation strategy for providing funds to the State Tribal Welfare Department for **Completing Process of Recognition of rights in a time Bound manner** and for the support of CFR Management plans as enumerated below.

6.4. Completing Process of Recognition of rights in a time Bound manner: The FRA Act is being implemented in 20 States and UTs. The data available with the Ministry submitted by States show that there are more than 24 lakh IFR and 1 lakh CFR have been vested. There a large number of claims still pending for disposal. However, the records of rights vested and pending rights is not properly maintained, Large number of applications are pending for disposal and where the rights have been granted, the process of vesting of record of rights and other benefits are pending. The scheme provides mechanism and funding for each of the component to achieve the desired objectives.

Activity-I: “Enterprise solution for FRA process” Development of State and National FRA Digital Work Flow / Portal and Digitization of Records and Claim Process

- i. The State would require to develop State specific Digitized FRA portal, a few states like Odisha, Chhattisgarh, Maharashtra, Madhya Pradesh have developed their state specific FRA portals. The other states can choose any of these designed portals or develop their own depending upon their requirements and can customize it as per their requirements.
- ii. The digitised records of FRA claims filed, recognized and pending (Activity-I) will be updated on the portal. The digitised records data needs to be collated at Gram Sabha, Sub District and District level through digitisation of records. This exercise will also ensure that data of land use is maintained and easily retrievable for ascertaining the status of claims, reasons for rejection of claims and review in case required.
- iii. The portal should have a facility to cull out various reports as suggested in **Annexure-VII** to know pendency of claims at different levels. The data needs to be maintained and regularly updated.
- iv. The state level Portal will then integrate with National FRA Portal on PM Gatishakti Platform with an MIS, which will capture and collate data from states specific portals through APIs. Monthly FRA Progress Reports and Updates need to be generated from the FRA Portal.
- v. The portal should facilitate data based village level microplanning planning, monitoring and facilitating benefits of various government schemes to FRA patta holders..

The details process flow for this component and activities are outlined in **Annexure - VII**

Activity-II: Documentation and Data base of all the proposals received till date, details of accepted and rejected claims:

In order to have assessment of claims filed, settled, rejected and pending, each state will undertake following steps.

- i. Make a list of districts, blocks, Village and Gram Sabha wise list where Forest Rights have been vested or pending to be vested,

- ii. Compile and collate physical records of FRA claims already filed, settled and pending. The levels at which the claims are pending with strategy to dispose these claims in time bound manner.
- iii. Digitisation of legacy data. This will require scanning of entire physical record. As the claims have been filed at Gram Sabha but rejected at different levels, the entire data need to be compiled at the district level. Thereafter the data will be digitised so that Gram Sabha wise report can be prepared. The data will help in ascertaining the reasons for which the claims have been rejected. If the claims are rejected without sufficient reasons, such cases would need examination at Gram Sabha, SDLC or DLC level.
- iv. Updating data of record of rights

For undertaking these activities, the state will identify for digitisation of legacy data. FRA calls have proposed who will undertake and facilitate State authorities in undertaking various activities including settlement of pending claims, filing of fresh claims, digitisation and uploading of data on State Portal and integration of State Portal with National Portal as explained below.

Activity-III Online processing of new claims and disposal of pending claims

The FRA portal to be developed by the State (Activity-I) will have the facility for processing of new claims and disposal of pending claims filed but not disposed. The FRA cell and Support Organisation (as discussed in subsequent para) would facilitate filing of on-line application for those claimants whose claim could not be filed or are pending for disposal.

Activity IV: Setting up of FRA Cells (Dharti Aaba Units)

To undertake comprehensive implementation of the FRA, the States/UTs will set up FRA cell, which will have a dedicated team responsible for undertaking several activities proposed under the mission apart from the indicative list:

i. Completing Process of recognition of rights

- Facilitating the process of claim generation (all IFR, CR & CFRR) at Gram Sabha level by Assisting claimants and Gram Sabhas in obtaining necessary documents and evidence, including Gram Sabha resolutions, verification notices, and certificates. Facilitate in applying for community forest rights (CFRs) through the Forest Rights Committee.
- Establish coordination between Government Departments and Civil Societies for proper facilitation of the Forest Rights Act & Rules so that all the eligible

STs & OTFDs can file their claims in proper Forms and those are placed before the Gramsabha/FRCs for appropriate decision.

- Ensure availability of all case records (including rejected claims) with desired documents at appropriate level.
- Help in Quick disposal of the pending claims under FRA with particular emphasis on the claims approved by the DLCs.
- Ensure that the reason of rejection of the claims made at the Gram Sabha and SDLC levels are communicated to the claimant, to enable the claimants to prefer petitions to the SDLC/DLC within the timeline stipulated in the rules.
- Distribution of FRA titles to the rightful claimants & ensure RoR corrections & its incorporation in the relevant Govt. records.
- Promote public awareness regarding the implementation of the Forest Rights Act and its associated rules.
- Undertake and Facilitate special capacity-building programs for the FRA and provide a detailed report on these initiatives.

ii. Digitisation of Records

- Facilitate the process of completion of demarcation of the forest land vested with the claimants.
- Facilitate digitisation of records of lands already vested
- Uploading of details of all the claimants in the dedicated portal.

iii. Preparation of plans for IFR and CFR beneficiaries

- Ensure that all the FRA title holders are covered under Govt. schemes all relevant schemes for individual benefits, such as those from the PM Kisan Scheme and DA-JGUA including those related to land improvement, land productivity, basic amenities & other livelihood measures.
- Ensure that the claims for Community Rights (CR), Community Forest Resources Rights (CFR) are filed in the prescribed formats by the Gramsabha concerned as per its potential.
- Facilitate Constitution of the CFR Management Committee in accordance with the guidelines set by the Ministry of Tribal Affairs (MoTA).
- Coordinate with the Gram Sabha, CFR Management Committee, and technical agencies for the preparation and execution of the CFR management plan.

iv. Conversion of Forest villages to revenue villages

- Ensure that the process of conversion of the forest, un-surveyed villages, habitation etc. into revenue villages is initiated & completed smoothly in a time bound manner by the Gramsabha concerned.

v. Convergence

- Collaborate with district administrations and the District Level Convergence Committee to facilitate access to benefits and enhance convergence.
- Address all matters related to the implementation of the FRA as directed by the State Tribal Welfare Department and the District Administration.

Budget for one Forest Right Cell at District/ Sub-division Level:

Sl.	Types of Manpower/ equipment etc: required	Unit Cost	Month/Unit	Total (in Rs.)
1	Co-ordinator (FRA)	35000	12	420000
2	MIS Assistant / Assistant FRA	25000	12	300000
3	Desktop, Printer, Scanner & its peripherals – Equipment	75000	1	75000
4	Furniture including almirah, Table and chairs	32000	1	32000
5	Travel Exp. For the Coordinator	2500	12	30000
6	Contingency	10000	Lumpsum	10000
				867000

Budget for one Forest Right Cell at State Level:

Sl.	Types of Manpower/ equipment etc: required	Unit Cost	Month/Unit	Total (in Rs.)
1	Human Resources Component			
	Program Co-ordinator (FRA)	100000	12	1200000
	IT Expert	75000	12	900000
	MIS Assistant (FRA)	30000	12	360000
2	Travel Expenses for SPMU			100000
3	Contingency for SPMU			25000
				2585000

Each state would be required to complete the exercise in time bound manner of 2 years. The State needs to work out manpower requirement with the help of Civil Society Organisation. The details of admissible financial assistance and corresponding ceiling

pertaining to each activity along with basic qualifications under this component of PM-JUGA is as detailed **Annexure- I**.

Activity- V: Engagement of Support Organisation/Domain Experts:

Engagement of credible Civil Society Organisation/ Non-Government Organisation will be a key component which are required to be engaged by States. The State will have an option (I) to engage an overarching NGO/CSO who has domain knowledge of FRA, Sustainable Livelihood, tribal areas, farming and have been working in rural/forest areas at ground level. The CSO can further engage or coordinate with organisations as there are several activities required to be performed at ground level. Alternatively (Option-II) looking at the multi sectoral domain knowledge requirements, State Governments can empanel more than one technical partner for several activities as listed below.

- i. Digitisation, **Documentation and Data base of IFR and CFR claimants**
- ii. **Coordination with IT agency for development of Portal and Updation of data on Portal**
- iii. Planning and Setting up of FRA Cells.
- iv. Preparation of plans for the IFR beneficiaries at GP level for providing benefits of scheme of MoHAW, DoF and DoAHD for sustainable livelihood in coordination with officials of respective departments.
- v. Potential mapping of CFR, helping the CFR MC in making conservation plans, training and awareness building.
- vi. Preparation and execution of CFR Conservation and Management Plan.
- vii. Capacity Building and training of Gram Sabha, SDLC, DLC

These technical partners will be engaged 2 years at first. The CSO will be required to prepare state level, district level and Gram Panchayat level plan. The funding will be provided by the Central Government and the payments will be linked to deliverables based on the targets.

Activity VI: CFR - Potential Mapping of CFR, Vesting of CFR Rights and Preparation of CFR Management Plans

The Gram Sabhas with community forest resource management rights have the right and responsibility to conserve, protect, and manage – water bodies, forest resources, minor forest produce. They have to protect wild life and biodiversity of the area. The Gram Sabhas have to take up following types of activities for performing their duty:

- a) Biodiversity documentation and mapping

- b) Restoration and plantation- creation of Nurseries etc
- c) Water bodies management and development
- d) Protection
- e) Sustainable extraction
- f) Market linkage and sale of surplus

The government through convergence of ministries shall support the Gram Sabha in the above related activities. Following sub-activities are to be undertaken under the activity of CFR Management.

Step 1. Mapping of Potential Forest Area for Rights Recognition

To achieve full implementation of the Forest Rights Act (FRA), one of the critical steps is to do potential mapping of Forest area which can be given for CFR. It will provide baseline data to identify rightful holders who need to be integrated into various central and state government programs and schemes. The potential CFR area will be mapped on Digital Platform developed by the BISAG. The Ministry has provided a support of Rs 30 lakh for digitally mapping potential CFR area. The state has option to engage a CBO for this purpose. The potential mapping would provide a conservative estimation of the number of villages and the extent of forest land eligible for rights recognition under FRA and help prepare District wise implementation plan so as to achieve the targets set through mapping of potential area.

Data sources and processes for Potential Mapping

- Forest Survey of India maps and Survey of India Toposheets for extracting digital vector layers of forest landscapes.
- Cadastral maps from the Revenue Department can be utilized to extract digital vector boundaries of revenue villages, including revenue forest land.
- Census of India (2001 and 2011) data can be leveraged to identify villages with forest land and zero-area villages, along with demographic profiles for potential analysis.
- List of forest villages from Forest Department to treat them as potential forest landscapes
- List of unsurveyed villages from Revenue Department to treat them as potential forest areas
- List of PVTG inhabited villages from the Tribal Research and Training Institute, to identify potential PVTG areas

- Digital vector layers of CFR areas recognized in the state to understanding the pattern and spatial coverage of CFR rights
- Overlaying Multiple Vector Layers of Forest Lands to identify areas of potential coverage.

Step 2. Vesting of Community Forest Rights CFR: After the potential mapping, the State would be required to vest CFR rights to the concerned Gram Sabhas in a time bound manner. The CBO and FRA cells would help Gram Sabha in preparation of such claims as discussed in activity-I. The details of CFR granted with mapping of MFP will be updated on the FRA portal. The CFR would be in respect of Community Forest Resource Management, Water bodies for fishing and grazing etc. on case to case basis.

(iii). Support for Preparation of Community Forest Resource Management Plan (CFRMP):

Ministry of Tribal Affairs has issued Guidelines for Conservation, Management and Sustainable use of Community Forests Resources (CFR) on 12.9.2023. Additionally, Ministry of Tribal Affairs (MoTA) and Ministry of Environment Forest & Climate Change (MOEF&CC) have issued joint communication to all states vide letter dated 14.03.2024 for post-recognition support mechanisms including constitution of CFRMCs by Gram Sabha and preparation of CFR Management Plans. The primary objective of preparation of CFR Management plan is to improve livelihoods while ensuring ecological sustainability, safeguarding the forest and its biodiversity, fairly distributing benefits and costs, and adhering to a democratic decision-making process.

- a. Ministry will provide an amount of upto **Rs. 15,000 per hectare** for execution of activities identified in each CFR Management Plan meaning thereby an amount maximum upto **Rs 15,00,000 shall be given for a CFR plan covering upto 100 hectares.**
- b. 1000 CFR management plans will be supported by the Ministry in the next 2 years on first come first basis under Challenge method.
- c. The indicative interventions/ activities to be covered under CFR Management Plans are at **Annexure-VIII**. However, Gram Sabhas are free to identify the relevant activities with the consent of DM / State Tribal Welfare Department.
- d. The Gram Sabha with the help of CBO/NGO will make a plan as per its needs to utilise this fund for the above-mentioned activities. The plan should be developed through a democratic process and include assessment of the current

status of the CFR area, identified needs from the CFR, threats to the CFR, a strategy for addressing those threats and needs, interventions proposed and the support required from Govt agencies for improving livelihoods.

- e. To facilitate and provide technical support to the Gram Sabha in preparing CFR management plans, the state governments may engage technical partners, for which financial support will be provided by the Ministry. These technical partners will assist in both the development and implementation of the CFR management plans as stated above. An amount upto **Rs. 1.00 lakh** (over and above Rs 15 lakhs for 100 Hectare plan) shall be given to technical partner/CSOs/Local Organisations for preparation execution and sustenance of CFR Conservation and Management Plan over 3 years. The CSO will be responsible for Capacity Building of Gram Sabha, Forest land survey, resource mapping (management of MFPs), biodiversity mapping, and CFRMCP technical handholding.
- f. The funding for CFR would be spread over for a period of 3 years or till the CFR plans are fully executed and implemented.

6.5. Submission of Proposal: The proposal should give activity wise detail, districts and subdivisions for which the FRA cell is being proposed with number of persons, agency, details of CSO with item-wise cost estimates which may be formulated based on the broad parameters contained in these guidelines. The proposals will be presented before the Project Appraisal Committee (PAC) of MoTA . The funds will be released to the State Tribal Welfare Department. The Fund-flow shall follow the procedure prescribed under Public Financial Management System (PFMS), GFR and other guidelines like having a State Nodal Agency (SNA) and other stipulations made by the Department of Expenditure, Ministry of Finance, Government of India from time to time.

6.6. The physical and Financial progress will be updated on State FRA portal and state would conduct periodic evaluations of the coordinators' activities and the overall implementation of the FRA. A quarterly Progress report (QPR) on the progress of the intervention will be submitted as given in **Annexure-VIII**.

Engagement of manpower and purchase of material will be as per GFR guidelines. Engagement of only such personnel will be made who would be possessing requisite educational qualifications

7. Project Implementation & Administrative Expenses:

An amount of 200 cr will be provided for Innovative Projects, Capacity Building, Awareness and Outreach, Evaluation and Monitoring which will have following components.

- i. **Setting up of PMU** Apart from MoTA and the States STWD need to coordinate with 15 Ministries and with respective line Departments in 30 States and UTs. The Ministry has issued guidelines for setting up SPMU at state level under MESSA. For coordination with SPMU, the Dharti Aaba FRA cell have been proposed. One person in each such FRA district will be posted for a period of 2 years who will coordinate with District Administration, MoTA and State Government. While sending the proposal for the Dharti Aaba (FRA cell), 1 position of District coordinator (called Dharti Abba Cell) will be there.
- ii. **Capacity Building:** As the mission is a collaborative and convergence effort using DAPST funds, capacity building of various stakeholders at village, district and state levels is required. Various Government and Non-Government Organisations working at central, state and district levels will be engaged.
- iii. **Workshops, Manthan Shivir** at District, State, Regional and National Levels.
- iv. **Digital Monitoring Framework:** As the mission involves saturation of households and villages with major schemes of Government of India, a robust state of art digital system which will map all villages and the monitor progress of implementation. There is also need for collection of data, rigorous monitoring and creating a monitoring and evaluation framework which would ensure physical verification of the projects and initiatives undertaken.
- v. **Innovative Projects through collaboration with UN agencies and Centre of eminence like IITs, IIMs, ISRO, AIIMS etc.:** The tribal communities have their own set of culture, dialects, rituals, and traditions which is further aggravated by challenges like remoteness, connectivity, language and cultural barriers. Even if infrastructure is created like schools, hospitals, challenges remain of unavailability and unwillingness of teachers, doctors, professionals for working in remote and tribal areas. The schemes have to be simple, and it has been ensured that they reach at the doorstep of these communities. In this regard, Ministry has collaborated with have collaborations with UN agencies, like UNDP, World Bank, UNESCO, UNICEF, FAO for using their domain knowledge of global best practices

8. Award for Best Performing District

The best performing Districts at the Central Government will be given awards totalling an amount upto Rs. 20 cr in a year. The Award will be given to a district on the lines of Aspiration District Program implemented by NITI Aayog. The award will be based on physical and financial progress (Shown on PM GATishakti Portal) which will be monitored through composite scoring method. A detailed methodology of such scoring and evaluation process will be shared separately.

9. Project Approval Committee at Ministry:

Proposals received from the State/UT Government(s) will be placed before the PAC for appraisal and approval.

Project Appraisal Committee (PAC) in Ministry of Tribal Affairs (MoTA) will consist of:

(i)	Mission Director – AS/JS, DA-JGUA, MoTA	Chairperson
(ii)	Relevant subject AS/JS (DA-JGUA), MoTA	Member
(iii)	Principal Secretary/ Secretary, Commissioner Development / Social Welfare (dealing exclusively with Tribal Welfare) of concerned State/UT Government.	Member
(iv)	J.S. (Financial Advisor), MoTA	Member
(v)	DDG (Stats), MoTA	Member
(vi)	Related subject matter Director / DS, MoTA	Member
(vii)	Concerned Director/ Dy. Secretary / Under Secretary, MoTA	Member Convenor
(viii)	Advisor NITI or representative from NITI Aayog	Member

10. Fund Released Mechanism:

100% Grants for various interventions as per approved norms will be provided by Ministry of Tribal Affairs under the revamped scheme under PM-JGUA. Recurring costs related to any facility created under the mission will be provided by State Governments.

- ii. MoTA will transfer the funds to State nodal department/ Tribal Welfare Department who in turn will authorize funds to District Collector/District Magistrate or the Implementing agency as decided by the state Government.
- iii. The financial assistance to the States/UTs will be released in two instalments. The first Instalment will be of 50%. The final instalment will be released after receiving the Statement of Expenditure (SoE) and Utilisation Certificate (UC) of the grant from them and utilization of funds by the statement as per guidelines issued by DOE for SNA accounts.
- iv. The state will be required to route Central Govt funds through the SNA account or any other mechanism mandated by Department of Expenditure. The state contribution/top up need not be routed through the SNA account.
- v. The State will be required to maintain project wise utilization of funds as per sanction given by PAC.
- vi. The physical and financial progress will be monitored through PM-Gatishakti Portal. While claiming the committed liabilities, the States will be required to update physical and financial progress.

11. Administration of the scheme:

- a) At the national level, MoTA would be responsible for budgetary regulation and administration of the revamped PMAAGY (SCA to TD) scheme.
- b) At the State level, the Department of Tribal welfare/development will be responsible for overall direction and implementation of the scheme.
- c) At the District level, the District Collector/District Magistrate or PO ITDA (as decided by the State Govt) will be responsible for overall implementation and monitoring -function of the scheme.
- d) For the facilities developed under the scheme, the concerned department or agency nominated by the state will be responsible for functioning and management of the facility.

12. Updation of data on PM Gati Shakti Portal and monitoring of implementation of Abhiyan:

The Ministry of tribal Affairs will update data related to administrative approval and financial sanction on PM Gati Shakti Portal. The state will be required to update physical and financial progress on Gati Shakti portal. The State may utilize manpower

from the State PMU for updating the data of physical and financial progress. The funds for State PMU will be provided to state as per existing guidelines of State PMU under the scheme 'Administrative Cost to States/UTs'. With regard to non-infrastructure projects, the State shall ensure compliance with the monitoring mechanisms of the MoTA as directed from time to time and also ensure uploading of data on portals developed for this purpose.

13. Relaxation of Guidelines

The guidelines may be amended or relaxed with the approval of Hon'ble Minister of Tribal Affairs depending on the administrative requirement of the scheme.

Annexure I

Operational Guidelines of DA-JGUA

Construction of 01 No. class room with attached varanda						
		Floor Area	Extra	Plinth		
	Class Room(7 X10)	70	18	88		
	Varandah(7*1.8)	13	3	16		
		83	21	104		
S. No.	Description of Item	Quantity	Rate	Unit	Amount	Reference to PAR 2023
1	Building Portion: R.C.C. Framed structure with floor height of 3.75 metre:					
1.1	R.C.C. Framed Structure (school Buildings) (Specifications as per Annexure-I)					
1.2	R.C.C. Framed Structure upto six storeys with floor height 3.60 m	104	24730	Sqm	25,71,920	1.1.1
2	Extras for:					
2.1	Every 0.30 m additional height of floor above normal floor height of 3.35m. $\{(3.75 - 3.60) / 0.3\} \times 421 = 210.5$	104	211.00	Sqm	21,944	
1.3.2. Floor ht. has been considered as 3.75m. As per NBC guidelines ceiling height is 3.60m. Hence floor to floor ht. has been considered as 3.75 m, which includes thickness of slab & floor finish.						
2.2	Every 0.30 m deeper foundations over normal depth of 1.20 m. (On G. F. area only) (1.50 m - 1.20 m = 0.30 m)	104	230.00	Sqm	23,920	1.3.4 Depth of foundation assumed as 1.50m.
		SubTotal			26,17,784	(A)
4	Building Cost: (to be used for Services items on % basis)				25,93,864	
5	Services:					
5.1	Internal water supply and sanitary installations	2593864	5%	100	1,29,693	2.1
5.2	External service connections (civil & Electrical)	2593864	5%	100	1,29,693	2.2.1 + 2.2.2
5.3	Internal Electrical Installations	2593864	12.5%	100	3,24,233	2.3
6	Extras for:					
6.1	Extra for power wiring and plugs	2593864	4%	100	1,03,755	2.4.1
		SubTotal			6,87,374	(B)
	Construction of 01 No. class room with attached veranda			Total Cost	33,05,158	(A)+(B)

Annexure-II

Construction of 01 No. Toilet block with provision of 05 WC, 05 Urinals & 05 Wash Basin						
		Floor Area	Extra	Plinth Area		
	Wash room (6.0*8)	48	12	60		
S. No.	Description of Item	Quantity	Rate	Unit	Amount	Reference to PAR 2023
1	Building Portion: R.C.C. Framed structure with floor height of 3.75 metre:					
1.1	R.C.C. Framed Structure (school Buildings) (Specifications as per Annexure-I)					
1.2	R.C.C. Framed Structure upto six storeys with floor height 3.60 m	60	24730	Sqm	14,83,800	1.1.1
2	Extras for:					
2.1	Every 0.30 m additional height of floor above normal floor height of 3.35m. $\{(3.75 - 3.60) / 0.3\} \times 421 = 210.5$	60	211.00	Sqm	12,660	1.3.2 Floor ht. has been considered as 3.75m. As per NBC guidelines ceiling height is 3.60m. Hence floor to floor ht. has been considered as 3.75 m, which includes thickness of slab & floor finish.
2.2	Every 0.30 m deeper foundations over normal depth of 1.20 m. (On G. F. area only) $(1.50 \text{ m} - 1.20 \text{ m} = 0.30 \text{ m})$	145	230.00	Sqm	33,350	1.3.4 Depth of foundation assumed as 1.50m.

Construction of 01 No. Toilet block with provision of 05 WC, 05 Urinals & 05 Wash Basin						
		SubTotal			15,29,810	(A)
4	Building Cost: (to be used for Services items on % basis)				14,96,460	
5	Services:					
5.1	Internal water supply and sanitary installations	1496460	5%	100	74,823	2.1
5.2	External service connections (civil & Electrical)	1496460	5%	100	74,823	2.2.1 +2.2.2
5.3	Internal Electrical Installations	1496460	12.5%	100	1,87,058	2.3
6	Extras for:					
6.1	Extra for power wiring and plugs	1496460	4%	100	59,858	2.4.1
		SubTotal			3,96,562	(B)
	Construction of 01 No. Toilet block with provision of 05 WC, 05 Urinals & 05 Wash Basin			Total Cost		19,26,372 (A)+(B)

Estimates for furniture						
Item No	Specification	Items	Quantity	Unit	Rate	Amount
1	Supplying and installing at site knock down type class room Dual Desk specially designed for rugged use.	Dual Desk				
a)	Dual Desk- Overall Size 1050-1100 mm (W) x 975-985mm (D) x 750mm (H) - Desk Top 400mm. Seat Height		25.00	Each	7,600.00	1,90,000.00

Estimates for furniture						
Item No	Specification	Items	Quantity	Unit	Rate	Amount
	450mm (for Classs 9-12)					
3	Supplying and installing at site knock down type Office Table made of Pre-laminated MDF board with decorative lamination on one side and balancing lamination on other side top of size 1199 X 590 X 735 mm.	Teacher's table	1.00	Each	4,950.00	4,950.00
12	Supply and installation of Steel bed of overall size 1775-1825mm (L) x 875mm (W) x 650/450mm (H)	Metal Bed	50.00	Each	8,500.00	4,25,000.00
13	Supplying and installing at site knock down type Metal Table with Integrated Storage	Metal Table with Integrated Storage 1750(L) x 600(W) x 750(H).	25.00	Each	9,500.00	2,37,500.00

Estimates for furniture						
Item No	Specification	Items	Quantity	Unit	Rate	Amount
	1750mm (L) x 600mm (W) x 750mm (H) for two students					
19	Supplying & placing in position visitor Chair	Visitor Chair	1.00	Each	7,371.00	7,371.00
20	Supplying & placing in position in position Steel chair	Chair without arm	50.00	Each	3,150.00	1,57,500.00
22(a)	Supplying and installing in position Super White' writing grade resin coated steel writing surface	Magnetic White Board	4.00	Each	10,300.00	41,200.00
22(b)	Supplying and installing in position 'Green' writing grade melamine writing surface (chalk sheet)	Melamine Surface Non-Magnetic Chalk Board-2350 X 1150 mm'	22.00	Each	8,500.00	1,87,000.00
Class Room Furniture						2,02,321.00
GST @12% on X					A	36,418.00
Amount including GST @ 12%					B = (X+A)	2,38,739.00
Contractor Margin 15% on B					C	35,810.85

Estimates for furniture						
Item No	Specification	Items	Quantity	Unit	Rate	Amount
Total Amount including CPOH 15%, 12% GST					(B+C)	2,74,549.85
					Say	2,74,500

Cost Norms for Hostels: The estimated cost has been arrived by considering requirement of various facilities under a hostel with following parameters:

Hostel 50 Bedded: Schedule of Accommodation

SOA PER STUDENT@70 sq per student = 3500 sq. ft

- BATHing area (10 no.) PLUS TOILET (10 no.) = 600 sq. ft (common for 50 students)
- Dining Hall = 750 sq. ft
- Kitchen = 350 sq. ft
- Library + Common room = 500
- Warden qtr = 860 sq. ft
- Watchman Guard room and shelter = 60 sq. ft
- Kitchen store + wash area = 150 sq. ft
- Total Area = 6770 sq. ft (Add @ 25% circulation area.)
- Grand Total Area = 8200 sq. ft
- Cost @ 2300 per sq ft = 2.16 cr
- Add for boundary wall 0.20 cr.
- Furniture and utensils = 0.20 cr
- Total = 2.56 cr
- Quality control @ 1% and
- contingency @ 1.5 %
- Construction Agency charges@ 5%

Grand Total = 2.75 Cr

The above estimate does not cover the expenditure towards the recurring activities such as manpower, consumables etc. and these expenditures are to be borne in accordance with the extant provisions of the SSA. The scheme would be Centrally sponsored scheme and sharing ratio between Centre and State would be same.

Annexure-III

Tribal Multiple Marketing Center

Project Components

The TMMC will have the following components:

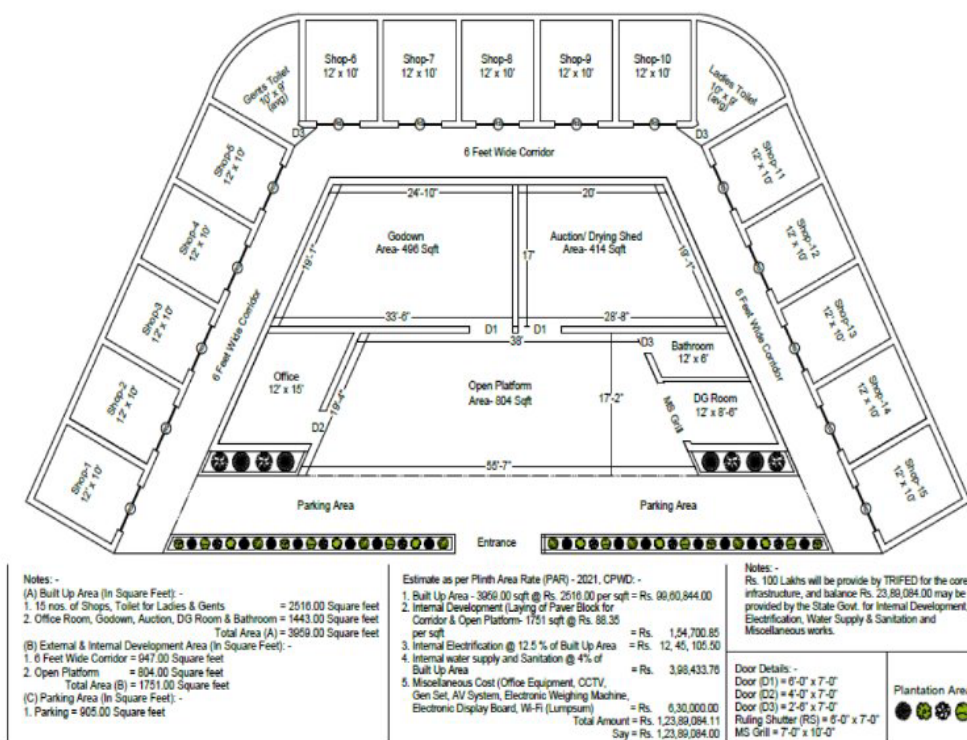
- Standard design
- **Shops with shutter** – up to 15 numbers each measuring 12' x 10'
- **Godown**– 1 in number. Each with (25' x 20') x 14' height
- **Auction/ Drying Platform** – measuring 20' x 20'
- **Open Platform for venders/ kiosks** – measuring 80' x 10'
- **Office room** – 12' x 15'
- **Bathroom** – 8' x 6'
- **Toilets** – 2 in number measuring 6' x 6'
- **Generator room** – 12' x 10'
- **Approach road** for the proposed site of TMMC should be minimum 20' wide (by state government)
- **Boundary wall & land development:** A boundary wall of 1.8 m height with an entrance gate has been proposed. 2' of avg. earth filling has to be done at project site. (by state government)
- **Internal Plant Road:** Internal plant PCC has been proposed for the internal access area of the plot. (by state government)
- **Power Supply:** A D.G. Set has been proposed as an alternative Power source for the project.
- **Provision of amenities:** Apart from this the market plan should consist of provision of amenities like drinking water, waste management plan, toilet, electricity fittings, grading & weighing machine etc.
- **Quality Control during Execution** - During the entire civil construction activities, the quality of the work will be maintained with good workmanship and good quality of building/construction materials.

- **Safety Aspects** - There shall be arrangement of sufficient number of fire-extinguishers at TMMC building (as per norms). First aid facility/kit shall be available at the TMMC. (by state government)
- **Maintenance of TMMC** – For better working environment, housekeeping and hygienic to be maintained at TMMC. Tribal Welfare Department / Gram Panchayat will have the responsibility of maintaining TMMC.

Indicative Cost of Proposed Building Details of TMMC

Sl. No.	Particulars	Unit	Length	Width	Total Area (in Sq. ft.)	Estimated Cost (in lakh rupees)
1	Office	1	15	12	180	89.7
2	Godown	1	24	20	480	
3	Shop with shutter	15	12	10	1800	
4	Auction/ Drying Shed	1	20	20	400	
5	Open Platform	1	80	10	800	
6	Bath	1	8	6	48	
7	Toilet	2	6	6	72	
8	Generator Room	1	12	10	120	
9	Hand Pump & Boring Pump with Water Tank	1				2
10	Electrification cost @ 2%	1				2
11	Miscellaneous Cost (Office equipment, CCTV, Gen Set, AV System, Electronic Weighing Machine, Electronic display Boards, wi-fi/ internet etc.)	1				6.3
12	Boundary Wall with Iron Gate, Approach Road & Internal Road	1				to be funded by State Government
Total (A)					3900	100

Indicative Layout plan of Tribal Multipurpose Marketing Centre (TMMC)



Layout Plan of Tribal Multipurpose Marketing Center (TMMC)

Annexure IV

Template for submission of project proposal for setting up of TMMCs

General Information: -

1	Project Title	
2	Target Area/Location	
3	Target Beneficiaries	
4	Long Term Goal	
5	Project duration	
6	Main Activities	
7	Total budget of the project	

1.0 Executive Summary

2.0 Project description:

2.1 Goals and Objectives:

3.2 Activities proposed

3.2.1 Establishment of Project

Items/ Component s	Unit Cost	No of units Required	Total Costs	Fund required (in Rs)

3.2.2 Target Area:

The project location will be at:

1. District:
2. Block:
3. Village/GP:
4. Location Coordinates:

Note: Mention LGD codes

The project will cover-----

List of proposed village wise beneficiary list:

S L	Block	GP	Village / SHG name / VDKV name (likely to be covered)	No. of beneficiaries associated
1				
2				

3.2.3 Projected Benefits:

4.0 Mechanism for Management, Operation and Maintenance:

Annexure V

CENTRE OF EXCELLENCE TO BE ESTABLISHED BY MINISTRY OF TRIBAL AFFAIRS

FOR NATIONAL SICKLE CELL ANAEMIA ELIMINATION MISSION

Introduction

Sickle Cell Disease (SCD) is a hemoglobin disorder that requires lifelong management and contributes to infant, childhood as well as adult morbidity and mortality. Prenatal diagnosis is an important option to screen women with genetic abnormalities and can prove to be a cost-effective preventive strategy. Prenatal testing is a choice to be exercised by families and healthcare providers. Based on the findings, if the fetus is affected, the family is given the option of pregnancy intervention (termination) for an affected child.

The guidelines on Haemoglobinopathies released by MoHFW in 2016 mention the setting up of a State lab/National Centres established in tertiary level institutions identified by the States. This guidance note elaborates on the role of the Centre of Excellence to be established at State level. The operational guidelines for National programme for Prevention and Management of Sickle Cell Disease released in 2023, reiterated about the Centres of Excellence. Being a tertiary care level facility, it has to be supported by Ministry of Tribal Affairs.

Center of Excellence (CoE) in Haemoglobinopathies

A Center of Excellence (CoE) in Haemoglobinopathies focuses on the prevention, management, and research of disorders related to hemoglobin, such as sickle cell disease and thalassemia. The specific functions of a CoE in Haemoglobinopathies can vary, but they typically include the following:

1. **Diagnosis and Screening:**
 - i. Providing state-of-the-art diagnostic services for patients suspected of having haemoglobinopathies.
 - ii. Pre-natal testing.
 - iii. Conducting newborn screening programs to identify affected infants early in life.
 - iv. Offering genetic counseling and carrier screening for families at risk.
2. **Clinical Care and Management**
 - i. Offering comprehensive care for individuals with haemoglobinopathies, including sickle cell disease and thalassemia.
 - ii. Developing individualized treatment plans for patients, which may include transfusions, iron chelation therapy, and hematopoietic stem cell transplantation.
 - iii. Managing complications and comorbidities associated with these disorders, such as infections, pain crises, and organ damage.
3. **Patient Education and Support:**
 - i. Educating patients and their families about the nature of the disease, treatment options, and lifestyle management.
 - ii. Providing psychosocial support and resources to improve the quality of life for patients and their families.

4. Research and Clinical Trials:

- i. Conducting research to advance understanding of haemoglobinopathies and develop new treatment modalities.
- ii. Participating in clinical trials to test innovative therapies and interventions.
- iii. Collaborating with other research institutions and organizations to share knowledge and resources.

5. Outreach and Public Awareness:

- i. Support state in developing strategies for raising public awareness about haemoglobinopathies to reduce stigma and discrimination.
- ii. Advocating for better policies, funding, and resources to support affected individuals and their families.

6. Healthcare Professional Training:

- i. Offering training and continuing education for healthcare providers in the diagnosis and management of haemoglobinopathies.
- ii. Promoting best practices and evidence-based care in the field.

7. Policy Development and Advocacy:

- i. Engaging in advocacy efforts to influence healthcare policies and improve access to care for individuals with haemoglobinopathies.
- ii. Participating in discussions related to newborn screening, insurance coverage under PM-JAY/ State programmes and other public health initiatives.

8. Genetic Counseling and Family Planning:

- i. Providing genetic counseling services to families with a history of haemoglobinopathies to assess their risk and make informed family planning decisions.
- ii. Assisting individuals and couples in making choices related to prenatal diagnosis and options for carrier status.

9. Quality Improvement and Research Translation:

- i. Implementing quality improvement programs to enhance patient care and outcomes.
- ii. Translating research findings into practical clinical applications and treatment strategies.

10. Multidisciplinary Collaboration:

- i. Collaborating with Ministry of Tribal Affairs, institutions/ organisations other than those in the public sector who have been working in the area of Hemoglobinopathies.

A Center of Excellence in Haemoglobinopathies plays a crucial role in improving the lives of individuals affected by these disorders through accurate diagnosis, evidence-based care, research, and advocacy. It serves as a hub for expertise, patient support, and advancing knowledge in the field of Haemoglobinopathies. It is envisaged that one such centre is established in every State.

Continuum of Care System for Sickle Cell Disease

Centre of Excellence is primarily involved with Prenatal Diagnosis and Management of complications arising out of sickle cell disease or its treatment. The pool of referrals to the Centre of Excellence encompasses those referred from Sub-district Hospital, and District Hospital. At each of the facilities the in charge Medical Officers need to keep the list of PM-JAY empanelled healthcare facilities as a ready reference to identify an appropriate facility for referral. The patients being referred upward need to be informed adequately about the need for referral and provide ambulance support as required. The MO in charge shall ensure documentation of the referrals made. After the treatment, the patients shall be referred downward to the concerned primary health centre for continued monitoring at PHC-HWCs and subsequently for hydroxyurea medication dispensation (if initiated) by CHOs at SHC-HWCs. The table below represents a schema of upward and downward referrals for ensuring a continuum of care for people with Sickle cell disease.

Table 1. Referral chain

Level of care	Upward referral	Downward referral
SHC-HWC	<p>The following will be referred to PHC or higher centre:-</p> <ul style="list-style-type: none"> Individuals screened positive on the solubility test for confirmation of diagnosis Individuals screened positive by ICMR approved Point of care test for treatment initiation Patients on Hydroxyurea treatment for periodic monitoring Patients presenting with complications (pain crisis, severe anaemia) requiring specialist care. Screened positive pregnant mothers for prenatal diagnosis directly to the state level Centre of Excellence Children less than two years of age who are screened positive Patients requiring blood transfusion 	
PHC-HWC	<p>The following will be referred to CHC/Sub-divisional hospital/District Hospital: -</p> <ul style="list-style-type: none"> Patients non-responsive to Hydroxyurea treatment Patients presenting with complications (Acute sequestration crisis, vaso-occlusive crisis, hyper haemolytic crisis) Screened positive pregnant mothers for prenatal diagnosis to state level Centre of Excellence. High risk ANC/delivery of pregnant mother with sickle cell disease Patients requiring blood transfusion Children less than two years of age who are screened positive 	<p>All the patients from the Centre of Excellence (CoE) will be referred downward to the concerned PHC for continued monitoring as per the protocol. Once the patient is stabilised, the PHC MO shall in turn refer the patient to SHC-HWC for monthly medicine dispensation by CHO. ASHAs carry out home visits for reinforced treatment adherence and referral in case of any complications.</p>

CHC/Sub-divisional hospital/District Hospital	<p>The following will be referred to Tertiary care/Centre of Excellence (CoE):-</p> <p>Screened positive pregnant mothers for prenatal diagnosis</p> <p>High risk ANC/delivery in SCD mother</p> <p>Patients presenting with complications (Acute sequestration crisis, vaso-occlusive crisis, hyper haemolytic crisis)</p> <p>Children less than two years of age who are screened positive if services are not available for management</p>
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Prenatal diagnostic Technologies

The guidelines on Haemoglobinopathies released by MoHFW details 3 sampling methods – CVS, Amniocentesis and Fetal Blood Sampling. Conventional methods and Sanger sequencing is required to detect genetic mutations of thalassemia and other hemoglobinopathies. Key points on the same are reiterated here:

- a. Chorionic villus sampling (CVS): Using ultrasound as a guide, the specialist removes a small sample of cells from the chorionic villi, i.e. cells that contain the same genetic information as the fetus and which will eventually form the placenta. The cells are removed either with a thin needle (21 Gauge needle) inserted through the mother's abdomen (trans- abdominal route) or via a thin catheter inserted through the vagina (trans-cervical). The cells are then analyzed, and a diagnosis is made through processing of fetal DNA. As with other prenatal diagnosis methods, information on potential risks and benefits of using this procedure must be provided to the couple by the specialist obstetrician. CVS is done in the first trimester of pregnancy between 10-12 weeks of gestation.
- b. Amniocentesis: Using ultrasound as a guide, a trained obstetrician inserts a very thin needle through the mother's abdomen. A small amount of amniotic fluid, containing cells from the fetus, is withdrawn. This is then analysed in the laboratory to determine whether the fetus has β -thalassemia disease or sickle cell disease. Amniocentesis is conducted after 16 weeks of gestation in patients who come late for sampling or in those where the fetal position is such that it prevents the collection of chorionic villi. The cells (amniocytes) are separated by centrifugation and DNA analysis is conducted.
- c. Fetal blood sampling (Cordocentesis): The fetal blood sample is collected in mid-trimester pregnancy at 18-20 weeks of gestation. The sampling is done by cordocentesis, cardiac puncture or from the hepatic vein. The sample is processed either by HPLC or by DNA analysis.
- d. Future Direction : Newer NIPT (non-invasive prenatal testing) of Fetal cell free DNA from maternal plasma, will be available in these CoE in coming years and for this purpose, NGS would be required. Preimplantation genetic testing (PGT) may also be required for IVF centres in these CoE to choose the embryos without any chromosomal genetic abnormality before implanting them.

The type of instrument and technique used could have a significant impact on the outcome of the procedure. If we take the example of CVS, the sample is submitted to the laboratory and DNA is extracted using a suitable technique (glass bead disruption of

cells, conventional collagenase or chelex-based extraction method) developed specifically for these samples. This is then sent for the CVS DNA sequencing; later data analysis allows the analysis of all positive reactions chosen to be sequenced.

Bone Marrow Transplantation

The only cure available for these children with thalassemia major is bone marrow transplantation (BMT) more appropriately called hematopoietic stem cell transplant (HSCT). However, this can help only a few patients because of cost, paucity of BMT centres, or non-availability of a suitable HLA matched donor. Therefore, the mainstay of treatment is not HSCT, but enhanced availability of HSCT centres at the proposed CoE, which will go a long way in the management.

Patients likely to benefit from HSCT are to be identified by the pediatrician at the DEIC, or the Pediatrics departments of District hospital/ Medical colleges. They may be referred to Centre of Excellence with facilities for HSCT. Here the transplant team will assess the patient and counsel the family about the procedure, risks and take up the case after adequate assessment of the patient and donor. The cost of BMT/HSCT is not currently supported under NHM. The same is envisaged to be supported by the Ministry of Tribal Affairs.

Areas of Support

The support is extended to the provision of equipment for sequencing and recurring costs for reagents. The currently used technology is Sanger sequencer, while the newer one is NGS (Next Generation Sequencing). In principle, the concepts behind Sanger vs. next-generation sequencing (NGS) technologies are similar. In both NGS and Sanger sequencing (also known as dideoxy or capillary electrophoresis sequencing), DNA polymerase adds fluorescent nucleotides one by one onto a growing DNA template strand. Each incorporated nucleotide is identified by its fluorescent tag. The comparison of Sanger Sequencing and NGS techniques is given below.

Table 2: Comparison of Sanger Sequencing and NGS

	Sanger Sequencing	Targeted NGS
Benefits	<ul style="list-style-type: none"> • Fast, cost-effective sequencing for low numbers of targets (1–20 targets) • Familiar workflow 	<ul style="list-style-type: none"> • Higher sequencing depth enables higher sensitivity (down to 1%) • Higher discovery power* • Higher mutation resolution† • More data produced with the same amount of input DNA‡ • Higher sample throughput
Challenges	<ul style="list-style-type: none"> • Low sensitivity (limit of detection ~15–20%) • Low discovery power • Not as cost-effective for high numbers of targets (> 20 targets) 	<ul style="list-style-type: none"> • Less cost-effective for sequencing low numbers of targets (1–20 targets) • Time-consuming for sequencing low numbers of targets (1–20 targets)

	<ul style="list-style-type: none"> • Low scalability due to increasing sample input requirements 	
Experimentation and procedure	<ul style="list-style-type: none"> • DNA isolation step is same for sanger and NGS both • Complete process to put up the sanger sequencing experiment is less complicated and less time consuming • Experiment run time is short. (1-2 hours for beta globin gene) 	<ul style="list-style-type: none"> • DNA isolation step is similar as in sanger sequencing • Experimental procedures (library preparations, purifications, template preparations) is more complex and time consuming • Experiment run time on NGS is higher
Data Analysis	<ul style="list-style-type: none"> • Sequencing data analysis is much simpler than NGS 	<ul style="list-style-type: none"> • As big amount of data generated, bioinformatics analysis is needed.

* *Discovery power is the ability to identify novel variants.*

† *Mutation resolution is the size of the mutation identified. NGS can identify large chromosomal rearrangements down to single nucleotide variants.‡ 10 ng DNA will produce ~1 kb with Sanger sequencing or ~300 kb with targeted resequencing (250 bp amplicon length × 1536 amplicons with an AmpliSeq for Illumina workflow).*

In view of the comparison of Sanger sequencing with Targeted NGS it is quite evident that the Sanger sequencing is most cost effective and very well-established method of mutation/variant detection (known, unknown and novel) in hemoglobinopathies. The technique has relatively low sensitivity than NGS but capable of detecting all the genetic variants as mutations being germline in nature in the thalassemia and other Hemoglobinopathies. Also, Sanger sequencing is a faster method for carrier screening as sequencing run time is approximately one hour as beta globin gene is very short having only three exons. Data analysis is also relatively simple and less time consuming as compared to NGS.

NGS is a high throughput technique but technically and analytically very challenging. It is not cost effective for a smaller number of samples. The cost effectiveness cannot be achieved if load of sample is not very high. It is quite high with a limited number of samples, which also depends on the NGS model. Equipment run cost, reagent and consumable costs are also very high coming with short expiries. One key benefit can be detection of alpha and beta globin gene both simultaneously on NGS. However, very big deletions of alpha globin gene are not properly detected on NGS. MLPA is a better choice for detecting big deletions of alpha gene. MLPA can be performed on the same Sanger sequencing platform with fragment analysis option. Moreover, alpha globin gene analysis is not required in all the individuals, suspected cases on CBC and HPLC can be subjected for alpha analysis.

In view of all the advantages and disadvantages associated with both the techniques, it is advisable to have at least one Sanger sequencer (16 or 24 capillaries) with its ease of use, shorter run time and unbeatable cost. Scalability can be increased with regular back-to-back runs can be put up on single

equipment for optimal utilization of equipment. The labs already having Sanger sequencing facility can subsequently opt for addition of one NGS.

Table 3. Cost of Sequencer

Equipment	Capital cost (INR)	Recurring cost (INR)	
	Approx. cost of device	Average Cost per test (single variant test, including consumables)	Annualized cost (unit cost*annualization factor)
Sanger sequencing device	45 lakh – 1.8 Cr	2,031	4,95,000 – 19,80,000
NGS Device	Upto 3 Cr	5,675	13,20,000 - 99,00,000

*Cost per test calculated considering approximately 100 tests per month

Note:

- **All CoE where Sanger sequencer is already established** – support can be given for recurring cost for recurring for reagent supply for Sanger based on details in table 3. Based on the load, States can submit proposals to MoTA. **Subsequently** - NGS equipment can be added as and when the role of CoE expands, and supported on an actual basis at a maximum capital cost of INR 3 Crores and recurring for reagent supply as per Table 3. Based on the load, State Govt./Institutions can submit proposals to MoTA.
- **All CoE where NGS is already established** –Support to be provided for recurring cost for NGS based on details in Table 3. Based on the load, State Govt./Institutions can submit proposals to MoTA.
- **CoE where neither Sanger sequencer nor NGS is established** –The labs where none of the facility is there, Sanger Sequencing facility is the primary requirement for variant detections in Hemoglobinopathies. Capital as well as recurring Cost of Sanger sequencer to be provided. **Subsequently** – As and when the scope of CoE expands and newer techniques are available, NGS equipment can be added and supported for capital as well as recurring cost as per Table 3. Based on the load, State Govt./Institutions can submit proposals to MoTA.
- {During Covid 19 pandemic, the Indian SARS CoV-2 genomics consortium was jointly established by MoHFW, DBT, CSR & ICMR. The purpose was to correlate whole genomics sequencing data with clinical/epidemiological data for advance preparedness for public health interventions. As on 23rd March 2022, NGS facilities were established in 24 States and 3 UTs in 84 institutions. There were other sources of funding and based on specifications, there would be variations in cost. For the purpose of funding support, the estimate can be made around 3 Crores for NGS, which is recommended if there is a sample load of more than 20 per cycle.)

Additional Mandatory Equipment (along with Sanger sequencer or NGS):

Few mandatory equipment is required in the molecular lab to perform the experiment on

NGS or Sanger Sequencer e.g. Thermal Cycler, spectrophotometer (Qubit/Nanodrop), Gel electrophoresis, Power supply, Gel documentation, etc. Remaining ancillary equipment depends on Lab setup already existed.

Table 4: Cost of mandatory equipment:

Equipment	Approx. Capital cost of device (INR)	Annualized cost (unit cost*annualization factor) (INR)	Average Cost per test (single variant test, including consumables) (INR)
DNA extraction equipment	4 lakh-10 lakh	46,800 - 1,17,000	568
Thermal Cycler	3 Lakh - 6 Lakh	35,000 – 70,000	NA
Spectrophotometer	3.5 Lakh - 5 Lakh	38,000 – 55,000	200
Gel Electrophoresis	2 Lakh - 5 Lakh	22,000 – 55,000	100 - 500

Further, States /Institutions are advised to form a technical committee to make an action plan, roadmap in consonance with the Sickle Cell Elimination Mission and the Hemoglobinopathy guidelines.

In addition to above, the equipment list for tertiary centres (Hemoglobin HPLC equipment for newborn screening by DBS, Isoelectric focusing for newborn screening, given in the Guidelines on Haemoglobinopathies (page 99-100), Hemoglobin HPLC variant System, Capillary Zone Electrophoresis) 2016 may also be considered for support, the details of which are given in Annexure. The CoEs not having any of these equipment, may be supported by MoTA as per the proposal submitted.

Human resources for Centre of Excellence^[1]

The identified Centre of Excellence institutions are expected to have the requisite human resources for identification/diagnosis and treatment, including complications of Haemoglobinopathies. Nevertheless, key specialists required are enlisted below for clarity:

(a) Haemato-pathologist: MBBS and MD (Pathology) with advanced degree (DM/DNM) / training in Haemato-pathology and trained in gene sequencing and analysis

Responsibilities:

- Diagnose haemoglobinopathies using CBC, PBS, HPLC / Hb Electrophoresis and molecular methods.
- Perform mutational analysis and diagnostics for hemoglobinopathies.
- Research haemoglobinopathies and contribute to developing new diagnostic and treatment strategies.
- Collaborate with other specialists in the centre.

b) General Medicine Physician: MBBS with a postgraduate degree in Internal Medicine or relevant field.

Responsibilities:

- Manage adult patients with complications of haemoglobinopathies (e.g., sickle cell disease, thalassemia).
- Provide pre- and post-natal counselling for couples with a risk of haemoglobinopathy.
- Collaborate with other specialists for comprehensive patient care.

c) Gynecologist: MBBS with a postgraduate degree in Obstetrics and Gynecology.

Responsibilities:

- Perform chorionic villus sampling (CVS), amniocentesis, and fetal blood sampling for prenatal diagnosis of haemoglobinopathies.
- Provide counselling to pregnant women with the risk of haemoglobinopathy.
- Collaborate with the geneticist and other specialists for patient management.

d) Paediatrician: MBBS with a postgraduate degree in Pediatrics.

Responsibilities:

- Diagnose and manage haemoglobinopathies in children.
- Provide follow-up care and education for children with haemoglobinopathies.
- Collaborate with other specialists for comprehensive care.

e) Clinical Haematologist: Qualifications: MBBS with a MD / DNB in Internal Medicine and DM / training in Clinical Hematology.

Responsibilities:

- Provide supportive care for patients with haemoglobinopathies (e.g., blood transfusions, pain management).
- Diagnose and manage co-morbidities associated with haemoglobinopathies.
- Contribute to research on haemoglobinopathies and treatment optimisation.

f) Molecular Scientist: PhD in Medical / Biological Sciences, with expertise in PCR and gene sequencing analysis (including interpretation).

Responsibilities:

- Diagnose haemoglobinopathies using molecular methods.
- Perform gene sequencing and provide genetic counselling.
- Research haemoglobinopathies and contribute to developing new diagnostic and treatment strategies.
- Collaborate with other specialists in the centre.

g) Lab Technician: Diploma or Bachelor's degree in laboratory technology with experience in molecular biology techniques.

Responsibilities:

- Perform PCR and gene sequencing under the supervision of the geneticist or bio-informatics specialist.
- Maintain and manage laboratory equipment and reagents.
- Document and report laboratory results.

h) Counselor: Providing pre-conception and prenatal counselling to individuals and

couples at risk of having children with haemoglobinopathies.

Apart from this, the following additional personnel are desirable and may also be considered:

i) Clinical Psychologist: Providing emotional support and counselling for patients and their families, coping with the psychological impact of haemoglobinopathies and chronic illness.

j) Social Worker: Facilitating access to social services, resources, and advocacy for patients and families, navigating healthcare systems and financial assistance.

k) Public Health Specialist: Developing and implementing community education programs about haemoglobinopathies to raise awareness, promote carrier screening, and encourage early diagnosis.

Note: The cost of HR will be borne by concerned institution only and no financial support will be provided.

Annexure

Table 5. Additional Equipment list as per Haemoglobinopathy guidelines

Sl. N	Equipment for Haemoglobinopathies	Capital	Recurring
1	Hemoglobin HPLC equipment for newborn screening by DBS	40 lakhs	150/test
2	Isoelectric focusing for newborn screening	15 lakhs	
3	Hemoglobin HPLC variant System	43 lakhs	250/test
4	Capillary Zone Electrophoresis	37 lakhs	
	Total*	135 lakhs	Based on load estimated by State

*estimating 1 equipment each for every CoE

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- [1] indicative. HRH is not budget supported.

Annexure VI

Proposal for Centre of Competence

With reference to the letter No. F No. 47/1/2024-THC (Comp. No. 28154) dated 25.09.2024 of the Ministry of Tribal Affairs, the following proposal for establishment of a Centre for Competence in the (name of institution) is sent herewith for consideration and approval in the prescribed form as follows:

I. General Information

Name of the State:

Name of the Institution:

Address of the Institution

Number and List of districts and approximate tribal population the facility proposes to cater to:

Hospital Bed capacity of the institution:

ICU bed capacity of the institution:

Number of hospital beds proposed to be ear marked for Hemoglobinopathy patients:

Number of ICU beds proposed to be ear marked for Hemoglobinopathy patients:

II. (a) Status of Human resources

#	Faculty	Required Qualification	Availability (Yes/No) (Specify numbers)
Mandatorily required			
1	Hematologist / Pathologist	MD Pathology with advanced degree (DM/DNM)/training in Haemato-pathology and trained in gene sequencing and analysis	
2	General Medicine Physician	MBBS with a PG degree in Internal Medicine or relevant field	
3	Gynecologist	MBBS with a PG in Obstetrics and Gynecology	
4	Paediatrician	MBBS with a PG Degree in Pediatrics	
5	Clinical Haematologist	MBBS with an MD/DNB in Internal Medicine and DM/Training in Clinical Hematology	
6	Molecular Scientist	PhD in Medical/Biological Sciences with expertise in PCR and gene sequencing analysis, including interpretation	
7	Lab Technician	Diploma or Bachelor's degree in laboratory technology with experience in molecular biology techniques	
8	Counselor	In terms of the MoHFW guidelines	
Desirable			
9	Clinical Psychologist	In terms of the MoHFW guidelines	
10	Social worker		
11	Public Health Specialist		

#	Faculty	Required Qualification	Availability (Yes/No) (Specify numbers)
Any additional relevant manpower available in the Institution may be added			

II. (b) Other relevant Super specialty Departments available with details of qualified personnel

III. Infrastructure

Does the institution have a functional specialty lab in place: Yes/No

Has the institution identified a designated space* for setting up the Center of Competency: Yes/No

***Note: The CoC should be planned as an integrated Unit.**

(Please attach the layout plan for the CoC with the proposal, if available. If not available, the same shall be submitted within 30 days of the sanction of the proposal)

IV. Equipment Required under the MoHFW guidelines

Mandatory equipment	Cost	Availability (Yes/No)	If No, proposed budget for procurement
Sanger Sequencing Device	Rs. 45 Lakhs - Rs. 1.80 cr.		
NGS Device*	Upto Rs. 3.0 Cr		
DNA extraction equipment	Rs 4.00 Lakhs – Rs.10 lakh		
Thermal Cycler	Rs 3.00 Lakhs – Rs.6 lakh		
Spectrophotometer	Rs 3.50 Lakhs – Rs.5 lakh		
Gel Electrophoresis	Rs 2.00 Lakhs – Rs.5 lakh		
Additional Equipments as Per Haemoglobinopathy Guidelines	Cost	Availability	
Haemoglobin HPLC equipment for newborn screening by DBS	Rs.40.0 Lakhs		
Isoelectric focusing for newborn screening**	Rs. 15.0 Lakhs		
Haemoglobin HPLC variant system	Rs.43.0 Lakhs		
Capillary Zone Electrophoresis	Rs.37.0 Lakhs		

V. Recurring costs

Machinery	Recurring Cost per year	Proposed Amount – Year 1	Proposed amount – Year 2
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Sanger Sequencer***	4.95 lakhs – 19.8 lakhs		
NGS Device***	13.2 lakhs- 99 lakhs		
DNA extraction equipment	46,800 – 1.17 lakhs		
Thermal cycler	35,000 – 70,000		
Spectrophotometer	38,000- 55,000		
Gel Electrophoresis	22,000 – 55,000		

***NGS device shall only be considered for purchase if Sanger sequencer is available.**

**** Given in the Guidelines on Haemoglobinopathies (pg 99-100)**

***** A maximum amount of Rs. 50,00,000 will be funded for recurring costs for testing subject to the overall limit of Rs. 6.00 Crore Per CoC.**

Signature of the Authorized Signatory with designation, date and contact details

VI. Undertaking (To be signed separately)

The (Name of the Institution) hereby confirms that all costs associated with infrastructure and modifications in infrastructure (if any) and human resources shall be borne by the institution itself. We further understand that the Ministry of Tribal affairs will provide the cost for equipment and recurring cost for testing of Rs. 50,00,000/- subject to the overall limit of Rs. 6.00 Crore per CoC. The maintenance of the equipment, human resources, recurring costs beyond the admissible amount and infrastructure development if any, shall be met with institutional funds. Furthermore, all costs including the recurring (not covered under the Scheme), operations and maintenance ones shall be borne by the institution.

The Institution further affirms that it has the requisite personnel and expertise to operationalize and maintain the CoC.

It further undertakes to function as a hub in its area of operations and provide necessary expert services to strengthen the efforts for management of SCD and prevent its inter-generational transmission towards achieving the objectives of the Mission for Elimination of SCD in India.

Additionally, the institution will submit an annual report on the functioning of the CoC, along with any other reports as requested by the Ministry of Tribal Affairs

**Signature of the Authorized Signatory with designation, date
and contact details**

Note: The undertaking and the format will be signed by the authorized authority of the institution.

Annexure - VII

Format for submissions of proposals

A. Constitution of FRA Cells: (In Districts where FRA is being implemented)

Sno	Name of the District	Number of SDLCs	Number of Blocks	Number of FRA title holders (as on date)	Number of Pending claims (as on date)	Number of Manpower proposed to be Hired and estimated cost of FRA Cell	Total budget	Remarks

B. Target for 1st year:

Sl. No.	Name of the District	Number of recognition and vesting of claims		Number of Pending claims to be reduced		Number of Habitat rights recognition and vesting (if any)	Number of claims to be digitised completely	Number of CFR Management Plan to be prepared	Remarks (if any)
		Ind.	Com.	Ind.	Com.				

Annexure - VIII

CFR Management Plan & Its Execution

A. TOTAL NUMBER OF CFR MANAGEMENT PLAN PROPOSED AND TOTAL BUDGET

Sl	District	Block	Gram Panchayat	Village (where CFR title has been given)	Area recognized under CFR (In Hectares)	Total Households		Total Population		Interventions Proposed (Indicative List of interventions suggested below)	Total Budget (In INR)
						ST	OTFD	Male	Female		
1											
2											
3											
Total											

B. Development of CFR Management Plan

Indicative Activities for which funds may be sought (Max Up to Rs 15,00,000/- per 100 hectares of CFR area)-

Sr. No.	Category	Indicative activities for which funds can be sought	Unit Cost Per Hectare	Total Budget (In INR) (Unit Cost* total area (in hc))
1	Water bodies management and land development	Construction of Masonry/ CC Check Dam/ Bunds using local material. Development of Grasslands/ Bamboo/ including Levelling / shaping of Wasteland / Fallow land and improving Drainage of waterlogged areas Land		
2	Resource Mapping	Mapping of NTFP Resources and demarcation of Area.		
3	Restoration and plantation-creation of Nurseries etc	Nursery Development etc as per requirement		
4	Management and protection of the CFR area	Fire Management, Sustainable Harvesting Protocols of NTFPs, Conservation of Sacred Groves, Wildlife Protection, Grazing regulations etc as per the needs of Gram Sabha		
5	Other Interventions	Any other interventions apart from the above listed ones may be taken up as per the requirement and approval of the concerned Gram Sabha.		

FRAMEWORK OF CFR MANAGEMENT PLAN (Indicative- State can modify depending upon the local conditions and needs)

1) About the Village

1.1 Village Details/De mographic Profile along with details of CFR area

Name of the Village	:
Gram Panchayat	:
Block	:
District	:
Total Population	: Male: Female:
Total Households	: ST: OTFD:
Total CFR area claimed by the Gram Sabha (in Acres) :		
Protected area:..... Revenue area: Date:.....		
Title received in Acres by the Gram Sabha:.....		

1.2 Village History- (Origin, Sociology, culture, etc)

1.3 Current land use pattern of the village e.g. the area under IFR, CFR, CFRR, pastures, water bodies, places of worship, sacred groves, NTFP collection sites, sites available for medicinal plant etc.

2) Attach the sketch Map (Nazri Naxa) of the Community Forest Resource (which they are protecting, conserving and managing traditionally) with clear-cut delineation of the land marks on the boundary.

3) Attach a GIS map clearly touching the landmarks shown in the sketch map. Mention the total area in acres as per the GIS map (Optional)

4) Community Forest Area

4.1 Forest profile

- Densely treed area (as a percentage of total community forest rights) (estimated)
- Open treed area (as a percentage of total community forest rights) (estimated)

- Grassland area (as a percentage of total community forest rights) (estimated)
- Plantation area of Forest Department (as a percentage of total community forest rights) (estimated)
- Barren but rejuvenating area (as a percentage of total community forest rights) (estimated)
- Barren and rocky and non-regenerable areas (as a percentage of total community forest rights) (estimated) Common species of trees, shrubs or grasses: (List of 5 to 10 species)

4.2 Mapping of Forest Resources, Dependence on the resources for socio-economic and cultural purposes

- Resource Mapping, Historical Transect of Forest and Dependency on forest resources
- Area demarcation with CFR (use zone, non-use zone, plantation zone, water zone, reed and bamboo zone, gene pool zone and MFP collection zones, fish breeding zones, etc with Maps),

4.2.1 Forest Dependent Communities and mapping the diversity of interaction with the forest resources

a. Resource Interaction Analysis (Own use/Sale/Commercial Use)

- MFPs and Fish (list of species, how much to collect, where to collect, when to collect),
- Harvesting mechanisms for each MFP and fish,
- Recording of harvest by each right holder,
- Record of sale by each right holder

b. Cultural Interaction with the forest/natural resources

c. Seasonality of forest-based interactions

d. Documentation of Traditional Knowledge System and Cultural

Heritage: The CFRMC shall document the traditional knowledge, cultural values, and customary practices associated with forest, wildlife and biodiversity conservation.

- e. **Mapping of bottlenecks and threats:** The CFRMC shall describe and map out bottlenecks/impediments/problems and significant threats to the CFR area, their reasons, and probable solutions.

(Note: The Gram Sabha will have a detailed open discussion on this and mention the threats it perceives to sustainable forest management. For example as follows)

- a. Pressure from neighbouring villages (Grazing/Collecting wood/Illegal logging/
- b. Prey/Any disputes with neighbouring villages about this?
etc)Contradiction from the village? The pressure? in what way Grazing? Collecting wood chips? Illegal tree felling? Hunting?
- c. Mass fire for Moha or Tendu address? through whom?
- d. Loss of forests due to coupe felling?
- e. Damage to forests due to mining or dams or road development
- f. Degraded or unproductive forest areas resulting in loss of public interest in them?
- g. Degradation of forest areas leading to siltation of village floor or lowering of water table?

(Note: There may be different difficulties for different community areas)

4.3 Rules s Regulations for management and protection of the CFR area/forest

- Rules for collection/harvest (quantity and method)
- Rules for protection and plan (from illegal and unscientific extraction, theft, hunting, quarrying).
- Forest land use
- Fire Management
- Wildlife Protection
- Grazing
- Use of water bodies
- Access to forest produce
- Harvesting protocols for collection of fuel wood, timber, MFPs, etc.
- Benefit Sharing among the members of gram sabha
- Conflict Resolution Mechanisms

- Penalty

4.4 Proposed Interventions under the CFR Management Plan

4.4.1 Plan for Protection of Community Forest Resources

- Plan to ensure sustainable harvesting practices
- Watch & Ward of Community Forest Resources
- Plan to Protect Community Forest from Forest Fire
- Plan to Control Tree Felling and Timber Smuggling
- Plan to protect wildlife
- Plan to protect water resources
- Plan to restrict further conversion of community forest land to private agriculture land
- Plan to protect other commons within community forest area
- Norms, rules C regulations and penalties
- Regular Meeting with Neighboring Gram Sabhas

4.4.2 Plan for Conservation s Regeneration of Community Forest Resources

- Protection of Sacred Groves and Mother Trees
- Specific Plan to manage invasive and extinct species (flora & Fauna)
- Plan to Protect Water Resources and Conserve Rain Water
- Plan for construction of rain water harvesting structures
- Natural Regeneration of Forest Tree Species
- Grazing regulations to support natural regeneration:
- Plan for Plantation of local species and Soil C Water Conservation measures in Devastated Forest Area

Conservation and Management Plan ofVillage

Years : From to

Local name of the forest patch	Area (in acres)	Current land use	Proposed intervention	Amount required (in Rs)	Convergence (Govt. department/ NGOs/ other sources)

4.4.3 Plan for Livelihood Augmentation

- Plan to Enhance Availability of Uncultivated Forest Foods
- Plan for promoting NTFP based livelihood
- Plan to Enhance Availability of Good Quality and Sufficient Fodder
- Plan for Optimum use of Other Commons
- Plan for management of CFR area in a landscape approach for maximum resource optimization

Livelihoods Managements Plan of..... Village

Proposed Years: From: to

Livelihood Options	Activities	No. of Households to be benefitted	Amount required	Convergence (Govt. department/ NGOs/ other sources)

4.5 Budget

Yearly Work Plan and Budget