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Reducing Vulnerabilities

Key social protection schemes from a PLHIV perspective



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Contents

Introduction	1
List of Schemes	3
Social Protection for PLHIV-Analysis of Schemes	
Ministry of Rural Development	45
Ministry of Women and Child Development	52
Ministry of Health and Family Welfare	59
Ministry of Housing and Urban Poverty Alleviation	61
Ministry of Social Justice and Empowerment	63
National Legal Services Authority (NALSA)	64
Ministry of Labour and Employment	66
Department of Food and Public Distribution	67
Other Ministries	69

Introduction

India has about 2.25 million people living with HIV, with an adult prevalence of 0.31% in 2009. There is a steady decline in prevalence over the years from 0.41% in 2000 through 0.36% in 2006 to the current level in 2009. This trend is an outcome of effective strategies of programming in the last 3 decades in the country. At the same time the coping capacities of PLHIV to the social and economic impacts of HIV continue to challenge the uptake of prevention as well as treatment services. Impact challenges relate to, among others, job security, poor access to health care facility, low access to nutritional support and education for children. Studies have shown that stigma and discrimination related to HIV severely impedes access of PLHIVs to livelihood options and treatment access minimising the opportunities to earn and remain healthy. There is, thus, a need for creative response to ensure that PLHIV have access to many of these critical needs for their sustenance.

According to the 2006 UNDP NACO NCAER study average HIV household income is lower by 34% than non-HIV households. It is also evident that HIV widow households are economically worse off than other HIV households with lower incomes, poorer living conditions, fewer amenities at home with higher borrowings or asset liquidation. Close to 40% of adults living with HIV, in the country are women, of whom 43% live alone without any kind of assets and support systems. It is clear that there is an urgent need to protect people living with HIV, especially women, from further socio-economic shocks. Social Protection schemes play a crucial role in helping PLHIV in managing such shocks.

Social Protection refers to public interventions to assist individuals, households and communities to manage risk better and that provide support to the critically poor.¹ National AIDS Control Programme in India, with technical support from UNDP, has been focusing on improving access of the PLHIV to the existing social protection schemes. Efforts have been made to adapt the existing schemes to include PLHIV (HIV-sensitive) as well as to initiate new schemes that directly address the issues of PLHIV (HIV-specific).

¹ From Safety Net to Springboard - Social Protection Sector Strategy; World Bank 2001

This document is an effort to put together a list of key social protection schemes that could be accessed by the PLHIVs in India. The schemes have been categorised as preventive, protective and promotive measures based on the following understanding:

Preventive - seek to avert deprivation and deal directly with poverty alleviation. They include social insurance for economically vulnerable groups and, in agriculture, strategies of crop or income diversification.

Protective - provide relief from deprivation. Examples include social assistance for those unable to work and pensions. Other protective measures can be classified as social services, such as free health services.

Promotive - aim to enhance real incomes and capabilities, which is achieved through a range of livelihood enhancing programmes targeted at households and individuals, such as micro-finance.

The latter section contains information and analysis of some key schemes.²

² This analysis was done by PWN+, the national organisation of WLHIV, with support from UNDP and Swasti, and presented to the Planning Commission in June 2011. This summary derives the issues, challenges and recommendations from the experiences of WLHIV in accessing the schemes.

List of schemes



Schemes that can be accessed by PLHIV

Schemes Implemented Centrally

Preventive Schemes							
Sl. No.	Name of Scheme	Ministry/Dept responsible	Beneficiaries	Provisions of Scheme	Modification		Web Link
					Done (Details)	Required/Recommendation	
1	Gram Priya (Rural Postal Life Insurance Scheme)	Ministry of Communication and Information Technology	Rural person between 19-45 years of age	<p>Life insurance in the rural areas. Assurance to the extent of Sum Assured with accrued bonus payable till completion of ten years.</p> <p>No interest charged upto one year arrear of premia in case of natural calamities like flood, drought, earthquake, cyclone etc.</p> <p>Survival benefit : At the end of 4 years - 20%; 7 years - 20%; 10 years - 60% with accrued bonus</p>	Not Done	<ul style="list-style-type: none">● Age relaxation for PLHIV to access the scheme.● Sensitisation to the scheme officials on the issues of PLHIV● Linking DLNs and NGOs to the scheme and to work with PLHIVs to access the scheme	http://www.indiapost.gov.in/Netscape/GramPriya.html
2	Gram Sumangal (An Anticipated Endowment Assurance Scheme)	Ministry of Communication and Information Technology	Individuals in rural areas between 19-40 years	<p>Insurance to persons between 19-40 years of age to provide endowment Survival Benefit paid periodically Maximum sum assured is 1 Lakh</p>	Not Done	<ul style="list-style-type: none">● Age relaxation for PLHIV to access the scheme.● Sensitisation to the officials on the issues of PLHIV● Linking DLNs and NGOs to the and to work with PLHIVs to access the scheme	http://www.indiapost.gov.in/Netscape/GramSumangal.html
3	Gram Suvidha (Convertible Whole Life Assurance Scheme)	Ministry of Communication and Information Technology	Individuals in rural areas between 19-45 years	<p>A Convertible Whole Life Assurance Scheme. The scheme can be availed by contacting the department of posts</p> <p>Benefits:</p> <ul style="list-style-type: none">● Maximum sum assured INR 1 lakh● Insurance cover starts from the date of acceptance● Payment of premia for at least 5 years● Eligible for loan after payment of premia for 48 months● Interest on loan @ 10 %● Surrender of Policy allowed after payment of premia for 36 months	Not done	<ul style="list-style-type: none">● Age relaxation for PLHIV to access the scheme.● Sensitisation to the scheme officials on the issues of PLHIV● Linking DLNs and NGOs to the scheme and to work with PLHIVs to access the scheme	http://www.indiapost.gov.in/Netscape/GramSuvidha.html

Sl. No.	Name of Scheme	Ministry/Dept responsible	Beneficiaries	Provisions of Scheme	Modification		
					Done (Details)	Required/Recommendation	Web Link
4	Gram Suraksha (Whole Life Assurance Scheme)	Ministry of Communication and Information Technology	Individuals in rural areas between 19-55 years	<ul style="list-style-type: none"> Assignment facility available Can be converted into Gram Santosh (Endowment Assurance) Nomination facility available <p>It is a Whole Life Assurance Scheme. Under this scheme, the proponent is given an assurance to the extent of sum assured and accrued bonus which is paid to the assignee, nominee or legal heir after the death of the insured.</p> <p>Benefits:</p> <ul style="list-style-type: none"> Insurance cover starts from the date of acceptance For policies with sum assured beyond INR 1 lakh the maximum age at entry is 45 years Premium ceasing at the age of 55, 58 & 60 Maximum sum assured is INR 2 lakh Eligible for loan after payment of premium for 48 months Interest rate @ 10% on loan Surrender of policy allowed after payment of premium for 36 months Assignment facility available Can be converted into Gram Santosh (Endowment Assurance) Nomination facility available 	Not done	<ul style="list-style-type: none"> Age relaxation for PLHIV to access the scheme. Sensitisation to the scheme officials on the issues of PLHIV Linking DLNs and NGOs to the scheme and to work with PLHIVs to access the scheme 	http://www.indiapost.gov.in/Netscape/GramSuraksha.html
5	Gram Santosh (An Endowment Assurance Scheme)	Ministry of Communication and Information Technology	Individuals in rural areas between 19-55 years	<p>An Endowment Assurance Scheme. Under this scheme the proponent is given an assurance to the extent of the Sum Assured and accrued bonus till he/she attains the pre-determined age of maturity.</p> <p>In case of unexpected death of the insured, the assignee, nominee or the legal heir is paid the full Sum Assured together with the accrued bonus.</p>	Not done	<ul style="list-style-type: none"> Age relaxation for PLHIV to access the scheme. Sensitisation to the scheme officials on the issues of PLHIV Linking DLNs and NGOs to the scheme and to work with PLHIVs to access the scheme 	http://www.indiapost.gov.in/Netscape/GramSantosh.html

Sl. No.	Name of Scheme	Ministry/Dept responsible	Beneficiaries	Provisions of Scheme	Modification	
					Done (Details)	Required/Recommendation
				<ul style="list-style-type: none">For policies with sum assured beyond INR 1 lakh maximum age at entry is 45 yearsPayment of premia for at least 5 yearsMaximum Sum Assured of INR 2 lakhInsurance Cover starts from the date of acceptanceEligible for loan after payment of premia for 36 months.Interest Rate @ 10% on loanSurrender allowed after payment of premia for 36 months assignment facility availableCan be converted into Suraksha (Whole Life Assurance)No medical examination required if age is 35 years or less and Sum Assured is not more than INR 25000/-Nomination facility is available		
6	Dr. Ambedkar Medical Aid	Ministry of Social Justice and Empowerment	Families belonging to SC community with income less than 50,000 per annum	Provision: Medical treatment facility to the patients suffering from serious ailments related to Kidney, Heart, Liver, Cancer and Brain or any other life threatening diseases including Knee surgery and Spinal surgery, at all Government hospitals and designated hospitals where surgery or treatment facility for such diseases is available	Not Done	<ul style="list-style-type: none">Include HIV infection as a life-threatening condition;Till then, preference given to PLHIV who meet the criteria.Sensitisation of key providers about the need to maintain confidentialityDevelop protocols to ensure that the confidentiality of PLHIV is maintained
						http://www.ambedkarfoundation.nic.in/html/medical.htm

Sl. No.	Name of Scheme	Ministry/Dept responsible	Beneficiaries	Provisions of Scheme	Modification		
					Done (Details)	Required/Recommendation	Web Link
7	Rashtriya Swasthya Bima Yojana	Ministry of Labour and Employment	Below poverty line families upto five members	<p>This is a health insurance for BPL families with coverage for upto five members.</p> <ul style="list-style-type: none"> Minimal premium has to be paid. The status of being a BPL family needs to be confirmed Enrollment is through a survey and enrollment exercise by the MOLE <p>Benefits:</p> <ul style="list-style-type: none"> Health insurance cover of Rs. 30,000 per annum for the coverage of costs of both in-patient health care services and day care procedures that do not require hospitalisation. 	Not done	<ul style="list-style-type: none"> Automatic inclusion of PLHIV as beneficiaries irrespective of BPL status. Once done, Ensure confidentiality while placing the name of beneficiaries with Gram Sabha. Sensitise key providers about the need to maintain confidentiality. Develop protocols to ensure that the confidentiality of PLHIV is maintained. Enrollment through the DLN to improve coverage and protect identity 	http://www.rsbj.gov.in/
Protective							
1	Indira Gandhi National Widow Pension Scheme (IGNWPS)	Ministry of Rural Development	Widows aged 40-64 years of age; from a household below the Poverty Line.	<p>Benefits:</p> <ul style="list-style-type: none"> The pension amount is Rs. 200 per month per beneficiary; state governments are urged to provide equal amount. The pension is to be credited into a post office or public sector bank account of the beneficiary. Discontinued in case of remarriage or once the widow moves above the poverty line. 	Changes for PLHIVs have been introduced in several states like Nagaland, Delhi, Bihar, Andhra Pradesh etc	<ul style="list-style-type: none"> Include PLHIV within the scheme as a special category beneficiary and remove the age limit. (This has been successfully done in the state of Nagaland) Increase the amount received, as Rs. 200 is a very little amount Make the procedures simple, less stigmatising for PLHIV – if their status has to be revealed. 	http://nsap.nic.in/Guidelines/guidelines%20on%20IGNWPS%2030sep09.pdf
2	Indira Gandhi National Old Age Pension Scheme (IGNOAPS)	Ministry of Rural Development	<ul style="list-style-type: none"> All persons of 65 years and above belonging to below the poverty line 	<p>Benefits:</p> <ul style="list-style-type: none"> Rs. 200 per month per person 	Not done	<ul style="list-style-type: none"> Reduction of the age criteria for PLHIV 	http://nsap.nic.in/Guidelines/modifications%202007.pdf

Sl. No.	Name of Scheme	Ministry/Dept responsible	Beneficiaries	Provisions of Scheme	Modification		
					Done (Details)	Required/Recommendation	Web Link
			<ul style="list-style-type: none"> • Destitute persons who do not have any kind of source of income 				
3	Indira Gandhi National Disability Pension Scheme (IGNDPS)	Ministry of Rural Development	<ul style="list-style-type: none"> • Disabled person suffering from severe or multiple disabilities; and • Between 18-64 years of age; and • Belonging to Below Poverty Line 	Benefits: <ul style="list-style-type: none"> • Rs. 200 per month per person by the Central Government • State government is also urged to contribute the equal amount • The pension is to be credited into a post office or public sector bank account of the beneficiary 	Not done	<ul style="list-style-type: none"> • Include PLHIV in the pension scheme as special group and remove the age limit for them • Make the procedures simple, less stigmatising for PLHIV – if their status has to be revealed 	http://nsap.nic.in
4	National Family Benefit Scheme (NFBS)	Ministry of Rural Development	<ul style="list-style-type: none"> • Families living under Below the Poverty Line; at the • Death of the breadwinner while s/he is 18-64 years of age 	Benefits: <ul style="list-style-type: none"> • Rs. 10,000 one time grant 	Not done	<ul style="list-style-type: none"> • All widows of PLHIV should be eligible automatically irrespective of BPL status. • Make the procedures less stigmatising for PLHIV – if their status has to be revealed. • Easier and hassle-free documentation criteria – affidavit or death certificate should be enough. • Speedy approval and disbursement of entitlement. 	http://nsap.nic.in

Sl. No.	Name of Scheme	Ministry/Dept responsible	Beneficiaries	Provisions of Scheme	Modification		
					Done (Details)	Required/Recommendation	Web Link
5	Antyodaya Anna Yojana	Prime Ministers Relief fund	Destitute and families below the poverty line	Provision of food grains through the public distribution system. The beneficiaries need to enroll through the panchayat or the PDS Provision of foodgrains at a highly subsidised rate of Rs.2/ per kg. for wheat and Rs. 3/ per kg for rice	Attempts are being made to modify this through list generated by SACS and DLIN	<ul style="list-style-type: none"> Inclusion of PLHIV as beneficiaries without being stigmatised There is a provision for - Households headed by widows or terminally ill persons - PLHIVs household should be included within this category 	http://fcamin.nic.in/dfpd_html/aay.htm
6	Annapurna Scheme	Ministry of Rural Development	Senior citizens uncovered under the National Old Age Pension Scheme (NOAPS) despite being eligible for the scheme.	Benefits: <ul style="list-style-type: none"> 10 Kg of food-grains per month; free of cost 	Not done	<ul style="list-style-type: none"> Reduction of the age criteria for PLHIV 	http://fcamin.nic.in/dfpd/EventDetails.asp?EventId=156&Section=Welfare%20scheme&ParentID=0&Parent=1&check=0
7	Mahatma Gandhi National Rural Employment Guarantee Scheme	Ministry of Rural Development	<ul style="list-style-type: none"> Any person who is above the age of 18; and Resides in rural areas; and Volunteering to do unskilled manual work 	Benefits: <ul style="list-style-type: none"> Guarantees 100 days of wage-employment in a financial year Workers are to be paid weekly, or in any case not later than a fortnight Payment of wages is to be made directly to the person concerned in the presence of independent persons of the community on pre-announced dates. If work is not provided within 15 days, applicants are entitled to an unemployment allowance: one third of the wage rate for the first thirty days, and one half thereafter. Workers are entitled to various facilities at the work site such as clean drinking water, shade for periods of rest, emergency health care, and child-minding. 	Modification reported - providing lighter jobs for PLHIVs	<ul style="list-style-type: none"> Sensitise NREGA officials to the issues of PLHIV Provision of softer jobs to PLHIVs and add PLHIV as a special category beneficiary within the . Panchayats to be made aware of such provision. In case PLHIVs have no access to soft work – should have access to daily unemployment allowance. Soft work – should be defined in consultation with NACO and network of PLHIV. Women living with HIV should be given preferential allocation for work to ensure steady income. 	http://nrega.nic.in/netnrega/home.aspx

Sl. No.	Name of Scheme	Ministry/Dept responsible	Beneficiaries	Provisions of Scheme	Modification		
					Done (Details)	Required/Recommendation	Web Link
8	Short Stay Home for Women and Girls	Ministry of Women and Child Development	Destitute women, girls, children	Short duration shelter for women/girls/ children who have been forced into prostitution, leave their homes without any means of subsistence and have no social protection from exploitation and are facing litigation on account of marital disputes, sexually assaulted, victims of mental maladjustment, emotional disturbances and social ostracism, those who escape from their homes due to family problems, mental/physical torture and need shelter, psychiatric treatment and counselling for their rehabilitation and re-adjustment in family/society.	Not done	<ul style="list-style-type: none"> PLHIV on ART should be given short breaks periodically during the day, if needed. Special short stay homes are required for WLHIV and other homeless/ destitute women – apart from the existing facilities which are meant only for those who are arrested/ rescued. Wider awareness about this scheme and the services that are offered here is needed. Staff and other inmates of short stay homes need to be sensitised about issues regarding confidentiality, care and support to ensure stigma free environment. Increase the stipend for WLHIV inmates. Introduce treatment support for PLHIV inmates for OI and link to ART centre 	http://wcd.nic.in/s/us13.html
9	Janani Suraksha Yojana	National Rural Health Mission (NRHM)	All pregnant women belong to BPL households and of the age of 19 years or above or up to two live births	<p>The focus of this scheme is to increase institutional deliveries by pregnant women in the country.</p> <p>Registration by the ASHA or AWW</p> <p>Benefits:</p> <ul style="list-style-type: none"> Cash incentives of Rs. 1,000 to mothers for institutional delivery Pre- and ante-natal care 	Attempts in accessing the for PLHIV pregnant women	<ul style="list-style-type: none"> Focused efforts at increasing awareness among PLHIV women about benefits of JSY and how to access the scheme. Departmental linkages and collaboration with DLN to promote early ANC registration of PLHIV pregnant women. 	http://mohfw.nic.in/janani_suraksha_yojana.htm

Sl. No.	Name of Scheme	Ministry/Dept responsible	Beneficiaries	Provisions of Scheme	Modification		
					Done (Details)	Required/Recommendation	Web Link
						<ul style="list-style-type: none"> • Early registration during pregnancy will ensure HIV testing and reduce the risk of Parent to child transmission. • Involvement of WLHIV in the designing and implementation of the scheme . • Like in the northern states, the benefits of JSY through accredited private sector facilities be extended to the entire country. • Sensitise ANMs and ASHA's to the issues of PLHIV pregnant women and training on caring for infected pregnant women and lactating mothers. • Sensitise health care workers (doctors, nurses) in PHC, CHC and District Hospitals to the issues of PLHIV and training them in Universal Precaution. 	
Promotive							
1	Swarnajayanti Gram Swarozgar Yojana (SGSY)	Ministry of Rural Development	<ul style="list-style-type: none"> • Families below poverty line (BPL) • 50% of the benefits reserved for Scheduled Caste/ Scheduled Tribe; 40% 	Benefits: <ul style="list-style-type: none"> • Assistance for self employment • Bank credit • Government subsidy • Training for several enterprises 	Not done	<ul style="list-style-type: none"> • Include PLHIV as a beneficiary group in the scheme and support formation of SHGs of women who are infected. • PWN/women resource centres should become mother-NGO and get assistance for support to and monitoring of WLHIV groups. 	http://rural.nic.in/book001-02/ch-6.pdf

Sl. No.	Name of Scheme	Ministry/Dept responsible	Beneficiaries	Provisions of Scheme	Modification		Web Link
					Done (Details)	Required/Recommendation	
			for women; 3% for disabled persons			<ul style="list-style-type: none"> Improve access to credit facility, ensuring confidentiality and without being stigmatised. Focused training and skill building support for initiating income generation activities – given their physical and health condition. Sensitise Block SGSY Committee, Banks and DRDAs to the issues and needs of PLHIV. Block SGSY committee, while selecting the activities for funding, to give priority to PLHIV groups. Waive minimum duration for accessing of scheme. Relaxation of collateral requirement for WLHIV. SGSY should recognise that WLHIV are bankable and have used other sources for funding which have worked. 	
2	Swarna Jayanti Shehri Rozgar Yojana	Department of Urban Development	Individuals, groups, BPL families in urban areas	The scheme is implemented through the medium of Urban Local Bodies (ULBs) and community structures. It has five major components, namely, Urban Self Employment Program (USEP), Urban Women Self-help Program (UWSP), Skill Training for Employment Promotion amongst Urban Poor (STEP-UP), Urban Wage Employment Program (UWEP), Urban Community Development Network (UCDN).	Not Done	<ul style="list-style-type: none"> Include PLHIV as a beneficiary group in the scheme and support formation of SHGs of women who are infected. Priority to PLHIV Minimum qualification of 9th Standard should be removed for PLHIV 	http://muda.nic.in/SJSRY.htm ; http://mhupa.gov.in/w_new/SJSRYAdmnMechanism-OperationalGuidelines-2009-2010.pdf

Sl. No.	Name of Scheme	Ministry/Dept responsible	Beneficiaries	Provisions of Scheme	Modification		
					Done (Details)	Required/Recommendation	
				Benefits: <ul style="list-style-type: none">Assistance to individual or groups of urban poor beneficiaries for setting up gainful self employment ventures.skill development and training to enable the urban poor have access to employment opportunities provided by the market or undertake self-employmentEmpowering the community to tackle the issues of urban poverty through suitable self-managedTraining of beneficiaries, potential beneficiaries and other persons associated with the urban employment programme for up gradation and acquisition of vocational and entrepreneurial skills.	<ul style="list-style-type: none">Improve access to credit facility, ensuring confidentiality and without being stigmatised.Focused training and skill building support for initiating income generation activities – given their physical and health condition.	Web Link	
3	Rajiv Gandhi Udyami Mitra Yojana (RGUMY)	Ministry of Micro, Small and Medium Enterprises	First Generation Entrepreneurs	<p>A Scheme of “Promotion and Handholding of Micro and Small Enterprises”</p> <p>Financial assistance is provided to the selected lead agencies i.e. Udyami Mitras (as per) for rendering assistance and handholding support to the potential first generation entrepreneurs such as:</p> <ul style="list-style-type: none">Provide information, support, guidance and assistance to first generation entrepreneurs as well as other existing entrepreneurs in setting up and running of an enterprise including setting up the firm, proposal development, bank loan, construction of work shed/office, forward/backward linkages, machineryOnce the enterprise has been successfully set up, the Udyami Mitras would also	Not done	<ul style="list-style-type: none">NACO should initiate formal dialogue with Ministry of Micro, Small and Medium Enterprise to provide various entrepreneurial skill building support for the PLHIV groups (SLN, DLN)Initiate sensitisation training for the service providers of MSME Udyami Helpline (particularly in high prevalent states) to the issues of PLHIV - this will enable them to provide right support to PLHIVs and respond to their queries appropriately.	http://rgumy.nic.in/RGUMY_English_booklet_Revised.pdf

Sl. No.	Name of Scheme	Ministry/Dept responsible	Beneficiaries	Provisions of Scheme	Modification		
					Done (Details)	Required/Recommendation	Web Link
				<ul style="list-style-type: none">Monitor and follow up on the functioning of the enterprise for a further period of minimum 6 months and provide help in overcoming various managerial, financial and operational problemsGuide them regarding various promotional schemes of the Government		<ul style="list-style-type: none">NGOs already involved in skill training of PLHIV should be recommended to be selected as Udyami Mitra under this scheme	
4	Support to Training and Employment Programmes for Women (STEP)	Ministry of Women and Child Development	Women	Benefits: <ul style="list-style-type: none">Group formationSkill up-gradationAccess to creditFacilitates women's groups to take up employment-cum-income generation programmes of their own (including backward and forward linkages).Support servicesHealth check-ups, referral services, mobile crèches and educational facilities	Not done	<ul style="list-style-type: none">Relax selection criterion and extend programme to include all women and girls living with HIV to enable them to develop skills, avail of employment opportunities and become independent.	http://wcd.nic.in/s/step_scheme .pdf
5	Financing Purchase of Land for Agricultural Purposes	Ministry of Rural Development NABARD	<ul style="list-style-type: none">Small and marginal farmers who would own maximum of non- irrigated landShare croppers / Tenant farmers	Objective: <ul style="list-style-type: none">To make the small and marginal holdings economically viableTo bring fallow lands and waste lands under cultivationTo step up agricultural production and productivityTo finance the share croppers / tenant farmers to purchase land to enable them to increase income Benefits: <ul style="list-style-type: none">Loan/financing to purchase, develop and cultivate agricultural and fallow/ waste lands	Not Done	<ul style="list-style-type: none">Landless PLHIV farmers to be provided with credit support for purchase of land for cultivation.Preference to be given to WLHIV to access the loan for purchase of land.	http://www.nabard.org/farm_sector/land_pur.asp

Sl. No.	Name of Scheme	Ministry/Dept responsible	Beneficiaries	Provisions of Scheme	Modification		
					Done (Details)	Required/Recommendation	Web Link
6	National Backward Classes Finance and Development Corporation	Ministry of Social Justice and Empowerment	Members of Backward Classes living below double the poverty line	<p>Objective to promote economic and developmental activities for the benefit of Backward Classes and to assist the poorer section of them classes in skill development and self employment ventures.</p> <ul style="list-style-type: none">Eligible persons desirous of obtaining assistance under NBCFDC schemes should contact the Distt. Collector or Distt. Manager/Officer of respective SCAs. <p>Benefits:</p> <ul style="list-style-type: none">Assistance in skill development and self-employment under following broad sectors:<ul style="list-style-type: none">Agriculture and Allied ActivitiesSmall BusinessArtisan and Traditional OccupationTechnical and Professional Trades/ CoursesTransport and Service Sector etc.Financial assistance at concessional rate of Interest including micro-financing through State Channelising Agencies (SCAs) /SHGs.	Not done	<ul style="list-style-type: none">PLHIVs should be added to the beneficiary list - even if not within BPL listCertification of eligibility can be forwarded by DAPCU to District Collector on the financial condition and need for support for each applicant	http://nbcfdc.org.in
7	National Scheduled Castes Finance & Development Corporation	Ministry of Social Justice and Empowerment	Persons belonging to the Scheduled Castes families living below double the Poverty Line	<p>NSFDC is an institution under Ministry of Social Justice & Empowerment, Government of India for financing, facilitating and mobilising funds for the economic empowerment of persons belonging to the Scheduled Castes families living below Double the Poverty Line. NSFDC finances income generation schemes for the target group through the State</p> <p>Benefits:</p> <ul style="list-style-type: none">Concessional finance for setting up of self-employment projectsSkill-training grants	Not done	<ul style="list-style-type: none">SC PLHIV who do not fall within double the poverty line requirement should be included.Certification of eligibility should be made by the DAPCU District Officer.	http://nsfdc.nic.in/

Sl. No.	Name of Scheme	Ministry/Dept responsible	Beneficiaries	Provisions of Scheme	Modification		
					Done (Details)	Required/Recommendation	Web Link
8	Legal Aid Clinics	NALSA	Individuals	<p>Legal Aid Clinics are intended to provide legal relief easily accessible to the indigenous and backward sections of the society. A lawyer manning the legal aid clinic provides legal services to the people.</p> <p>Benefits:</p> <ul style="list-style-type: none"> • Legal advice • Assistance in drafting of notices, replies, applications, petitions, etc. 	<p>Legal Aid Clinics are attempted through DLNs in couple of states - mostly focused on education on rights and support in accessing legal support</p>	<ul style="list-style-type: none"> • Make legal issues of PLHIV a focus area within NALSA with a focal point looking into the issues and possible interpretations of law in favour of PLHIV. • Training of judiciary including judges, lawyers and paralegal staff on issues of PLHIV (refer NALSA article 1987 Sec 16b). • PLHIV need to be provided with free legal awareness about rights and entitlements through awareness building initiatives. • Train/Engage PLHIV as paralegal workers. • Involve Women Resource Centre/District Level Network (DLN)/positive women representatives in the outreach for legal aid support to PLHIV. • Speedy redressal of cases/petitions through mechanisms including existing ones like Lok Adalats. 	http://upsalsa.up.nic.in/%20for%20Legal%20Aid%20Clinic.pdf
9	Indira Awas Yojana	Ministry of Rural Development	<p>People below poverty line living in rural areas</p> <p>The order of priority for selection of beneficiaries</p>	<p>The objective of the Indira Awas Yojana is primarily to help construction/up gradation of dwelling units in rural areas. Indira Awas Yojana is a Centrally Sponsored scheme funded on cost-sharing basis between the Government of India and the State Governments in the ratio of 75:25</p>	Not Done	<ul style="list-style-type: none"> • Include PLHIV within the scheme as a special category beneficiary • Make the procedures simple, less stigmatising for PLHIV – if their status has to be revealed. • Grant release be reduced to two installments to avoid delays in release. 	http://rural.nic.in/rh.htm

Sl. No.	Name of Scheme	Ministry/Dept responsible	Beneficiaries	Provisions of Scheme	Modification	
					Done (Details)	Required/Recommendation
			amongst target group below poverty line is as follows: (i) Freed bonded labourers (ii) SC/ST households who are victims of atrocities (iii) SC/ST households, headed by widows and unmarried women. (iv) SC/ST households affected by flood, fire, earthquake, cyclone and similar natural calamities. (v) Other SC/ST households. (vi) Non- SC/ST households. (vii) Physically handicapped. (viii) Families/ widows of personnel of defence services / para-military forces, killed in action.	<ul style="list-style-type: none">Selection of beneficiaries under IAY is done from the permanent IAY wait list prepared out of the BPL Lists and approved by the Gram Sabha.Allotment of houses should be in the name of female member of the beneficiary household. Alternatively, it can be allotted in the name of both husband and wife. <p>Benefits:</p> <ul style="list-style-type: none">Rs.45,000/- per unit for plain areas & Rs.48,500/- for hilly areas - new construction of house.For up-gradation of kutcha house to pucca - Rs.15,000/-Provides homestead sites to rural BPL HHs who landless	<ul style="list-style-type: none">Ensure that houses are not allotted for PLHIV in isolation from others and not demarcates with a name (such as Beggars Colony for beggars).	Web Link

Sl. No.	Name of Scheme	Ministry/Dept responsible	Beneficiaries	Provisions of Scheme	Modification	
					Done (Details)	Required/Recommendation
			(ix) Displaced persons on account of development projects, nomadic semi nomadic and de-notified tribals, families with disabled members and internal refugees, subject to the households being below poverty line.			
10	Rajiv Awas Yojana	Ministry of Urban Development	Slum Dwellers, urban poor	Benefits: <ul style="list-style-type: none"> The occupied land or a part thereof is allocated to the slum-dwellers to enable them to have access to housing and basic amenities. 	Not done	<ul style="list-style-type: none"> Include PLHIV as one of the beneficiary groups and prepare guidelines to help them access the scheme . Support in possible loans for PLHIV who cannot afford the cost. Link up with DLN and local NGOs working with PLHIVs to identify and support PLHIV in accessing the scheme . Application and allotment process to respect confidentiality of the PLHIV; Careful allotment to ensure that all PLHIV are not allotted houses together which will lead to stigma and ghetto-ising.
						https://innurmmis.nic.in/innurm_hupa/innurm_RAY%20Guidelines-%20English.pdf

Sl. No.	Name of Scheme	Ministry/Dept responsible	Beneficiaries	Provisions of Scheme	Modification		
					Done (Details)	Required/Recommendation	Web Link
11	Integrated Child Development Scheme	Ministry of Women and Child Development	<ul style="list-style-type: none"> Children below 6 years Pregnant and lactating women Women in the age group of 15 to 44 yrs 	<p>The ICDS is the largest programme for promotion of maternal and child health and nutrition in India and the world. The program provides an integrated approach for converging all the basic services for improved childcare, early stimulation and learning, health and nutrition, water and environmental sanitation aimed at the young children, expectant and lactating mothers, other women and adolescent girls in a community.</p> <ul style="list-style-type: none"> Enrollment to the scheme is through the Anganwadi Centre <p>Objective</p> <p>To improve the nutritional and health status of children in the age-group 0-6 years;</p> <p>To lay the foundation for proper psychological, physical and social development of the child;</p> <p>To reduce the incidence of mortality, morbidity, malnutrition and school dropout;</p> <p>To achieve effective co-ordination of policy and implementation amongst the various departments to promote child development; and</p> <p>To enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.</p>	Not done	<ul style="list-style-type: none"> Additional nutritional support (iron and protein rich) to girls and children living with HIV. Adequate sensitisation and skill building for AWW and helpers in AWC on issues of PLHIV. Sensitisation efforts among key stakeholders and in the community on issues of PLHIV and work on myth and misconception that will reduce stigma and discrimination. In villages where the number of PLHIV is high, AWC can become an outreach support for various services under NACP - like following up for antiretroviral treatment, referring known cases of high risk to Integrated Counselling and Testing Centres and STI clinics, etc. 	http://wcd.nic.in/icds.htm
12	Implementation of Kasturba Gandhi Balika Vidyalaya	Ministry of Human Resource Development	Girl Child from SC, ST, OBC and minorities	Setting up residential schools with boarding facilities at elementary level to ensure access and quality education to the girls of disadvantaged groups of society belonging predominantly to the SC, ST, OBC and minorities in those	Not done	<ul style="list-style-type: none"> Scheme eligibility to expand to include infected or affected girl child. Sensitisation of the staff within the school as well as officials in the 	http://www.education.nic.in/kgbv_guidelines.asp

Sl. No.	Name of Scheme	Ministry/Dept responsible	Beneficiaries	Provisions of Scheme	Modification		
					Done (Details)	Required/Recommendation	Web Link
				identified Educationally Backward Blocks (EBBs) where, as per census data of 2001, the rural female literacy is below the national average and gender gap in literacy is more than the national average. Mahila Samakhya (MS) Society in states and SSA society can be contacted for availing this scheme.		department as well as within SSA and MS to be intensified to ensure confidentiality and non stigmatised environment for the infected or affected child in the residential school.	
13	District Primary Education Programme	Ministry of Human Resource Development	Children of remote small habitations	The programme is focused on infrastructure development and improving gross enrollment ratio, reduction in drop out rate and provide quality education to facilitate essential levels of learning. The applicant for the programme has to contact the collector of their respective districts.	Not done	<ul style="list-style-type: none"> Include options for scholarship support to infected/affected children 	http://www.educationforallindia.com/page81.html
14	Sarva Shiksha Abhiyan	Ministry of Human Resource Development	Children between 6-14 years	Aims to provide universal elementary education. Can be availed through nearest government school in the village Benefits: <ul style="list-style-type: none"> Free schooling 	Not done	<ul style="list-style-type: none"> Children infected or affected by HIV to be included in the special groups that are supported with school fees, books, uniform, etc. Sensitise the school authorities as well as community around the school on issue of children affected by HIV. Efforts should be made through the scheme to fight stigma and discrimination against children infected or affected by HIV. 	http://education.nic.in/ssa/ssa_1.asp#1.0

Sl. No.	Name of Scheme	Ministry/Dept responsible	Beneficiaries	Provisions of Scheme	Modification	
					Done (Details)	Required/Recommendation
15	Dr. Ambedkar National Merit Scholarship Scheme for Meritorious Students of Scheduled Castes/ Scheduled Tribes	Ministry of Social Justice and Empowerment	<ul style="list-style-type: none"> Students who belong to Scheduled Castes (SC) or Scheduled Tribe(ST), Whose family income from all sources is not be more than Rs. 1.00 lakh in the preceding financial year, Who have appeared in any of the recognised State/Central Board of Secondary Education and scored not less than 50% marks in the aggregate in the Secondary Certificate Examination. 	<p>Scheme to recognise merit and encourage and motivate students, it is proposed to provide a one-time cash award to the meritorious students of Scheduled Caste (SC) and Scheduled Tribe (ST) for pursuing higher studies.</p> <p>Benefits:</p> <ul style="list-style-type: none"> One time award given to three students scoring highest marks in the regular Class X level examination conducted by the Education Board/Council. This will be separate for Scheduled casts and Scheduled Tribes. In case none of the first three eligible students are girls, the girl student scoring the highest marks will get a special award. (Rs. 60,000/- for highest, 50,000/- for II, 40,000/- for III and 40,000/- for girl student scoring highest in case she does not figure in the first three categories) Four awards for each of the 26 Boards i.e., 104 awards for SC and ST each. In the case of more than one student getting the same marks, the number of awards would be suitably increased for covering all such eligible students. 250 special merit scholarship @ Rs.10,000/- each will be given to SC/ST students securing next highest marks, after first, second and third position. This award would be over in addition to any other scholarship/award that the student may get from other sources. 	Not done	<ul style="list-style-type: none"> Children affected or infected by HIV and belonging to SC/ST should have waiver of income eligibility to access the scheme. Percentage of marks should be relaxed to 40% for them.
						<p>Web Link</p> <p>http://www.ambedkarfoundation.nic.in/html/nms.htm</p>

Sl. No.	Name of Scheme	Ministry/Dept responsible	Beneficiaries	Provisions of Scheme	Modification	
					Done (Details)	Required/Recommendation
16	Dr. Ambedkar National Merit Scholarship Scheme for meritorious students, of Higher Secondary Examination belonging to Scheduled Caste	Ministry of Social Justice and Empowerment	<ul style="list-style-type: none"> Students who belong to Scheduled Castes (SC), Whose family income from all sources is not be more than Rs. 1.00 lakh in the preceding financial year, Who have appeared in any of the recognised State/Central Board of Secondary Education Examination, Council for the Indian School Certificate Examination and National Institute of Open Schooling and scored not less than 50% marks in the aggregate in the Senior Secondary Certificate Examination. 	<p>Scheme to recognise merit and encourage and motivate students, it is proposed to provide a one-time cash award to the meritorious students, belonging to Scheduled Castes(SC) for enabling them to pursue higher studies.</p> <p>Benefits:</p> <ul style="list-style-type: none"> One time award given to three students scoring highest marks in the regular Class XII level examination conducted by the Senior Secondary Board/Council in 4 streams viz, Arts, Science (separate for Maths & Science) and Commerce. (Rs. 60,000/- for highest, 50,000/- for II and 40,000/- for III. 12 awards for each of the 29 Boards (including 3 all India Boards). In the case of more than one student getting the same marks, the number of awards would be suitably increased for covering all such eligible students. After first the positions of merit, the next three girl students securing the highest marks in each stream would be given a special award of Rs.20,000/- each. This award would be over in addition to any other scholarship/award that the student may get from other sources. 	Not done	<ul style="list-style-type: none"> Children affected or infected by HIV and belonging to SC should have waiver of income eligibility to access the scheme. Percentage of marks should be relaxed to 40% for them.
						http://www.ambedkarfoundation.nic.in/html/nmshs.htm

Sl. No.	Name of Scheme	Ministry/Dept responsible	Beneficiaries	Provisions of Scheme	Modification	
					Done (Details)	Required/Recommendation
17	Rajiv Gandhi Scheme for empowerment for adolescent girls. (RGSEAG)	Ministry of Women and Child Development	Adolescent Girls; out-of-school girls	<ul style="list-style-type: none"> Self-development and empowerment of adolescent girls; Improvement in their knowledge on health, hygiene, nutrition, reproductive & sexual health, family, child care; Up-gradation of home-based skills, life skills and vocational skills; Mainstreaming of out of school girls; Information and guidance on existing public services such as PHC, CHC, Post Office, bank, police station, etc.; nutritional supplements. 	Not done	<ul style="list-style-type: none"> At least in high HIV-prevalence districts, special focus should be given to infected and affected adolescent girls under the scheme. In collaboration with NACO, special packages to address issues of positive adolescents should be introduced in the training kits of AWW. The life skill programme already available could be combined with the life skill training under this scheme to improve the access to health care through ART centres. Anti-Retroviral Therapy (ART) Centres should also be designated as Centres for implementation of this scheme to facilitate reaching the adolescent girls living with HIV with the services/facilities. Where not feasible, close coordination between the District Hospitals and ART Centres should be ensured.
						http://wcd.nic.in/s/sabla/sablaguidemar11.pdf

Schemes Implemented by States

Sl. No.	Name of State	Name of Scheme	Ministry/Dept responsible	Beneficiaries	Provisions of Scheme	Modification	
						Done (Details)	Required/Recommendation
State							
1	Andhra Pradesh	Apath Bandhu Insurance Scheme	Govt. of Andhra Pradesh	Adults within the age group of 18-69 years from BPL families	Accident insurance for those living below the poverty line. Deaths covered will be those caused by riots, accidents or natural calamities Benefits: <ul style="list-style-type: none">Rs 50,000 per person ex-gratia paymentPeriod of insurance will be one yearRs. 10,000 as immediate support and 40,000 later as livelihood support.	Yes - AIDS death has been included and support as specified in the scheme can be availed by the family	http://disastermanagement.ap.gov.in/website/Apath.htm
2	Gujarat	Tabibi Sahay	Dept. of Social Justice and Empowerment	Those suffering from TB, Cancer, leprosy and those living with HIV <ul style="list-style-type: none">Should be a resident of Gujarat since 1978The annual income should not be more than Rs.15,977 per annum if hailing from rural areas, and not more than Rs. 21,205 per annum, if hailing from urban settings	Benefits: <ul style="list-style-type: none">Subsidising cost of medicine.Reimbursing expenses for laboratory tests & X-rays.Help in the need for hospitalisation.Help for Operations.Help in terminal cases.	Yes - PLHIVs are included to access the services as specified in the scheme.	http://vallabhkankroli.org/activities_shree%20vakpati%20foundation.htm

Sl. No.	Name of State	Name of Scheme	Ministry/Dept responsible	Beneficiaries	Provisions of Scheme	Modification		
						Done (Details)	Required/Recommendation	Web Link
3	Rajasthan	Mukhya Mantri Jeevan Raksha Kosh (MIMJRK)	Govt. of Rajasthan	<ul style="list-style-type: none"> Should not be from the SC/ ST category Should be socially and economically backward The applicant should be on ART drugs If a PLHIV has already been accessing this scheme for TB or cancer or leprosy, then application for HIV is rendered inapplicable. 	<p>Insurance scheme to provide free secondary and tertiary health services through the government health system. Enrollment happens at the first point of contact at the hospital if previous enrollment has not been done</p> <p>Benefits:</p> <ul style="list-style-type: none"> Free OPD and IPD care is provided to BPL families in all public health care settings All medicines and/or implants needed for the treatment as well as the follow up treatment provided by health facilities at state, district or sub district level. 	Yes. PLHIV are considered as BPL for this scheme		http://www.eindia.net.in/2010/awards/details/eHealth_Insurance-Details.asp?PNo=9

Sl. No.	Name of State	Name of Scheme	Ministry/Dept responsible	Beneficiaries	Provisions of Scheme	Modification		
						Done (Details)	Required/Recommendation	Web Link
4	Orissa	Chief Ministers Relief fund	Govt. of Orissa	People affected by major natural calamities and major diseases	The Chief Minister's relief fund provides required treatments to the distressed people affected by the major natural calamities like flood, drought, fire accident etc, and it also provides the financial assistance to the needy individuals for their treatment of major diseases like; Cancer, Cardiac surgery & Kidney transplant, Brain Tumor, Liver & Multi Organ failure etc.	Yes - AIDS included in the list of disease that will be supported		http://orissa.gov.in/Portal/flood/donate.html
5	Karnataka	Star Health Insurance Scheme	PSI	<ul style="list-style-type: none"> • PLHIV • no age limit • CD 4 count of 300 at the time of enrollment 	<p>The policy is a group insurance having two criteria – 200 members in each group and CD4 count of 300 at the time of enrolment</p> <ul style="list-style-type: none"> • Premium of Rs. 1,500 per annum, subsidised by PSI to Rs. 755/-. • Does not cover anti retro viral treatment, tuberculosis and gastroenteritis, which are already taken care of by the public health system 	Yes - Exclusive scheme for PLHIV. This is currently a pilot project implemented by PSI.		http://misaccess.psi.org/bcc_catalog/web/files/PSI%20Insurance%20Folder%20and%20inserts_130608.pdf

Sl. No.	Name of State	Name of Scheme	Ministry/Dept responsible	Beneficiaries	Provisions of Scheme	Modification	
						Done (Details)	Required/Recommendation
					Benefits: <ul style="list-style-type: none">● Cash-less hospitalisation (excluding TB and Gastroenteritis)● Cash facility in the empanelled hospitals● Rs. 15,000 for hospitalisation at any government hospital and another Rs. 15,000 if the person is confirmed with full-blown AIDS funeral expenses.		
6	Tamil Nadu	Kalaignar Kapitu Thittam	Tamil Nadu State govt and star Health Insurance Company	People who have an annual income of less than Rs. 72,000	Health insurance for BPL households Benefits: <ul style="list-style-type: none">● Cashless transaction insurance for a host of identified high-cost medical contingencies needing surgical care and hospitalisation (in empanelled hospitals).● Upto 2.5 lakhs for operations● Around 31 surgeries covered under the scheme.	- Include PLHIVs as a special category to access the scheme <	

Sl. No.	Name of State	Name of Scheme	Ministry/Dept responsible	Beneficiaries	Provisions of Scheme	Modification	
						Done (Details)	Required/Recommendation
7	Uttar Pradesh	Mukhyamantri Mahamaya Garib Arthik Madad Yojana	Govt. of Uttar Pradesh	Poor individuals not receiving assistance under any other poverty alleviation scheme	Benefit: <ul style="list-style-type: none"> Rs. 300 per month 	Yes - HIV infected or affected families are included as eligible for the support and given priority	http://www.hamaraup.com/resources/2475-Uttar-Pradesh-Mukhyamantri-Mahamaya-Garib-Arthik.aspx
8	Goa	Dayanand Social Security Scheme for PLHA	Dept of Social Welfare. Government of Goa	Senior Citizens among toddy tappers, rickshaw pullers, taxi drivers, coconut climbers etc	Monthly pension to Senior Citizens in financial distress and those who are medically unfit for engaging in their traditional occupation. Benefits: <ul style="list-style-type: none"> Rs. 500 per month. 	Yes - PLHIV who are under BPL was included within the scheme.	
9	Orissa	Madhu Babu Pension Yojana	Ministry of Social Justice and Empowerment	<ul style="list-style-type: none"> 60 years or above of age Or, a widow (irrespective of age) Or, leprosy patients with visible signs of deformity (irrespective of age) Or, 5 year or more of age unable to do normal work due to deformity/disability Or, widow of PLHIV Or, PLHIV Not recipient of any other central or state pension scheme If husband and wife both come under any of the above criteria, both are eligible 	Pension scheme wherein confidentiality of PLHIV has been given due consideration. Letter of consent for participating in the scheme is collected at ICTCs, forwarded to SACS who enter in the database and forward to the concerned District Collector for onward transmittal to BDO for preparing and dispatching the pension cheques.	Not Done	http://www.wcdorissa.gov.in/download/Madhu%20Babu%20Pension%20Yojana%20-%202008.pdf

Sl. No.	Name of State	Name of Scheme	Ministry/Dept responsible	Beneficiaries	Provisions of Scheme	Modification		
						Done (Details)	Required/Recommendation	Web Link
					Benefits: <ul style="list-style-type: none"> Pension amount of Rs. 200/- per month on the 15th of every month through an A/c payee cheque in case of a PLHIV to preserve confidentiality. 			
10	Nagaland	Nutritional Support for Women	Directorate of Women Development, Government of Nagaland (State)	Women living with HIV	Nutritional support given to women PLHIVs through the DLN. Women who have a membership with DLN will be eligible to access the nutritional support Nutrition support consists of Rice: 35-40 Kg, Dal: 15 Kg, Ghee: 5-10Kg, which is given twice a year and Paustic (a nutritional pack): 6 packets a month.	Yes - this is an exclusive scheme for the PLHIV women		
11	Assam, Gujarat, Karnataka, Himachal Pradesh, Maharashtra, West Bengal, Goa, Sikkim	Free road transport for the PLHIV for ART	Ministry of Surface transport, States and the private sector	PLHIV currently on ART	The Free transportation for PLHIV for accessing the ART.	This is an exclusive scheme for PLHIV		

Sl. No.	Name of State	Name of Scheme	Ministry/Dept responsible	Beneficiaries	Provisions of Scheme	Modification	
						Done (Details)	Required/Recommendation
12	Andhra Pradesh	Sahara Card	APSACS	PLHIV	ID Cards for PLHIV taking ART for travel concessions, priority in housing schemes, pensions, etc.	Yes - This is exclusively for PLHIV	
13	Gujarat, Karnataka, Maharashtra, Mizoram, Punjab, West Bengal	Orphanages	Ministry of Women and Child Development	CABA	Orphanages for children affected and infected by AIDS	Modified to include affected and infected children	
14	Orissa	Mo Kudiya housing scheme	Ministry of Rural Development	<ul style="list-style-type: none"> People below poverty line who were denied houses under IAY Who are living in rural areas 	<p>Financial assistance for constructing houses for people below poverty line denied houses under the IAY programme. This scheme is administered at the district collector level. The grant is received in the form of cheque from the BDO office</p> <p>Benefits:</p> <ul style="list-style-type: none"> 45,000/- in construction linked instalments of Rs. 10,000/- for those with land of at least 20 sq.m. For those with no land, allotment of a plot of 20 sq.m. at government rates 	Yes. HIV has been included as a criterion for eligibility.	www.orissalinks.com/orissagrowth/topics/rural.../mo-kudia

Sl. No.	Name of State	Name of Scheme	Ministry/Dept responsible	Beneficiaries	Provisions of Scheme	Modification		
						Done (Details)	Required/Recommendation	Web Link
15	Tamil Nadu	Kalaighar Veetu Vasathi Thittam' (KVVVT)	Department of Rural Development	Rural Household	In this scheme, the hutments or kachha houses with thatched roofs are converted into pucca houses. The beneficiaries are identified through a survey conducted by the Panchayat president along with the BDO.	Not Done	- Include PLHIVs as a special category to access the schemes	www.tnrd.gov.in/schemes/gos_kwt/KVVVT_Annexure.1.3.pdf
16	Karnataka	CABA Financial Support	Dept of Women Development and Child Welfare	Children affected by AIDS	Rs. 800 for education, transport, Care & treatment support to the CLHIV	Exclusive scheme for CLHIV		
17	Tamil Nadu	Orphans and Vulnerable Children Trust	Government of Tamil Nadu	CLHIV	Rs.3,000-5,000 per year for the orphan and vulnerable children (CLHIV) for educational and nutritional needs.	Yes - this is an exclusive scheme for CLHIV		
18	Rajasthan/ Karnataka	Palanhar Yojana	Ministry of Social Justice and Empowerment	Guardians of <ul style="list-style-type: none"> • Destitute children. It now includes all children of HIV household • Applicable till the child turns 15 years old • Family income less than Rs. 36,000 per annum 	alanhar Yojana aims to provide care to destitute children through close relatives who are called their Palanhar (guardian). The process of availing the scheme involves a duly filled application form with several supporting documents, viz., photocopy of the bread winner's ART diary, children's school bonafide			www.planning.rajasthan.gov.in/.../Chap_26_Social%20Welfare.pdf

Sl. No.	Name of State	Name of Scheme	Ministry/Dept responsible	Beneficiaries	Provisions of Scheme	Modification	
						Done (Details)	Required/Recommendation
					Pcertificate, their birth certificates, children's and parents photographs, parent's ID proof, income certificate and a letter certified by the Sarpanch that the parents were bringing up the children and no one else, and submitted to the social welfare department. Benefits: <ul style="list-style-type: none">Rs. 500 per month to guardians of children below 5, Rs 675 for children above 5 andRs 2,000 per year for books and uniform	This is an exclusive scheme for CABA	
19	Gujarat, Rajasthan, Karnataka	Palak Mata Pita Scheme	Government of Gujarat, Rajasthan and Karnataka	Guardians of <ul style="list-style-type: none">Orphaned or destitute childrenFamily income less than Rs. 60,000 per annum	Palak Mata Pita Yojana is a scheme for cash assistance provided to the guardian of children affected by AIDS to meet the educational and nutritional needs of the child.	This is an exclusive scheme for CABA	www.gsacsonline.org/images/announcement/106.doc

Sl. No.	Name of State	Name of Scheme	Ministry/Dept responsible	Beneficiaries	Provisions of Scheme	Modification	
						Done (Details)	Required/Recommendation
					Benefits: <ul style="list-style-type: none"> • Cash assistance of Rs. 1000 per month in Gujarat and Karnataka; Rs. 2,000 per month in Rajasthan. 		
20	Meghalaya	Vocational Training Cum Rehabilitation Programme for Destitute Women		Destitute women	<ul style="list-style-type: none"> • Provides training to destitute women and girls, widows, deserted women, disabled women etc on tailoring, cutting, embroidery 	Not Done	<ul style="list-style-type: none"> • Preference should be given to women affected by HIV/AIDS. • For positive women, the monthly rate of stipend could be enhanced
21	Meghalaya	Swabalamban		Women	Training to women in traditional as well as non-traditional trades.	Not Done	Preference should be given to women living with as well as affected by HIV

Other Schemes that can be accessed by PLHIV

Schemes Implemented Centrally

Preventive Schemes					
Sl. No.	Name of Scheme	Ministry/Dept responsible	Beneficiaries	Provisions of Scheme	Link
1	Livestock Insurance Scheme	Ministry of Agriculture	Individual, Family, Community, Farmers (large/small/marginal) and cattle rearers	<p>The Livestock Insurance Scheme has been formulated with the twin objective of providing protection mechanism to the farmers and cattle rearers against any eventual loss of their animals due to death and to demonstrate the benefit of the insurance of livestock to the people and popularise it with the ultimate goal of attaining qualitative improvement in livestock and their products.</p> <ul style="list-style-type: none"> • Indigenous and cross bred cattle bred at the maximum of their current market price • Insurance premium subsidised to 50% • Upto a maximum of 2 animals • Farmers can go for a 3 year policy <p>Eligibility is farmers (large/small/marginal) and cattle rearers having the crossbred and high yielding cattle and buffaloes. They can enroll for the scheme by contacting Department of Animal Husbandry, Dairying & Fisheries.</p>	http://dahd.nic.in/Schemes/livestock_insurance_.htm
2	Scheme on Livestock Health	Ministry of Agriculture	Community, Livestock	<p>This scheme aims to control the economically important livestock diseases and to undertake the obligatory functions related to animal health in the country. Benefits include the livestock health care and disease control.</p> <p>To enroll, Department of Animal Husbandry, Dairying & Fisheries, Ministry of Agriculture can be contacted. The scheme is active in all states/UTs dealing with animal health issues</p>	http://dahd.nic.in/livehealth.htm
3	Rubber Plantation Insurance	Ministry of Agriculture	Individual, Farmers.	<p>Scheme aims to provide protection against Fire, Lightning, Riot, Strike & Malicious Damage, Bush Fire, Forest Fire, Flood, Storm, Tempest, Inundation, Land Slide, Rock Slide, Earthquake and Drought to rubber plant growers.</p> <ul style="list-style-type: none"> • All Rubber plant growers are eligible for the scheme. • The scheme can be availed by contacting the Department of Agriculture and Cooperation or Agriculture Insurance Company of India Ltd. (AIC) and Private Insurance Companies. 	http://www.indg.in/agriculture/s/rubber-plantation-insurance

Sl. No.	Name of Scheme	Ministry/Dept responsible	Beneficiaries	Provisions of Scheme	Link
4	Poppy Insurance	Ministry of Agriculture	Farmers.	<p>This insurance scheme is applicable to Poppy crop cultivated by the farmers in the areas notified by the Government of India, under license issued by the Central Bureau of Narcotics (CBN).</p> <ul style="list-style-type: none"> Individual farmer, whether Owner or Tenant, engaged in cultivation of Poppy crop under proper license from Central Bureau of Narcotics can buy this insurance. Sum insured shall be based on the cost of cultivation or input costs or cost of raising/ development of insured Poppy crop The insurance operates from sowing till the date immediately prior to the commencement of first lancing of the crop. At the time of settling claims the insured shall be required to furnish one or more of the following documents to AIC: <ol style="list-style-type: none"> 1) Loss intimation 2) Copy of Cover Note / Policy 3) Proof of uprooting by CBN (Panchnama) 4) Proof of insurable interest: Land record proof 	http://www.indg.in/agriculture/s/poppy-insurance
5	Livestock Health and Disease Control	Ministry of Agriculture	Community,	<p>Objectives Include:</p> <ol style="list-style-type: none"> To control emerging and exotic diseases; collection, compilation and dissemination of monthly animals disease status. To establish Veterinary Council of India at Centre and State Veterinary Councils. Eradication of Rinderpest disease and To control Foot and Mouth Disease. A total of about 404 lakhs animals will be covered and total vaccination will be about 2020 lakhs doses in 5 vaccinations. To avail the benefits of the scheme, the interested farmers can contact Department of Animal Husbandry, Dairying & Fisheries, Ministry of Agriculture. 	http://dahd.nic.in/projects.htm#1
6	National Agricultural Insurance Scheme (NAIS)	Ministry of Agriculture	Farmers.	<p>The scheme is available to all the farmers – loanee and non-loanee</p> <ul style="list-style-type: none"> Irrespective of their size of holding. Loanee farmers are covered on compulsory basis in a notified area for notified crops whereas for non-loanee farmers scheme is voluntary. 	http://des.kar.nic.in/cis/Guidelines.pdf
Protective					
1	National Vector Borne Disease Control Programme	Ministry of Health and Family Welfare	Individual,Family,	Patients suffering from disease are given benefit of care and protection through material - insecticide treated bed nets, pesticide to destroy the vector, treatment support and medication. Anyone can avail this scheme	http://nvbdcp.gov.in/

Sl. No.	Name of Scheme	Ministry/Dept responsible	Beneficiaries	Provisions of Scheme	Link
2	Disablement Benefit Scheme	Ministry of Labour and Employment	Individual,	Disablement Benefit is payable under ESI scheme to an Insured Person suffering from physical disablement due to employment injury or occupational disease. Regional Offices MOLE can be contacted for more details on the scheme	http://esic.nic.in/benefits.htm
3	Scheme of Dr. Ambedkar National Relief to the Scheduled Caste Victims of Atrocities	Ministry of Social Justice and Empowerment	other	This Scheme is in the nature of contingency arrangement to provide instant monetary relief to the victims of relatively heinous offences of atrocities under the Scheduled Castes and the Scheduled Tribes (Prevention of Atrocities) Act, 1989.	http://www.ambedkarfoundation.nic.in/html/atro.htm
4	Ujjawala Scheme for Prevention of Trafficking and Rescue, Rehabilitation and Reintegration	Ministry of Women and Child Development	Women, Children	The objective of the scheme is to prevent trafficking of women and children for commercial sexual exploitation through social mobilisation and involvement of local communities, awareness generation programmes, generate public discourse through workshops/seminars and such events and any other innovative activity and to facilitate rescue of victims from the place of their exploitation and place them in safe custody.	http://wcd.nic.in/schemes/ujjawala.pdf
5	National Safai Karamcharis Finance Development Corporation	Ministry of Social Justice and Empowerment	Scavengers, Safai Karamcharis	The beneficiary should be a Scavengers / Safai Karamchari or their dependants duly identified under the NSLRS (National Scheme for Liberation and Rehabilitation of Scavengers) or In a survey or a registered co-operative.	http://nshkfdc.nic.in
Promotive					
1	National Bal Bhawan	Ministry of Human Resource Development	Children	Institution to enhance the potential of the children through various activities. Barrier free environment for the children to grow and learn. <ul style="list-style-type: none"> • Open to children between the age of 5-16 years • Rs 50 fee for enrollment of 5 year old child, for those over 5 years the fees is Rs. 100 • The home is situated at I.T.O Delhi and can be contacted for enrollment 	http://www.nationalbalbhawan.nic.in/index1.asp?linkid=318&langid=1
2	Rashtriya Krishi Vikas Yojana (RKVY)	Ministry of Agriculture	Individual, Family, Community, Women, Children	Aims at achieving 4% growth in agriculture sector by ensuring a holistic development of agriculture and allied sectors <ul style="list-style-type: none"> • Increase public investment in agriculture • Provision of improved seeds and methods of irrigation to the farmer • The centre allocates the funds to the states for utilisation and a Utilisation certificate with amount utilised is sent to the centre as a strategy to monitor utilisation • Farmers can avail it by contacting ministry or concerned state agricultural departments 	http://agricoop.nic.in/RkvY/RkvYfinal-1.pdf

Sl. No.	Name of Scheme	Ministry/Dept responsible	Beneficiaries	Provisions of Scheme	Link
3	Scheme on Development of Inland Fisheries and Aquaculture	Ministry of Agriculture	Individual, Family, Community, Women, fishermen	<p>For development of fisheries to strengthen the food security, generate employment opportunities and earn foreign exchange with the ultimate objective of improving the socio economic status of fishermen and other people engaged in the sector. Provisions for:</p> <ul style="list-style-type: none"> • Construction and renovation of ponds for fish • Running water fish culture especially for hilly areas • Other technology like hatcheries fish feed units and soil and water testing kits to be made available • To avail the scheme contact Department of Animal Husbandry, Dairying & Fisheries; & Fish Farmers Development Agencies (FFDAs) 	http://dahd.nic.in/fish/inlandfish.htm
4	Scheme on Development of Marine Fisheries, Infrastructure and Post harvest Operations	Ministry of Agriculture	Family, Community, fishermen	<p>The Central Government provides financial assistance to poor fishermen through the State/ UT Governments for complete development of marine sector. The scheme mainly focuses on motorisation of traditional crafts, assisting the small scale mechanised sector by subsidising the excise duty on fuel, setting up of infrastructure for safe landing, berthing and post-harvest operations, etc.</p> <ul style="list-style-type: none"> • The scheme can be accessed by contacting Department of Animal Husbandry, Dairying & Fisheries 	http://dahd.nic.in/fish/marinfish.htm
5	National Scheme on Welfare of Fishermen	Ministry of Agriculture	Community, fishermen	<p>To provide financial assistance to fishermen for construction of house, community hall for recreation and common working place and installation of tube-wells for drinking water and assistance during lean period through saving cum relief component.</p> <ul style="list-style-type: none"> • The scheme can be accessed by contacting Department of Animal Husbandry, Dairying & Fisheries 	http://dahd.nic.in/fish/welfarefman.htm
6	Scheme on Fisheries Training and Extension	Ministry of Agriculture	Community, Fishery Personnel	<p>To provide training for fishery sector so as to assist in undertaking fisheries extension programmes effectively.</p> <ul style="list-style-type: none"> • The scheme can be accessed by contacting Department of Animal Husbandry, Dairying & Fisheries 	http://dahd.nic.in/fish/fishtrgext.htm
7	Technology Development and Transfer for Promotion of Horticulture	Ministry of Agriculture	persons/institutes engaged in agriculture	<p>Scheme being pursued by National Horticulture Board for popularising new and modern scientific concepts in horticulture.</p> <ul style="list-style-type: none"> • Benefits include access to scientific methods of agriculture in the field, and promotion of agricultural research • Commercial sustenance, cost of project below Rs. 10 lakhs, and technology & tool testing on farmers field for adoption are the major eligibility criteria • Contact National Horticulture Board, Ministry of Agriculture or concerned State Departments to avail scheme 	http://nhb.gov.in/scheme3.html

Sl. No.	Name of Scheme	Ministry/Dept responsible	Beneficiaries	Provisions of Scheme	Link
8	Small Farmer's Agri-Business Consortium	Min of Agriculture	Individual Farmers	<p>The Scheme provides financial assistance for promotion of the innovative ideas for generating income and employment in rural areas through support to the various types of agri-business.</p> <ul style="list-style-type: none"> Provision of material for setting up agri-business Any rural individual or farmer can avail of this policy <p>Scheme aims to make available low input technology poultry stocks to states, take up development of duck, Turkey, Japanese quail and Guinea fowl under diversification programme, strengthen feed quality monitoring wing, provide training, adoption of villages and random poultry performance testing.</p> <ul style="list-style-type: none"> Material provided to poultry farmers for poultry diversification Rural backyard poultry farmers and State farms can avail this scheme by contacting the Department of Animal Husbandry, Dairying & Fisheries. 	http://agricoop.nic.in/dacdivision/trade1.htm
9	Central Poultry Development Organisation	Ministry of Agriculture	Rural backyard poultry farmers and State farms.	<ul style="list-style-type: none"> Material provided to poultry farmers for poultry diversification Rural backyard poultry farmers and State farms can avail this scheme by contacting the Department of Animal Husbandry, Dairying & Fisheries. 	http://dahd.nic.in/schemes/central_poultry_development_org(12).htm
10	Centrally Sponsored Fodder Development Scheme	Min of Agriculture	Farmers	<p>Scheme aims at providing assistance to the States to supplement their efforts in feed and fodder development sector by providing assistance to Fodder Block Making Units, grassland development, fodder seed production and distribution and biotechnology research projects.</p> <ul style="list-style-type: none"> All farmers and cattle rearers are eligible for the scheme Benefits include provision of better fodder and feed practices to the cattle and poultry 	http://dahd.nic.in/schemes/scan1fodder.pdf
11	Gramin Bhandaran Yojna	Min of Agriculture	Individual, farmers	<p>The main objectives of the scheme include creation of scientific storage capacity with allied facilities in rural areas to meet the requirements of farmers for storing farm produce, processed farm produce and agricultural inputs; promotion of grading, standardisation and quality control of agricultural produce to improve their marketability; prevention of distress sale immediately after harvest.</p> <ul style="list-style-type: none"> Subsidy to institutional credit, also on capital cost like construction of walls, drainage system and quality certification Is for the institutions offering loan to farmers. Each loan will be sanctioned for subsidy separately through the bank 	http://agmarknet.nic.in/amrscheme/ruralhead.htm
12	Central Sector Scheme of Soil Conservation Training Centre, Damodar Valley	Ministry of Agriculture	other,	<p>Aim of this scheme is to create awareness about the importance of soil & water conservation works in sustainable development of agricultural production in national perspective</p> <ul style="list-style-type: none"> Training for adoption of multidisciplinary approach for handling problems of the soil Contact the Soil conservation Training Centre, DVC, Hazaribagh for availing the scheme Scheme benefit is through the state or union territory 	http://www.agricoop.nic.in/Nrm/DVC.pdf

Sl. No.	Name of Scheme	Ministry/Dept responsible	Beneficiaries	Provisions of Scheme	Link
13	Promotion of Integrated Pest Management	Ministry of Agriculture	Community,	<p>Aims to popularise Integrated Pest Management (IPM) approach among farming community to promote use of bio pesticides. Provision of:</p> <ul style="list-style-type: none"> • Training to master trainers, workers and farmers • All farmers in the states and UTs covered can avail of the scheme 	http://agricoop.nic.in/dacdivision/pp1.htm
14	Strengthening Infrastructure for Quality & Clean Milk Production	Ministry of Agriculture	Farmers	<p>Scheme aims to create necessary infrastructure for production of quality milk at the farmers level up to the points of consumption, improve milking procedure at the farmers level, train and strengthen infrastructure to create mass awareness about importance of clean milk production.</p> <ul style="list-style-type: none"> • Creation of necessary infrastructure for production of quality milk at the farmers level up to the points of consumption • Improvement of milking procedure at the farmers level • Training and Strengthening of infrastructure to create mass awareness about importance of clean milk production. 	http://dahd.nic.in/CMP/ Executive%20 Summary.pdf
15	National Horticulture Mission	Ministry of Agriculture	Individual, Community, Farmers	<p>To promote holistic growth of the horticulture sector through an area based regionally differentiated strategies.</p> <ul style="list-style-type: none"> • Provision of material and training to farmers • All farmers in the state where it is implemented are eligible 	http://nhm.nic.in/
16	Promotion and Strengthening of Agricultural Mechanisation through Training, Testing & Demonstration	Ministry of Agriculture	Farmers, Trainers, Rural Youth, Technicians etc.	<p>To promote necessary infrastructure for production of quality milk at the farmers level up to the points of consumption, improve milking procedure at the farmers level, train and strengthen infrastructure to create mass awareness about importance of clean milk production</p> <ul style="list-style-type: none"> • Provision of material and training to farmers • All farmers in the state where it is implemented are eligible 	http://agricoop.nic.in/machi1.htm
17	Strengthening infrastructure for quality & clean milk production	Min of Agriculture	Individuals, Farmers.	<p>To promote necessary infrastructure for production of quality milk at the farmers level up to the points of consumption, improve milking procedure at the farmers level, train and strengthen infrastructure to create mass awareness about importance of clean milk production</p> <ul style="list-style-type: none"> • Provision of material and training to farmers • All farmers in the state where it is implemented are eligible 	http://dahd.nic.in/strenghtinfrastructure.htm
18	Central Minikit Testing Programme on Fodder Crops	Ministry of Agriculture	Dairy Farmers	<p>Scheme aims to popularise the latest improved fodder varieties amongst the farmers for fodder/fodder seed production in order to bridge the gap between demand and supply of the fodder.</p> <ul style="list-style-type: none"> • Provision of material and training to farmers • All farmers in the state where it is implemented are eligible 	http://dahd.nic.in/schemes/central_minikit_testing_programme(11).htm

Sl. No.	Name of Scheme	Ministry/Dept responsible	Beneficiaries	Provisions of Scheme	Link
19	Minikit Programme for Rice, Wheat & Coarse Cereals	Ministry of Agriculture	Apple farmers	<p>The objective of the scheme is to increase the productivity by popularising the use of newly released hybrid/high yielding varieties and spread the area coverage under location specific high yielding varieties/hybrids.</p> <ul style="list-style-type: none"> Provision of material and training to farmers All farmers in the state where it is implemented are eligible 	http://www.indg.in/agriculture/schemes/seb-bima-yojana-apple-insurance
20	Centrally Sponsored Scheme on "Fisheries Training And Extension"	Ministry of Agriculture	Farmers	<p>To provide training for fishery sector so as to assist in undertaking fisheries extension programmes effectively.</p> <ul style="list-style-type: none"> The scheme can be accessed by contacting Department of Animal Husbandry, Dairying & Fisheries 	http://dahd.nic.in/fish/fishtrgext.htm
21	Small Wind Energy & Hybrid Systems	Ministry of New & Renewable Energy	All categories of beneficiaries including farmers, NGOs, Central / State Government agencies, local	<p>(i) The beneficiaries should have the site(s) suitable for installation of water pumping windmills as well as aerogenerators/ wind-solar hybrid systems.</p> <p>(ii) They should also have funding arrangement for meeting the total cost of installation over and above the CFA available for the systems.</p> <p>The scheme is implemented through State Nodal Agencies. Therefore, the Central Financial Assistance is availed through them</p>	http://mnre.gov.in/adm-approvals/wind-hybrid-system.pdf (140 KB)
22	Solar Lantern Programme	Ministry of New & Renewable Energy	Community,	Material to set up a renewable energy source lantern in the household or the community	http://mnre.gov.in/adm-approvals/solar_lantern.pdf (260 KB)
23	Organic Farming	Ministry of Rural Development	Farmers	The organic farming activities will be extended to the farmers in general and small and marginal farmers in particular by eligible and competent voluntary organisations, research institutions and committed individuals who have innovative ideas and are engaged in promotion of organic farming. Approach Council for Advancement of People's Action and Rural Technology (CAPART)	http://capart.nic.in/scheme/guidelines_organic.html
24	Bamboo Cultivation	Ministry of Rural Development	Community (farmers, labourers, rural people)	Voluntary organisation working in rural areas with a legal status of a society registered for 3 years under Societies Registration Act or any corresponding State Act or as a Trust under Indian Trusts Act, 1882 or the Charitable and Religious trusts Act, 1920 will be eligible for financial assistance.	http://capart.nic.in/scheme/guidelines_bamboo.html
25	Mushroom Farming	Ministry of Rural Development	Farmers	Voluntary Organisation working in rural areas with a legal status of a society registered for 3 years under Societies Registration Act.	http://capart.nic.in/scheme/guidelines_mushroom.html

Sl. No.	Name of Scheme	Ministry/Dept responsible	Beneficiaries	Provisions of Scheme	Link
26	Intensive Dairy Development Programme (IDDP)	Ministry of Steel	Rural milk producers; Cattle induction only for SC, ST and BPL families.	The pattern of funding is 100% grant-in-aid from Central Government for the districts where investment under Operation Flood (OF) programme is less than Rs.50.00 lakh.	http://dahd.nic.in/intensive_dairy_development_prog.htm
27	Dairy/Poultry Venture Capital Fund	Other Organisations	Agricultural farmers/ individual entrepreneurs and groups of all sections of unorganised as well as organised workers	Need to contact Department of Animal Husbandry, Dairying & Fisheries; or NABARD for the loan	http://dahd.nic.in/IDDP/guidelinesdvp.htm
28	National Child Labour Projects Scheme	Ministry of Labour and Employment	Children,	For children below 14 years of age. Voluntary Agencies or NGOs can be contacted to avail the scheme. Under the scheme voluntary agencies are given financial assistance by the Ministry of Labour on the recommendation of the State Government to the extent of 75% of the project cost for the rehabilitation of working children.	http://www.labour.nic.in/cwl/ChildLabour.htm
29	Scheme For Market Development Assistance For MSME Exporters	Ministry of Micro, Small and Medium Enterprises	Micro, small and medium scale entrepreneurs	Micro and Small manufacturing enterprises/ Small & Micro exporters can contact Office of the Development Commissioner (MSME), under Ministry of Micro, Small & Medium Enterprises, for availing this scheme.	http://www.dcmsme.gov.in/sido/SSIMDA.htm
30	Raw Material Assistance Scheme	Ministry of Micro, Small and Medium Enterprises	Entrepreneurs	The Entrepreneurs are required to apply for Raw Material Assistance only on the prescribed application forms.	http://www.nsic.co.in/rma.asp
State Level Schemes					
1	Maharashtra 'Draksha Bima' (Grape Insurance)	Min of Agriculture	Individual, Farmers.	<p>Scheme aims to provide effective risk management support to grape growers likely to be impacted by adverse rainfall and hail incidence. This is available in Maharashtra.</p> <ul style="list-style-type: none"> Any grape grower, cultivating table variety of grapes in the selected zones of Nasik, Maharashtra and whose grape produce/ yield is affected by weather parameters, is eligible for the scheme. The scheme can be availed by contacting the Department of Agriculture and Cooperation or Agriculture Insurance Company of India Ltd. (AIC) and Private Insurance Companies. 	http://india.gov.in/citizen/agriculture/viewscheme.php?id=1886
2	Uttarakhand Seb Bima Yojana (Apple Insurance)	Min of Agriculture	Apple farmers	<p>Scheme aims to provide protection against adverse weather conditions like inadequate Chilling Units Accumulation, Temperature Fluctuation, Inadequate Rainfall and Hail storms during flowering and fruit development of apples. This scheme is available in Uttarakhand.</p> <ul style="list-style-type: none"> Apple growers and producers of Uttarakhand are eligible for the scheme. The scheme can be availed by contacting the Department of Agriculture and Cooperation or Agriculture Insurance Company of India Ltd. (AIC) and Private Insurance Companies. 	http://des.kar.nic.in/cis/Guidelines.pdf

Summary and Analysis of Some Key Schemes of Different Ministries from the Perspective of Women Living with HIV

This section contains information and analysis of some key schemes. This analysis was done by PWN+, the national organisation of WLHIV, with support from UNDP and Swasti, and presented to the Planning Commission in June 2011. This summary derives the issues, challenges and recommendations from the experiences of WLHIV in accessing the schemes.

Ministry of Rural Development

Scheme1

1. Name of the Scheme

Indira Awas Yojana (IAY)

2. Brief Description

The objective of the Indira Awas Yojana is primarily to help construction/up gradation of dwelling units in rural areas. Indira Awas Yojana is a Centrally Sponsored scheme funded on cost-sharing basis between the Government of India and the State Governments in the ratio of 75:25

3. Relevance of the Scheme

- Scheme is very relevant for the PLHIV as it addresses the important need of shelter for them.
- Many of the women living with HIV experience destitution as they are thrown out of their homes (parental or marital).
- NACO- NCAER-UNDP study shows that around 90% women are thrown out of married homes after the husband dies of AIDS.
- Homelessness would further increase their vulnerability as a result of unhygienic living condition, poor access to health care, nutrition and access to many of the services. They will also be at high risk to violence.
- It is difficult for PLHIVs, especially women, to get a home for rent – particularly if the status is known. Even if the status is not known, there is always the fear that they will be discovered and thrown out.

Rangamma (name changed), 28 year old woman from Andhra Pradesh, had no home of her own after the death of her husband with two small children to look after. She accessed the IAY scheme and this is what she had to say: “.....today, even though my husband is not there, we have a shelter to live in. Otherwise house rent will be an additional burden to me that increases my vulnerability.”

Houses made under the IAY are based on quality standards and have smokeless chulha (PLHIV are prone to TB and co-existence of HIV & TB infection is common) and toilet, which improves quality of life, and prevents illness.

4. Issues and Challenges of PLHIV

- A number of PLHIV are not falling under the selection criteria for IAY and are not able to access the scheme.
- There is no special provision for PLHIV under this scheme and PLHIV are reluctant to take this issue up as this may reveal their identity.
- Inherent challenges in the IAY programme as experienced by PLHIV
 - ◆ Cumbersome process (including getting multiple signatures and documents) and repeated visits to government offices to get the scheme sanctioned. This becomes difficult for PLHIV due to their bad health and even more so for a woman.
 - ◆ Amount is inadequate given the rise in cost of materials.
 - ◆ Even if sanctioned, corrupt practices and unjustified demands make it impossible for women living with HIV. Involvement of politicians makes it worse (e.g., centralisation of power in politicians in the north east).
 - ◆ Delays in approval, grant release and implementation.

5. Recommendations

- Include PLHIV within the scheme as a special category beneficiary
- Make the procedures simple, less stigmatising for PLHIV – if their status has to be revealed.
- Reduce the grant release to two installments to avoid delays in release.
- Ensure that houses are not allotted for PLHIV in isolation from others (leading to ghettoising) and not demarcated with a name (such as Beggars Colony for beggars).

Scheme 2

1. Name of the Scheme

Swarnjayanti Gram Swarozgar Yojana (SGSY)

2. Brief Description

The objective of the Swarnjayanti Gram Swarozgar Yojana (SGSY) is to bring the assisted poor families (Swarozgaries) above the Poverty Line by ensuring appreciable sustained level of income over a period of time. This objective is to be achieved by, inter alia, organising the rural poor into Self Help Groups (SHGs) through the process of social mobilisation, their training and capacity building and provision of income generating assets.

3. Relevance of the Scheme

- In a study done by NACO-NCAER-UNDP on Macro-Economic Impact of HIV and AIDS in India (2006), it was found that household income within the HIV household decreased by 66.25% due to rising cost of treatment and loss of job. Per capita monthly expenditure was four times higher than the non-HIV household due to treatment costs. It was also reported that close to 46% of the HIV households borrowed from money lenders to meet the rising cost of living, compared to only 27% of non-HIV households.¹
- Several women face destitution and denial to property after the death of their positive husbands. They are unable to raise voice, seek justice due to fear of stigma from community.
- Loss of job due to status being known or absenteeism due to illness – results in decrease in income.
- Poverty is thus one of the major shocks experienced by an HIV household requiring support in poverty reduction strategies.

Santhi (name changed), a woman in her late 20s from Kerala, had an ailing husband due to AIDS and with increased treatment cost had lost all the properties. She is also infected but healthy. Supported by the District network through a loan, which she invested in small business, she is able to meet the cost of treatment and maintain a reasonable living condition.

- Support from NGOs, civil society and private sector is project-based and not sustainable.
- Several positive women have formed SHGs of their own and are in a position to access this scheme. However, they are not allowed to become members of federations, a pre-requisite for bank loans.

SGSY scheme, modified to address the needs of WLHIV would be of great support in improving their household income and reducing poverty levels.

4. Issues and Challenges of PLHIV

- WLHIV groups are not granted loans by banks due to their positive status, lack of security/collateral and low savings of WLHIV groups (due to lack of family income to support the women).
- WLHIV are scattered and this impacts the functioning of the SHG. Becoming a member of a mixed group is difficult as other members do not welcome WLHIV.

¹ <http://data.undp.org.in/hiv/BigPicture.pdf>

5. Recommendations

- Include PLHIVs as a beneficiary group in the scheme and support formation of SHGs of WLHIV.
- PWN/women resource centers should become mother-NGO and get assistance for support to and monitoring of WLHIV groups.
- Improve access to credit facility, ensuring confidentiality and without being stigmatised.
- Focused training and skill building support for initiating income generation activities – given their physical and health condition.
- Sensitise Block SGSY Committee, Banks, DRDAs to the issues and needs of PLHIV, especially women.
- Block SGSY committee, while selecting the activities for funding, should give priority to PLHIV groups.
- Waive minimum duration of existence for accessing of scheme for WLHIV.
- Relax collateral requirement for WLHIV.
- SGSY should recognise that WLHIV are bankable and have used other sources for funding which have worked.

Scheme 3

1. Name of the Scheme

National Rural Employment Guarantee Scheme (NREGA)

2. Brief Description

The Mahatma Gandhi National Rural Employment Guarantee Act aims at enhancing the livelihood security of people in rural areas by guaranteeing hundred days of wage-employment in a financial year to a rural household whose adult members volunteer to do unskilled manual work.

3. Relevance of the Scheme

- The NACO-NCAER-UNDP study (2006) found that unemployment within the HIV household increased from 3.6% to 9.8%.
- Key reason for unemployment is increased frequency of ailments.
- 74% PLHIV did not disclose their HIV status in the workplace due to fear of losing job.
- Pressure to earn is great as 71% of PLHIVs had dependents half of whom were sole breadwinners of the family. Almost 50% were in debt.²

² <http://data.undp.org.in/hiv/BigPicture.pdf>

Thus on the one hand increase in expenditure and on the other hand a shaky employment situation further pushes PLHIV into poverty. Therefore access to employment is a critical need of PLHIV.

4. Issues and Challenges of PLHIV

- NREGA most often offers only physical hard labour which makes it difficult to access for most of the PLHIV who are on ART and in bad health condition.
- Though there is provision to provide softer work under the schemes to PLHIV in some of the states, due to lack of communication, officials are not aware of this and therefore, PLHIV cannot take advantage of this benefit.
- Stigma and discrimination and breach of confidentiality are major issues for accessing the scheme under provision for PLHIV to do softer work.
- The officials lack sensitivity towards PLHIV.

5. Recommendations

- Sensitise NREGA officials to the issues and needs of PLHIV, especially women.
- Provision of softer job to PLHIVs and add PLHIV as a special category beneficiary within the scheme.
- In case PLHIV have no access to soft work – should have access to daily unemployment allowance.
- Soft work – should be defined in consultation with NACO and network of PLHIV.
- Women and girls infected and affected by HIV should be given preferential allocation for work to ensure steady income.
- PLHIV on ART should be given short breaks periodically during the day, if needed.

Scheme 4

1. Name of the Scheme

Indira Gandhi National Widow Pension Scheme (IGNWPS)

2. Brief Description

The objective of the scheme is to benefit widows in the 45-64 age group who fall under the poverty line by providing them a pension amount of Rs. 200/- every month. It is withdrawn if the woman remarries or moves above the poverty line.

3. Relevance of the Scheme

- WLHIV are unable to have a permanent employment or a constant source of income, as the illnesses associated with HIV make them too debilitated to work or due to the stigma associated with the positive status.
- The woman often faces rejection from her family (both natal and marital) due to her status as a widow and as a PLHIV and thus lacks support.
- 90% of the HIV widows in the NACO-NCAER-UNDP study were forced to leave their marital homes.
- 79% of positive women were denied a share in their husband's property.
- 43% positive women were living alone.
- The inability to work, or secure an employment causes them to be unable to generate income for the family responsibilities.
- The PLHIVs also need to be on ART, and to respond to ART well, they need to have proper nutrition, securing which requires money.

Thus, support from the state for subsistence becomes absolutely essential for PLHIV widows.

4. Issues and Challenges of PLHIV

- Most WLHIV become widowed at a young age and do not fall in the required age group of 45-64 years and thus, unable to access the scheme.
- Inherent challenges in the scheme as experienced by PLHIV
 - ◆ Amount is inadequate given the rise in cost of materials
 - ◆ Need to get signatures of the Ward Counsellor, Tahsildar and MRO of the mandal – makes the process time consuming and cumbersome.

5. Recommendations

- Include PLHIVs within the scheme as a special category beneficiary and waive the age criterion for them. (This has been successfully done in the states of Nagaland, Tamil Nadu and should be done centrally)
- Increase the pension amount; Rs. 200 is a very insufficient amount. The pension amount should be increased. While rice, dal can be/ being provided through other schemes, there is a need for intake of fresh vegetables and additional medicines for PLHIV. Therefore, the need for increased pension.
- Make the procedures less stigmatising for PLHIV – if their status has to be revealed.
- Easier and hassle-free documentation criteria – affidavit or death certificate should be enough.
- Speedy approval and disbursal of entitlement.

Scheme 5

1. Name of the Scheme

National Family Benefit Scheme

2. Brief Description

The objective of the scheme is to provide work, education and social assistance in case of old age, sickness, disablement and other deserving cases. The programme essentially looks at assisting people, especially destitute families and mothers living in poverty to tide over the illness and death of the breadwinner. The financial assistance given to the family is Rs.10,000 on the death of the breadwinner and Rs. 200 per month as pension.

3. Relevance of the Scheme for PLHIV

- Women living with HIV, due to their positive status and often experience destitution after the death of the husband, and are pushed into poverty with limited access to resources to meet their and family's needs.
 - ◆ 90% of the HIV widows in the NACO-NCAER-UNDP study were forced to leave their marital homes.
 - ◆ 79% of positive women were denied a share in their husband's property.
 - ◆ 43% positive women were living alone.
- Majority of widows living with HIV/AIDS are in the 18-35 age groups. Many of them are compelled to do sex work to support themselves and their children.
- Extension of this programme would enable them to improve their lives and access better health care, psycho-socio support etc.

4. Issues and Challenges of PLHIV

- Not all PLHIV come under the BPL category and would therefore not be eligible for the scheme even though there is a need for such a coverage.

5. Recommendation

- All widows of PLHIV should be eligible automatically irrespective of BPL status.
- Make the procedures less stigmatising for PLHIV – if their status has to be revealed.
- Easier and hassle-free documentation criteria – affidavit or death certificate should be enough.
- Speedy approval and disbursement of entitlement.

Ministry of Women and Child Development

Scheme 1

1. Name of the Scheme

Short Stay Home for Women and Girls

2. Brief Description

Categories of women/girls/children included under this scheme include those who have been forced into prostitution, leave their homes without any means of subsistence and have no social protection from exploitation and are facing litigation on account of marital disputes, sexually assaulted, victims of mental maladjustment, emotional disturbances and social ostracism, those who escape from their homes due to family problems, mental/physical torture and need shelter, psychiatric treatment and counselling for their rehabilitation and re-adjustment in family/society.

3. Relevance of the Scheme for PLHIV

- Evidence shows that more than 80% women get thrown out of their homes after death of an HIV infected husband or when their positivity is disclosed.
- Homelessness would further increase their vulnerability as a result of unhygienic living condition, poor access to health care, nutrition and access to many of the services. They will also be at high risk to violence.
- 79% of positive women were denied a share in their husband's property.
- 43% positive women were living alone.
- It is difficult for PLHIVs, especially women, to get a home for rent – particularly if the status is known. Even if the status is not known, there is always the fear that they will be discovered and thrown out.

During homelessness, it is important for WLHIV to have a safe place to live in with hygienic conditions and access to basic amenities and nutrition – till they find or can afford a more permanent residence.

An educated WLHIV who works in the development sector often regales the story of how she has had to change house 19 times in the past few years due to stigma and/or unsafe conditions and the difficulties she faces in finding a place to stay in during the frequent changes.

4. Issues and Challenges

- Awareness of facilities and services rendered by short stay homes is limited in the general community as well as PLHIV.
- Many women living with HIV (WLHIV) avoid availing services at the home due to their previous experience of stigma and discrimination in the health or other facility.
- These short stay homes are located in major towns and cities and their access is limited. PLHIV are living across various villages and will find it difficult to reach.
- Many of these short stay homes are overcrowded and inmates are not able to get proper services.
- As medical check-up is compulsory for stay at the home, most WLHIV are hesitant due to fear of disclosure.
- WLHIV are not welcome in short stay homes.

5. Recommendations

- Special short stay homes are required for WLHIV and other homeless/destitute women – apart from the existing facilities which are meant only for those who are arrested/rescued.
- Wider awareness about this scheme and the services that are offered here is needed.
- Staff and other inmates of short stay homes need to be sensitised about issues regarding confidentiality, care and support to ensure stigma free environment.
- Increase the stipend for WLHIV inmates.

Scheme 2

1. Name of the Scheme

Nutrition Programme for Adolescent Girls (NPAG)

2. Brief Description

The scheme addresses the problem of under-nutrition among adolescent girls. Under the programme, special additional assistance has been given to the states to provide food grains (rice in Sikkim) to the identified beneficiaries totally free of cost through PDS (Public Distribution System) @ 6 kg of Rice per beneficiary per month.

3. Relevance of the Scheme for PLHIV

- Malnutrition weakens the immune system increasing the vulnerability and susceptibility to infections. HIV infection further deteriorates the immune system.
- Adolescent girls living with HIV/AIDS are more vulnerable to many deficiencies and infections due to their poor immunity and other vulnerabilities.
- HIV causes mal-absorption and excess nutrient loss that further increases their nutritional requirement.
- Low economic family background aggravates the vulnerabilities. They have very poor access to nutritious food intake and increase their vulnerability to several of the infections.
- A recent study by UNICEF has reported that 50% of the adolescent girls in India are anaemic (56%)³. Further the study said - 47% girls in the age group of 15 - 19 year are underweight and 43% of girls were married off before the age of 18. HIV prevalence rate among girls in the age group of 15 to 19 years is 0.07%.⁴ High level of malnutrition among adolescent girls coupled with HIV prevalence makes the need for nutritional support very high.

4. Issues and Challenges of PLHIV

- The scheme has not so far been availed by WLHIV and therefore no issues or challenges have come up as yet.

5. Recommendations

- Include PLHIV adolescent girls as one of the key beneficiary groups under this scheme.
- Additional nutritional support (iron and protein rich) to girls and children living with HIV
- Angan Wadi Workers should be trained to address the issues of HIV infected and affected adolescent girls.
- Priority focus by AWW on infected girls while following up on accessing the support.
- Ensure confidentiality while placing the name with Gram Sabha.
- Ensure presence of women panchayat leader at the point of weighing.
- Additional nutritional support (iron and protein rich) to girls and children living with HIV.

³ <http://southasia.oneworld.net/todayshadlines/over-50-adolescent-girls-in-india-anaemic-unicef>

⁴ International Institute for Population Sciences (IIPS) and Macro International (2007) 'National Family Health Survey (NFHS-3) 2005-06', India: Volume 1

Scheme 3

1. Name of the Scheme

Rajiv Gandhi Scheme for Empowerment for Adolescent Girls (RGSEAG)

2. Brief Description

Focus of this scheme is self-development and empowerment of adolescent girls; improvement in their knowledge on health, hygiene, nutrition, reproductive & sexual health, family, child care; up-gradation of home-based skills, life skills and vocational skills; mainstreaming of out of school girls; information and guidance on existing public services such as PHC, CHC, Post Office, bank, police station, etc.; nutritional supplements.

3. Relevance of the Scheme for PLHIV Adolescent Girls

- Adolescence is an age of constant turmoil due to psychological and bodily changes an adolescent go through. Experience becomes much more acute for an HIV infected or affected adolescent, particularly girls.
- By this period most of the infected or affected adolescent girls would be orphaned or is living with an ailing parent. Being the daughter of a PLHIV increases stigma and discrimination from community they live in, school they study in and their own relatives. This heightens their experience of trauma – affecting their mental and psychological growth.
- There are anecdotal evidences of single infected mother struggling to handle the stress that their children go through, particularly the adolescents.
- Adolescent children and girls living with HIV very often have physical and mental under-development as compared to other children of similar age. The nutritional packages and the special therapies being provided under this scheme would help the adolescent girls living with HIV immensely in this regard.
- The current National AIDS Control Programme does not provide any psycho social and empowering support to Adolescent Girls who are either infected or affected by HIV and AIDS.
- Groups like Sakthis and Sahelis would enhance the life skills of these girls and allow them to overcome barriers and access the health care system, which their mothers hesitated to do.
- Given these circumstances and due to their socio-economic background with limited access to any psycho-social support, RGSEAG is an ideal scheme that could be of great support to the adolescent girls who are infected or affected by HIV.

4. Issues and Challenges of PLHIV

- The stigma and discrimination that prevails in society makes it difficult to club adolescent girls infected and affected with HIV/AIDS with other adolescent girls' group.

5. Recommendations

- At least in high HIV-prevalence districts, special focus should be given to infected and affected adolescent girls under the scheme.
- In collaboration with NACO, special packages to address issues of positive adolescents should be introduced in the training kits of AWW. The life skill programme already available could be combined with the life skill training under this scheme to improve the access to health care through ART centres.
- Anti-Retroviral Therapy (ART) Centres should also be designated as Centres for implementation of this scheme to facilitate reaching the adolescent girls living with HIV with the services/facilities. Where not feasible, close coordination between the District Hospitals and ART Centres should be ensured.

Scheme 4

1. Name of the Scheme

Support to Training and Employment Programmes for Women (STEP)

2. Brief Description

The STEP scheme mobilises women in small viable groups, provides training for skill up-gradation and makes facilities available through training and access to credit. The scheme enables groups of women to take up employment-cum-income generation programmes of their own (including backward and forward linkages). It provides support services for further improving training and employment conditions for women. The integrated package also provides health check-ups, referral services, mobile crèches and educational facilities.

3. Relevance of the Scheme for PLHIV

- Women living with HIV, due to her status and often after the death of her husband, experience destitution and are pushed into poverty with limited access to resources to meet her and family's needs.
 - ◆ 90% of the HIV widows in the NACO-NCAER-UNDP study were forced to leave their marital homes.
 - ◆ 79% of positive women were denied a share in their husband's property.
 - ◆ 43% positive women were living alone.

- Majority of widows living with HIV/AIDS are in the 18-35 age groups. Many of them are compelled to do sex work to support themselves and their children.
- Extension of this programme would enable them to improve their livelihood and access better health care, psycho-socio support etc.

4. Issues and Challenges of PLHIV

- A number of PLHIV are not falling under the selection criteria for STEP and are not able to access the scheme.
- There is no special provision for PLHIV under this scheme and PLHIV are reluctant to take this issue up as this may reveal their identity.

5. Recommendations

- Relax selection criterion and extend programme to include all women and girls living with HIV to enable them to develop skills, avail of employment opportunities and become independent.

Scheme 5

1. Name of the Scheme

Integrated Child Development Scheme (ICDS)

2. Brief Description

The ICDS is the largest programme for promotion of maternal and child health and nutrition in India and the world. The program provides an integrated approach for converging all the basic services for improved childcare, early stimulation and learning, health and nutrition, water and environmental sanitation aimed at the young children, expectant and lactating mothers, other women and adolescent girls in a community. The beneficiaries are children below 6 years, pregnant and lactating women and women in the age group of 15 to 44 yrs.

3. Relevance of the Scheme for PLHIV

- All the key services provided through the ICDS scheme, viz, supplementary nutrition, immunisation, health check-up, referral services, pre-school non-formal education and nutrition & health education are services that would improve the health of the infected mother and child and is an additional support particularly when they are on ART.



4. Issues and Challenges of PLHIV

- There are issues of access, stigma and discrimination which could lead to limited access to these services.
- AWW lacks skill, knowledge and capacity to handle health issues of infected children.

5. Recommendations

- Additional nutritional support (iron and protein rich) to girls and children living with HIV.
- Adequate sensitisation and skill building for AWW and helpers in AWC on issues of PLHIV.
- Sensitisation efforts among key stakeholders and in the community on issues of PLHIV and work on myth and misconception that will reduce stigma and discrimination.
- In villages where the number of PLHIV is high, AWC can become an outreach support for various services under NACP - like following up for antiretroviral treatment, referring known cases of high risk to Integrated Counselling and Testing Centres and STI clinics, etc.



Ministry of Health and Family Welfare

Scheme 1

1. Name of the Scheme

Janani Suraksha Yojana (NRHM)

2. Brief Description

Launched in 2005, the focus of this scheme is to increase institutional deliveries of pregnant women in the country. Cash incentives are provided to pregnant mothers to have institutional births as well as pre- and ante-natal care are the key services offered.

3. Relevance of the Scheme for PLHIV

- Most of the infected women are from the lower economic class, requiring financial assistance to access ANC services as well as PPTCT services.
- Many of them discover of their HIV positive status during pregnancy and at the same time, have to care for an ailing husband resulting in severe social, economic and psychological trauma.
- Institutional delivery and PPTCT care are of upmost importance to reduce the risk of parent to child transmission.

4. Issues and Challenges for PLHIV

- Many PLHIV women avoid ANC services due to fear of stigma and discrimination in the health care settings. Often, the service providers are unwilling to assist in delivery and refer them to higher centres of health care. There are cases of women delivering enroute since the hospital was unwilling to assist in delivery.
- There is also a constant fear of breach of confidentiality of their status at the health care facility. Fear of revealing the status to ASHA workers would prevent many of the PLHIV pregnant women from accessing JSY.
- Limited awareness on JSY among PLHIV, especially pregnant women, due to absence of any focused awareness building among PLHIV pregnant women.

5. Recommendations

- Focused efforts at increasing awareness among PLHIV women about benefits of JSY and how to access the scheme.
- Departmental linkages and collaboration with DLN to promote early ANC registration of PLHIV pregnant women.
- Early registration during pregnancy will ensure HIV testing and reduce the risk of Parent to child transmission.
- Involvement of WLHIV in the designing and implementation of the scheme.
- Like in the northern states, the benefits of JSY through accredited private sector facilities be extended to the entire country.
- Sensitise ANMs and ASHA's to the issues of PLHIV pregnant women and training on caring for infected pregnant women and lactating mothers.
- Sensitise health care workers (doctors, nurses) in PHC, CHC and District Hospitals to the issues of PLHIV and training them in Universal Precaution.

Other Recommendations for MOHFW

1. Free transportation for all health-related travel for PLHIV and one companion (public & private sector, reimbursement where public transport not available, ambulance for pregnant women).
2. Ensure high quality diagnostics and treatment for TB across all centres in the country.
3. Strengthen RNTCP to HIV linkages; ART to gynaecologist to CBO linkages.
4. Ensure availability of PEP for universal precaution.
5. For WLHIV, age criteria for pap smear should be waived to facilitate early detection of cervical cancer.
6. Ensure community participation in different advisory committees.
7. Automatic inclusion of PLHIV in National Illness Fund.
8. Ensure functional testing facilities, especially in the Northeast, in all district hospitals.

Ministry of Housing and Urban Poverty Alleviation

Scheme 1

1. Name of the Scheme

Rajiv Awas Yojana

2. Brief Description

Rajiv Awas Yojana (RAY) is meant for the slum dwellers and the urban poor and aims at assigning property rights to slum dwellers. Upgrading slums, the occupied land or a part thereof is allocated to the slum-dwellers to enable them to have access to housing and basic amenities such as drinking water, sewerage, drainage, street lighting, roads, social infrastructure, etc.

3. Relevance of the Scheme for PLHIV

- In many cases widows are forced to leave the house by in-laws after the death of the husbands and experience destitution.
- A number of PLHIV have left rural areas and are living in urban slums in unhygienic condition, which increases risk to their health and life.
- Poor sanitation and unhygienic conditions further reduces the immunity of PLHIV.
- This scheme looks at improving overall quality of living of slum dwellers and will play an important role in their social upliftment and self esteem.
- Various studies and discussion with PLHIV have reported that housing is one of their key requirements. PLHIV parents are scared that their children will become destitute after their death if they do not have their own house.
- Housing is one of the basic needs and providing physical comfort it gives PLHIV confidence and helps them lead a better and healthier life.
- Having a house in the urban areas – increases their access to treatment facilities.

4. Issues and Challenges of PLHIV

- Many PLHIV are living in rented houses and will not be eligible for availing benefits under RAY.
- In certain cases, PLHIV may not have the financial resources to avail this scheme.

5. Recommendations

- Include PLHIV as one of the beneficiary groups and prepare guidelines to help them access the scheme.
- Support in possible loans for PLHIV who cannot afford the cost.
- Link up with DLN and local NGOs working with PLHIVs to identify and support PLHIV in accessing the scheme.
- Application and allotment process to respect confidentiality of the PLHIV; Careful allotment to ensure that all PLHIV are not allotted houses together which will lead to stigma and ghetto-ising.



Ministry of Social Justice and Empowerment

Scheme 1

1. Name of the Scheme

Dr. Ambedkar Medical Aid

2. Brief Description

This scheme envisages financial assistance to poor SC patients whose annual family income is less than Rs. 50,000/- and require surgical operation for ailments like Kidney, Heart, Liver and Cancer and any other life threatening diseases including knee surgery and spinal surgery. The maximum ceiling of medical aid is 75% of the total cost estimate of treatment or Rs. 1 lakh, whichever is lower.

3. Relevance of the Scheme

- A high proportion of PLHIV have need for regular hospitalisation due to opportunistic infections at the onset of AIDS. The cost of treatment is high and is a drain on their income.
- Many PLHIV, due to their poor health status, are not able to earn regular wages and absenteeism reduces their income.

4. Issues and Challenges of PLHIV

- It is a challenge for PLHIV located in interior areas to get the application recommended by MP, DM/Collector/Deputy Commissioners, or Secretaries of concerned State/UT.
- Besides there is also an issue of breach of confidentiality, if they have to reveal their status to these officers.
- Hospital may be located at considerable distance from PLHIV residence and will require considerable time and money for travelling.
- Health care professionals not willing to undertake treatment/surgery on PLHIV due to stigma.

5. Recommendations

- PLHIV who meet the criteria should be given preference.
- Amend the scheme to ensure HIV infection is included as one of the life threatening diseases/conditions.
- Sensitise key providers about the need to maintain confidentiality.
- Develop protocols to ensure that the confidentiality of PLHIV is maintained.

National Legal Services Authority (NALSA)

Scheme 1

1. Name of the Scheme

Legal Aid Clinics

2. Brief Description

Legal Aid Clinics are intended to provide legal relief easily accessible to the indigenous and backward sections of the society. A lawyer manning the legal aid clinic provides legal services to the people. The thrust is on the basic legal services like legal advice and assisting in drafting of notices, replies, applications, petitions, etc.

3. Relevance of the Schemes to PLHIV

- PLHIV face a number of instances of stigma and discrimination at household, workplace, community and institutional levels. They constantly face issues related to loss of job or loss of property due to their HIV status. They are denied their basic right to education, health care, right to equal work opportunities, privacy & confidentiality, etc.
- PLHIV are often not aware of their rights and entitlements.
- NACO-NCAER-UNDP study shows that around 90% women are thrown out of married homes after the husband dies of AIDS.
- More than 70% of people who access legal aid clinics for PLHIV in Tamil Nadu are women and most of them are related to property rights.
- WHO study in India, Thailand, Indonesia and Philippines shows that 34% of PLHIV respondents faced breach of confidentiality in the health care settings.
- Therefore, the need for legal support is crucial.
- Dearth of NGOs, civil society in provision of legal support to the PLHIV in the country. Where they are involved, it is project-based and not sustainable. Therefore, the need for government intervention.

4. Issues and Challenges

- The fear of disclosure is one of the main reasons PLHIV do not access their rights and entitlements and when their rights are infringed do not seek legal support.
- Generally legal procedures are expensive and time consuming. So, people avoid getting into legal tangle.
- PLHIV generally face legal problems from close family members and do not want it to be made public.

5. Recommendations

- Make legal issues of PLHIV a focus area within NALSA with a focal point looking into the issues and possible interpretations of law in favour of PLHIVs.
- Training of judiciary including judges, lawyers and paralegal staff on issues of PLHIV (refer NALSA article 1987 Sec 16b).
- PLHIV need to be provided with free legal awareness about rights and entitlements through awareness building initiatives.
- Train/Engage PLHIV, especially women, as paralegal workers.
- Involve Women Resource Centre/District Level Network (DLN)/positive women representatives in the outreach for legal aid support to PLHIV.
- Speedy redressal of cases/petitions through mechanisms including existing ones like Lok Adalats.

Ministry of Labour and Employment

Scheme 1

1. Name of the Scheme

Rashtriya Swasthya Bima Yojana

2. Brief Description

The scheme provides health insurance cover of Rs. 30,000 per annum to workers in the unorganised sector who are below poverty line and up to five members of their families. The yearly premium is Rs.1,511. The beneficiaries are eligible for the coverage of costs of both in-patient health care services and day care procedures that do not require hospitalisation.

3. Relevance of the Schemes to PLHIV

- A high proportion of PLHIV have need for regular hospitalisation due to opportunistic infections at the onset of AIDS. The cost of treatment is high and is a drain on their income.
- Many PLHIV, due to their poor health status, are not able to earn regular wages and absenteeism reduces their income.

4. Issues and Challenges

- Not all PLHIV come under the BPL category and would therefore not be eligible for the scheme even though there is a need for such a coverage given the high cost of treatment of opportunistic infections.
- Even though a directive has been issued regarding removal of HIV from the exclusion list, most states are not aware of this.

5. Recommendation

- Automatic inclusion of PLHIV as beneficiaries irrespective of BPL status. Once done,
 - ◆ Ensure confidentiality while placing the name of beneficiaries with Gram Sabha.
 - ◆ Sensitise key providers about the need to maintain confidentiality.
 - ◆ Develop protocols to ensure that the confidentiality of PLHIV is maintained.

Department of Food and Public Distribution

Scheme1

1. Name of the Scheme

Antyodaya Anna Yojana

2. Brief Description

The scheme provides special food based assistance to destitute households comprising of the aged, infirm, disabled, old persons (above 60), pregnant and lactating mothers, widows and single women without regular support, etc. to create a hunger-free India. Antyodaya card beneficiaries are entitled to 35kgs of either rice at Rs.3 per kg or wheat at Rs.2 per kg per month at designated ration shops.

3. Relevance of the Scheme for PLHIV

- In a study done by NACO-NCAER-UNDP on Macro-Economic Impact of HIV and AIDS in India (2006), it was found that household income within the HIV household decreased by 66.25% due to rising cost of treatment and loss of job. Per capita monthly expenditure was four times higher than the non-HIV household due to treatment costs. It was also reported that close to 46% of the HIV households borrowed from money lenders to meet the rising cost of living, compared to only 27% of non-HIV households.⁵
- Several women face destitution and denial to property after the death of their positive husbands. They are unable to raise voice, seek justice due to fear of stigma from community.
- Loss of job due to status being known or absenteeism due to illness – results in decrease in income.
- Poverty is thus one of the major shocks experienced by an HIV household requiring support
- Malnutrition weakens the immune system increasing the vulnerability and susceptibility to infections. HIV infection further deteriorates the immune system.
- People living with HIV/AIDS are more vulnerable to many deficiencies and infections due to their poor immunity and other vulnerabilities.

⁵ <http://data.undp.org.in/hiv/BigPicture.pdf>

4. Issues and Challenges to PLHIV

- Not all PLHIV come under the eligibility criteria, but require the assistance provided by the scheme.

5. Recommendations

- Inclusion of PLHIV as automatic beneficiaries (as done in Chhattisgarh). Once done,
 - ◆ Adopt procedures and mechanisms to protect the identity and confidentiality of PLHIV.
 - ◆ Involve District level Networks (DLNs) and Targeted Intervention (TI) partners of the National AIDS Control Programme to ensure inclusion of all needy PLHIV.
 - ◆ Sensitise key providers about the need to maintain confidentiality.
 - ◆ Develop protocols to ensure that the confidentiality of PLHIV is maintained.



Scheme1

1. Name of the Scheme

National Old Age Pension

2. Brief Description

It is a fully-funded Central scheme, implemented by Panchayats and Municipalities. It is to benefit people who are 65 years or more and are destitute (no regular means of subsistence from his/her own source of income or through financial support from family members or other sources). The Central Government contribution is Rs. 200 per month per eligible person. The state contribution varies from state to state.

3. Relevance of the Scheme

- WLHIV are unable to have a permanent employment or a constant source of income, as the illnesses associated with HIV make them too debilitated to work or due to the stigma associated with the positive status.
- The woman often faces rejection from her family (both natal and marital) due to her status as a widow and as a PLHIV and thus lacks support.
- 90% of the HIV widows in the NACO-NCAER-UNDP study were forced to leave their marital homes.
- 79% of positive women were denied a share in their husband's property.
- 43% positive women were living alone.
- The inability to work, or secure an employment causes them to be unable to generate income for the family responsibilities.
- The PLHIVs also need to be on ART, and to respond to ART well, they need to have proper nutrition, securing which requires money.

Thus, support from the state for subsistence becomes absolutely essential for PLHIV widows.

4. Issues and Challenges of PLHIV

- Most WLHIV become widowed at a young age and do not fall in the required age group of 65 or above years and thus, unable to access the scheme.
- Amount is inadequate given the rise in cost of materials. While rice, dal can be/ being provided through other schemes, there is a need for intake of fresh vegetables and additional medicines for PLHIV. Therefore, the need for increased pension.

5. Recommendations

- Reduction of age criteria for PLHIV to 35 years.
- Increase the pension amount; Rs. 200 is a very insufficient amount.
- Make the procedures less stigmatising for PLHIV – if their status has to be revealed.
- Speedy approval and disbursal of entitlement.



