

# “JIYO PARSI”



**CENTRAL SECTOR SCHEME**

**FOR**

**CONTAINING POPULATION**

**DECLINE OF PARSIS IN INDIA**



**Government of India**

**Ministry of Minority Affairs**

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**CENTRAL SECTOR SCHEME FOR CONTAINING POPULATION DECLINE OF  
PARSIS IN INDIA**

**1. Introduction**

- 1.1. The population of Parsis (Zoroastrians), a notified minority community under National Commission of Minorities Act 1992, has declined from 1,14,000 in 1941 to 57,264 in 2011 as per census data. In order to arrest the decline in population and reverse the trend, there is a felt need of Government of India intervention. The Government of India through Ministry of Minority Affairs had formulated the Jiyo Parsi Scheme in September 2013. However, the Scheme needs to continue steadily for some time to show impact. Thus, there is a felt need for continuation of this Government of India intervention.
  
- 1.2. Over the centuries, since the first Zoroastrians arrived in India, the Parsis have integrated themselves into Indian society while simultaneously maintaining their own distinct customs and traditions and ethnic identity. It has an ageing demographic profile with a large number of middle aged and elderly population. In this respect, it is more similar to the demographic profile seen in developed countries, unlike the profile of the general Indian population, which is predominantly young.
  
- 1.3. The Parsi community in India has experienced sharp population and fertility decline. It is interesting to note that the age at marriage among Parsi women is about 27 years and in men about 31 years. Only one family in 9 (nine) has a child below the age of 10.
  
- 1.4. The Total Fertility Rate (TFR) of the Parsi community has reached below 1(one), which means that on an average, a Parsi woman in her total child bearing age has less than 1 child (0.8). Moreover, 31% of Parsis are over the age of 60 years and more than 30% Parsis are “Never married”.

- 1.5. In addition to late marriages, voluntary and involuntary childlessness is another important factor for the low fertility among the Parsi community. There is a significant higher percentage of Parsi males unmarried compared to non-Parsis.
- 1.6. Since 1950s, deaths have consistently outstripped population replacement rate. It can be attributed to both medical and socio-cultural reasons.
- 1.7. The studies conducted by the National Commission for Minorities (NCM) and the joint studies conducted by Parzor Foundation and Tata Institute of Social Science (TISS), have identified the following reasons as the important causes for decline in population of Parsis:
- (a) Late and non-marriages;
  - (b) Fertility decline;
  - (c) Emigration;
  - (d) Out-Marriages; and
  - (e) Separation and divorces.
- 1.8. It has been found that because of the very large proportion of elders in the community, each younger couple often has to bear the responsibility of several elders. This responsibility also adds to disinclination for having a child, further leading to the low birth rate figures. The Work Participation Rate (WPR), Labour Force Participation Rate (LFPR) and Unemployment Rate are high, creating high dependency Ratio (DR) in the community.
- 1.9. Advocacy has brought 70% of the increased births in the last three years of the scheme and hence the continuing scheme will give equal priority to this component. The aim of Jiyo Parsi scheme has been expanded from being an infertility treatment project to a project that addresses concerns of Attitudinal change regarding the Health of the community.
- 1.10. In view of the above, the Government of India considers it necessary to continue the Jiyo Parsi Scheme with certain revision in the norms.

## 2. Objective

2.1. The objective of the scheme is to reverse the declining trend of Parsi population by adopting a scientific protocol and structured interventions, stabilize their population and increase the population of Parsis in India.

## 3. Target Group

3.1. The scheme is meant for the notified minority community i.e. **Parsi/Zoroastrian** only.

3.2. Target Groups within the Parsi community for the infertility treatment would be as follows:

- (i) Parsi married couples of childbearing age who seek assistance under the scheme.
- (ii) Adults/ Young men/women/Adolescent boys/Girls for detection of diseases resulting in infertility. For screening of adolescent boys/girls, written consent of parents/legal guardians should be mandatory.

## 4. Approach and Methodology

4.1. Infertility is a complex clinical socio-psychological issue. Infertility is the inability to conceive for more than two years and is not necessarily a disease. With advances in medical science, 90% of modern day infertility is treatable. For most couples, it may be the right medical and psychological guidance, counseling and the best medical expertise at the right age may be of great assistance. The interventions under the scheme will be taken up under strict medical protocols maintaining full confidentiality.

4.2. To arrest population decline, there will be a requirement of multi-pronged approach. Thus, the Scheme will have three components:-

- a. **Advocacy**: Counseling for couples with infertility, marriage, family and elderly counseling; help desks and medical camps all over India, development of website to capture population and other details of Parsi community and

outreach programme. It will also include Workshops on relationship management, parenting, drug awareness, self-image etc;

The Parzor Foundation will develop a comprehensive website to capture the data of members of Parsi community. The website would offer the free membership to all Parsi members alive. Thereafter, details of birth with and marriage- re-marriage will be updated. Minimum information should be sought from the individual.

Parzor Foundation would generate report on a monthly, quarterly, half-yearly and yearly basis and send it to MOMA. Maintenance of website will be done by the Parzor Foundation.

This would also include visits to doctors for awareness generation, use of social media, films, and advertisements in print and electronic media, matrimonial meets and dedicated websites.

**b. Health of the Community:** This will cover crèche/ childcare support, senior citizen honorarium for childcare, assistance to elderly.

The crèche/childcare support will be provided to the parents. The fee for crèche would be maximum Rs. 4,000/- or actual whichever is lesser, per child only up-to the age of 8 years. However, no funds will be provided under the scheme for maintenance, construction or any recurring expenditure for building of crèche etc.

Senior citizen honorarium for childcare would be Rs. 3,000/- per child per month up-to the age of 10 years of the child. Assistance to elderly would be Rs. 4,000/- per month per person after an age of 70 years.

The income criteria for the family whose elderly are to be benefited would be Rs. 10 Lakh per family per year.

The available data on the Parsi elderly reveals a consistent increase in the population of the aged as per 2001 Census. Parsi elderly population (above 65 years) was 31 %. Therefore, a guess estimate for elderly persons above 70 years may be atleast 25% to 27% of total Parsi population.

Further, Counselors will be appointed for monitoring the Scheme for the elderly. Parsi Baugh representative will also oversee the programme.

This component of assistance for elderly dependents is envisaged to provide monetary assistance to Parsi couples with family income below Rs. 10 lakhs who have elderly members residing with the family and in cases where such responsibility is a deterrent to starting or increasing the number of children.

The selection process will be done by a Panel consisting of the following:-

- (i) Director, Jiyo Parsi, Ministry of Minority Affairs;
- (ii) A Representative of Parzor Foundation;
- (iii) Counselor Expert, Jiyo Parsi (to be appointed by Parzor Foundation);
- (iv) Independent Counselor with expertise in Family Counseling of and for Aged;
- (v) World Zoroastrian Organization Representative who has experience in Senior Citizen Welfare.

This Panel will call for applications by placing Advertisements in local and regional newspapers in both Gujarati and English. The criteria for selection will be at the discretion of the Panel. The Panel will hold interviews in Mumbai and Gujarat at locations where this need among Parsi families is seen.

The Panel will choose applicants based on the highest marks obtained during the criteria screening of applications and the interview. The beneficiary will be chosen on the main criteria of looking after more than one elderly family member. The care of the beneficiary will be checked upon by the Jiyo Parsi counselor on a trial basis of six months. If a child, first or sibling is conceived the monetary provisions for the elderly will continue for the duration of the life of the elderly, as long as the scheme exists.

The maximum number of beneficiaries will be 100 and their elderly care will be monitored through the counsellors to see that all respect is given to them by the family which is receiving monetary benefits. Neighbours can act as a neighbourhood watch to also ensure good treatment by all family members of the elderly. In case such

treatment is not forthcoming, after three warnings, the financial benefit will be removed and the counsellor can advise removal of the elderly to a Senior Citizens home.

**c. Medical Assistance:** Assisted Reproductive Technologies (ART) which includes In-Vitro Fertilization (IVF) and Intra Cytoplasmic Sperm Injection (ICSI) and other modes including surrogacy as medical assistance when required. To deal with fertility issues, financial assistance would be provided for investigation and detection of infertility, counseling and fertility treatment to married couples after their fertility problem is medically detected.

4.3. Standard medical protocols for each target group will be followed as per the guidelines of the Ministry of Health and Family Welfare, Government of India.

4.4. It will be mandatory on the part of a treating hospital to inform the entire treatment plan to the patient before any treatment is taken up and take their consent or his/her parents/legal guardians' consent.

4.5. The number of Cycles of treatment may be followed as per Medical protocols as per guidelines of the Ministry of Health and Family Welfare, Government of India.

## **5. Confidentiality**

5.1. Confidentiality of patients shall be considered as of utmost importance. Confidentiality regarding names and identity of targeted couples would be maintained. The organization implementing the scheme would maintain all details of the patients and provide information to the Ministry in codes about the total number of couples undergoing treatment. The registers and detailed documentation maintained by the implementing agency would be subject to inspection and audit by the Ministry, audit authorities and authorized representatives of the Ministry for inspection.

## **6. Outreach Programme**

6.1. There is an urgent need to educate the community about their perception for infertility. To address this, a massive publicity campaign is required comprising general information sessions, media publicity, counseling sessions and other



such events that will help to encourage Parsis to have more children and to go in for early marriages within the community. The aim is to create awareness among the younger generation of marriageable age and young couples to make efforts to contain the population decline of the community and to seek early diagnosis and treatment where necessary, prior to marriage.

6.2. The Information, Education and Communication (IEC) or Outreach Programme (seminar, medical camps, publicity, brochures, ethnic journals of the Parsi community, advocacy, films, social media, matrimonial meets and matrimonial websites etc.) would be undertaken by the Parzor Foundation with the assistance of the Bombay Parsi Panchayat in Mumbai and the various members of the Federation of Parsi Zoroastrian Anjumans of India in other towns, cities and mofussil areas of the country.

## 7. Type of Assistance and Financial Norms

7.1. The Jiyo Parsi scheme will continue in the remaining period of the 14<sup>th</sup> Financial Commission, i.e., next three years (2017-18, 2018-19, 2019-20) with total budgetary provision of Rs. 12 crore. This is a 100% Central Sector Scheme.

The details of the scheme interventions for the three years viz.2017-18 to 2019-20 are as under:-

	Year	Estimated cost (Rs.in Crore)			
		Advocacy	Health of the community	Medical assistance	Total per year
1.	2017-18	1.09	1.00	1.91	4.00
2.	2018-19	1.09	1.00	1.91	4.00
3.	2019-20	1.09	1.00	1.91	4.00
Total		3.27	3.00	5.73	12.00

The above cost components of the scheme are non-recurring in nature. Fund can be transferred from Medical to Advocacy and vice-versa with the approval of Secy(MA) in consultation with JS(FA).

7.2. Although Parsis are considered relatively more affluent than many other communities, in many cases there are Parsi families belonging to the lower economic strata who cannot afford fertility treatment. Even middle class couples find it difficult to afford repeated cycles of treatment. The Work Participation Rate (WPR), Labour Force Participation Rate (LFPR) and Unemployment Rate is high due to an ageing community. There is a high Dependency Ratio (DR) within the community by which gross income level does not reflect true financial capacity.

7.3. Parsi married couples who seek assistance would undergo treatment cycles of Assisted Reproductive Technologies (ART) including surrogacy as prescribed by the concerned Doctor which includes In-Vitro Fertilization (IVF) and Intra Cytoplasmic Sperm Injection (ICSI) as medical assistance when required, subject to maximum cost of Rs. 8.00 Lakhs (Rupees Eight lakhs) per couple per child born, or as per actual, whichever is lesser. Details of expenditure, would be as follows:-

- (i) Single Non-Donor IVF Cycle: Rs. 1,00,000/-;
- (ii) In those cases, where the hospitalization is required, the cost of hospitalization including admission, infrastructure. Doctor's fees, service charges etc., the additional cost upto Rs. 1,50,000/- may be considered, provided the hospitals (Government/ private) are equipped with facilities for IVF and Artificial Reproductive Technology;
- (iii) Donor oocyte IVF will have an added cost for Donor as per actual;
- (iv) Diagnostic/ Pre-treatment tests are admissible upto Rs. 75,000/- per patient;
- (v) Follow up treatment and medication is admissible upto Rs. 1,00,000/- per patient. In cases with complications and expenditure exceeding Rs. 1,00,000/- it may be examined by the Ministry on case to case basis on its merit;

- (vi) The overall ceiling for treatment per patient for Artificial Reproductive Technologies cycle including hospitalization and all other costs would be Rs. 8.00 Lakh as per prescribed norms under the Scheme. The reimbursement would be admissible as per annual income of the family as presented in the guidelines.

7.4. The treatment will be undertaken at Registered and recognized hospitals and authorized clinics. The application form for support towards the treatment will be countersigned by the recognized local Anjuman/Panchayat of the Parsi/Zoroastrian community.

7.5. Financial assistance would be extended for diagnostics and consultation, fertility treatment, cost of medicines, follow-up, hospitalization, pregnancy, delivery charges, Post-delivery assistance as necessary to ensure health and survival of mother and child. The percentage of financial assistance will be based on income levels as per the table below:

S. No.	Annual family income from all sources	Financial Assistance to be provided
1.	Rs.15 lakh & below	100%
2.	Rs.15-25 lakh	75%
3.	Rs.25 lakh and above	50%

7.6 Income certificate would be necessary from an appropriate authority in a particular State/ UT.

7.7 Parsi boys and girls of marriageable age (adolescent to the 30s), suffering from treatable clinical problems that result in infertility, would be provided medical assistance to the tune of Rs. 15,000/- and Rs. 25,000/- respectively.

7.8 Rs. 3.27 Crore will be earmarked for advocacy component for the remaining period of 14th Finance Commission (2017-20). This will be subject to availability of resources.

7.9 Funds will be released by MOMA in two installments of 50% and 50%.

7.10 Further, 3% of the total annual budget will be used for administration and management of the scheme in the Ministry.

## **8. Role of Parzor Foundation**

8.1. Parzor Foundation will be an important link between the Parsi community and the Government to enable the success of the interventions.

8.2. The Scheme will be implemented by the Parzor Foundation with the help of the Bombay Parsi Panchayat (BPP) and through the organizations/societies /Anjumans and Panchayat of the community concerned in existence for not less than three years.

8.3. Parzor Foundation will give preference to local Anjumans and Panchayats which are the organizations who are able to garner the support of the local community for the counseling and workshops.

8.4. In order to ascertain eligibility for assistance under the scheme, the Parzor Foundation with the assistance of the Bombay Parsi Panchayat or concerned Anjumans, shall verify the following:

- (a) That the targeted married couple for screening fits the required income eligibility parameters for availing of medical assistance.
- (b) That the married couple or boy/girl of marriageable age for screening belongs to the Parsi community.
- (c) That the married woman who is to undergo fertility treatment is of child bearing age.

8.5. With the support of the Bombay Parsi Panchayat or concerned Anjumans, the Parzor Foundation will be responsible for receiving proposals from candidates, evaluating them with the help of the doctors/clinics and recommending the beneficiaries for the treatment and subsequent to the completion of the treatment, scrutinizing the bills for reimbursement.

8.6. They will also render consolidated utilization certificate of the funds released to them to the Ministry.

8.7. The organization shall utilize the financial assistance for the specified purposes only. The organization shall maintain a separate account for the financial assistance released by the Ministry of Minority Affairs and shall make it available to the Ministry as and when requisitioned for inspection.

8.8. Ministry will sign a tripartite Memorandum of Understanding (MoU) with Parzor Foundation and BPP in this regard.

## **9. Transfer of Funds**

9.1. Funds will be released to Parzor Foundation for all three components towards medical support, advocacy, professional counseling and outreach programmes, as well as child care, dependent elderly support and research component as per availability of resources. The funds would be transferred electronically into the bank account of the Parzor Foundation.

9.2. Parzor Foundation will electronically transfer the amount to beneficiary account after mandatorily obtaining their Aadhaar, Bank Details and Mobile number. In this regard Notification S.O.No 2411 (E) dt. 14.06.2017 under section 7 of Aadhaar (Targeted Delivery of Financial and Other Subsidies, Benefits and Services) Act 2016 (18 of 2016) with respect to this scheme, published on 31.07.2017 may be referred.

## **10. Sanctioning Committee**

10.1 Ministry will constitute a Sanctioning Committee to consider and approve proposals under the Scheme.

10.2 Sanctioning Committee will comprise the concerned Joint Secretary as Chairman, Director (Finance) in Ministry, Representatives from Ministry of Health and Family Welfare, Representatives from Parsi Community and other Stakeholders and concerned Director/ Deputy Secretary as Convener.

10.3 This Sanctioning Committee may also make recommendations to remove difficulties which may come across during implementation of the scheme.

## **11. Administrative expenditure**

11.1. The Ministry shall be permitted to set aside upto the extent of 5% of the annual allocation under this scheme to meet administrative expenditure and management of the scheme, engagement of qualified contractual staff and to conduct workshop and conferences. Workshops and Conferences will also include functions organized by the Ministry for popularizing and promoting the scheme by way of showcasing successful entrepreneurs/ beneficiaries. Cost will include all expenses towards conducting and organizing the event including TA/ DA and miscellaneous expenses.

## **12. Monitoring and Evaluation**

12.1. The organizations concerned shall submit quarterly progress reports in format prescribed by the Ministry. Monitoring, Impact assessment and evaluation of the scheme would be carried out by the Ministry. Monitoring through independent agencies will also be taken up.

## **13. Review of the scheme**

13.1. Ministry will take up Mid-term appraisal of the scheme.

13.2. The scheme will be reviewed at the end of the 14<sup>th</sup> Finance Commission period.

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