MINISTRY OF MINORITY AFFAIRS
GOVERNMENT OF INDIA

JIYO PARSI

JIYO PARSI
Scheme
IMPROVED GUIDELINES

A Central Sector Scheme for the welfare of the micro minority Parsi Community

Jiyo Parsi Guidelines

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Government of India
Ministry of Minority Affairs

Central Sector Scheme for Containing Population Decline of Small Minority Communities

1. Introduction:

1.1. The population of Parsis (Zoroastrians), a notified minority community under the 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, the Government of India through the Ministry of Minority Affairs formulated the Jiyo Parsi Scheme in September 2013 which was revised in September 2017. Since then, two Impact Assessment and Evaluation of the Scheme have been conducted by the International Institute for Population Sciences (IIPS) and Tata Institute of Social Sciences (TISS), Mumbai. Both studies have observed that the Scheme has been successful in creating an impact. However, the Scheme needs to continue steadily for some time to stabilize the population.

1.2. The Parsi community has been facing a demographic challenge mainly due to infertility issues and late marriages. The Parsi population has an aging demographic profile with a large number of middle-aged and elderly members. It has been observed that such a large proportion of elderlies in the community are being taken care by younger couples and such responsibility adds to disinclination for having a child, further leading to low birth rates.

2. Objectives:

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/Zoroastrians residing in India.

4. Approach and Methodology:

4.1. Infertility, being the inability to conceive for more than two years, is a complex clinical socio-psychological issue. With advancements in medical science, infertility issues are mostly treatable now. For most couples, the right medical and psychological guidance, counseling and the best medical expertise at the right age provide great assistance.

4.2. To arrest population decline, a multi-pronged approach is required. Thus, the Scheme will have three components:

(a) Medical Assistance: To deal with fertility issues, financial assistance would be provided for fertility treatment to Parsis. Assisted Reproductive Technologies (ART) which includes In-Vitro Fertilization (IVF) and Intra Cytoplasmic Sperm Injection (ICSI) and other modes including surrogacy would be provided as medical assistance, wherever required. The interventions under the scheme will be taken up under strict medical protocols maintaining full confidentiality.

(b) Health of the Community: To motivate Parsi couples to have more children, financial assistance would be available to couples to take care of their dependent elderly family members and children.

(c) Advocacy: Enhancing support for Parsi couples with infertility and family-related concerns involves counseling sessions, outreach programme i.e. seminars, medical camps, publicity brochures, advocacy films, etc. The utilization of social media networks for publicity to effectively reach eligible Parsi couples, ensuring access of the benefits of the scheme.

5. Scheme Period:

5.1. The Jiyo Parsi scheme will continue during the 15th Financial Commission Cycle, i.e. FY 2021-22 to FY 2025-26) with a total budgetary provision of Rs. 50 crore. This is a 100% Central Sector Scheme. The details of the scheme interventions for the five years viz. 2021-22 to 2025-26 are as follows:

(Rs. in crore)

S.No.	Year	Advocacy	Medical Component	Health of Community	Total Outlay
1	2021-22	2.11	3.62	4.27	10.00
2	2022-23	2.11	3.62	4.27	10.00
3	2023-24	2.11	3.62	4.27	10.00
4	2024-25	2.11	3.62	4.27	10.00
5	2025-26	2.11	3.62	4.27	10.00
	Total	**10.55**	**18.10**	**21.35**	**50.00**

6. Type of Assistance and Financial Norms:

Financial assistance under the 3 components of the scheme would be provided as under:

6.1. **Medical Assistance**: Under this component, Parsis would get financial assistance for undertaking treatment cycles of Assisted Reproductive Technologies (ART), surrogacy, In-Vitro Fertilization (IVF) or Intra Cytoplasmic Sperm Injection (ICSI). The monetary ceiling of expenditure would be as follows:

(i) Assistance for infertility treatment upto a maximum Rs. 6 lakh or actual expenditure, whichever is less. This would include IVF (Rs. 1,50,000 per cycle, maximum 4 cycles), Surrogacy, Intra Cytoplasmic Sperm Injection (ICSI), cost of donor etc. in accordance with the submitted plan of treatment.

(ii) Assistance for other medical expenses (after conception) towards childbearing upto a maximum of Rs. 4 lakh or actual expenditure whichever is less. This would include diagnostic tests, medication (as per the treating Doctor's prescription), hospitalization, delivery related charges. A maximum amount of Rs. 2 Lakh or actual expenditure (whichever is less) would be reimbursed before delivery and the remaining would be reimbursed after the delivery.

(iii) In case, the newly born child(ren) requires post-natal (from birth till six weeks) care e.g., NICU, special check-ups, surgery, etc., an amount up to Rs 2.50 lakh or actual expenditure whichever is less, would be reimbursed.

(iv) All assistance under Medical Component would be subject to verification of submitted bills.

(v) In accordance with Department of Health Research, M/o Health & Family Welfare guidelines, law laid down under ART (Regulation) Act, 2021 and Surrogacy (Regulation) Act, 2021 and Rules & Regulations made there under are to be complied with.

(vi) Standard medical protocols to be followed as per the guidelines of the Ministry of Health and Family Welfare, Government of India.

(vii) Reimbursement in each of the categories would be admissible as per the following annual family income criteria:

S. No.	Annual family income from all sources	Financial assistance to be provided under the Medical component
1.	Upto Rs.15 lakh	100%
2.	Above Rs.15 lakh upto 25 lakh	75%
3.	Above Rs. 25 lakh upto 30 lakh	50%

6.2. **Health of the Community (HoC) component:** Assistance under this component is available to only those Parsi Couples who bear a child after the introduction of this component i.e. 2017-18 and whose annual family income from all sources is less than Rs. 15 Lakh per annum.

6.2.1. Under this component, financial assistance would be available to Parsi couples to take care of existing children and the newborn child(ren) at the rate of Rs. 8,000/ per month till the age of 18 years.

6.2.2. Besides, financial assistance for elderly dependents would be available to Parsi couples, who have dependent elderly family members. The rate of assistance for dependent elderly family members would be Rs. 10,000/- per month per dependent elderly (aged 60 yrs or more). The assistance would start after the birth of the child and would continue till the elderly family members are alive.

6.2.3. Parsi Couple blessed with child(ren) birth, may apply for the scheme benefits. The duly verified applicants would avail the benefits thereafter.

6.2.4. No funds will be provided under the scheme for maintenance, construction or any recurring expenditure for building of crèche etc.

6.2.5. The maximum overall number of beneficiaries under this component of the scheme will be 200.

6.2.6. Elderly care would be monitored through the District authorities to oversee that the family receiving the monetary benefits is giving due respect to the elderly members.

6.2.7. Moreover, the beneficiaries or their family members may study courses in Avesta-Pahlvi language, ancient language of Parsi Community, through distant learning mode from affiliated University and the Ministry would reimburse the annual fee for the same upto a maximum of Rs. 6000 per annum.

6.3. **Advocacy Component:** Outreach Programme i.e. seminars, medical camps, publicity, brochures, advocacy films, social media publicity, etc. would be undertaken by the State with the assistance of the selected Parsi Punchayet/ Anjuman/ Agiari in their respective area. 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.

6.3.1. Digital advocacy with better outreach and penetration among target groups may be employed to sensitize the community and to apprise them about the available Governmental assistance in this regard.

6.3.2 Dissemination of information regarding the implementation of Jiyo Parsi scheme would also be done through major Parsi newspapers/periodicals.

7. District Level Committee:

7.1. District-level Committee under the chairpersonship of the District Collector will be constituted as under:

i) District Collector – Chairperson

ii) District Minority Welfare officer

7.2 This committee will be an important link between the Parsi community and the Government of India to ensure the success of the interventions. Counseling sessions and workshops would be conducted for awareness generation about the scheme's benefits.

7.3 The Committee will receive proposals from candidates, evaluate them with the help of the doctors/clinics and recommend the beneficiaries for the treatment and also scrutinize the bills for reimbursement.

7.4 The district-level committee will meet quarterly to consider/recommend the applications received under the HOC component of the scheme.

7.5 The following powers will be extended to the District Committee -

i) Screening of all applications

ii) Recommend selected verified HOC applicants to the Sanctioning Committee in the Ministry.

8. State-Level Project Monitoring Committee:

8.1. A Project Monitoring Committee would be constituted in the State to monitor and supervise the progress of implementation of the scheme as under :

i) Secretary, Department of Minority Welfare – Chairperson,

ii) 2 District Collectors - Member

8.2. This Committee would make suggestions and recommendations for effective implementation of the scheme in the State.

9. Sanctioning Committee

9.1. A sanctioning Committee in the Ministry to consider and approve proposals under the scheme will comprise of concerned Joint Secretary as Chairperson, a representative from M/o Health and Family Welfare and concerned Director/DS as convener.

9.2. The purpose of the Committee would be to oversee the overall implementation of the scheme and to resolve any issue therein.

10. Oversight Committee:

10.1. An Oversight Committee to monitor and evaluate the implementation of the scheme will be constituted in the Ministry of Minority Affairs as under:

i) Minister/Secretary, Minority Affairs as Chairperson,

ii) 1 Representative from M/o Health & Family Welfare - Member

iii) 1 Representative from State Government

10.2. The oversight committee would meet annually to take stock of the progress made under the scheme.

11. Implementation of the Scheme:

a. The scheme would be implemented by the State Governments with the assistance of selected Parsi Punchayets/Anjumans/Agiaries.

b. Eligible Parsi couples would only be provided financial assistance under the various components of the scheme.

c. Financial assistance would be provided under the medical component for the treatment undertaken at hospitals/clinics recognized/accredited by the Central/State Government.

d. Financial assistance would be provided under the Health of Community component at applicable rates to the beneficiaries during the period of the scheme and till the beneficiaries remain eligible for the conditions of the scheme.

e. Preference would be given to Parsi Couples with the lowest annual family income.

f. Parsi couples willing of availing the scheme would be required to apply on the Jiyo Parsi Portal to seek benefits under the respective components and fill in the requisite application form providing their Aadhar Numbers, Aadhar-linked bank account details (joint account) and other relevant information.

g. The Parsi applicant would submit the tentative treatment plan, as prescribed by their treating Hospital/Clinic recognized/accredited for seeking benefits under the medical component.

h. District-level committee would consider and recommend the applications under the scheme.

i. State would endeavor to extend the benefits to maximum number of eligible Parsis within the ambit of the scheme.

j. State may ensure active involvement of all Parsi Punchayets/Anjumans/Agiaries in the state towards implementation and publicity of the scheme.

k. State Government would get the Biometric Authentication of all beneficiaries done annually. Only authenticated beneficiaries would be considered for payments.

l. After the recommendation and submission of relevant documents by the District Level Committee, the process of reimbursement/payment of grant will be initiated in the Ministry. Funds would be directly reimbursed through the Aadhaar-based Payment System (ABPS).

m. Payments towards advocacy and publicity activities would be done on quarterly basis to the respective State Government on receipt of duly verified Utilization Certificate in the prescribed format and other relevant documents.

n. The State shall utilize the financial assistance for the specified purposes only and a separate account for the financial assistance released by the Ministry of

Minority Affairs shall be maintained and be made available to the Ministry as and when requisitioned for inspection.

12. Transfer of Funds:

12.1. Financial assistance to the beneficiary under the medical component and the Health of Community Component would be released under Direct Benefit Transfer Mode through the Aadhaar Payments Bridge System (APBS) in accordance with National Payments Corporation of India (NPCI) guidelines. In this regard, Notification S.O.No. 2411 (E) dt. 14.06.2017 under section 7 of Aadhar (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.

12.2. Advocacy component payments would be done through the Central Nodal Agency (CNA) in accordance with DoE instructions. Payments towards advocacy and publicity activities would be done to the respective States quarterly on receipt of duly verified Utilization Certificate in the prescribed format and other relevant documents.

13. Confidentiality:

13.1. Confidentiality of patients shall be considered as of utmost importance. Confidentiality regarding the names and identities of targeted couples would be maintained.

14. Administrative expenditure:

14.1. The Ministry shall earmark 5% of the annual allocation under this scheme to meet administrative expenditure and management of the scheme Portal and for engagement of qualified contractual staff in the Ministry.

15. Monitoring and Evaluation:

The Ministry would get the concurrent evaluation of the scheme through a Third Party which would reach out to the beneficiaries & other stakeholders and submit their assessment report to the Ministry on an annual basis. Quarterly progress reports from States in the prescribed format would assist the Ministry in monitoring the scheme and in taking corrective measures for better implementation of the scheme. In addition,

officers from the Ministry would visit a few beneficiaries for better evaluation and assessment of the scheme.

16. Review of the Scheme:

The Ministry will take up a Mid-term appraisal of the scheme. The scheme will be reviewed at the end of the 15th Finance Commission period. The Ministry reserves the right to modify the provisions of the scheme.

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