

Exploring Urban Governance & Social Protection in light of COVID-19 in Mumbai

Part-1



**Regional Centre for Urban & Environmental Studies (RCUES) of
All India Institute of Local Self Government (AIIISG), Mumbai
United Nations Children's Fund, Maharashtra**



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This report presents the findings of a study that was undertaken to explore urban governance and social protection in the light of COVID-19 in the city of Mumbai. It is prepared by the Regional Centre for Urban and Environmental Studies (RCUES) of the All India Institute of Local Self Government (AIILSG), Mumbai with funding from UNICEF. The main objective of this endeavour is to understand the role of the municipal administration and elected representatives in delivering services to the marginalised during the pandemic. It critically reviews the existing Urban Social Protection Schemes (USPS) in two selected wards of the city and identifies the gaps. Based on the same, preliminary recommendations are made. This report also documents noteworthy initiatives of the Municipal Corporation of Greater Mumbai (MCGM) in managing COVID-19 in Mumbai with a focus on social protection.

The study collected both quantitative as well as qualitative information. Quantitative information from secondary sources was collected from concerned departments at the State and MCGM levels. Qualitative information was collected via Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) from different state and local level officials, elected representative, functionaries of Non-Governmental Organisations (NGOs), Civil Society Organisations (CSOs), and finally beneficiaries as well as non-beneficiaries in the two selected wards. Data collection involved, both, online consultations as well as extensive field visits.

This was followed by a final 'Stakeholder Consultation' which had representations from UNICEF, senior government officials, elected representatives, subject experts and NGO representatives. The main analysis and inferences of this study was shared with them, and insights generated through this entire process were incorporated in the present report.

The Report is presented in two parts – Part One contains the critical review of USPS in Mumbai. Part Two outlines the COVID-19 outreach of MCGM in four critical areas of food security, Maternal and Child Health (MCH), Education and Water and Sanitation. A comprehensive docket containing detailed information on all the USPS is also available for further reference.





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Abbreviations

| | | |
|-------|---|---|
| AAV | - | Antyodaya Anna Yojana |
| ACP | - | Additional Commissioner of Police |
| AILSG | - | All India Institute of Local Self Government |
| ALF | - | Area Level Federation |
| AMC | - | Assistant Municipal Commissioner |
| ARSH | - | Adolescent Sexual and Reproductive Health |
| ASHA | - | Accredited Social Health Activist |
| AWC | - | Anganwadi Centre |
| AWH | - | Anganwadi Helper |
| AWW | - | Anganwadi Worker |
| Bene. | - | Beneficiary |
| BPL | - | Below Poverty Line |
| BSY | - | Bal Sangopan Yojana |
| CABE | - | Central Advisory Board of Education |
| CAS | - | Common Application Software |
| CBSE | - | Central Board of Secondary Education |
| CBT | - | Capacity Building and Training |
| CCPWC | - | Cyber Crime Prevention against Women and Children |
| CCTV | - | Closed Circuit Television |
| CDO | - | City Development Officer |
| CDPO | - | City Development Project Officer |
| CEHAT | - | Centre for Enquiry into Health and Allied Themes |
| CET | - | Common Entrance Test |
| CHV | - | Community Health Volunteer |
| CLC | - | City Livelihood Centres |
| CLF | - | City Level Federation |
| CMM | - | City Mission Manager |
| CMMU | - | City Mission Management Unit |
| CO | - | Community Organisers |
| CP | - | Commissioner of Police |
| CSO | - | Civil Society Organisation |
| CSR | - | Corporate Social Responsibility |
| CT | - | Community Toilets |
| CVCF | - | Central Victim Compensation Fund |
| CWC | - | Child Welfare Committee |
| DBT | - | Direct Bank Transfer |
| DLSA | - | District Legal Services Authority |
| DMD | - | Department of Minority Development |
| DOHE | - | Directorate of Higher Education |
| ePOS | - | Electronic Point of Sale |
| ER | - | Elected Representative |
| EST&P | - | Employment through Skills Training & Placement |
| FCI | - | Food Corporation of India |
| FCSCP | - | Food, Civil Supplies and Consumer Protection |
| FGD | - | Focus Group Discussion |
| FIR | - | First Information Report |
| FPS | - | Fair Price Shop |
| GBP | - | British Pound Sterling |
| Gol | - | Government of India |
| GoM | - | Government of Maharashtra |

| | |
|--------|---|
| GR | - Government Resolutions |
| HH | - Household |
| HP | - Health Post |
| ICDS | - Integrated Child Development Services |
| IEC | - Information, Education and Communication |
| IIM | - Indian Institute of Management |
| IIT | - Indian Institute of Technology |
| ISP | - Innovative and Special Project |
| JSSK | - Janani Shishu Suraksha Karyakram |
| JSY | - Janani Suraksha Yojana |
| KII | - Key Informant Interview |
| KPI | - Key Performance Indicator |
| MAM | - Moderate Acute Malnutrition |
| MCGM | - Municipal Corporation of Greater Mumbai |
| MCH | - Mother and Child Health |
| MDD | - Minorities Development Department |
| MDM | - Mid-Day Meal |
| MHA | - Ministry of Home Affairs |
| MIS | - Management Information System |
| MJPJAY | - Mahatma Jyotiba Phule Jan Arogya Yojana |
| MKB | - Majhi Kanya Bhagyashree |
| MoF | - Ministry of Finance |
| MSP | - Minimum Support Price |
| NCS | - National Crèche Scheme |
| NFSA | - National Food Security Act |
| NGO | - Non-Governmental Organisation |
| NLSA | - National Legal Services Authority |
| Nos. | - Numbers |
| NPH | - Non-Priority Household |
| NUHM | - National Urban Health Mission |
| NULM | - National Urban Livelihoods Mission |
| NSP | - National Scholarship Portal |
| OOPE | - Out of Pocket Expenditure |
| OOS | - Out of School |
| OSC | - One Stop Centre |
| PA | - Per Annum |
| PDS | - Public Distribution System |
| PG | - Postgraduate |
| PHD | - Public Health Department |
| PHH | - Priority Household |
| PIB | - Press Information Bureau |
| p/m/s | - Per month per student |
| PMAM | - Pradhan Mantri Arogya Mitra |
| PMJAY | - Pradhan Mantri Jan Arogya Yojana |
| PMMVY | - Pradhan Mantri Matru Vandana Yojana |
| POCSO | - Protection of Children from Sexual Offences |
| Pop. | - Population |
| PP | - Per Person |
| PT | - Public Toilets |
| PW | - Pregnant Women |
| PWC | - PricewaterhouseCoopers |

| | |
|--------|---|
| PWLM | - Pregnant Women and Lactating Mothers |
| RC | - Ration Card |
| RCUES | - Regional Centre for Urban and Environment Studies |
| RSMS | - Rajarshi Shahu Maharaj Scholarship |
| RTE | - Right to Education |
| SAG | - Scheme for Adolescent Girls |
| SAM | - Severe Acute Malnutrition |
| SBSE | - State Board of Secondary Education |
| SC | - Scheduled Caste |
| SECC | - Socio-Economic Caste Census |
| SEP | - Self-Employment Programme |
| SESD | - School Education and Sports Department |
| SHG | - Self-Help Groups |
| SJSA | - Social Justice and Special Assistance |
| SMC | - School Management Committee |
| SMID | - Social Mobilisation and Industrial Development |
| SMM | - State Mission Manager |
| SMMU | - State Mission Management Unit |
| SNF | - Supplementary Nutrition Food |
| SNP | - Supplementary Nutrition Programme |
| SOP | - Standard Operating Procedure |
| SPS | - Social Protection System |
| SSC | - Secondary School Certificate |
| SUH | - Shelter for Urban Homeless |
| SUSV | - Support to Urban Street Vendors |
| ST | - Scheduled Tribe |
| Std. | - Standard |
| TDD | - Tribal Development Department |
| TPDS | - Targeted Public Distribution System |
| UD | - Urban Development |
| UHC | - Universal Health Coverage |
| UIDAI | - Unique Identification Authority of India |
| UK | - United Kingdom |
| ULB | - Urban Local Body |
| UNICEF | - United Nations Children's Fund |
| USD | - United States Dollars |
| USPS | - Urban Social Protection Scheme |
| VJNT | - Vimukta Jati and Nomadic Tribes |
| WASH | - Water, Sanitation and Hygiene |
| WCD | - Women and Child Development |

Executive Summary

India has achieved a fourfold increase in its per capita national income between 1997 and 2017, with a concomitant three to four fold increase in the rate of poverty decline after 2000¹. These gains stand to be obliterated with an estimated 230 million Indians slipping back into poverty due to the COVID-19 pandemic². As India struggles to regain its foothold after the massive disruptions brought about by the pandemic, the spotlight is on the Social Protection System (SPS) that could offer a safety net to its impoverished and marginalised millions.

Traditionally, India's SPS, oriented more towards social assistance rather than insurance, and has remained limited in its reach and scope³. However, there has been a decisive shift in the overall social security ecology with a movement towards a 'rights based' approach in the areas of education and food security. In 2009, the 'Right to Education (RTE) Act' was passed which granted all children a right to compulsory education and laid down a framework within which this could be facilitated. Following this, in 2013, the National Food Security Act (NFSA) was passed which expanded on the existing entitlements to assure food security to the vulnerable. These are landmark developments which demonstrate the gradual maturing of the Indian social protection sector although much still needs to be accomplished.

Present Study

Against this backdrop, the present study seeks to explore urban governance and social protection in the light of COVID-19 in Mumbai. UNICEF partnered with the Regional Centre for Urban and Environmental Studies (RCUES), with three entwined objectives – a) To critically review the existing coverage of Urban Social Protection Schemes (USPS) in Mumbai within a life cycle approach; b) To understand the role of the local administration and elected representatives in delivering services to the vulnerable communities during the pandemic, and lastly c) To document any noteworthy initiatives that emerged in managing COVID-19 in Mumbai.

The methodology combined both qualitative and quantitative data collection from secondary as well as primary sources. Concerned departments at the state, local and ward levels were approached in order to understand the program objectives, prescribed norms, targeting and inclusion strategies, delivery modalities, budgets and expenditure, monitoring and evaluation structures and finally outreach during COVID-19. Qualitative information was gathered via Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs). 10 FGDs and 141 KIIs were conducted between February and August 2021. These covered officials in - government departments, Non-governmental Organisations (NGOs), Civil Society Organisations (CSOs), Elected Representatives (ERs), beneficiaries and non-beneficiaries. Two city wards were selected as these were high on the Comprehensive Vulnerability Index⁴ along with registering high cases during the pandemic.

In all, more than 33 USPS in Mumbai executed by nine departments and covering the areas of health, women and child development, food security, education, urban development and urban livelihoods were reviewed under this study. Looking at the wide scope and the peculiar pandemic situation under which the project was operationalized, the key findings are strategic in nature, highlighting the overall

¹ World Bank, 2019

² Azim Premji University, 2021

³ International Labour Organisation, 2013

⁴ NIUA and UNICEF, 2018

macro level trends that were observed across sectors and schemes. In that, it does not attempt to present granular, micro level observations as these were clearly beyond the purview of the study.

Key Findings

The edifice of the USPS in Mumbai is vast. Some schemes have originated at the Government of India (GoI) level whereas others at the Government of Maharashtra (GoM) level. As is expected, what emerges is a kaleidoscope of schemes and programs with varying trajectories in their approach, objectives, mission, components, implementation modalities and performance. Despite this, there are some predominant trends as well as gaps that are evident which are now discussed below.

- In the extensive spread of more than 33 USPS that were mapped, those which clearly stand out are the legacy programs of Targeted Public Distribution Scheme (TPDS), Integrated Child Development Services (ICDS) and Mid- Day Meal (MDM). These centrally sponsored flagship programs, with their long historical roots are some of the largest in the world. Over their long trajectories assessments at various junctures has honed the operating frameworks to make them relatively more aligned to the field level conditions. Decision makers at the central and state level also continue to prioritise them, resulting in a relatively robust delivery modality.

The target group is well aware of these programs, though not always of the mandated entitlements. This too assures some level of accessibility.

Notably the TPDS system and later the MDM and AWCs under ICDS could mobilise their vast networks to secure food security to the millions in the city who lost their livelihoods during the pandemic.

- Currently, a number of ‘Missions’ have been launched in the social protection sector. Both the National Urban Health Mission (NUHM) and the National Urban Livelihoods Mission (NULM), recent in origin, are very comprehensive and ambitious in their intent and goals. However, these strategic policy orientations have not seen a smooth translation on ground. For instance, the Standard Operating Procedures (SOPs), Key Performance Indicators (KPIs), quality assurance and measurements proposed under NUHM remain only on paper. The convergence suggested in a plethora of schemes that mimic each other has yet to materialise. Similarly, the Self-Help Groups (SHGs) under NULM still struggle to gain access to credit and expand their operations for lack of guidance and procedural impediments. Both the Missions operate within severe infrastructural and human resource gaps. Empowering processes are long drawn and time-consuming requiring sensitivity and sustained hand holding, which are a mismatch with the ‘target orientation’ presently adopted under the Missions. Thus, although both are comprehensive in their scope and orientation and seek to bring about a fundamental change in the lives of the poor, their proposals are still at a nascent stage.
- At the other end of the spectrum are programs that appear to falter at the rudimentary level of planning and design. For instance, Majhi Kanya Bhagyashree (MKB), a program that promises a robust financial entitlement to women undergoing sterilisation operations after the birth of a girl child has witnessed strong resistance from the beneficiaries. One of the reasons is its foundational conditionality – that of sterilisation - which does not appear to match the perceptions as well as the socio-cultural or religious milieu of the beneficiaries. Similarly, the National Crèche Scheme (NCS) has been discontinued in Mumbai due to unreliability of data furnished by the Social Welfare Board and hence remains in an administrative quagmire.

In a similar vein, some scholarship schemes operate within the directives of outdated Government Resolutions (GRs) that have originated decades ago. Resultantly, neither have these schemes witnessed any revisions nor have they adapted to the actual needs of the students they support. All have a uniform implementation modality of online applications, verification, approval and disbursement of scholarship amounts via direct benefit transfer (DBT). Except for very few, none have matched their scholarship amounts to realistic levels. Thus, such programs need to be redesigned such that their objectives, entitlements and delivery modalities match the contemporary situations on ground.

In the area of Maternal and Child Health (MCH), the Pradhan Mantri Matru Vandana Yojana (PMMVY) extends partial compensation for wage loss via financial incentives to pregnant women for their first born. Janani Suraksha Yojana (JSY) seeks to offer antenatal and postpartum care and facilitate institutional deliveries whereas Janani Shishu Suraksha Karyakram (JSSK) provides free entitlements for pregnant women delivering in government hospitals and for sick neonates. Presently, a drive to recruit pregnant women under PMMVY is clearly evident as revealed in the KIIs with field level functionaries. However, the handholding required under JSY and JSSK is deficient. Pregnant women and lactating mothers (PWLM) with whom KIIs were held had meagre information about these two programs. Resultantly, the entitlements under JSY and JSSK remain unknown and inaccessible to this target group. Also, the proposed merging of financial entitlements under PMMVY and JSY have not yet translated in reality.

In the case of the Women and Child Development (WCD) Department, ICDS clearly emerges as a flagship scheme. With its large scope, budget and a relatively robust delivery mechanism, a plethora of activities are operationalized via the vast network of Anganwadi Centres. However, activities under other programs of WCD Department, namely, MKB, Scheme for Adolescent Girls (SAG) and Bal Sangopan Yojana (BSY) are not as robust. This was admitted even by officials and field level functionaries during KIIs, who maintained that MKB, SAG and BSY have not received the required attention. This has inadvertently resulted in exclusion of the targeted beneficiaries i.e., adolescent girls in need of guidance and children requiring foster home care.

This relative prioritisation exists not only across different programs of the same department but also within the same mission. For instance, in the six components under NULM some have received more attention than the others. Formation of SHGs has witnessed relatively more mobilisation efforts as compared to Support to Urban Street Vendors (SUSV) and Scheme for Shelter for Urban Homeless (SUH). Its other components such as - Employment through Skill Training and Placement (EST&P) and Self Employment Program (SEP) - have witnessed very meagre activity, whereas Innovative and Special Program (ISP) is completely dormant. Thus, a clear variability is observed in the relative significance given to specific components within the mission umbrella.

This approach creates a 'hierarchy of importance', wherein some flagship programs with larger budgetary allocations as well as well entrenched delivery mechanisms, inadvertently mobilize more attention whereas the other relatively smaller programs/schemes are consigned to the periphery. Resultantly, the target groups under the latter remain excluded and deprived of benefits. The safety net, although existing on paper, thus remains restricted and inaccessible in practice. The very purpose of a social security system, that of inclusion and equity, is thus brought under question.

- A feature that cuts across all sectors is the ‘silo’ approach of programs. Multiple programs having similar goals and target groups, oftentimes use the same organisational and decision-making structures but duplicate each other.
- This is observed in the Education Sector with a plethora of scholarship schemes that continue to target same or similar beneficiary cohorts but operate within parallel and exclusive systems. This multiplicity limits their potential for efficiency and harmonisation, creates confusion between lines of responsibility and weakens accountability. It is difficult for beneficiaries to comprehend and penetrate the complex web of overlapping administrative processes and adhere to multiple inclusion criteria, targeting, enrolment, verification and entitlement.

Some scholarship schemes, operating for decades without undergoing any systematic revisions, continue to offer extremely meagre financial entitlements (Rs. 60 - 80 per month). Officials too admit that these hardly prove to be an incentive for the students to apply for scholarships.

- Directly related to the above is the aspect of convergence. Although the critical need for program convergence has been acknowledged in policy documents and guidelines, it remains much contested in reality. For instance, NUHM stresses the need to integrate parallel schemes in the health sector to create a unified and accountable delivery system. However, the merging of financial entitlements under JSY and PMMVY as proposed has not yet been implemented on ground. This makes rightful claims of entitlements inaccessible to its beneficiaries.

A similar convergence between the two insurance schemes – Pradhan Mantri Jan Arogya Yojana (PM-JAY) and Mahatma Jyotiba Phule Jan Arogya Yojana (MJPJAY) - proposed in theory, has witnessed resistance in practice. Although some movement towards convergence is visible, there are delays in cohering the administrative, decision making and delivery processes to create a consolidated and strong insurance framework. Thus, although scheme convergence has been proposed, the systemic changes that would be required to actually put it in practice still remains a challenge.

- Data on budgets, expenditure and beneficiaries remains inaccessible. A clear reluctance to share the financial details of programs across sectors was noted during the primary data collection. Even if shared, data across all the three years under consideration (2018-19, 2019-20 and 2020-21) is not uniformly available at the state and MCGM level. Thus, along with inaccessibility there are also gaps in the data procured for budgets, expenditure and beneficiaries, as is subsequently presented in the report that follows.
- Monitoring and Evaluation (M & E) frameworks remain weak across all programs. However, most programs do not have systematic frameworks for monitoring performance, although this is proposed in guidelines. None of the programs treat M&E as an integral part, such that a consolidated plan for tracking performance on a consistent basis and introducing timely remedial measures is actually followed in their operations.
- Similarly, regular and systematic evaluation structures remain deficient. All programs undertake evaluations very sparingly with intermittent third-party appraisals and almost non-existent social audits. Beneficiary feedback and their perceptions about services and benefits, not a requirement in any schemes, thus remains excluded. Supervision and inspections are also undertaken intermittently. Findings from evaluation studies are not necessarily incorporated during revision

of schemes. Resultantly, reliable and timely flow of data to help improve and adapt program design and implementation is not evident.

- Within the above setting, a loose implementation structure is created, where contraventions are introduced in the delivery chain, i.e., some Fair Price Shops (FPSs) do not give the mandated quantity of food grains as per registered family members. Or the quality and quantity of meals provided under MDM remains unchecked. Similarly, the hygiene standards of the Shiv Bhojan Canteens or the quality of food grains in FPSs is not regularly supervised. In part this is due to paucity of adequate and trained human resource, but also due to a relatively low priority accorded to M&E within the overall program context.
- This also interlinks with the field level realities that do not adhere to program guidelines. In almost all programs, the actual last mile connectivity witnesses many changes and innovations that flout program guidelines. Within an overwhelming target orientation, beneficiaries are enrolled oftentimes without fulfilling the conditionality outlined in the scheme. For instance, in PMMVY, PWLM were enrolled at any point in their pregnancy, sometimes even after childbirth, although PMMVY guidelines outline specific stages for the same. Similarly, release of monetary benefits also did not adhere to the laid down conditionality with some women getting it as per schedule, whereas others at various different junctures during their pregnancy and childbirth. This variation is witnessed in SHGs under NULM with some not having received seed capital despite being in operation for more than two years, whereas others are waiting for further guidance after receiving the same. Thus, many versions in procedures and entitlements emerge on ground.

Similarly, Anganwadi Centres (AWCs) are located in cramped slum hutments which impedes the full range of activities as prescribed under the ICDS. The Supplementary Nutrition Program (SNP) under ICDS does not adhere to nutritional contents as the compensation to SHGs preparing them remains abysmal. Application for insurance and its payments under PMJAY do not adhere to the seamless, linear format as facilitated by Arogya Mitras, but require repeated visits by patients and multiple verifications. Thus, procedural integrity is not maintained in the challenging field conditions that operate within severe infrastructural, financial and human constraints.

- One notable feature that stands out is the presence of daily reporting and recording mechanisms. For instance, ICDS, although struggling with the recent introduction of the POSHAN tracker, had a robust system of daily reporting via its previous CAS system. Similarly, the entire operation under TPDS, via Electronic Point of Sale (ePOS) facilitates real time data collation. The number of Shiv Bhojan Thalīs sold per day is uploaded on its website. This reporting, mostly revolving around beneficiary numbers, has created huge volumes of data. Such efforts at digitalization are evident even in the Direct Benefit Transfer (DBT) of entitlements, thereby eliminating mediators and introducing an element of transparency in the delivery chain. This move towards daily reporting and recording of the quantitative data related to programs is certainly a promising one.
- However, digital challenges still remain. For instance, backend integration of the large data sets is not done so as to establish intra and inter scheme linkages, increase targeting and inclusion efficiency, provide oversight of multiple schemes and emerge as a potent M & E tool. Thus, in the present scenario as departmental initiatives continue within a fragmented, silo approach, the large data sets generated, are not 'looped back' and used for effective M & E, decision making and planning. Similarly, the technological interface via DBT also suggests a number of challenges. For

example, deposit of monetary benefits via DBT in defunct or wrong (non-beneficiary) bank accounts or accounts with similar names; or non-transfer of entitlements despite repeated Aadhar seeding of beneficiary and online database indicating transfers where none have actualized in reality. In such cases, neither the field nor the program officials are able to offer any resolution due to its technical nature.

- Related to the above aspect is the mismatch of the digital grievance redressal system with that of the beneficiary group. For instance, the actual reach and use of the online grievance redressal systems of many schemes is severely limited as the target group is neither technologically literate to navigate the online process, nor do they have the tools to do so. Moreover, the redressal system itself suffers from technological glitches often requiring repeated logins or has insufficient drop-down options and action tabs. Beneficiaries prefer to approach field level functionaries of the NGOs working in their neighbourhoods, ERs or the field staff of programs with their complaints. Only a few actually visit the concerned office. None are even aware of an online grievance redressal feature of schemes.
- In this vast network of social protection schemes, NGOs have emerged to be important actors. They have a decisive and close linkage with ground realities of slums in Mumbai. Many programs are thus mediated through their efforts. Their involvement is witnessed at various levels – i.e. handholding the beneficiaries in obtaining the official documents, fulfilling procedural requirements, filling up forms, visiting concerned departments to resolve field level problems, spreading awareness, conducting training etc. Alongside, beyond the limited purview of USPS, the mobilisation and empowerment of slum dwellers also continues as per their own organisational missions. In some cases, the municipal administration has officially partnered with NGOs to expand the program's reach. However, this partnership has not emerged as an institutional model which is adopted across all sectors and departments. The role of NGOs, although significant, thus does not remain fully explored.
- Much like M&E, Information and Education and Communication (IEC) remains a much-undervalued component of all programs. IEC efforts are typically seen during the launch of schemes mostly in the form of hoardings, posters, leaflets and door to door information dissemination. In this, the field level functionaries use their considerable rapport and knowledge gained through years to contact beneficiaries. In some cases, especially for central sponsored, prominent schemes, use of mass media or audio-visual material is noted. However, after the initial spurt, IEC activities waned.

A systematic IEC plan is not an integral part of the overall program, although it may be proposed in guidelines. Thus, innovative mechanisms to educate the beneficiaries toward the larger goals of the programs remain scarce.

- Absence of sustained IEC efforts is also demonstrated in the severe lack of information available with beneficiaries regarding programs. As already mentioned, except for long standing, legacy programs like ICDS, TPDS and MDM, beneficiaries are completely unaware of the plethora of programs that they could potentially access. This cuts across all sectors as basic scheme information is absent amongst the beneficiary cohorts. For instance, beneficiaries have no knowledge about schemes covering health insurance, educational scholarships or those specifically targeted at adolescent girls or rape victims. Lacking this, they are unaware of their

inclusion criterion, process of registration and entitlements. This not only raises the prospect of exclusion but also turns them into passive recipients of benefits, in no position to demand any services or benefits from the administrative system.

We now turn to the overall recommendations that dovetail into the preceding observations⁵.

Preliminary Recommendations

- Rationalisation of schemes is extremely necessary especially in the Education Sector. It will terminate duplicity and inefficiencies, integrate processes and tools, enhance coordination and ensure optimum utilisation of resources. A promising move towards this end is already evidenced in the cabinet approval of the recommendations of the sub-group of chief ministers on rationalisation of centrally sponsored schemes⁶.
- As a continuation of the above approach, some schemes need to go back to the drawing board to align with contemporary times. MKB, NCS and the plethora of educational scholarship schemes need to not only be rationalised, but also redesigned to attune to ground realities and offer realistic incentives that match with changing realities of the target group.
- The prospect of some schemes garnering more attention from officials and field functionaries alike, with other schemes relegated to the background needs to be mitigated. Focus on flagship schemes tilts target achievement towards a few schemes and excludes beneficiaries from services and entitlements under other schemes that remain inaccessible to them as a result. Thus, an equitable and inclusive approach is suggested which gives equal attention to all USPS and covers risks and vulnerabilities across the life cycle.
- Within this, augmenting the severely deficient infrastructural and human resources is important, as is regular upskilling and capacity building of personnel. Program coverage and inclusion as well as equitable distribution of benefits can be assured with adequate resources.
- Transparency and adequacy in budgetary allocations is necessary for program performance.
- M&E, presently relegated to the periphery, needs to be repositioned as a critical component in all programs. Robust M&E frameworks are productive tools to assess program effectiveness and provide guidance for improvements. Using both macro and micro level tools that reinforce each other, evidence-based approaches can inform not only the strategic but also field level innovations.
- Similarly, social audits and beneficiary satisfaction surveys can introduce a bottom-up feedback process. This feature can introduce transparency into the program planning and implementation.
- The present system of digitally reporting and recording large volumes of data is undoubtedly a welcome movement. However, this data needs to be scaled up to create an integrated data system. Such a system holds promise for creating an integrated social registry across the entire USPS. A consolidated database can thus cut down on multiple enrolment, verification and

⁵ These recommendations are strategic in nature based upon the macro level analysis of USPS in Mumbai.

⁶ NITI Aayog, 2016

registration procedures. It can also be used to capture, share and analyse large datasets to meaningfully track delivery chains and inform strategic decision making and planning.

- Dovetailing into the above is the present push towards digitalization which has the potential of offering transparency in operations by mitigating subjectivity in decision making. However, the technological interface is only a tool as proper targeting, prioritising and inclusion still require human mediation. Furthermore, this interface needs to be well updated, user friendly and smooth. Capacity building for functionaries who use this technology is needed.
- IEC, an undervalued component, needs to be given due prominence. Social protection schemes ultimately aim to empower and mainstream vulnerable communities and towards this end, consistent IEC efforts can spread awareness and assure inclusion.
- It is unrealistic to expect the municipal administration to reach all the beneficiaries given that millions in Mumbai's slums need to be covered under the safety net of SPS. Thus, a synergetic partnership between the governmental and non-governmental sectors can go a long way in achieving inclusion and equity. Ensuring participation of all stakeholders, including NGOs, ERs and Private sector, would help shifting from the present 'protective' approach of SPS to a 'rights' based one.

Part One

**MAPPING THE
URBAN SOCIAL PROTECTION
SCHEMES IN MUMBAI**



Background

India has achieved a fourfold increase in its per capita national income between 1997 and 2017, with a concomitant three-to-four-fold increase in the rate of poverty decline after 2000⁷. These gains stand to be obliterated with an estimated 230 million Indians slipping back into poverty due to the COVID-19 pandemic⁸. For the vast majority of the urban poor, predominantly employed in the informal sector, the pandemic has exacerbated the underlying deprivation and inequality and exposed them more to vulnerabilities and risks during such shocks.

Mumbai, the financial and commercial capital of India, mirrors this scenario. For the millions of slum residents of the city, the COVID-19 induced lockdowns and Standard Operating Procedure (SOPs), have led to massive disruptions in their lives and livelihoods. As the economy and allied activities came to a grinding halt, with markets, factories, shops closing down, those left in the lurch were poor. Their plight was poignantly captured in the first wave as thousands took to walking back to their homes. As the city struggles to regain its foothold after the massive disruptions brought about by the pandemic, the spotlight is on the Social Protection System (SPS) that could offer a safety net to its impoverished and marginalised millions.

This part commences with a concise and macro view of the 33 plus schemes, launched either at the central or the state government level. This level of analysis, per force is strategic and gives a bird's eye view of USPS in Mumbai. Looking at the wide scope and scale of this project the key findings are strategic in nature, highlighting the overall macro level trends that were observed across sectors and schemes. In that, it does not attempt to present granular, scheme specific or micro level observations as these is clearly beyond the purview of the study, given its approach, research design, time and COVID-19 waves that inhibited accessibility to officials. We now turn to Part One.

Urban Social Protection Schemes in Mumbai

As mentioned earlier, the present project covered 33 individual schemes in six specific sectors, namely, health, women and child development, education, safety, urban development (safety), livelihoods and lastly food and nutrition. In total, there were nine departments entrusted with the implementation of these 33 schemes, either at the central, state or local level. In reality some of the 'Missions' and schemes had additional sub schemes under them which further increased the scope. The individual schemes and programs outlined under the appropriate life stage creates the overall USPS Matrix in Mumbai as represented in Table 1.

Table 1: Snapshot of USPS in Mumbai

| S.No. | Scheme | Life Stage | | | | | | | Year | Origin |
|-------|--------|------------------------------|------------------|---------------|----------------|----------------|----------------|------|------|--------|
| | | Pregnancy to first 1000 days | 3 to 5 years old | 6 to 10 years | 11 to 14 years | 14 to 18 years | 18 to 60 years | 60 + | | |
| 1 | NUHM | | | | | | | | 2013 | Gol |
| 2 | JSY | | | | | | | | 2001 | Gol |
| 3 | JSSK | | | | | | | | 2011 | Gol |

⁷ World Bank, 2019

⁸ Azim Premji University, 2021

| | | | | | | | | | | |
|----|---|--|--|--|--|--|--|--|-----------|-----|
| 4 | PMMVY | | | | | | | | 2017 | GoI |
| 5 | PMJAY | | | | | | | | 2018 | GoI |
| 6 | MJPJAY | | | | | | | | 2012 | GoM |
| 7 | ICDS | | | | | | | | 1975 | GoI |
| 8 | SAG | | | | | | | | 2017 | GoI |
| 9 | NCS | | | | | | | | 2006 | GoI |
| 10 | MKB | | | | | | | | 2016 | GoM |
| 11 | BSY | | | | | | | | 2008 | GoM |
| 12 | PMBMY | | | | | | | | 2013 | GoM |
| 13 | Open Merit Scholarships | | | | | | | | 1964 | GoM |
| 14 | Open Merit Scholarship (Pre-Secondary Schools) | | | | | | | | 1954 | GoM |
| 15 | Merit Scholarship to Economically Backward Classes Students | | | | | | | | 1978-79 | GoM |
| 16 | Scholarships in Junior Colleges | | | | | | | | 1978-79 | GoM |
| 17 | GoI Scholarships to Secondary Schools | | | | | | | | 1993-2010 | GoI |
| 18 | Pre-Matric Scholarship | | | | | | | | 2010 | GoM |
| 19 | Post-Matric Scholarship | | | | | | | | 1960 | GoI |
| 20 | GoI-Post Matric | | | | | | | | 1944 | GoI |
| 21 | GoI-Pre-Matric (IX-X) | | | | | | | | 2012 | GoI |
| 22 | Stipend to ITI Trainees | | | | | | | | 1972 | GoM |
| 23 | RSMS H. Edu. | | | | | | | | 2003 | GoM |
| 24 | RSMS H. Edu. Abroad | | | | | | | | 2003 | GoM |
| 25 | Savitribai Phule | | | | | | | | 1996 | GoM |

| | | | | | | | | | | |
|----|--|--|--|--|--|--|--|------|-----|--|
| | scholarship Class V-X | | | | | | | | | |
| 26 | Scholarship to the physically handicapped | | | | | | | 2003 | GoM | |
| 27 | Pre-Matric Scholarship to Minority Students | | | | | | | 2006 | GoI | |
| 28 | MDM | | | | | | | 1995 | GoI | |
| 29 | Safe City Project | | | | | | | 2013 | GoI | |
| 30 | CVCF | | | | | | | 2016 | GoI | |
| 31 | NULM | | | | | | | 2013 | GoI | |
| 32 | TPDS | | | | | | | 1997 | GoI | |
| 33 | Shiv Bhojan Thali | | | | | | | 2020 | GoM | |

Source: Program Guidelines

Public Health Department

The first sector covered in this report is Health. It includes the overarching ‘National Urban Health Mission (NUHM)’, three social assistance schemes targeted at Pregnant Women and Lactating Mothers (PWLM), namely, Janani Suraksha Yojana (JSY), Janani Shishu Suraksha Karyakram (JSSK) and Pradhan Mantri Matru Vandana Yojana (PMMVY); and finally, two social insurance schemes, namely, the Mahatma Jyotiba Phule Jan Arogya Yojana (MJPJAY) and Pradhan Mantri Jan Arogya Yojana (PMJAY). A consolidated picture of these schemes is presented in Table 2 and Table 3.

Table 2: PHD – Overview of Schemes

| Scheme | Year of Origin | Gol | GoM | Type of SPS |
|---|----------------|---|----------------------------------|-------------------|
| National Urban Health Mission | 2013 | Ministry of Health and Family Welfare | Municipal Corporation of Greater | Social Assistance |
| Janani Suraksha Yojana | 2001 | Ministry of Health and Family Welfare | Department of Public Health | Social Assistance |
| Janani Shishu Suraksha Yojana | 2011 | Ministry of Health and Family Welfare | Department of Public Health | Social Assistance |
| Pradhan Mantri Matru Vandana Yojana | 2017 | Ministry of Women and Child Development | Department of Public Health | Social Assistance |
| Pradhan Mantri Jan Arogya Yojana | 2018 | National Health Authority | State Health Assurance Society | Social Insurance |
| Mahatma Jyotiba Phule Jan Arogya Yojana | 2012 | Department of Public Health | State Health Assurance Society | Social Insurance |

Source: Program Guidelines

Table 3: Overview of Schemes – Components and Target Groups

| Scheme | Objective | Components | Target Group | Eligibility |
|------------------------|--|--|---|--|
| Janani Suraksha Yojana | Aims to reduce overall maternal mortality ratio and infant mortality rate , and to increase institutional deliveries in BPL families . Beneficiary receives Rs.500 on institutional delivery | Antenatal care during the pregnancy period Institutional care during delivery Immediate postpartum period care in a health centre | Pregnant women above 19 years of age up to 2 deliveries (live births) | SC or ST women belonging to BPL family |

| | | | | |
|---|--|--|---|---|
| Janani Shishu Suraksha Karyakram | Emphasises on entitlements and elimination out of pocket expenses for both pregnant women and sick neonates. | <ul style="list-style-type: none"> Free entitlements for all pregnant women delivering in Government hospitals. Free entitlements for sick newborns till 1 year after birth. | All pregnant women delivering in public institutions | Pregnancy |
| Pradhan Mantri Matru Vandana Yojana | Aims to provide partial compensation for the wage loss in terms of cash incentives for the first living child and improve health seeking behaviour. Beneficiary receives Rs.5,000 in three instalments on completing required conditions | <ul style="list-style-type: none"> Early registration Antenatal Care Vaccination for child after birth | Pregnant women above 19 years of age up to 1 delivery (live births) | <ul style="list-style-type: none"> Above the age of 19 Having their first pregnancy Having pregnancy after 2017 |
| Pradhan Mantri Jan Arogya Yojana | Aims to improve access to quality healthcare at affordable prices and strengthen the health insurance ecosystem. | <ul style="list-style-type: none"> Health cover up to Rs.5 lakh/family/year 24 specialties, 874 packages containing 1592 procedures No cap on family size, age or gender Benefits portable across the country | The vulnerable people forming bottom 40% of the India's population (About 10.74 million families) | Families under (a) deprived and occupational criteria in SECC 2011, (b) RSBY (c) state scheme MJPJAY |
| Mahatma Jyotiba Phule Jan Arogya Yojana | Aims to provide free quality critical care to vulnerable groups and completely cashless secondary & tertiary healthcare with insurance cover. | <ul style="list-style-type: none"> Scheme fully funded by Government of Maharashtra. Health Insurance cover for some major treatments & surgeries in empanelled hospitals. Health cover of up to Rs.1,50,000 p.a. | Vulnerable groups from Maharashtra, with low/no access to Health coverage | <ul style="list-style-type: none"> Orange, yellow, AAY, Annapurna ration card holders White ration card holders of 14 distressed districts of Maharashtra |

| | | | | |
|--|--|--------------------------------|--|--|
| | | per family on a floater basis. | | |
|--|--|--------------------------------|--|--|

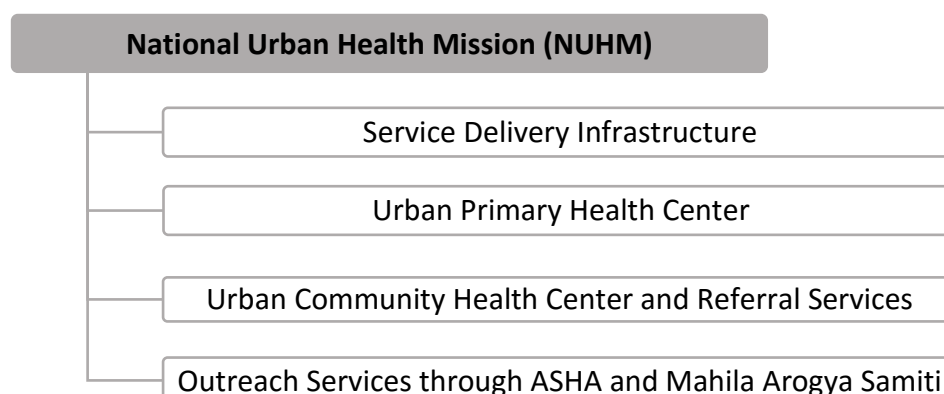
Source: Program Guidelines

National Urban Health Mission (NUHM)

National Urban Health Mission (NUHM) launched in 2013 by Government of India (GoI), acknowledged the severe deficits that existed in health infrastructure as well as human capacities leading to exclusion of the vast majority of the urban poor from the health care sector. Despite having achieved robust health outcomes like increase in institutional deliveries and immunisation and reduction in infant and maternal mortality rates, the urban health infrastructure has not kept pace with the growing population, leading to inaccessibility and inefficiencies. NUHM, comprehensive intent and scope, proposes a robust and integrative health care system that is equitable and. Figure 1 captures the main components of NUHM.

NUHM encompasses a wide range of recommendations that include - institutional arrangements, community mobilisation processes, convergence, financial strategies and setting up Key Performance Indicators (KPIs) and Standard Operating Procedures (SOPs). In principle it roots for an integrated healthcare system that creates a robust and inclusive safety net for the urban poor.

Figure 1: Main Components of NUHM



Source: Annual Report 2020-21

However, currently in its nascent stage, a plethora of its recommendations have not translated on ground. For instance, programs targeted at PWLM under Health and Women and Child Development Departments have yet not converged under an integrative model. Similarly, a framework for continuous assessment, certifications, quality measurements and assistance, KPIs as well as SOPs are largely on paper. The health infrastructure continues to operate within severe infrastructural as well as human deficits. Overall, the urban Primary Health Care centres required in Mumbai are 249, whereas only 198 exist⁹. The overall human resources deficits in medical, para medical, and nursing staff stands at 30, 39 and 26 per cent respectively¹⁰. In M (E) ward, given an estimated population of 6 lakh there is only one dispensary whereas 60 more are required, four health posts (12 required) and 0 maternity homes (two required)¹¹.

⁹ Praja Foundation, 2019

¹⁰ Praja Foundation, 2020

¹¹ Apnalaya, 2017-18

The funding pattern is in the ratio of 60:40 between the GoI and Government of Maharashtra (GoM). Central level funds are disbursed through the State Finance Manager, Mission Director and finally the Finance Department and Public Health Department of the local municipal administration. However, there is a substantial gap noted in the proposed and the approved funds at the state and local level as indicated in Table 4.

Table 4: NUHM - Proposed, Approved and Utilised Funds

| | 2018-19 (Rs. In Cr) | | 2019-20 (Rs. In Cr) | | 2020-21 (Rs. In Cr) | |
|-----------------|---------------------|-------|---------------------|-------|---------------------|-------|
| | GoM | MCGM | GoM | MCGM | GoM | MCGM |
| Approved | 3673.17 | 46.65 | 5624.18 | 61.19 | 4760.34 | 65.83 |
| Released | 4421.19 | 34.21 | 4906.51 | 52.73 | 4376.52 | 60.68 |
| Utilised | 2714.86 | NA | 3097.08 | NA | NA | NA |

Source: Maharashtra ROPs 2018-19, 2019-20 and 2020-21

The integrative healthcare system, especially in the area of Maternal and Child Health (MCH) as envisioned in NUHM is currently indicating major gaps. This is evidenced from the mapping of three major initiatives in Mumbai – namely Social Assistance Schemes - JSY, JSSK and PMMVY. The social insurance schemes – PMJAY and MJPJAY, indicate a slow movement towards convergence. A discussion of the same follows.

Maternal and Child Health (MCH) – JSY, JSSK and PMMVY

JSY, JSSK and PMMVY target the same beneficiary group and have similar overarching missions. Table 2 and Table 3 capture a snapshot of these schemes.

The overarching goals of all three are to reduce maternal and infant mortality rates, increase institutional deliveries and ultimately promote health seeking behaviour. Their goals, components, target group and entitlements are presented in Table 3. All the schemes are centrally sponsored. JSY and PMMVY are funded in the ratio of 60:40 by Centre and State respectively while JSSK is fully sponsored by the Centre.

Selective Approach

As is evident, all three schemes, introduced at different time periods, attempt to expand on its predecessor and thus represent an incremental approach. With parallel systems of implementation, JSY, JSSK and PMMVY, create ambiguities in the actual operations at the field level. KIs and FGDs with program officials as well as field workers reveal that presently PMMVY is under focus. For instance, in the two wards covered, a clear preference for PMMVY is evident, with the result that JSY and JSSK have been pushed to the periphery. An overriding target-oriented approach is also noted, with the exact modality of target-setting at the higher echelons of decision making remaining unclear to the ground level functionaries. Within this format, Community Health Volunteers (CHVs) denote a clear priority in registering PW only under PMMVY. The convergence of entitlements between PMMVY and JSY, although proposed, is not implemented on ground as CHVs claim that they are unaware of the same. In the G(N) ward, the Coordinator at the Health Post recounted,

“We are given targets as per the population that we have to cover for PWLM. We are not aware of JSY and JSSK, as no targets are given under that. Every CHV is given a prabhag (division) and has to cover a population of 150, which not only covers women but also children’s immunisation etc. We

enter the data of these women daily. We were not given any training to do this, but we have learnt it as we went along.”

Beneficiaries, Budgets and Expenditure

The budget allocation for JSY is indicated in Table 5.

As is evident, the budget was halved in 2019-20 despite a small decrease in number of beneficiaries. However, its utilisation improved across the three years at the GoM level. At the level of the Municipal Corporation of Greater Mumbai (MCGM), the budget utilisation increased in 2019-20 due to increase in beneficiaries but decreased by 13 per cent in 2020-21. Low budget allocation at the state and local level testifies the diminishing interest of authorities towards this scheme.

Table 5: JSY – Beneficiaries, Budget and Expenditure

| Year | GoM | | | MCGM | | |
|---------|---------------|---------|---------------------|---------------|--------|----------------|
| | Beneficiaries | Budget | Expenditure | Beneficiaries | Budget | Expenditure |
| 2018-19 | 2,36,452 | 3288.97 | 2343.59 (71.25%) | 7,497 | 99.42 | 42.98 (43.23%) |
| 2019-20 | 2,28,478 | 1618.69 | 1370.87 (84.69%) | 8,343 | 99.42 | 52.62 (52.92%) |
| 2020-21 | 3,46,427 | 2480.00 | 2078.56 (83.81%) | 5,083 | 76.10 | 30.50 (40.07%) |

Budget and Expenditure in lakhs

Source: MCGM, 2021

The budget allocation for JSSK is presented in Table 6.

Table 6: JSSK – Beneficiaries, Budget and Expenditure

| Year | GoM | | | MCGM | | |
|---------|---------------|---------|---------------------|---------------|--------|---------------|
| | Beneficiaries | Budget | Expenditure | Beneficiaries | Budget | Expenditure |
| 2018-19 | NA | 1944.30 | 1306.54 (67.19%) | NA | 40.70 | 5.45 (13.39%) |
| 2019-20 | NA | 522.60 | NA | NA | 43.00 | 1.97 (4.58%) |
| 2020-21 | NA | 9120.00 | NA | NA | 32.00 | NA |

Budget and Expenditure in lakhs

Source: MCGM, 2021

As is evident from above, the overall budget for JSSK shot up exponentially from 2018-19 to 2020-21. The average state expenditure across districts stands at 67 per cent in 2018-19 and around 14 per cent expenditure for MCGM indicates that it has performed poorly in comparison to other districts of the state. There is no expenditure indicated in 2020-21, a probable reason could be a shift of focus due to the launch of PMMVY. At the local administration level, only 13.39 per cent budget utilisation is indicated in 2018-19 which further reduced to a mere 4.6 per cent in 2019-20. Correspondingly, the overall budget was also reduced by 26 per cent for the city under this scheme.

Consolidated figures of the beneficiaries, budgets and expenditure for PMMVY are not available.

Field Realities

In their close contact during field visits, CHVs enrol PW under PMMVY. They recall that during the launch of the scheme there were announcements in the slum neighbourhoods after which this was discontinued. At the HP level, information is disseminated to the women who visit for either immunisation of their children or for ante/postnatal checkups. Overall, a systematic and sustained plan for information dissemination and mobilisation is absent.

CHVs assert that they include all potential beneficiaries. However, this is refuted during KIIs with NGO officials working with the same beneficiary cohorts. NGOs contend that Census figures continue to be used for target setting despite substantial increase in population due to migration or natural increase. Although CHVs conduct surveys on field, whether these are used for fixing targets remains unclear. In this informational ambiguity, barriers to accessing program benefits by potential beneficiaries emerges as a constant, not only in this, but across programs. Added to this, is a more pragmatic, real-life situation. Despite a good rapport in the allocated division, CHV's reach is limited due to severe paucity of staff in the HPs. For example, the HP in G(N) ward operates under 50 % deficiency of CHVs. Within these deficits, CHVs are not able to include all the potential beneficiaries as they remain outside their reach. On field KIIs with PW supported this scenario. Some PW had got information of PMMVY via their friends / relatives or other women that had availed of some benefits and not via the CHVs. Thus, the prospect of 'invisibility' of beneficiaries, due to data gaps and/or human resource deficits, creates a real possibility of exclusion. Evidently the procedural integrity of the program as laid done in its framework is contravened at the field level.

Even when women are included, the exact on ground execution reveals a wide array of arrangements, clearly not adhering to the extensive PMMVY guidelines. For instance, the scheme conditionality prescribes registration, verification and release of entitlements within a specific implementation protocol. This is not followed on ground, it takes place through informal arrangements, wherein PW may be registered *at any point* in their pregnancy or even *after* the birth of their child. Similarly, the Rs.5,000 entitlement to be ideally released at different milestones, in reality, suggests a haphazard pattern of release. KIIs reveal that some PW have received the entire Rs.5,000 in their linked bank accounts via Direct Benefit Transfer (DBT). Others have received only Rs.3,000 and are waiting for the remaining instalment months after childbirth. Some have not got any entitlements whatsoever, despite following all procedures of registration. Additionally, problems of the Rs.5,000 being deposited in wrong accounts or defunct/closed accounts is endemic. In some cases, the dataset at the HP level indicates a DBT in the beneficiary account, whereas in reality there is none. Further, KIIs also revealed that *none of the beneficiaries* have received supplementary amounts under JSY with PMMVY. Clearly, the convergence between JSY and PMMVY is not observed in reality.

Grievance Redressal

Data of all beneficiaries is uploaded at the HP level via the PMMVY – CAS system. This digital database, not in public domain, collates information about the applications, beneficiaries and funds.

It is only after the non-receipt of the promised entitlements that beneficiaries start questioning the CHVs, a situation exacerbated further if others in the vicinity are recipients of partial/full benefits. CHVs are unable to 'solve' this issue at their level. They claim that reporting to Medical Officers / Supervisors during monthly meetings of this non-receipt on-ground remains unresolved. For instance, despite repeatedly submitting 'lists' of those excluded as directed, no clear solution has ensued. The

higher-level functionaries profess their inability to address issues relating to DBT or deposits in wrong/defunct bank accounts, as this is beyond their purview. In this quagmire, the CHVs deal with disgruntled beneficiaries on a regular basis with no real mechanism to resolve these appeals against exclusion at their disposal. The macro level database of PMMVY - CAS appears to be far removed from these ground realities.

In the absence of an established institutional mechanism for regular supervision and due diligence, SOPs and quality control mechanisms the program does not have a feedback loop via which the gaps identified at various levels can be bridged. Social audits have not been undertaken, with the result that beneficiary satisfaction and assessment of the program reach, coverage and implementation modalities remain completely out of the program ambit.

IEC Efforts: Unvalued

At the field level, information about this scheme is severely restricted. Beneficiaries with whom KIIs and FGDs were conducted reveal a bewildering array of partial/inaccurate information. Some having delivered at government maternity hospitals report filling ‘some forms’ and submitting ‘some papers’ and have not been the recipients of any entitlements. PMMVY, is relatively more well-known although just by name¹², not by its components or entitlements. The entire process of registration and form-filling is facilitated by the CHVs with beneficiaries simply furnishing the required documents. Thus, they are largely passive riders in the hand holding, rather than active participants. There is no official involvement of Elected Representatives (ERs) within the program format. On ground this stood vindicated as KII with ER revealed no direct involvement in any of the schemes. FGDs with stakeholders revealed that in general, quantitative components of programs are given precedence over the process orientated ones.

However, despite the plethora of last mile connectivity issues as captured in the field level dynamics at the level of the two selected wards, macro level data suggest some positive changes – i.e., institutional deliveries have increased, there have been changes in health seeking behaviours during pregnancy and postnatal care indicates enhancement as per NFHS data. Thus, although functioning within constraints, macro level, and cumulative improvements in MCH are evident¹³.

Social Insurance Schemes – PMJAY and MPJAY

Introduction

Under its flagship scheme of Ayushman Bharat the GoI launched the ‘Pradhan Mantri Jan Arogya Yojana (PMJAY) in 2018 with the vision of Universal Health Coverage (UHC). It has ambitious goals of providing health cover for secondary and tertiary care hospitalisation to over 10.74 crore poor families¹⁴. The key departments involved are the ‘National Health Authority (NHA)’ at the GoI level and the ‘State Health Assurance Society’ at the GoM level. ‘Mahatma Jyotiba Phule Jan Arogya Yojana (MPJAY)’ is a health insurance scheme at the state level that provides end to end cashless services for catastrophic illnesses through a network of healthcare providers. Initially it was called the ‘Rajiv Gandhi Jeevandayee Arogya’ (2012-13). Recently, in 2020 both the schemes were integrated in

¹² On field it is popularly known as the “Pradhan Mantri Panch Hazaar Yojana”

¹³ For more information refer USPS Docket

¹⁴ NHA, 2021

Maharashtra. A consolidated picture of the key features of both, PMJAY and MPJAY, is presented in Table 2 and 3.

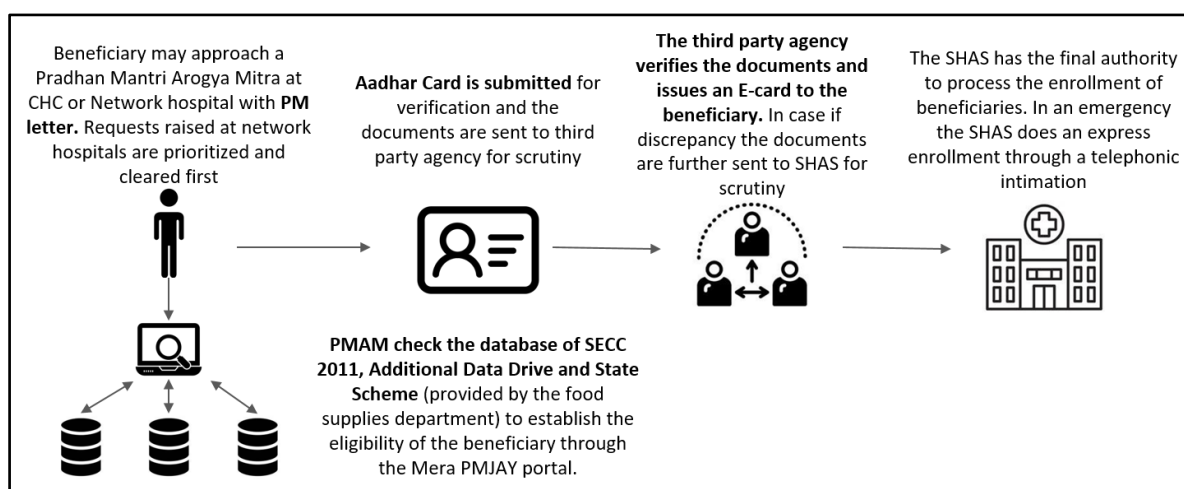
Under PMJAY, the National and State Health Authorities open a separate Escrow account. The ratio between these two is 60:40. This scheme covers families included in the Socio-Economic Caste Census (SECC) 2011 and outlines 11 occupational categories. A cover of up to Rs.5 lakh /family/year for secondary and tertiary care hospitalizations across public and private empaneled hospitals, which includes 24 specialties, 874 packages and 1592 procedures. MJPJAY, restricted in its monetary entitlements, provides a cover in the range of Rs.1,50,000 to Rs.2,50,000 per family per policy year on a floater basis. Under this scheme 996 medical and surgical procedures, and 121 follow up procedures are granted. MJPJAY is fully funded by the GoM whereas the latter is jointly funded by the GoI and the GoM in the ratio of 60:40. Attempts to integrate both were initiated in 2020. Within this, the health insurance coverage to beneficiaries is to be provided by ‘United India Insurance Company Limited’.

Enrolment and Registration

The entire process of registration appears to be simple as well as seamless *on paper*. The beneficiary is expected to approach the ‘Arogya Mitra (AM)’ at the health desk of the empaneled hospital with the required documents. The AM examines the validity of submitted documents and enrolls the patient. As a consolidated health registry is currently non-existent, credentials are matched and checked in various databases – i.e., Socio-economic and Caste Census / Rashtriya Swasthya Bima Yojana / Additional Collection Drive / State Health Scheme. After verification the case papers are sent for approval to the Insurance Company. This process of registration of beneficiaries under PMJAY and MJPJAY is outlined in Figure 2 and 3.

The AM is supposed to handhold the patient through the entire diagnosis, admission and pre-authorization process. After admission to hospital and treatment, a claim request is submitted to the hospital accounts division. Verified claim requests are then submitted to the ISA, which sends the payment file to the bank. The entire response file is then sent to the SHA which settles the claim. This is captured in Figure 3. This iterative and linear process appears to be smooth and flawless on paper.

Figure 2: Process of Registration

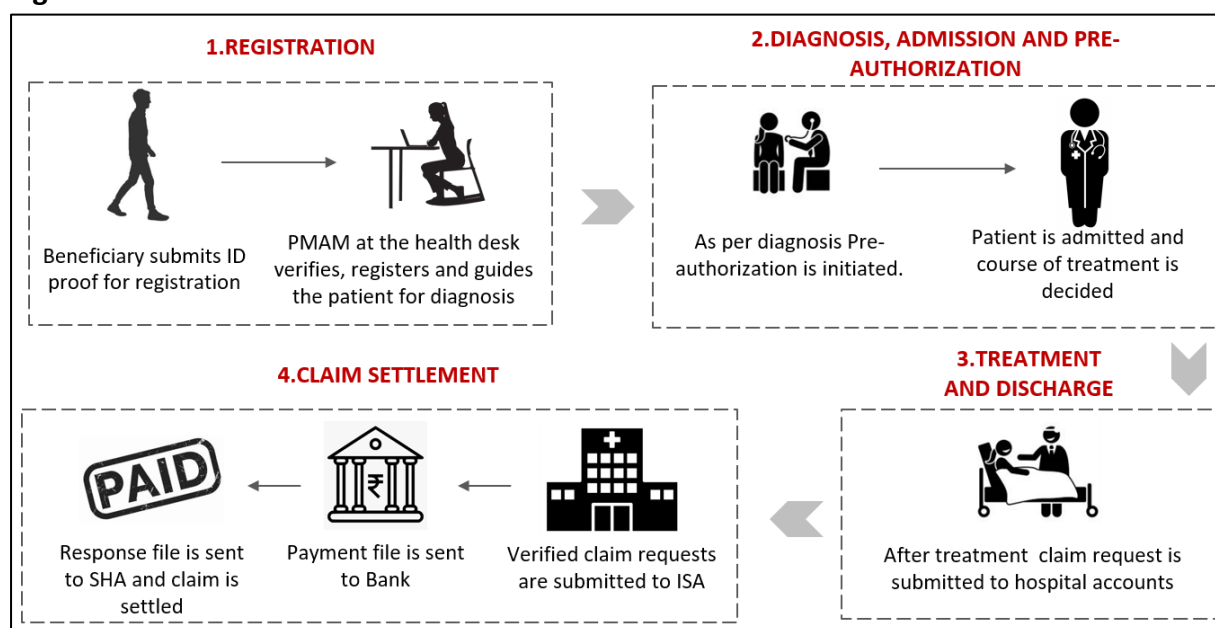


Source: NHA, 2021

Ground Level Realities

On ground realities reveal a mixed picture. KII with one beneficiary indicated coverage of the medical procedure but not the allied services. Thus, although the main surgical procedure in a government hospital was free, the diagnostic investigations and medicines/drugs entailing steep costs were borne by the patient. No follow-up or referrals were recommended. In another case, the government hospital was unable to perform the complicated neonatal surgery and thus the beneficiary was directed to a private hospital in which the entire costs were raised via charitable donations and personal loans. In both the cases, the hospitals had officials that gave patients information about the insurance schemes.

Figure 3: Process of Admission and Claim Settlement



Source: NHA, 2021

However, across all KIIs and FGDs with slum residents, there was a complete lack of information about even the existence of such insurance schemes targeted at them. Resultantly, they were not clear about the eligibility criteria, program procedures and benefits. Elected Representatives did not proactively disseminate information in their constituency. Some information dissemination activities under PMJAY, via letters sent to potential beneficiaries, were noted. The staff of HPs were not aware of these schemes. Overall, extremely low awareness about the insurance schemes was evident on ground.

COVID -19 Outreach

The lockdown measures during the first as well as subsequent wave of Covid 19 saw massive disruptions in maternal and child health care services. As expected, the focus of the local administration was entirely on mitigating the spread of the virus and managing the medical emergencies that ensued. As hospitals, both government and private, turned to exclusive Covid 19 treatment centres, pregnant and lactating mothers faced uncertainty. Planned hospital appointments for antenatal, delivery and post-natal care saw cancellations or delays. Accessibility to health care was also a challenge as all means of transportation halted during the pandemic.

All activities under various schemes were also paused as field level functionaries were diverted to Covid 19 duties. In both the selected wards, NGOs stepped in not only with relevant and timely

information, but also in extending help to PWLM by way of arranging transportation and directing them to hospitals / clinics in other localities that could attend to their health emergencies. With the abatement of the second wave resumption of services has been witnessed as the HPs start clearing the backlog and scheme specific field visits resume.

Conclusion

All three health schemes, JSY, JSSK and PMMVY, target the same beneficiary group and have similar overarching missions. All three, introduced at different time periods, attempt to expand on its predecessor and thus represent an 'incremental' approach. An integrated system of cross program coordination amongst JSY and JSSK does not appear to be present, even though they are under the same state and local structure. Inter program coordination, in a similar manner, between the three is also absent. Ultimately, all three initiatives operate as parallel programs within a 'silo' approach. The actual scheme rationalisation and convergence, as proposed by NUHM, is yet not seen in reality.

In the current scenario, clearly PMMVY appears to be getting prominence with JSY and JSSK taking a backseat. Awareness about JSY and JSSK is meagre amongst the beneficiary cohorts leading to ambiguities and confusion on ground. This also inadvertently raises the potential exclusion of the target group needing the benefits under both. In PMMVY, the operation the procedural integrity is not maintained as a number of field level innovations, clearly not adhering to program protocols, are observed. Transfer of entitlements via DBT is plagued with problems. PMMVY indicates a reporting and recording system via online CAS. A regular mechanism for supervision and evaluation, such that grievances can be satisfactorily addressed is absent. Thus, appeals against exclusion remain unaddressed.

Some coverage is noted in insurance schemes. However, their transactional nature and the multiple stakeholders involved in the entire process of – registration, diagnosis, treatment, discharge, claim processing and disbursement – is technical and highly complicated. In this, constant hand holding of beneficiaries is necessarily failing which, the prospect of oversight and limited settlement magnifies manifolds.

Across all health schemes, IEC clearly remains an underrated qualitative metric not prioritised to the degree of bringing about behavioural changes and promoting health seeking behaviours in the target group. IEC is an intermittent activity witnessing heightened focus during launches and waning thereafter. Resultantly, the beneficiaries lack accurate and reliable information about programs and cannot demand or hold any functionary accountable for the same. Although the introduction of digital recording systems suggests a move towards transparency, at present these appear to be data reporting modalities. Social audits or continuous performance assessments to identify barriers to inclusion are absent.

NUHM proposes a comprehensive, and integrative access to preventive and curative health care to the marginalised. Presently, in a 'mission' mode, its future trajectory will reveal the extent to which these have been met.

Women and Child Development Department

The six schemes covered under the Women and Child Development (WCD) Department in this study are as follows –

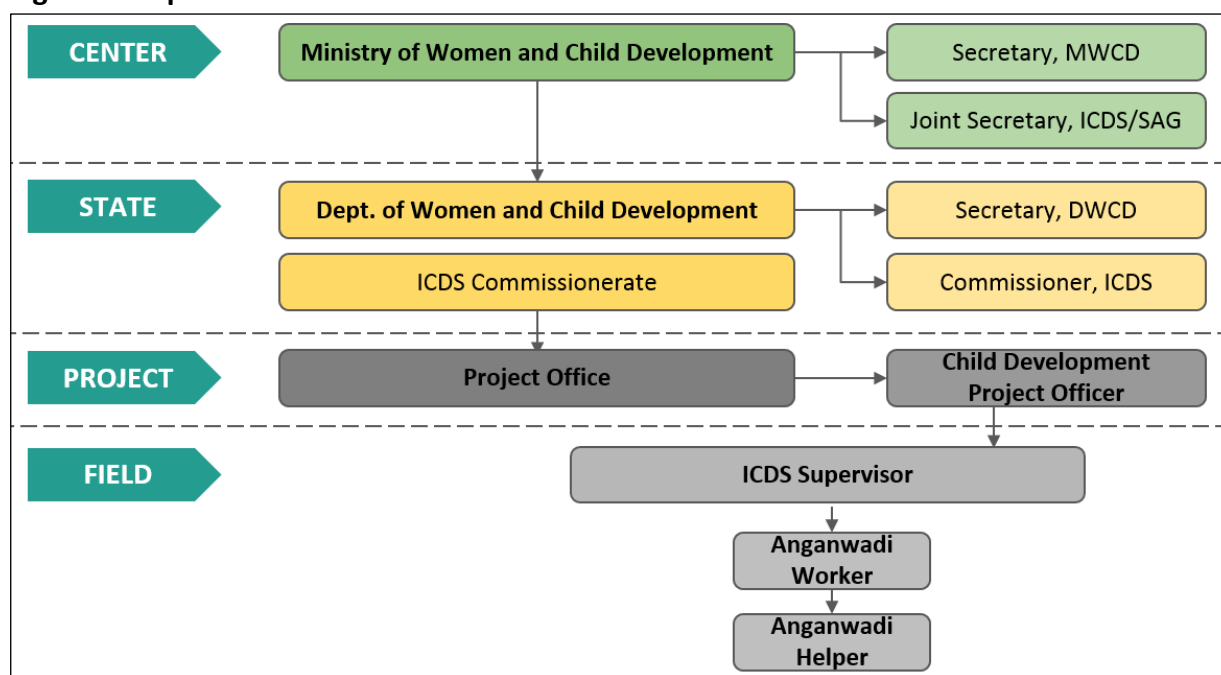
- A. Integrated Child Development Scheme (ICDS)
- B. Scheme for Adolescent Girls (SAG)
- C. National Crèche Scheme (NCS)
- D. Bal Sangopan Yojana (BSY) and lastly,
- E. Majhi Kanya Bhagyashree (MKB) Yojana
- F. Peedit Mahila ani Balak Manodhairya Yojana¹⁵

As is evident there is a plethora of schemes under the WCD department targeted at Maternal and Child Health (MCH). We commence with ICDS and then cover SAG, MKB and finally BSY.

Integrated Child Development Services¹⁶

The **Integrated Child Development Scheme (ICDS)**, launched in 1975 is one of the world's largest programs in the area of Maternal and Child Health (MCH) and is evidently the most prominent scheme under the WCD umbrella.

Figure 4: Implementation Structure – ICDS



Source: ICDS - Broad Framework for Implementation, 2013

The main overarching goal of ICDS is a holistic package of services to children under the age of six in order to improve their nutritional health, reduce mortality, morbidity and malnutrition and enhance the mother's capacity to look after them. Under its wide ambit, this specifically translates to -

¹⁵ Peedit Mahila Manodharya Scheme is currently under the District Legal Service Authority (DLSA)

¹⁶ For in-depth, detailed review of schemes under ICDS refer USPS Docket.

Supplementary Nutrition Program (SNP), pre-school and non-formal education, nutrition and health education, immunisation, health check-ups and referral services. With the recent launch of POSHAN Abhiyaan in 2017 there has been a focus on reducing the high burden of maternal and child undernourishment and child wasting/stunting. A consolidated picture of the ICDS components is presented in Table 8.

The hierarchical implementation structure of ICDS includes - central, state, district, project and field levels. There are 104 urban projects in Maharashtra with 33 being in Mumbai. This implementation structure is presented in Figure 4.

Table 7: Schemes and Objectives within Lifecycle Approach

| Life Stage | Scheme | Year of Origin | Gol | GoM | Objectives |
|----------------|--|----------------|---|--|--|
| 0 to 6 years | Integrated Child Development Services Scheme | 1975 | Ministry of Women and Child Development | Women and Child Development Department | Aims to improve mother and child's physical and social development through supplementary nutrition and education |
| | National Crèche Scheme | 2006 | Ministry of Women and Child Development | Women and Child Development Department | A dormant scheme supporting working mothers by providing crèche services at affordable rates within neighborhood |
| 11 to 14 years | Scheme for Adolescent Girls | 2010 | Ministry of Women and Child Development | Women and Child Development Department | Focuses on mainstreaming of out of schoolgirls aged 11 to 14 years into education system |
| 0 to 18 years | Bal Sangopan Yojana | 2008 | -- | Women and Child Development Department | Aims to provide a nurturing family like environment to orphan, destitute or children in any other kind of crisis |
| | Majhi Kanya Bhagyashree | 2016 | -- | Women and Child Development Department | Focuses on reducing female feticide and promote girl education by providing financial assistance |

Source: Program Guidelines

Table 8: Components of ICDS

| Component | Subcomponent | Beneficiary | Service Provider |
|---|--|---|---|
| Early Childhood Care and Education | Early Childhood Care and Education and Pre-school non formal education | 6 months to 6 years | Anganwadi Worker (AWW) & Anganwadi Helper (AWH) |
| | Supplementary Nutrition Program (SNP) | | Anganwadi Worker (AWW) & Anganwadi Helper (AWH) |
| Care and Nutrition Counselling | Infant & Young Child feeding (IYCF) Promotion & Counselling | PWLM and Mothers of children under 3 years of age | AWW/AWH cum Nutrition Counsellor/Supervisor/ASHA/ANM |
| | Maternal Care Counselling | PWLM | ASHA/ANM/Medical Officer |
| | Care Health and Hygiene Education | PWLM and other caregivers | AWW/AWH cum Nutrition Counsellor/Supervisor |
| | Community based care management of undernourished children | Mothers and caregivers of severely and moderately malnourished children | Supervisors/MO for organisation and ASHA/ANM as facilitator |
| Health Services | Immunisation and Micronutrient Supplementation | PWLM and children up to 6 years of age | ASHA/ANM/MO/AWWs |
| | Health Check up | | |
| | Referral Services | | |
| Community mobilisation, IEC, Awareness etc. | IEC Campaigns and drives etc. | Families and Community | AWW/AWH cum Nutrition Counsellor/Supervisor/Food and Nutrition Board/District Resource Centre/ICDS Management |

Source: ICDS Manual for District Level Functionaries, 2017

Field Realities

Slum houses double up as ‘Anganwadi Centres (AWCs)’, creating a vast network run by Anganwadi Workers (AWW) and Helpers (Sahayikas), oftentimes slum women themselves. Whereas this low-cost field level innovation brings the program at the doorstep of the beneficiaries and thereby increases its reach manifold, the spatial constraints of the tiny hutments impede the vast array of activities under ICDS. For instance, AWCs need to be equipped with the bare minimum tools to conduct activities for women and children. They need drinking water and toilets. The cramped slum hutments or parking lots and dilapidated structures do not offer optimal settings for AWCs. Field level functionaries manage more than 40 children and more than one centre although this is against norms. There is a need for 6532 AWCs in Mumbai whereas there are only 5147.

This is clear in the two wards under study, which has a 24 per cent G (N) and 30 per cent M (E) deficit of AWCs¹⁷. This gap continues in the case of human resources as a high percentage of vacancies is

¹⁷ ICDS Maharashtra, 2018-21

noted at the CDPO and Supervisor levels. For instance, whereas two and four CDPO posts have been sanctioned in G (N) and M (E) wards respectively, only half remain operational, creating a deficit of 50 per cent. Similarly, whereas 18 and 22 posts for supervisors have been sanctioned in G (N) and M (E) wards, only 7 and 15 posts are filled respectively, once again indicating a severe gap. This situation continues at the field level, wherein it is difficult to retain the ASHA workers, as *“in comparison to the number of activities that are expected to perform the remuneration they get is very low which hardly acts as an incentive. They leave after a month or two”* (KII with ASHA). Table 9 outlines these deficiencies in G(N) and M(E) wards. Clearly, operational realities at the ground level indicate huge gaps which compromise the overall efficiency of inclusion and outreach. Despite this, ICDS, owing to its long historical roots, deeply embedded systems that have undergone revisions over time and the attention accorded to it due to its legacy status, still emerges as a program with a large spread and reach.

Table 9: Status of Functionaries

| Position | | G North | M East |
|------------|------------|---------|--------|
| CDPO | Sanctioned | 2 | 4 |
| | Approved | 1 | 2 |
| Supervisor | Sanctioned | 18 | 22 |
| | Approved | 7 | 15 |
| AWW | Sanctioned | 453 | 567 |
| | Approved | 453 | 567 |
| AWH | Sanctioned | 453 | 567 |
| | Approved | 366 | 406 |

Source: Praja Foundation, 2019

KIIs in both M (East) and G (North) revealed that the close rapport of AWH with slum residents and their constant interactions on the field facilitate the identification and enrolment of PW. There also appeared to be a high awareness about immunisation in the PWLM cohort.

POSHAN tracker replaced the earlier ICDS CAS for online recording and reporting. However, there are a number of issues with it, the predominant being English, the AWWs/AWHs are not fully able to comprehend it, unlike the previous that was in Hindi. Although training for POSHAN is ongoing, presently physical recording (in 10 different registers under different categories) is tediously maintained and monthly reports generated. Similarly, the enormous data base of the previous CAS system is yet to be integrated with the POSHAN tracker. However, a monthly survey is carried out by AWW/AWH in their allocated ‘prabhag’ (division) and Supervisors posted at CDPOs are supposed to compile monthly reports.

Supervision of AWCs or field level inspections and quality checks of SNF (for their nutritional content, quantity and quality) is intermittent. Visits by CDPOs and Supervisors are need based and do not follow a well laid out plan. Similarly, regular monitoring also remains patchy as higher levels lack a dedicated human resource and are handling ‘additional charge’ of ICDS. No formal grievance redressal mechanism is in place. As Mumbai does not have a district mission, all grievances reach the CDPO via the Supervisor and are then conveyed to the Commissioner. With no formal protocol, the final resolution of the same is untraceable and unpredictable. As per KIIs with officials of the department, there has been no concurrent evaluation since 2013 and no social audits have been undertaken. A strong NGO presence is noted in MCH as a number of parallel programs are carried out in both the

wards under study. Although the municipal administration has partnered with some NGOs, this is not an institutional model followed across board.

Overall Mumbai is one of the high burden cities in Maharashtra as the percentage of moderately and severely underweight children is high. Whereas, the former is showing a decreasing trend, the latter jumped from .9 percent to 2 percent from 2018 to 2019 and since then, indicating a marginally decreasing trend, is 1.4 percent presently. This is indicated in Table 10 below.

Table 10: ICDS MCGM - Nutritional Status

| MCGM | 2018 | | 2019 | | 2020 | | 2021 | |
|------|-------|------|------|-----|-------|------|-------|------|
| | MAM | SAM | MAM | SAM | MAM | SAM | MAM | SAM |
| | 16.1% | 0.9% | 15% | 2% | 14.6% | 1.6% | 14.9% | 1.4% |

Source: ICDS Maharashtra, 2018-21

Funding pattern under these schemes is in the ratio of 60:40 between the Centre and the State governments. Budget allocation towards ICDS from the Centre has been decreasing due to introduction of new missions and changes in central share to the scheme. At the same time, data is not available for fund utilisation for years 2019-20 and 2020-21 at state level. For Mumbai, the budget estimate under ICDS was 46.95 crore and expenditure were 50.61 crore for 2018-19. Figures for 2019-20 and 2020-21 are not available. This is captured in Table 11 and Table 12.

A budget estimate is the money allocated to a scheme for a financial year based on the expenditure of previous years and the services proposed in the current year. Central government approves the entire estimated amount or some percentage of it and releases it in two instalments. Estimates may get revised based on half yearly performance and hence the amount of second instalment may vary.

Table 11: ICDS – Funds Approved, Released and Utilised (State Level)

| GoM | 2018-19 (Rs. In Cr) | | 2019-20 (Rs. In Cr) | | 2020-21 (Rs. In Cr) | |
|-----------------|---------------------|---------|---------------------|---------|---------------------|---------|
| | SNP | General | SNP | General | SNP | General |
| Approved | 550.55 | 509.47 | 605.61 | 667.84 | 666.17 | 668.19 |
| Released | 1065.35 | 567.05 | 789.49 | 500.88 | 274.71 | 203.58 |
| Utilised | 765.57 | 436.98 | NA | NA | NA | NA |

Source: Open Budget, 2021

Table 12: ICDS – Budget Estimate and Expenditure in MCGM

| | Budget Estimate | Expenditure | Utilisation |
|-------------|-----------------|-------------|-------------|
| MCGM | 46.95 Cr | 50.61 Cr | 108% |

Source: Praja Foundation, 2019

In the above table the utilisation percentage is more than 100%, the extra funds are managed from the unused budget carried over from previous years.

Scheme for Adolescent Girls (SAG)

Scheme for Adolescent Girls (SAG), till 2010 within a larger ambit, focused on girls from ages 11 to 18 years. In 2017-18 this was restructured to include only Out of School (OOS) girls aged 11 to 14. Its main components, beneficiary group and entitlements are captured in Table 13.

Table 13: SAG – Main Components, Beneficiary Group and Modalities

| Beneficiary | Component | Entitlements |
|-------------|-----------|--|
| | Nutrition | Take Home Ration @ Rs.9.50/beneficiary/day |

| | | |
|---|-----------------|---|
| Out of School Girls aged 11 to 14 years | Non - Nutrition | <ul style="list-style-type: none"> ● IFA Supplementation ● Health Check-up and Referral Services ● Nutrition and Health Education ● Counselling/Guidance on family welfare, ARSH, childcare practices ● Life Skill Education and accessing public services |
|---|-----------------|---|

Source: Scheme for Adolescent Girls - Administrative Guidelines, 2018

As is evident from above, this scheme has a comprehensive scope and aims to improve the nutritional status of adolescent girls, upgrade their vocational skills, provide guidance about existing public services and mainstream them into formal education. Towards these empowering goals, monthly workshops and health camps, distribution of IFA and counselling is proposed. Funding pattern between centre and state is in the ratio of 50:50 for nutritional and 60:40 for non-nutritional components. The same implementation modality as ICDS is to be used for SAG.

However, in reality, SAG is relegated to the periphery. None of the AWCs visited on the field included program components under this scheme. Thus, AWCs did not conduct nutrition and education camps, provide vocational training or distribute IFA tablets. KIIs with OOS adolescent girls in both the wards revealed a complete lack of information about the scheme. Officials too admit to the low priority accorded to SAG referring to it as much neglected under the WCD umbrella. Indication of this low priority is demonstrated by these figures – *there are only 190 girls across 104 urban projects in the entire state, whereas not a single IFA tablet has been distributed in the entire state.*¹⁸ Further, monthly progress reports do not include the number of beneficiaries under SAG whereas, a separate portal for monitoring this scheme, the SAG – RRS, is completely inactive. Motivating the OOS girls is a challenging task, as noted by supervisors and AWWs during KIIs, as dropouts are due to financial hardship of the family.

The funds released and utilised at state level is presented in Table 14.

Table 14: SAG – Funds Released and Utilised at State Level

| | 2018-19 (Rs. in crore) | | 2019-20 (Rs. in crore) | |
|----------------------|------------------------|----------|------------------------|----------|
| | Released | Utilised | Released | Utilised |
| Nutrition | 35.37 | 24.03 | 7.06 | 5.70 |
| Non-Nutrition | 0 | 3.12 | 2.19 | 0 |

Source: SAG RRS, 2021

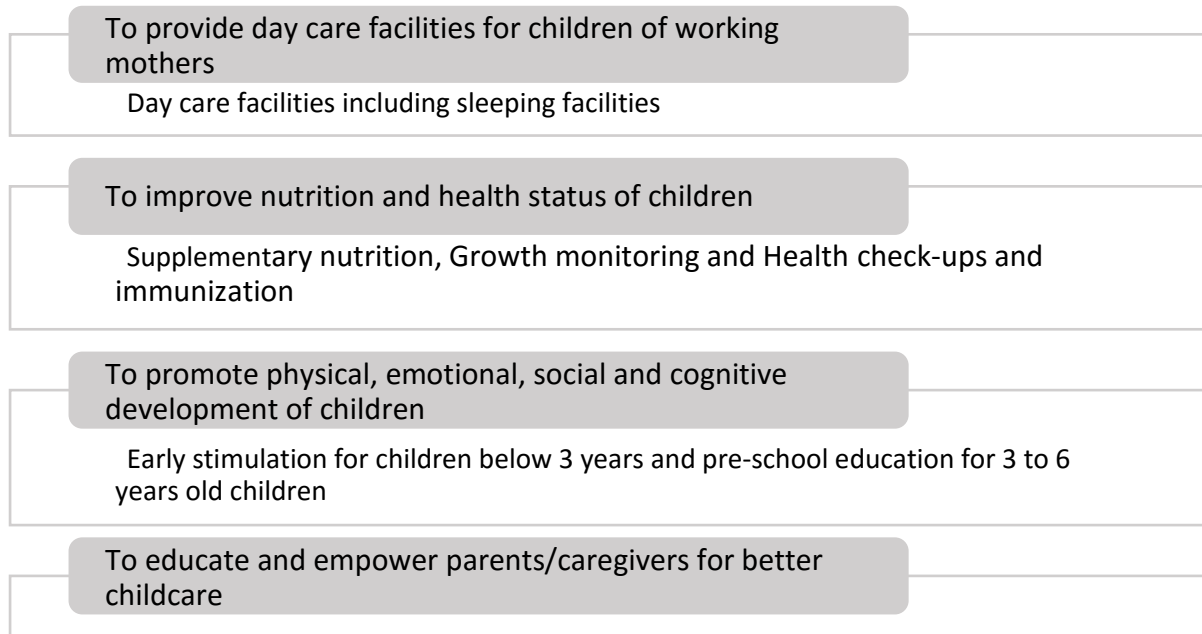
As indicated above there is a huge decrease of funds released in 2019-20 in comparison to 2018-19 (i.e., from 35.37 to 7.06 crore). In 2018-19 no funds were released under the non-nutrition component while in 2019-20 nothing from the released fund was utilised under the same component. Further, out of the released funds, only 77 and 62 per cent were utilised in 2018-19 and 2019-20 respectively. Clearly, not only did the budget indicate variations, the utilisation of the same was not satisfactory. These dramatic fluctuations in release of funds and its inadequate utilisation mirror the low priority accorded to the scheme and gaps in its operations. A fact admitted by officials during the KIIs, especially after modifications post 2017-18. The same figures for the city are not available.

¹⁸ ICDS-Supervisor, 2021

National Crèche Scheme (NCS)

The third scheme reviewed under ICDS is the National Crèche Scheme (NCS). Launched by the Government of India (GoI) in 2006 it had all-encompassing goals which included providing day care facilities for children of working mothers, improving nutritional status of children, promoting their all-round development and ultimately educating and empowering the parents for better childcare. The services to be provided under NCS included day care facilities, supplementary nutrition and growth monitoring along with pre-school education. The main objectives and services provided under NCS are captured in Figure 5.

Figure 5: NCS – Main Objectives and Services



Source: Rajiv Gandhi National Creche Scheme for Children of Working Mothers, 2015

In 2018 the NCS underwent many changes. It was shifted to the WCD Department from the Central Social Welfare Board (CSWB). The funding ratio was changed from the 90:10 (Centre: NGO) to 60:30:10 (Centre: Urban Local Body (ULB): NGO). A survey undertaken to identify functional crèches within the state revealed major discrepancies in data. For example, whereas CSWB had reported 1855 crèches, the survey indicated that only 750 were functional. Additionally, with the introduction of ULB as a fund contributor in the new pattern, uptake from ULBs decreased. Together both these factors contributed to the complete halting of this scheme in the state. Thus, presently NCS is under review and has been discontinued in Maharashtra. KIIs with slum women and Crèche operators revealed that this was a much-needed service in the slums. Slum women could attend to their chores or go for work leaving their children in the crèches. The abrupt discontinuation of this service has thus created problems for these women.

Bal Sangopan Yojana (BSY)

Launched by the GoI in 2008, BSY aims to provide a nurturing family-like environment to disadvantaged children, like orphans, homeless or children in other kinds of crisis. It also covers children whose parents are unable to take care of them due to social, financial or health constraints. Grants are directly deposited in the accounts of the parents and mediating organisations every six months via Direct Benefit Transfer (DBT). Within a three-tiered implementation structure, the field

level NGOs, liaison with the Child Welfare Committee (CWC) of MCGM via social workers, which report to the District Magistrate and the Department of WCD. NGOs in close contract with the children are responsible for bimonthly visits and maintaining case files of enrolled children. Presently, only five NGOs are appointed for doing the same. The CWC is supposed to conduct monthly inspections, fund disbursement and redress grievances if any. A quarterly progress report is to be submitted to the District Magistrate.

According to officials with whom KIIs were held, this scheme has provided some support to children, especially during the ongoing pandemic. Digitalization of the application process as well as DBT has facilitated monitoring of the scheme. This is supported in KIIs with other officials of the CWC. They contended that the process of enrolling the child, although long winding, is necessary as the child's background has to be thoroughly investigated as per juvenile justice rules. However, this involves documentation and paperwork that is time consuming. Admitting that the scheme's reach is presently limited, the daily caseload of 20-30 is indicative of how much it needs to scale up for extending coverage to those eligible.

A different version is provided by an NGO working with children noting that the tasks of enrolment, verification and maintaining records is a tedious process in comparison to the extremely low compensation provided to them. Further, the child can be brought to the CWC via multiple channels – by individuals, guardians, police personnel, social worker or the child himself – creating overlaps. The tedious scrutiny process entails allotment of a social worker after initial report and social investigation as per the juvenile justice rules. Annually, the same paperwork is done for each child to renew benefits if assessment indicates that child is still in need of the same. Not only does the city level CWC operate within staff crunches, but there are only five NGOs as implementing agencies. Resultantly, the coverage of BSY remains extremely low with only 550 children currently extended benefit in the city.

Majhi Kanya Bhagyashree (MKB)

MKB was launched in 2016 by GoM by merging and rationalising some of its preceding schemes. MKB's goal is to ensure the survival and education of girl children. All families with annual income lower than Rs.7.50 lakh are included. Scheme guidelines were further revised in 2017-18 by GoM. The components of the scheme and the financial assistance package is outlined in Table 15.

There are basically two categories of beneficiaries with matching financial entitlements as presented in Table 9. The entitlements are to be directly deposited via DBT in an Aadhar and mobile linked bank account of mother and daughter. Benefits are applicable to girls born after 2017. If a third child is born, earlier benefits stand to be revoked. It is necessary for the father of the girl child to have domicile of the state.

Despite a robust financial incentive, the uptake of the scheme is extremely low. The IEC efforts under this scheme are severely lacking, a fact admitted in KIIs with higher level officials. Simultaneously, a strong reluctance to undergo family planning procedure after the birth of a girl child to avail the benefits of the scheme is clearly evident. In reality, undergoing an immediate sterilisation procedure is not recommended by many doctors which makes the time bound procedural requirement a deterrent. Field level functionaries are unaware of the exact protocols to be followed in registering beneficiaries. This lack of information continues on ground. None of the potential beneficiaries with

whom KIIs were conducted were aware of this scheme. This raises the possibility of eligible and willing beneficiaries being excluded from the benefits under MKB.

Table 15: MKB – Entitlements and Conditionality

| Beneficiary Category | Entitlements | Conditionality |
|---|--|--|
| Family planning done after the birth of one girl child | Rs.50,000 to be deposited in the bank account of the girl child | Family planning certificate is mandatory Father must be a domicile of Maharashtra Aadhar link bank account of the girl child |
| Family planning done after the birth of second girl child | Rs.25,000 to be deposited in the bank account for each of the girl child | The benefit of scheme is revoked if a third child is born |

Source: Women and Child Development Commissionerate, 2017

The Peedit Mahila Ani Balak Manodhairya Yojana (PMBMY)

The last scheme, **Peedit Mahila Ani Balak Mahodhairya Yojana (PMBMY)**, launched in 2013 by Government of Maharashtra (GoM) has the objectives of supporting victims of sexual violence or acid attacks through medical, counselling, legal and financial aid. It also aims to provide systematic rehabilitation assuring them security and psychological acceptance to overcome the trauma of grievous incidents. Thus, the scheme includes victims of rape, acid attack, domestic violence and sexual assault. Transferred to the District Legal Services Authority (DLSA), WCD provides funds as well as rehabilitation of the victim including placing survivors in shelter homes. It was revamped as per a high court appointed committee in 2017.

Financial compensation has been increased up to Rs.3 lakhs and in grievous cases up to Rs.10 lakhs via DBT to the victim's account. The procedural requirements of this scheme include a copy of 'First Information Report' (FIR), medical examination certificate, statement of victim, death certificate (if applicable), Manodhairya Form etc. Along with this residential proof is also required. Victim's testimony has to be given to the magistrate following the relevant legal protocols. DLSA has the discretion to demand for additional documents depending upon the case and even ask for a refund if case is not proved, the victim changes statements or if the legal process does not establish an offence. Financial payments are supposed to cover medical treatments, surgeries and rehabilitation. For all procedures, Aadhar seeding with mobile number and bank account is required. As is evident, there are a range of agencies involved in the process of registration, legal counsel and, if the offence is proved, rehabilitation. The entitlements vary as per type of offence, as indicated in Table 16.

Table 16: PMBMY – Overview of Entitlements

| S. No. | Description | Financial Assistance | Remarks |
|-------------|--|----------------------|---|
| <i>Rape</i> | | | |
| 1 | Cases wherein on account of the incident, if woman is mentally traumatised and acquires permanent retardation / physical disability | Up to Rs.10 lakh | <ul style="list-style-type: none"> 75% of the total sanctioned amount - fixed deposit in a bank account in the name of |

| | | | |
|--|--|------------------|---|
| 2 | In cases where the woman has been subjected to gang rape and has suffered serious and grievous physical injury | | the victim for a period of 10 years. ● 25% remaining amount - Released after DLSA, SLSA issue an order ● Rs. 30,000 given right away for treatment (SLSA/DLSA to provide Rs.30,000 within 7 days for treatment/surgeries, remaining in 120 days) |
| 3 | In cases, where rape leads to death of the woman 1) If the deceased woman is a non-earning member of family 2) If the deceased woman is an earning member of the family | | |
| 4 | Any woman who is subjected to Rape/other grievous sexual offenses | Up to Rs.3 lakh | |
| Child Sexual Assault Under POCSO (Protection of Child from Sexual Offenses) | | | |
| 1 | In cases where on account of the incident, the child is permanently mentally retard/ disabled | Up to Rs.10 lakh | Same as above |
| 2 | In cases of rape/sexual offenses subjected onto a minor girl child | Up to Rs.3 lakh | |
| Acid Attacks | | | |
| 1 | In the incident, the face of the victim woman/child is disfigured , damage to the visible part of her body, or permanent disability | Up to Rs.10 lakh | Same as above |
| 2 | In cases an acid attack subjected onto a woman | Up to Rs.3 lakh | |

Source: Women and Child Development Commissionerate, 2017

NGOs involved in this scheme enumerate the numerous barriers facing a victim. For instance, the Section 164 under which the entire procedure is registered is time consuming along with the overall judicial process. The procedure requires the First Information Report (FIR) to be shared within an hour, with other documents and bank account details to be submitted. This process sometimes stretches for months as recounted by an official from DLSA, Mumbai Suburban. Along with severe psychological trauma, the victim also operates within a number of socio-cultural and familial constraints. Despite this, is expected to do the legwork and visit multiple agencies to process the case and seek resolution. NGOs recount that the stigma attached to rape requires sensitive handling at every level - right from the counsellor, NGO, community organizers, police, magistrates and the committee members. On ground this is not always forthcoming. Safety of acid attack victims is another issue that often remains unaddressed. Receiving adequate compensation is once again a time-consuming process taking years before the amount is actually received by the victim. Additionally, the DLSA unit presently operates within staff shortages which compromises on case handling and guidance.

KIIs at the field level revealed that awareness about this program is non-existent. IEC efforts under PMBMY remain weak. Failing this, accessibility to such a service remains remote even if needed by victims.

COVID-19 Outreach under WCD

As expected, the entire delivery network under all programs came to a halt during the two waves of the pandemic. All health check-ups and vaccinations were non-functional as field level functionaries were diverted to COVID-19 duties. The SNP too was disrupted. Due to lockdowns and social distancing, neither children nor women could visit the AWCs. Slum settlements also started witnessing the exodus of its residents as they migrated to their hometowns. KIIs with beneficiaries point to the fact that there was panic amongst the PW and their families and hesitation in approaching maternity homes in fear of infection ran high. Many hospitals, converted to COVID-19 treatment centres or having very limited outpatient admissions, exacerbated the situation further. PW recalled cancellations in planned admission for childbirth as a result and had to search for other maternity hospitals in their vicinity. In the overall situation of fear and unpredictability PW faced many issues. NGO officials recounted that lack of transportation during lockdown not only hampered easy accessibility to medical care but also increased anxiety. Due to disruptions, pregnant and postpartum women missed out on ante and postnatal care.

Immediately following the lockdown measures, field level functionaries were shifted to COVID-19 duties. To mitigate the inaccessibility of PWLM and children some online efforts were initiated – monitoring growth via video calls, imparting non formal education via video lessons, WhatsApp messages to PWLM. Field level functionaries of WCD were also involved in door-to-door distribution of food or dry rations during the waves. However, amongst health functionaries, there are real fears that the cumulative impact of these disruptions, especially on malnourished children will emerge only after a retrospective study is undertaken at a later date.

After the initial shock, functions especially under ICDS have been restored. As anganwadis gradually opened, distribution of dry rations specifically targeted at PWLM, and children was undertaken. It is likely that these food rations are consumed by the entire family as their struggle with loss of livelihoods continues, even if distributed specifically for PWLM. During field visits, one such distribution effort was underway with list-wise targeting of PWLM and infants. Maternity hospitals too have started functioning normally. Resumption of the full range of activities under the ICDS ambit is underway.

However, this resumption of activities is markedly noted only under ICDS. Other schemes, like SAG, MKB and PMBMY have not witnessed any specific outreach during COVID-19. Although, NGOs working in slums observed a spike in domestic and sexual violence cases, these was no mechanism under PMBMY to investigate the same and offer guidance. Under BSY a proposal to extend financial aid to children who have lost one or both parents were announced. Their identification is underway. Thus, except for ICDS, which has seen concentrated efforts during and post COVID-19, the other schemes largely continue to struggle with the same constellation of impediments that were present even in normal times.

Conclusion

The WCD has a plethora of schemes under its umbrella, the most prominent undoubtedly being the ICDS. ICDS, a flagship GoI scheme, is one of the largest such schemes in the world. Having a long evolutionary trail in which it has witnessed a number of changes, it clearly garners priority and attention from each level of decision making. Historically, it has created an implementation framework which, despite severe lacunae, appears to be relatively well-functioning. Honed over a period of time,

it delivers a range of services to children. This institutional memory of accumulated knowledge, systems, database, records and organisational decisions, is largely successful in including the vulnerable under its ambit. Although monitoring, supervision, evaluation and grievance redressal systems indicate gaps, the overall scope and reach of ICDS is still considerable. Similarly, despite shortages in human resources, its deeply embedded systems and structures appear to largely assure inclusivity. This is partly also supported by a robust uptake of program benefits from the beneficiaries themselves. Well spread awareness, especially about immunisation, assures participation from mothers and their children.

This picture is not depicted by other programs under the WCD umbrella. MKB, despite having robust entitlements, struggles with very limited uptake from potential beneficiaries largely due to its conditionality. The socio-cultural and religious milieu of the beneficiary cohort is mismatched with the concept of sterilisation after birth of a girl child. NCS has been presently discontinued in Mumbai as it faces issues of handover as well as faulty reporting of program performance. SAG, restricted in its scope after its 2017 restructuring, is completely relegated to the background. Under it, there is meagre outreach and inclusion echoed by the total lack of awareness about the scheme amongst its beneficiary adolescent girls. BSY struggles with lack of staff and NGOs, a pointer, once again to its limited reach. The last, PMBMY, seeing changes and adaptations over a period of time, has increased compensation considerably. However, the investigative and judicial processes still remain time consuming, and the victim still struggles with socio-cultural and familial barriers.

With the exception of ICDS, what cuts across all schemes is meagre awareness about them amongst the intended target group. At the ground level, beneficiaries lack information about SAG, MKB and PMBMY. Not only does this make urgently needed services inaccessible to those who need them the most but also defeats the very purpose of a social protection net which is designed for the very purpose of offering safety against life cycle risks and vulnerabilities.

Education – Dept. of Sports and Education, SJSA, Tribal Development Department, and Minority Department

There is a truly wide range of scholarship schemes specifically targeting the historically marginalised communities. These schemes acknowledge the foundational inaccessibility to educational opportunities as one of the primary reasons for continued poverty and deprivation amongst them. All have the overarching aim to increase their accessibility to educational opportunities, thereby increasing employability and socio-economic development that has traditionally bypassed them.

The present project covered four major departments, namely School Education and Sports Department (SESD), Tribal Development Department (TDD), Minorities Development Department (MDD) and finally Social Justice Special Assistance (SJSA) Department. Together, under these four departments 16 scholarship schemes have been mapped. These represent a kaleidoscopic reality with variations in their level and year of origin, target groups, eligibility criterion and entitlements. Despite this variation, they mirror an overarching goal of offering financial support to deserving students. They also have the same online process of application, scrutiny, allotment and disbursement. A consolidated picture of all the departments and the schemes under them is presented in Table 17.

Table 17: Consolidated Picture of all Scholarship Schemes under Various Departments

| S.No. | Schemes under Various Departments |
|----------|---|
| A | School Education and Sports Department (SESD) |
| 1 | Open Merit Scholarships |
| 2 | Open Merit Scholarship (Pre-Secondary Schools) |
| 3 | Merit Scholarship to Economically Backward Classes Students |
| 4 | Scholarships in Junior Colleges |
| 5 | Gol Scholarships to Secondary Schools |
| 6 | Mid-day Meal Scheme |
| B | Tribal Development Department (TDD) |
| 7 | Pre-Matric Scholarship |
| 8 | Post-Matric Scholarship |
| C | Minorities Development Department (MDD) |
| 9 | Pre-Matric Scholarship for Minorities |
| D | Social Justice Special Assistance (SJSA) Department |
| 10 | Pre-Matric: Scholarship for student's belongings to SC studding in classes IX and X |
| 11 | Savitribai Phule -Scholarship for students from std. 5th-10th |
| 12 | Scholarship to Physically Handicapped students' up to VIII Std. |
| 13 | Rajashri Shahu Maharaj Scholarship to SC students for Higher Education |
| 14 | Rajashri Shahu Maharaj Scholarship to SC students for Higher Education Abroad |
| 15 | GOI Post Matric Scholarship for SC students |
| 16 | Stipend to trainees in Industrial Training Institutes |

Keeping in mind the above feature, rather than treating each department separately, this section takes a sectoral approach and covers each department in succession. Thus, it begins with schemes under the SESD and then proceeds to those under TDD, SJSA and finally MDD. As mentioned earlier, there are two overarching similarities that cut across all schemes - one – the online process of application, scrutiny and allotment that each follows, and two – the gaps and barriers that they indicate. Thus, a sectoral analysis consolidating the findings across all departments is presented at the end of this section.

School Education and Sports Department (SESD)

A wide range of schemes are included under SESD with an overarching goal to support meritorious students from disadvantaged backgrounds to continue education and meet educational expenses. In total, there are five schemes covered under this department. With the exception of the Midday Meal (MDM) Scheme, all extend monetary benefits to deserving students. MDM, a legacy scheme, was launched in 1995 to boost enrolment, retention and attendance and simultaneously provide nutrition to students. One of the largest school meal programs in the world, MDM is discussed separately. A consolidated picture of all the scholarship schemes under this department is presented in Table 18.

Table 18: SESD Scholarships – A Snapshot

| Life Stage | Scheme | Year | Gol | GoM | Objectives |
|-------------|---|---------|--|--------------------------------------|--|
| Childhood | Scholarship to Open Merit Pre-Secondary | 1954 | -- | School Education & Sports Department | To encourage students for performing better in academics |
| | Mid-Day Meal | 1995 | MHRD – Dept of School Edu & literacy (Mid-day Meal Division) | School Education & Sports Department | Universalization of Primary Education by increasing enrolment, retention and attendance and simultaneously impacting on nutrition of students. |
| Adolescence | Open Merit Scholarships | 1964 | - | Directorate of Higher Education | To motivate students for higher education |
| | Merit Scholarship to Economically Backward Classes (EBC) Students | 1978-79 | - | School Education & Sports Department | To enable and motivate students of economically backward classes to continue further education. |
| | Scholarship in Junior College | 1978-79 | - | School Education & | Motivate those applicants for further higher and professional education. |

| | | | | | |
|--|--|--|--|----------------------|--|
| | | | | Sports Department | |
|--|--|--|--|----------------------|--|

Source: Program Guidelines

Eligibility, Conditionality, Documentation and Entitlements

Schemes under the SESD largely have similar operating frameworks. The oldest, the ‘Open Merit Scholarship’ launched by the Government of Maharashtra (GoM) in 1954 is targeted at students belonging only to Maharashtra, conditionality include a domicile of the state, minimum of 60 per cent marks in standard 12th and admissions in education programs limited in the field of commerce, science, art or law. It provides an entitlement of Rs.100/month. Similar to this scheme, is the ‘Open Merit Scholarship in Junior College’, launched in 1978-79 by GoM, with the goal of motivating students for higher education in professional colleges. Its eligibility is restricted to the 11th and 12th standards, securing a minimum of 60 per cent marks in their examination. Entitlements are pegged at an abysmal level of Rs.50/month disbursed for 10 months (i.e., Rs.500/year). The Merit Scholarship for students belonging to Economically Backward Classes (EBC) is targeted at EBC students with family income less than Rs.8 lakh, with entitlements slightly increased to Rs.140/month for boys and Rs. 160/month for Girls (Hostellers) and Rs.80/month for boys and Rs.100/month girls (Day Scholars). Scholarship amounts for all schemes are disbursed only for ten months of the year.

Most have an academic requirement of 50 to 60 percent marks in the last exam, with renewal policy also mandating minimum performance in exams. A plethora of procedural requirements include – domicile certificate, income certificate, birth certificate, mark sheets, identifying documents in the form of Aadhar, bank account either in the name of student or mother/father/legal guardian, consent forms, authentication of signatures, addresses and KYC procedures from scheduled banks. Aadhar is linked to mobile as well as bank accounts to facilitate the Direct Benefit Transfer (DBT). A snapshot of the above is presented in Table 19.

Table 19: SESD – Eligibility, Conditionality, Documentation and Entitlements

| Scheme | Entitlements | Eligibility and Conditions | Documentation |
|---|---|---|---|
| Scholarship to Open Merit Pre-Secondary | Rs.100 per month (Rs. 1,000 p.a.) | <ul style="list-style-type: none"> Studying in 5th - 8th Std. and passing the exam conducted by Maharashtra State Council of Examination Applicable to Government schools | Domicile, Certificate for good behaviour, satisfactory attendance from headmaster, Bank details |
| Mid-Day Meal | 1 portion of cooked meal –Khichadi/Dal rice to be provided per child every day. | 1 st to 8 th class students attending government and government aided schools. | Not Required |
| Open Merit Scholarships | Rs.100 per month (Rs.1,000 p.a.) | <ul style="list-style-type: none"> The applicants must have domicile of Maharashtra | Previous Year Mark sheet, Domicile Certificate, Bonafide Certificate |

| | | | |
|---|--|--|--|
| | | <ul style="list-style-type: none"> ● Applicants must have secured a minimum of 60 % marks in 12th Std. ● The candidate must be admitted to any Commerce, Science, Art, or Law graduate program. | |
| Merit Scholarship to Economically Backward Classes (EBC) Students | <p>Students from class XI-XII (Boys)</p> <ul style="list-style-type: none"> ● Rs.140/m (Hosteller) total Rs.1400 p.a. ● Rs.80/m (Day Scholar) total Rs.800 p.a. <p>Students from class XI-XII (Girls)</p> <ul style="list-style-type: none"> ● Rs.160/m (Hosteller) total Rs.1,600 p.a. ● Rs.100/m (Day scholar) total Rs.1,000 p.a. | <ul style="list-style-type: none"> ● Students are admitted only through CAP round. ● Only 2 children from each family are allowed to avail benefits. ● During the course, the candidate should not have a gap of more than 2 years. | <p>Income certificate from competent authority, SSC mark sheet (Std. X)</p> <p>For renewal: Std. XI mark sheet, with min 45% score</p> |
| Scholarship in Junior College | <p>Rs.50/m Rs.500/student p.a.</p> | <ul style="list-style-type: none"> ● Students to be admitted only through CAP round ● Only 2 children from per family allowed to avail benefits ● During the course, the candidate should not have a gap of more than 2 years. | <ul style="list-style-type: none"> ● SSC mark sheet (Std. X) ● For renewal: Std. XI mark sheet, with min 45% score |

Source: Program Guidelines

GoI – Scholarships to Secondary Schools

GoI scholarships for secondary school students represent a wide arena with schemes for the disabled, girls, vocational training, construction of girl's hostels and also Rashtriya Madhyamil Shiksha Abhiyan. Under this panoramic sweep, there are policy as well as program level interventions. For instance, the Rashtriya Madhyamil Shiksha Abhiyan aims to improve quality of education, suggest prescribed norms, remove gender, socio-economic and disability barriers and provide universal access to secondary level education. The scheme for construction of girl's hostels recognizes the historical deficit in girls' education at the secondary level and aims to mitigate that by setting up hostels for this target group to facilitate accessibility. The National Means cum Merit Scholarship Scheme awards Rs.1000/month (Rs.12,000 p.a. to gifted or meritorious students whose parental income is not more than Rs.1,50,000 p.a). Herein, the increase in scholarship amount is noted as compared to previous

schemes that had a maximum amount of Rs.1,600 p.a. A consolidated picture of the schemes under the GoI is presented in Table 20.

Table 20: Objectives and Components of GoI Scholarships to Secondary Schools

| Scheme | Year | Objectives | Components | Implementing Agency |
|---|---------|---|--|---|
| Scheme for construction and running of girls' hostels for students of secondary and higher secondary schools. | 1993-94 | To provide access to girls to secondary schools in such a way that they are not required to cover large distance | Grant of Rs.10,000 p.a. per girl boarder and one-time non-recurring grant of Rs.3,000 per boarder to voluntary organisations for running hostels for girl students of secondary and higher secondary schools. | State Level Empowered Committee, teacher, voluntary organisations |
| Scheme for vocational education | 1988 | To provide diversification of educational opportunities so as to enhance individual employability, reduce the mismatch between demand and supply of skilled manpower and to provide an alternative for those pursuing higher education. | Broad guidelines in respect of management structure, curriculum design, infrastructure development, vocational surveys, instructional material, teachers and their training, school-industry linkage, examination and certification, modification of recruitment rules, financial assistance to NGOs and other aspects | Central Advisory Board of Education (CABE) |
| National Scheme of incentives to girls | 2008 | to promote enrolment of girl child in the age group of 14-18 at secondary stage | Rs.3,000 as fixed deposit for eligible girls till 18 years of age | Department of School, Education and Literacy |
| National Merit cum Means Scholarship s Scheme | 2008 | to reduce dropout rate after class 8th std. | Award scholarships to meritorious students of economically weaker sections - Rs.12,000 p.a | Department of School, Education and Literacy |
| Girls Hostel Scheme | 2008-09 | To ensure that girl students are not denied the opportunity to continue their study due to distance to school, parents' financial affordability and other connected societal factors | To set up a 100-bedded Girls Hostel in each of 3479 Educationally Backward Blocks (EBBs) in the country. | Board of Project Approval, State Government Committees |
| Rashtriya Madhyamik Shiksha Abhiyan | 2009 | Development of secondary education in | Quality improvement (science laboratories, environmental education, | MHRD, State implementation |

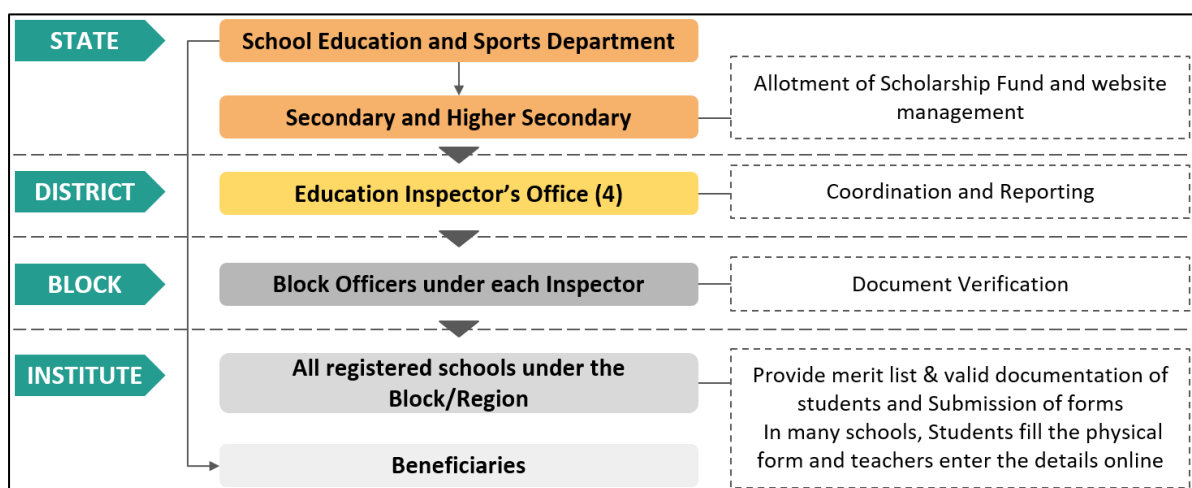
| | | | | |
|---|---------|---|---|---|
| | | public schools throughout India | promotion of yoga), ICT enabled facilities, access and equity for economically backward students | societies, National Resource Group |
| Inclusive education for disabled at secondary stage | 2009-10 | To enable all students with disabilities, to pursue further four years of secondary schooling | Medical and educational assessment, books and stationery, uniforms, transport allowance, reader allowance, stipend for girls, support services, assistive devices, boarding the lodging facility, therapeutic services, teaching learning materials, etc. | School and Education Department, NGOs, State level Coordination committee |

Source: Program Guidelines

Implementation Structure

More or less all schemes operate within a similar hierarchical structure of implementation with central, state, district and block levels connecting with the field level education institute. The institute / school head provides the list of meritorious students and helps in filling up their online enrolment forms. The verification process was carried out at the Block level, with the Education Inspector’s Office coordinating with the state level decision making. The scholarship amounts are deposited in the beneficiary students’ account via DBT. This implementation structure is represented in Figure 6.

Figure 6: SESD – Implementation Structure of Scholarship Schemes



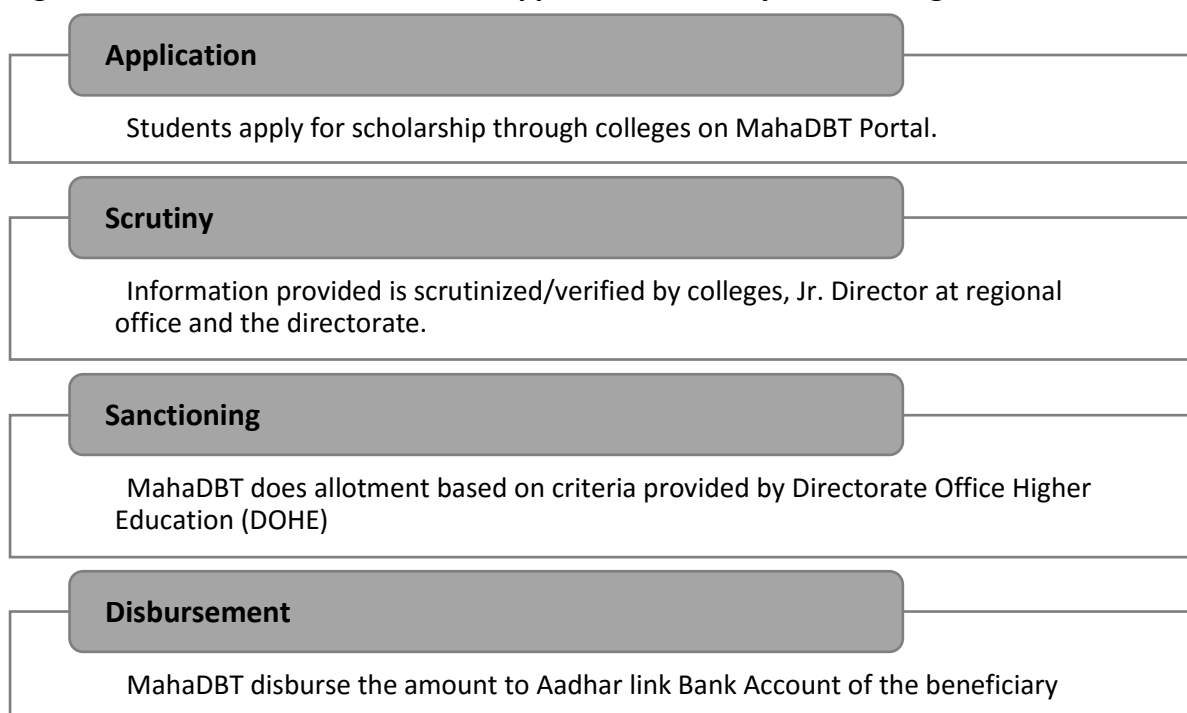
Source: Discussions and KIIs with officials

Online Enrolment, Verification and Disbursement of Entitlements

As mentioned earlier, the same online procedure for application, scrutiny, allotment and disbursement is followed across board not only for scholarship schemes under SESD, but also TDD and SJSA. Online enrolment via MahaDBT portal is to be done by students directly or school / college authorities. All necessary documents and certificates are to be uploaded. Applications are scrutinised and verified at the regional and directorate level. The number of students to be granted scholarships are determined at the level of the Directorate Office of Higher Education (DOHE). Eligible and

compliant applications are sanctioned, and the scholarship amount directly deposited in the Aadhar linked bank accounts of the students. This process is presented in Figure 7.

Figure 7: SESD – Common Process of Application, Scrutiny, Sanctioning and Disbursement



Source: MahaDBT portal, Discussions and KIIs with officials

Budgets, Expenditure and Beneficiaries

Data on budgets, expenditure and number of beneficiaries is not uniformly accessible. KIIs with departmental officials revealed a marked resistance to sharing this data. Even when it did exist, different methods of recording budgets and expenditures were noted. For instance, in some schemes data for beneficiaries, budget and expenditure existed for 2018-19 but not for 2020-21. In some cases, data on expenditure was available for all three years under consideration (i.e., 2018-19, 2019-20 and 2020-21) at the state level, but either available only for one or two years or not available at all at the MCGM level. Thus, gaps in data were evident.

Some schemes documented applications received and sanctioned under two heads – ‘fresh’ and ‘for renewal’ – whereas others did not follow this format. Further, data on fresh applications as well as those for renewal, did not exist for all the three years. Some recorded beneficiary data as applications ‘received’ and ‘verified’, with no data on how many were ‘sanctioned’ out of those verified. KIIs with official pointed to the fact that consolidated data on funding of schemes did not exist with them. Data, when shared by multiple sources of the same department indicated mismatches and could not be authenticated. Scheme specific data is published on the BEAMS portal in addition to the budget books of MCGM. Budget estimated, released and expenditure incurred is mentioned for each scheme in the budget books while the department collates data in a different format; mentioning applications received, accepted/rejected and funds released in a financial year by the state. The centre share is not

collated at the department and hence the provided is incomplete. Thus, data gaps in this aspect of programs are many¹⁹.

Tribal Development Department

The two schemes covered under this department are -1) The Pre-Matric Scheme (GoM) and 2) The Post Matric Scheme (GOI).

The first scheme originating at the state level was launched in 2010 and is operationalized under the TDD department at the GoM level. The main objective is to incentivize school education of the students belonging to the minority communities/ scheduled tribes and decrease the financial burden of their families. It seeks to empower the marginalised through education and offers them a level playing field in the subsequent employment market. The scheme is applicable to students from the first to the tenth standard studying in government or public schools and notified private institutes. The other scheme under this department is the Post Matric Scheme. Launched in 1959-60 at the central government level, this scheme has a longer historicity and has thus witnessed a range of organisational rearrangements. At the GoI level it falls under the Ministry of Tribal Affairs whereas at the state government, it is the TDD. The main goal of this scheme is to enable the students belonging to Scheduled Tribes (ST) to avail of higher education. The main components of both the schemes are presented in Table 21.

Table 21: TDD – Main Objectives of the Scheme

| Scheme | Origin | Year | GoI | GoM | Objective |
|---------------------|--------|------|----------------------------|-------------------------------|--|
| Post- Matric scheme | GoI | 1960 | Ministry of Tribal Affairs | Tribal Development Department | Enabling needy S.T. students to avail higher education by providing financial assistance |
| Pre-Matric scheme | GoM | 2010 | -- | Tribal Development Department | Incentive scheme to meet the school educational expenses of Scheduled Tribe students |

Source: Program Guidelines

Targeting, Entitlements and Conditionality

The Pre-Matric scheme is applicable to students studying in schools of local self-government. An attendance of more than 80 per cent per month is required. All students belonging to families below the income of Rs.1,08,000 p.a. is eligible under this scheme. Whereas Rs.1,000 is awarded per year from standards 1st to 4th, this increases to Rs.1,500 per year for standards 5th to 7th and thereafter Rs.2,000 per year from 8th to 10th. A preponderance of schools in rural areas is observed with only 5% under Municipal Corporations.

Patterned along similar lines insofar as the targeting and entitlements are concerned, the Post Matric scheme mirrors some of the aspects as outlined above. Students belonging to the Scheduled Tribes

¹⁹ Limited data on this aspect of each separate scheme is covered in the USPS docket.

(ST) are eligible under it with a family income of less than Rs.2,50,000. The specific type of courses offered under these schemes are categorised under Groups, covering graduate and postgraduate as well as doctoral levels. A further division is made on the basis of status of students - either hostellers or day scholars. Corresponding to these distinctions, scholarship amounts range from Rs.230 to Rs.1,200 p.a. Thus, different entitlements are granted depending on the Group as well as the status of students. Additional allowances are also granted under each group covering reading material, thesis typing, books, study tours etc.

A plethora of documents are required which include caste certificate, income certificate, birth certificate, mark sheets, identifying documents in the form of Aadhar, bank account either in the name of student or mother/father/legal guardian, consent forms, authentication of signatures, addresses and KYC procedures from scheduled banks. Aadhar is linked to mobile as well as bank accounts to facilitate the Direct Benefit Transfer (DBT). A snapshot of the eligibility, conditionality and entitlements is given in Table 22.

Table 22: TDD – Eligibility, Conditionality, Documentation and Entitlements for Schemes

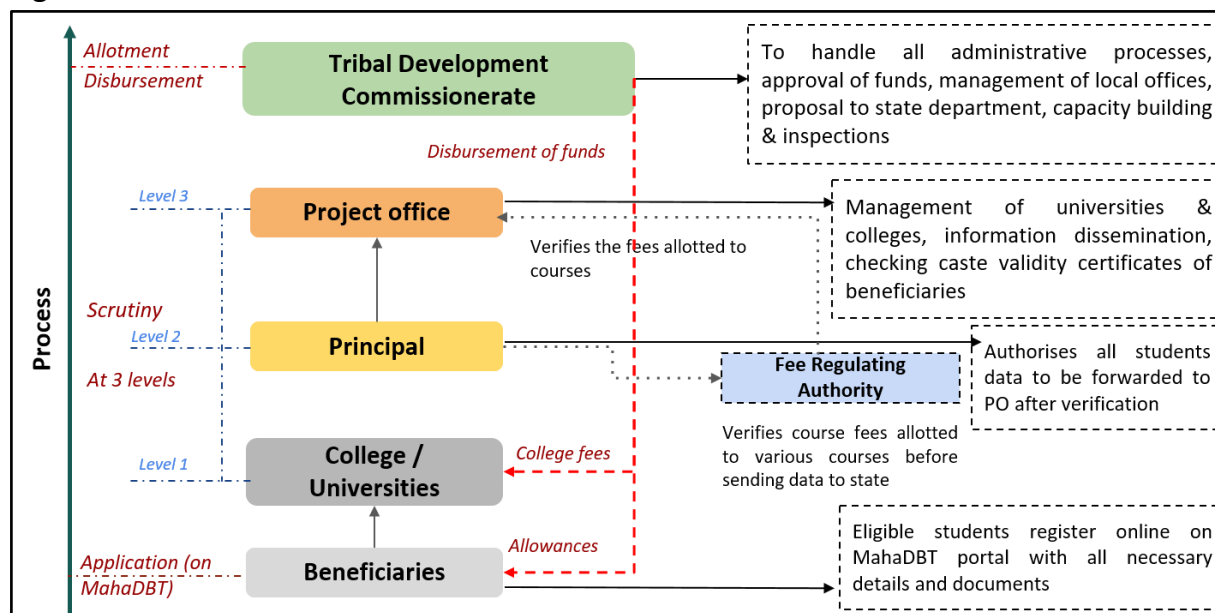
| Scheme | Entitlements | Eligibility and conditions | Documentation |
|---------------------|--|---|---|
| Post- Matric scheme | <ul style="list-style-type: none"> ● Maintenance allowance ● Provision for students with disabilities ● Reimbursement of compulsory non-refundable fees ● Study Tour charges ● Thesis typing/printing charges and book allowance for students pursuing correspondence | <ul style="list-style-type: none"> ● Students - Scheduled Tribes ● Family annual income - <Rs.2.50 lakh. ● Minimum 10th Pass. ● The student should have taken admission in the course mentioned in the guidelines of Central Government. ● Need to follow same line of profession ● Correspondence course eligible ● Employed students who take leave without pay for course duration ● Studying in two professional courses | <ul style="list-style-type: none"> ● Caste Certificate ● Income Certificate ● Bank account details ● Previous year mark sheet ● If Professional Course selected, then caste validity certificate mandatory |
| Pre-Matric scheme | <p>1st-4th std.- Rs.1,000 p.a.,</p> <p>5th-7th std.- Rs.1,500 p.a.,</p> <p>8th-10th std.-Rs.2,000 p.a.</p> | <p>The scheme is applicable to the students from std. 1st-std. 10th studying in the schools of local self-governing bodies. (Zilla Parishad (ZP), Municipal corporation (MC) etc.).</p> <p>Attendance - more than 80% per month.</p> <p>Family Income - Must be below the limit of Rs.1,08,000 p.a.</p> | |

Source: Program Guidelines

Implementation Process

The overall process of registration and verification under this department mirrors a similar modality as seen in other scholarship schemes. Enrolment of prospective students via the educational institution is done online by scanning and uploading all the necessary documents. Ideally, the scrutiny is facilitated at three levels - the educational institution, head of same and the Project Office under TDD. This process is captured in Figure 8.

Figure 8: TDD – Process of Enrolment and Verification of Schemes



Source: Discussions and KIIs with officials

Budgets and Expenditure

Figures for budget and expenditure under Pre-Matric Scheme are not available. Some figures available for the Post Matric Schemes indicate that at the GoM level there has been a steady decline in the budget allocated as well as the beneficiaries covered, whereas the reverse is true at the Mumbai city level. At the city level figures for the current year 2020-21 as well as expenditure is not available. Thus, only partial information is available as far as these two scholarship schemes under TDD are concerned, as presented in Table 23.

Table 23: TDD – Post Matric Scheme - Budget and Expenditure

| Year | GoM | | | MCGM | | |
|---------|---------------|--------|-------------|---------------|--------|-------------|
| | Beneficiaries | Budget | Expenditure | Beneficiaries | Budget | Expenditure |
| 2018-19 | 1,72,775 | 152.38 | 99.97% | 1,225 | 7.33 | NA |
| 2019-20 | 1,52,080 | 155.75 | 96.86% | 1,373 | 8.52 | NA |
| 2020-21 | 1,16,257 | 132.00 | 65.69% | NA | NA | NA |

Budget in Crore

Source: Based on data collated from figures provided by officials

Department of Social Justice and Social Assistance (SJSA)

In all there are seven schemes under the SJSA Department directed at students belonging to the minority communities with majority covering the post matric levels of education. The overarching goal of all programs is to extend assistance to students belonging to the Scheduled Caste in order to increase school enrolment rates, enhance employability and encourage students to pursue education ultimately leading to their empowerment. Some like Gol Post Matric Scholarship was originally launched in 1944 and has seen some revisions over time. A snapshot of these schemes is presented in Table 24. The two Gol schemes have both centre and state share in the ratio of 60-40%.

Table 24: SJSA Scholarships – A Snapshot

| Life Stage | Scheme | Year | Gol | Objective |
|---------------------|--|------|--|--|
| Adolescence | Gol-Post Matric | 1944 | Department of Social Justice and Empowerment | Uplifting the socio-economic condition of students belonging to the SC community. |
| | Gol-Pre-Matric (IX-X) | 2012 | Department of Social Justice and Empowerment | To improve participation of students from the SC community in the pre-matric stage, so that they have a better chance to progress to the post-matric stage |
| Adulthood & working | Stipend to ITI Trainees | 1972 | -- | Providing financial support to SC students enrolled in various programs/scholarships under the Ministry of Skill Development & Entrepreneurship in industrial training institutes. |
| | Rajarshi Shahu Maharaj Scholarship for Higher Education | 2003 | -- | To provide financial assistance to the Scheduled Castes students studying at post-matriculation or post-secondary stage to enable them to complete their education. |
| | Rajarshi Shahu Maharaj Scholarship for Higher Education Abroad | 2003 | -- | To encourage academically excellent students from the SC community, by providing financial assistance to opt for foreign education |
| Adolescence | Savitribai Phule Scholarship Class V-X | 1996 | -- | Financial support to SC/VJNT/SBC/ girl children, from economically weaker sections to encourage school enrollment of girls and for their overall educational growth. |

| | | | | |
|-----------|---|------|----|--|
| Childhood | Scholarship to the Physically Handicapped | 2003 | -- | To provide free education, food and accommodation to blind, deaf and hard on hearing children from government schools & institutions |
|-----------|---|------|----|--|

Source: Scheme Documents and Guidelines

Eligibility, Conditionality, Documentation and Entitlements

Schemes under this department have different eligibility criteria depending on the target group included under its ambit. For instance, the Pre-matric Scholarship targets SC students in class X and IX, Stipend for Training in Industrial Training Institute (ITI) is for those enrolled in ITIs whereas the Rajarshi Chhatrapati Shahu Maharaj Scheme (RCSMS) for Higher Education includes students desirous of pursuing post-graduation in well renowned institutes in India. In a similar vein the Rajarshi Shahu Maharaj Scholarship (RSMS) for Higher Education Abroad targets meritorious students desirous to pursue post-graduation and PhD studies in colleges out of India. At the other end of the spectrum are schemes like Savitribai Phule Scholarship for VJNT and SBC girl students covering 5th to 7th standards and there is another scheme - Savitribai Phule Scholarship for VJNT and SBC girl students covering 8th to 10th standards. Scholarships for physically handicapped students from standard 1 to 10th grand differing amounts ranging from Rs. 50/month to a maximum of Rs.1,200 / month.

All the schemes follow the same online process of enrolment and have similar conditions but vary in terms of the income criteria. Documentation requirements cover – passport sized photo, education certificate/mark sheets, caste certificate, domicile certificate, income certificate, divyang (Physically Handicapped) certificate, doctor’s certificate, proof of securing admission in specified institutions in case of postgraduates in India or abroad, bank account linked to mobile and Aadhar, recommendations from two officers and attestation of all documents by gazetted officer in case of post graduate courses.

However, what is truly mind boggling is the wide range of entitlements that they offer. Schemes like RSMS for Higher Education in the Country give the entire fee amount for post graduate courses in institutes such as the IITs and IIMs, along with Rs.10,000 p.a. for books and other ‘educational instruments. Similarly, the ‘Scholarship for the SC for Abroad Studies’ extends full tuition fees of the foreign university and a maintenance allowance of USD 15,400 or GBP 9,900! Thus, at one end of the spectrum are scholarship amounts at a meagre Rs.50/month and on the other are full scholarships to the topmost post graduate colleges in India or foreign universities that run into lakhs of rupees. A written undertaking is taken from the student to fully repay scholarship amounts if the course undertaken is discontinued midway or not fully completed. A snapshot of the eligibility, conditionality, documentation requirements and entitlements is presented in Table 25.

Table 25: SJSA – Eligibility, Conditionality, Documentation and Entitlements

| Scheme | Entitlements | Eligibility and conditions | Documentation |
|-----------------|--|---|---|
| Gol-Post Matric | <ul style="list-style-type: none"> Tuition & Exam fees to the Institution | <ul style="list-style-type: none"> Students from SC and Navboudha families Resident of Maharashtra State only Family annual income <Rs.2.50 lakh p.a. | <ul style="list-style-type: none"> Income and Caste Certificate Mark sheet for last appeared examination. Mark sheet for SSC or HSC. Father’s death Certificate (if applicable) |

| | | | |
|---|--|--|---|
| | <ul style="list-style-type: none"> ● Maintenance and other allowance to scholars | <ul style="list-style-type: none"> ● Minimum 10th Pass ● On failing the same class, the student does not avail the benefits again in the same year. | <ul style="list-style-type: none"> ● Gap & Self Declaration (if required) ● Hostel Certificate (if required) ● Husband Income Certificate (if girl is married) |
| GoI-Pre-Matric (IX-X) | Scholarship per month, Book grant, other ad hoc grant per year separately for day scholars and hostellers, allowances for the students with disabilities | <ul style="list-style-type: none"> ● Students from SC ● Family annual income < Rs.2.5 lakh p.a. ● Non recipient of any other centrally funded scholarship ● Exception: National Means-cum-Merit scholarship scheme of D/o School Education ● Scholarship for studying in a class will be available for only one year ● Student studying in a Govt. or in a CBSE or SBSE recognised school ● Aadhar card and UIDAI number | <ul style="list-style-type: none"> ● Application form in prescribed format ● Passport size photograph with his/her signature ● One self-attested copy of certificates, diploma etc. ● A caste certificate ● Family income certificate ● Aadhar card/copy of enrolment |
| Stipend to ITI Trainees | Rs.100/month (Rs.1,200 p.a.) | Father's income not exceeding Rs.65,290 p.a. | <ul style="list-style-type: none"> ● Income, caste, domicile certificate |
| Rajarshi Shahu Maharaj Scholarship for Higher Education | Scholarship amount included full tuition fees, hostel and mess charges, besides this Rs.10,000 p.a. for books, notebooks and other educational instruments | <ul style="list-style-type: none"> ● SC student studying in 1st year of graduate/postgraduate course from a reputed IIT, IIM, NIT, Agriculture or business school. ● Should be domicile of the State. ● Minimum 60% marks in 12th std. for graduation course and minimum 55% marks at graduation level for PG course. ● For graduate level scholarship, 12th std. CET Marks will be considered. (55% marks at CET Exam) ● The annual income of the parents < Rs.4.50 lakhs. | <ul style="list-style-type: none"> ● Mark lists and certificates for standard 12th and graduation. ● Proof of admission and fee structure. ● Recommendation certificates from two Officers ● Undertaking about the repayment of complete scholarship amount to GoM in case of fail to complete the course for which beneficiary awarded scholarship ● All the concerned documents should be attested by a Gazetted Officer or by the Special Executive Officer |

| | | | |
|--|---|---|--|
| Rajarshi Shahu Maharaj Scholarship for Higher Education Abroad | <ul style="list-style-type: none"> • Students will get a full tuition fee and maintenance allowance of 15,400 USD or 9,900 GBP. • Students studying in the UK shall avail 1100 GBP and students studying in US and other countries 1500 USD per annum will be provided contingency allowance. | <ul style="list-style-type: none"> • Students pursuing PG and Ph.D. courses in foreign Universities. • SC student • Maharashtra domicile • Candidates must be a graduate or PG from a government or government recognized institution. • The overall family income < 6 lakh p.a. • The maximum age limit for PG is 35 years and for Ph.D. is 40 years. • The foreign University opted for higher studies must fall under QS top 300 world ranking. • Students admitted to the London School of Economics and the top 100 Universities ranked by the QS world ranking are excluded from the income limit. | Same as Rajarshi Shahu Maharaj Scholarship for Higher Education |
| Savitribai Phule scholarship Class V-X | <ul style="list-style-type: none"> • 5th -7th std.: Rs. 60/month for 10 months (Rs. 600 p.a.) • 8th – 10th std.: Rs. 100/month for 10 months • (Rs.1,000 p.a.) | <ul style="list-style-type: none"> • Belongs to SC/VJNT/ SBC category • Studying in 5th to 10th Std. in recognized government schools • No income limit/ no limit of marks • Passed the previous year's examination • More than 75% attendance in school • BPL girls are also eligible • Failed students are also eligible | <ul style="list-style-type: none"> • Aadhar card • Copy of bank passbook • Caste Certificate • Passport size photograph • Mark sheet of the previous class. • Domicile certificate • Age proof of beneficiary |
| Scholarship to the Physically Handicapped | <ul style="list-style-type: none"> • 1st to 4th (only for Pre-primary education for hearing impaired) - Rs.100/m • 5th to 7th - Rs.150/m/s • 8th to 10th - Rs.200/m/s • Mentally retarded and challenged up | <ul style="list-style-type: none"> • Applicant studying in std. 1st to 10th • Applicant should have minimum 40% disability or more • No income limit / no limit of marks • Applicant should be domicile of Maharashtra / resident of Maharashtra | <ul style="list-style-type: none"> • Aadhar card • Divyang certified • Documents by doctors • Passport size photograph • Mark sheet/ education certificate of the previous class. • Residence proof |

| | | | |
|--|--|--|--|
| | to 18 years - Rs.150/m/s • For disabled trainees in workshop - Rs.300/m/s | • Applications must be submitted to the Government Institution in the prescribed format. | |
|--|--|--|--|

Source: Scheme Documents and Guidelines

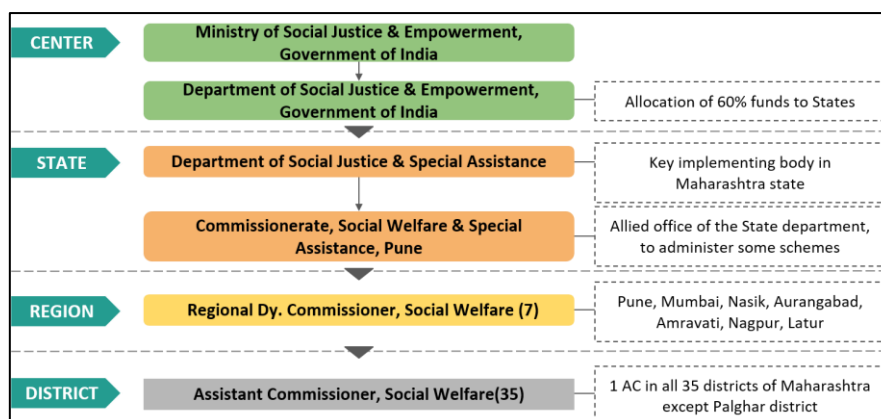
Implementation Structure

With slight variations, all schemes operate within a similar hierarchical structure of implementation with state, region and district levels connecting with the field level education institute. The institute / school head provides the list of meritorious students and helps in filling up their online enrolment forms. The verification process is carried out at the Commissionerate level, with the Education Inspector’s Office coordinating with the state level decision making. The scholarship amounts are deposited in the beneficiary students’ account via DBT. In case of scholarships awarded to students pursuing post graduate studies in Indian Institutes of repute or Universities abroad, the entire fees are directly deposited with the Institutions / Universities. This implementation structure is represented in Figure 9.

Enrolment, Verification and Disbursement of Entitlements

The same online procedure for application, scrutiny, allotment and disbursement is followed across board for all scholarship schemes as outlined in SESD. Online enrolment via MahaDBT portal is to be done by students directly or school / college authorities. All necessary documents and certificates are to be scanned and uploaded. Applications are scrutinised and verified at the regional and directorate level. The number of students to be granted scholarships are determined at the level of the Directorate Office of Higher Education (DOHE). Eligible and compliant applications are sanctioned, and the scholarship amount directly deposited in the Aadhar linked bank accounts of the students. In some cases, like the Pre matric Scholarship Scheme, these amounts are deposited in the Bank accounts of educational institutions / heads of institutions. The same process is followed as outlined under SESD.

Figure 9: SJSA – Overall Implementation Structure of Scholarship Schemes



Source: Stakeholder discussions with State and local SJSA officials, official website of the department

Almost across all schemes the online MahaDBT portal records details of all applications and sanctions. This is a massive online database, cutting across schemes and departments insofar as scholarships are concerned. KIIs with officials revealed that quarterly reviews of this data is done at the Divisional Office. Grievance Redressal is also online and Grievance Redressal Officers attend to and resolve all online complaints. Visits to educational institutions / schools are intermittent and need based and do not follow a well-planned structure of monitoring. KIIs with mid and senior level officials of SJSA Department reveal that there is a low enrolment in scholarship schemes due to a combination of factors - very low amounts, lack of awareness and other competing schemes. Delay in payments via DBT is also prevalent. There are also shortages of adequate staff compromising on efficient functioning of the departmental outreach. Some schools have also been sent 'show cause' notices due to non-adherence to protocols and guidelines.

Department of Minority Development (DMD)

There is only one scheme operationalized under this department – the Pre-Matric Scholarship (PMS) for Minority Students. Launched by Gol in 2006 under the Ministry of Minority Affairs, it is operationalized by the SESD department at the GoM level. The twin objectives of this scheme are – firstly, encouraging parents from minority communities to send their children to schools and secondly, lightening their financial burden via provision of scholarships. The overarching goal is empowerment through education. Conditionality includes minority status, minimum percentage of marks, and eligibility from class I to IX and family income less than Rs.1 lakh. For students of class VI to X the scholarship includes, Rs.500 admission fee p.a., Rs.350/month (for 10 months) maintenance allowance Rs.600/month for hostellers and Rs.100/month for day scholars. A consolidated picture of this is given in Table 26.

Table 26: DMD – Eligibility, Conditionality and Entitlements

| Scheme | Entitlements | Eligibility and Conditions | Documentation |
|---|--|---|---|
| Pre-matric Scholarship to Minority students | <p>Students from class VI to X</p> <ul style="list-style-type: none"> Admission fee- Rs.500 p.a. Tuition fee- Rs.350/month Maintenance allowance- Rs.600/month (for hosteller) Maintenance allowance- Rs.100/month (for Day scholar) <p>Students from class I to V</p> <ul style="list-style-type: none"> Maintenance allowance- Rs.100/month (for Day scholar) | <ul style="list-style-type: none"> Max 2 children of a family will be awarded the scholarship. Students to be regular in attendance. Students availing benefits under this scheme are not eligible for benefits from any other scheme. A student shall be eligible for only one scheme out of all the Central Scholarship schemes for (SC/ST/OBC/Minority) School reports the numbers to the district/ city authority-yearly | <ul style="list-style-type: none"> Income certificate from competent authority Community certificate certified by parent/guardian Continuance award of min 50% of previous academic years (For renewal). Aadhar card. Aadhar seeding, bank account. School will issue certification of the claim of students residing in the city or hostel. Bonafide certificate in case the student is from other state |

Source: Scheme Documents and Guidelines

Overall, the implementation structure at the state level follows the same process as indicated for the SESD department. The total number of scholarships is fixed as per Census data. The modality of application, verification, sanction and disbursement follows a hierarchical path. Applications are first verified and uploaded at the school level. Subsequent levels of scrutiny include the district, state and ministry levels. For accepted applications beneficiary records are created and payment files generated. After final approval, scholarship amounts are transferred via DBT to students' Aadhar linked bank accounts. The National Scholarship Portal (NSP) contains all the backend details of all

account numbers and list of meritorious students that can be verified by state authority with an authorised login id.

There are no specific awareness building or information dissemination exercises undertaken as all announcements are made on the website of DMD. Similarly, the overall design of this scholarship scheme does not include a systematic and regular plan for monitoring and evaluation. Failing this, on field information about whether all eligible students are aware of this scheme or scholarship amounts reaching the deserving candidates regularly – remain outside the scheme ambit. KIIs with slum residents indicated a total lack of any information about this scheme, a fact mirrored in all the schemes covered under this study. A severe lack of awareness is endemic cutting across caste, religion and income, as revealed in the KIIs in both the selected wards. The total number of applications and those verified at the state level is indicated in Table 27.

Table 27: PMS – Application, Verification and Fund Disbursement at GoM level

| Year | Application Received | | Applications Sanctioned | | Expenditure (in crore) |
|---------|----------------------|----------|-------------------------|----------|------------------------|
| | Fresh | Renewal | Fresh | Renewal | |
| 2018-19 | 5,15,865 | 6,47,781 | 2,57,493 | 4,48,820 | 78.56 |
| 2019-20 | 5,12,116 | 557,979 | 2,95,651 | 4,48,622 | 86.66 |
| 2020-21 | 5,09,553 | 4,87,765 | 2,78,415 | 4,09,895 | 77.11 |

Source: Dashboard, National Scholarship Portal, 2021

As indicated above, in 2020-21 there are more applications for renewal as compared to the fresh ones although the same has remained near constant in the preceding two years. Out of the total applications received in each year, an average of 54 per cent only have been sanctioned, which suggests that only about half of the students that have applied have got scholarship. A larger percent of applications are sanctioned for renewal (average 78 per cent). Such disaggregated figures for the city are inaccessible. The only figure shared during KIIs was that in all there are 1286 beneficiaries in Mumbai District for the year 2020-21. The NSP contains student level data and not city level. Thus, a collated database is not in public domain.

KIIs with Administration Officers in Mumbai revealed a number of procedural issues. For instance, documents required for establishing eligibility are difficult to procure as they entail approaching different sources / agencies. There is no hand holding provided to the applicant either by department or the educational institution. Further, administrative barriers entail duplication and confusion. For example, 'dias' numbers are allocated from 1st to 4th standard which are different from those allocated from 5th to 10 standards. Therefore, renewal of scholarship for a student transitioning from the 4th to the 5th grade entails re-registration due to change in these 'dias' numbers. This issue further expands at the school level too. All primary schools, with a specific 'dias' number fall under the jurisdiction of Mumbai Suburban district login even if they are in Mumbai city. This reverses for the secondary schools – all secondary schools fall under the jurisdiction of Mumbai City login, with a specific 'dias' number, even though they are in Mumbai Suburban. This creates confusion with students / schools selecting the wrong districts. Capacity building or training efforts for educational institutes / schools are non-existent, or at best intermittent. Lacking clear information about this scheme, students too confuse this scheme with the other 'post matric scheme' leading to increased administrative load of scrutiny and cancellation of such applications.

Budgets, Expenditure and Beneficiaries

Data about budgets, expenditure and beneficiaries covered under all scholarship schemes is not readily accessible. During KIIs with departmental officials there was a clear resistance to sharing this data. Few schemes for which this data was shared, indicated gaps as availability across state and city level varied. For instance, in some cases, this data at the state level existed only for two out of the three years covered, whereas the same data was unavailable at the MCGM level. In some schemes, information about applicants was recorded as applications ‘received’, ‘rejected’ and ‘sanctioned’; whereas in others as – applications ‘received’, ‘cancelled’, ‘pending’ or ‘sent back’. Officials with whom KIIs were held were unable to provide consolidated figures either citing unavailability or disruptions due to COVID-19. Thus, what emerges is a sparse picture with many gaps²⁰.

COVID -19 Outreach²¹

In response to COVID-19 schools across India were closed with a total shift to online education. As the city struggled with spiralling infections, lockdown and containment zones implied restricted mobility for children. Resultantly all school learning changed online. This sudden change in methodology of education had a direct and intense impact on the children. Digital channels were not smoothly accessible to students from underprivileged sections with low level of technical infrastructure in slums, interruptions in internet connectivity, non-availability of android mobile phones/laptops for all children in family and inability to pay for fast internet connections. KIIs revealed that siblings took turns in attending classes as only one android mobile phone was rotated amongst them, and lacking face to face interactions, classroom discipline was non-existent. During KIIs departmental officials of SESD, TDD, SJSA and DMD maintained that no disruptions in the scholarship schemes were noted and all functioned with only slight delays.

Conclusion

Two encouraging developments in the education sector as a whole are the Right to Education (RTE) Act of 2009 and the recent National Education Policy (NEP) of 2020. The RTE Act makes free and compulsory education of children between the ages of 6-14 a justiciable right. It prescribes minimum norms for elementary schools, quality and quantity of teachers, prohibition against discrimination and harassment, improvements in learning outcomes, standards for monitoring and finally creation of inclusive spaces for all. The NEP is a historic proposal which aims to create long awaited transformational reforms in school education. It addresses a wide range of issues ranging from – curriculum and pedagogy in schools, to testing and assessment modality, teacher education, equitable and inclusive education, infrastructural augmentation, school accreditation, early childhood care, foundational literacy and numeracy and finally universal access to education at all levels. Both these are long awaited, landmark reforms in the field of development. Set within this overall educational sector are the scholarship schemes described above.

The overarching goal of all scholarship schemes is to support students from disadvantaged backgrounds so that they are able to pursue education and gain formal employment. Financial aid

²⁰ Disaggregated data, wherever available, is presented in the USPS Docket in varying formats.

²¹ A more detailed description on Outreach of municipal administration during COVID-19 is presented in Section Two of this Report.

extended under these schemes is expected to reduce school dropout rates, meet educational expenses and improve participation in education of students from marginalised communities. The overall aim is to empower and mainstream them. The wide range of scholarship schemes covered in the preceding section, are operationalized under different departments and present a wide mix of eligibility criterion, procedural requirements, conditionality and entitlements.

However, the financial aid in almost all schemes is woefully inadequate, not even covering the procedural costs entailed in enrolment process or transportation costs of students. This abysmally low level of entitlements has not been revised from time to time so as to match the realistic costs incurred by students in contemporary times. Thus, scholarship per se hardly proves to be an incentive for students. Exceptions to this are noted in RCMSC and RSMS, which have provisions of paying the full fee amount in addition to additional allowances which run into lakhs of rupees! In fact, some schemes operating on GRs that are decades old suggest that an overall assessment of scholarship schemes to integrate and upscale them has not been undertaken.

Procedural requirements require a plethora of documents and signatures from different sources, which is time consuming and cumbersome. Caste, domicile, income Certificates, divyang and doctor's certificate in case of any handicap, proof of admissions, recommendation certificates, appropriate undertakings, attestations from gazetted officers, Xerox copies of marks sheets – although necessary to establish the credentials of the deserving candidate, prove to be circuitous for students.

Another feature noted is the duplication of schemes within the same department. A single department operationalizes a range of schemes with similar target groups, procedures and entitlements. For instance, the GOI Pre-Matric Scheme and Savitribai Phule Scholarship have similar target groups, conditionalities and procedural requirements. Similarly, both SJSA and TDD have Pre and Post Matric Schemes just as SESD and GOI have Open Merit Scholarships. However, there is no sharing or intra-organizational coordination amongst the multiplicity. A 'silo' approach limits their potential for efficiency and harmonisation and creates confusion between lines of responsibility. This duplication continues *across* departments – SESD, TDD, SJSA and DMD have schemes with similar objectives, procedural requirements, conditionality and entitlements. Despite this, they function within mutually exclusive operational structures. There is a meagre convergence between them. There is a need for convergence as proposed in the recent National Education Policy (NEP).

The entire process of enrolment and verification has been digitalized. This is a welcome move as it excludes human mediation and mitigates against fraud. However, the large volume of digital data that is available is not 'looped' back into the system for assessing program performance. Systematic and regular evaluation of schemes, as a part of overall annual plans, is also absent. Thus, improving field level accessibility and inclusion remains circumvented from the overall program plan. Presently, all announcements about schemes are largely via departmental websites and newspapers. Wide ranging IEC efforts are not undertaken. KIIs with potential beneficiaries revealed a severe lack of information about all schemes. This facet prohibits even deserving candidates from availing benefits, and therefore their inability to exercise any agency in approaching the administrative system that offers the same to them.

The Education sector predominantly consists of schemes that extend scholarships to specific target groups with the exception of the 'Midday Meal (MDM)' Scheme. The scholarship schemes were already covered in the preceding section. We now cover the MDM Scheme.

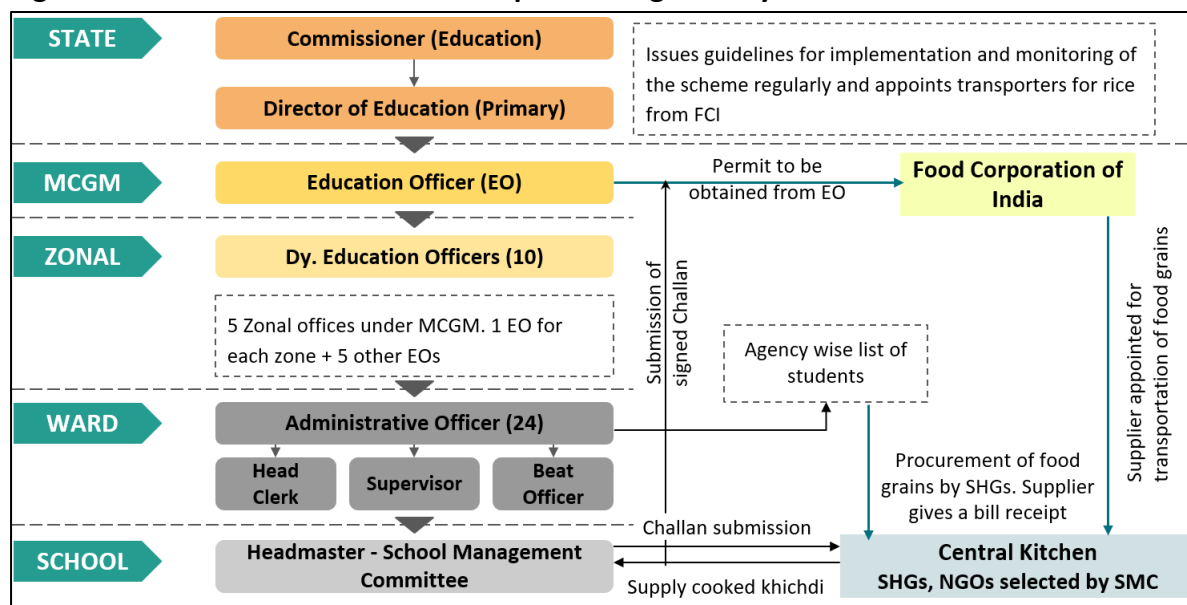
Midday Meal (MDM) Scheme

MDM is one of the largest school meal programs in the world. Launched by GoI in 1995, its trinity of objectives are – improving enrolment, regularity and attendance in schools, reducing dropout rates and enhancing children’s nutritional levels. Even before this official launch, some states already had a universalized cooked meal program in their primary schools. In its long evolutionary trajectory, it has undergone many revisions in coverage, funding patterns, nutritional norms, food content and transportation subsidies. Central level assistance is in the form of supply of free food grains, reimbursement of the transportation cost of food grains, cooking cost, management, monitoring and evaluation. Two landmark legislations, namely the ‘Right to Education (RTE) Act 2009 and the ‘National Food Security Act (NFSA)’ of 2013, entwine to strengthen accessibility of children to education and food.

A hierarchical implementation structure encompasses the state, district, block and school levels. At the GoM level the Principal Secretary heads the School Education and Sports department. The Commissioner (Education) overlooks the overall functioning of the department. The Director (Primary), the Directorate of Primary Education is the nodal agency for implementing the scheme. The District Level has Education Officers, and the Block level has Block Education Officer and Superintendent. Group of schools are monitored as a cluster by a Cluster head at the community level. The critical link between the school and the children is the ‘School Management Committee (SMC)’, which is expected to supervise and monitor MDM along with the inspecting staff of the education department.

In Mumbai, the scheme is implemented by the Education Department of MCGM and headed by the Education Officer. MCGM area is further divided into 5 zones, each zone is headed by the Dy. Education Officer. At the ward level, the Administrative Officer (AO) overlooks the scheme and is reported by the Supervisor, who is responsible to undertake ground level monitoring of the scheme. This hierarchical structure is presented in Figure 10.

Food norms include specific quantities of food grains, pulses, vegetables, oil/fat and salt/condiments. For instance, 100 grams and 150 grams of food grains per child per school at primary and upper primary level respectively, along with concomitant norms for pulses, vegetables, oil and fat. For primary school children this translated to nutritional norms of 450 calories with 12 gm of protein per child per day and 700 calories with 20 grams of protein per child per day. These food norms are represented in Table 28. Annual Work Plan and Budget Workshops by GoI, permeate down to the state and district levels. Whereas beneficiaries are collected from schools, are collated at cluster, district and state level respectively.

Figure 10: Hierarchical Structure of Implementing Midday Meal Scheme in Mumbai

Source: MDM website and discussion with Education Department

Table 28: MDM – Prescribed Food and Nutritional Norms

| Food Item | Primary Students | Upper Primary Students |
|--------------|------------------|------------------------|
| Food grains | 100g | 150g |
| Pulses | 20g | 30g |
| Vegetables | 50g | 75g |
| Oil and Fats | 5g | 7.5g |
| Proteins | 12g | 20g |

Source: Mid-Day Meal

An elaborate system of weekly menus is supposed to assure a variety in cooked meals to assure nutritional coverage. Additional food items (fruits, groundnuts, milk etc.) could be provided once a week within the existing cooking cost, although no additional resources are provided for the same. Cost sharing model between the central and the state governments has been repeatedly revised, with the present ratio at 60:40. Although cooking costs per child are revised from time to time, they are abysmally low (i.e., Rs.4.48 per child per day for primary and Rs.6.71 for upper primary children as of 01.04.2019).

In case of Mumbai, different agencies entrusted with the cooking and distribution of meals in the different wards of the city i.e., ISKON, Self Help Groups of women, Charitable Trusts etc. on an average about 1,300-1,400 students are allocated per agency. The agency undergoes a verification process to qualify for inclusion. School management committee is expected to play a critical role in supervising food preparation, thus ensuring hygiene, regularity, quality and nutritional contents. A mass mobilisation campaign is expected to sensitise and orient them towards this invigilating role and create a greater ownership in the program. Duty rosters to track the program are expected to be maintained to ascertain compliance.

Funding Norms

There is a cost sharing arrangement between the Centre and State on different aspects of the meals as indicated in Table 29.

Table 29: MDM – Cost Sharing between Centre and State

| Components | Centre | State |
|--|-----------------|-----------------|
| Rice | 100% | NIL |
| Cooking cost | 60% | 40% |
| Transportation cost from FCI to School @Rs.120/Q | Rs.75/Q (62.5%) | Rs.45/Q (37.5%) |
| Management and Monitoring cost | 100% | NIL |
| Kitchen devices | 100% | NIL |
| Kitchen cum stores | 75% | 25% |
| Honorarium to the cook cum helpers | 75% | 25% |

Source: GoM, 2016

Due to the above arrangement the Central allocation of food grains to GoM is contingent on the number of students approved in the first, second and third quarter. Disaggregated figures for the same for Mumbai are not accessible.

Field Realities

The undoubted reach and spread of MDM schemes are evident. Having a long evolutionary trajectory that has witnessed repeated adaptations, the scheme exhibits relatively robust linkages at not only the strategic (FCI, GoI) but also the micro (ward, school, SHGs) levels. Systems for fund sharing, ascertaining total number of children to be reached, overall data collation via web portals, stock and expenditure registers and monthly utilisation charts are largely in place. Thus, the larger mechanisms of lifting, allocating, transporting, cooking and distributing cooked meals in schools, display a degree of stability.

However, as can be expected of a scheme of this scale, there are still last mile connectivity gaps as evident from KIIs with beneficiaries and stakeholders. Children reveal that food given from their schools does not follow many varieties and rotates around restricted contents. Further, neither the children nor their parents are aware of the entitlements under MDM. In this scenario, whether the utilisation of food grains in meal preparation adheres to the prescribed norms is brought under question. Similarly, the prescribed quantity per child per day, remaining unsupervised, does not always adhere to nutritional norms. Thus, the nutritional content, variety, quality and quantity as per guidelines is not monitored regularly.

There is a severe scarcity of food inspectors at the city level, posing difficulties vis-à-vis continuous checking for adherence to prescribed meal/food standards and quantity / contents. Resultantly, intermittent food checking is done with food samples sent to laboratories for testing on a need basis. Regular surprise checks are not undertaken.

Placed within this context, the field level meal preparation and supply too reveal many gaps. For instance, the meal preparation is done by SHGs of women, mostly slum dwellers, in their own localities

and transported to the schools. KIIs with NGOs working in the field of child rights point towards non-transparent methods of SHG selection and political interference in the same. SHGs operating overwhelmingly in slum localities are not monitored for adequate infrastructural facilities / standards for meal preparation – like proper kitchens, utensils, potable water and hygiene. Nutritional norms for meals are based on the quality of food ingredients and their usage in the right proportions. With abysmally low cooking costs mandated under MDM, cooking meals is unviable for SHGs. NGOs maintain that to remain afloat, pilfering in food grains is rampant. Placed within a weak monitoring system, this scenario is likely.

The SMCs, a core building block in MDM, are expected to be empowered bodies playing a watchdog role and holding the system responsible for fulfilling its mandate. In reality, as KIIs reveal, SMCs hardly fit into this profile. Most are loose collectives, fulfilling only a titular role. SMC members' capabilities, their background, exposure and knowledge about the scheme as well as their responsibility in MDM is severely lacking. Parents making up these committees are hardly in a position to hold schools responsible for gaps even if detected by them due to tangible power asymmetries. NGO representatives went to the extent of noting that school authorities 'deliberately keep the parents out' of any engagement with school functioning. Operating within this non transparent and unaccountable system, SMCs represent a symbolic and dysfunctional appendage to the scheme. Very few exceptions were in cases mediated by NGOs working in the sector of education. SMCs mobilised and constituted under their tutelage, although likely to be few, showed some evidence of collaborative efforts between school management and parents.

The Controller and Audit General' report (2009-15) mirrored some of these observations. It noted that utilisation of food grains in the quantity of meals supplied was less than prescribed and nutritional standards were not maintained. Provisions for monitoring and inspection prescribed as per guidelines were not effectively followed as the steering and monitoring committees did not meet consistently to review progress. Similarly, funds provided for management, monitoring and evaluation remained grossly underutilised.

COVID-19 Outreach under MDM

The COVID-19 pandemic was an enormous setback to MDM due to closure of all schools. Following this, the GoM issued guidelines to all states about providing cooked meals or food rations to all eligible children in order to enable them to meet their nutritional requirements. In Mumbai, a massive food distribution effort during the early weeks of the pandemic (described in Part Two of this report).

KIIs with mothers of the eligible children reveal that in the initial period of strict lockdowns, the distribution of cooked meals and/or dry rations from schools was intermittent. Both, contents and regularity of cooked food / dry rations tended to vary. KII with state level education department officials pointed to difficulties in bulk supplies and storage. With disruptions in supply chains, lifting of adequate food grains from FCI, its transportation to schools and distribution suffered. As attendance of children in the online system was fluctuating, the monthly needs of rations was difficult to accurately ascertain. Further, bulk supplies received from FCI had to be weighed and packed in sacks (20-25 kg rations for 3 months per family). Neither the education department nor the schools had the human resource to do the same. Some schools did not have weighing scales to do the same. NGOs undertook distribution in their work areas. In some pockets, field level functionaries started door to door distribution of dry rations. People approached the ERs with their food requirements, which were either routed through the municipal administration or were independently resolved at the locality

level. Presently, as schools still remain closed, distribution of sacks of dry ration (mostly wheat and rice) every three months to their students continues. Clearly, MDM, despite its various shortcomings, was still able to provide some food security to children of marginalised families, a distant prospect in the present times/scenario.

Conclusion

MDM is one of the largest school meal programs in the world and undoubtedly has a massive scale and coverage. MDM's historical arc has witnessed numerous revisions, adaptations and improvements in almost every facet of its operations. Just as planning and execution of supply and allocation chains have been reworked, so have nutritional standards, funding patterns and monitoring structures. A movement towards a 'rights based' education and food safety net via the enactment of the twin legislations of RTE and NFSA is an important development in the overall policy setting.

However, shortfalls still plague the scheme especially in the last mile connectivity. Quality inspections and supervisions remain irregular, meal content and quantity does not adhere to prescribed norms and cooking environments are compromised. The non-viability of meal preparations at SHG levels suggests leakages. Systematic auditing at regular intervals is non-existent. SMC remains a very weak instrument for vigilance and advocacy, only symbolic in nature. The ultimate aim of MDM is not simply food distribution but making quality education accessible to the marginalised. In this respect, schools have not actively identified disadvantaged children and solicited their school enrolment.

Despite these gaps, MDM still emerges to be an important scheme in the architecture of social security in India, assuring at least one hot meal a day to an impoverished child.

Home Department

The two schemes under this department- A) Safe City Project, and B) Central Victim Compensation Fund (CVCF) falls under the ambit of the Nirbhaya Fund, a non-lapsable corpus fund for safety and security of women administered by the Department of Economic Affairs (DEA) of the Ministry of Finance (MoF) of Government of India.²²

Safe City Project

As part of the several initiatives for the safety of women, Safe city Projects were launched in 2013 by the Ministry of Home Affairs (MHA) under the Nirbhaya Fund in eight cities, including Mumbai. As per directives of the Supreme Court and the 'Varma Committee Report', it was predominantly aimed at creating a safe, secure and empowering environment for women in public places, to enable them to pursue all opportunities without the threat of gender-based violence and/or harassment²³. By creating safer urban infrastructure and access to law enforcement agencies.

Under this project a plethora of activities are included – identification of typical crime locations, up scaling infrastructure to deter crime against women, using technology and capacity building in the community through awareness programs. Projects under Safe City include – Mahila Police Volunteers, One Stop Centres for victims, Emergency Response System, dedicated Helplines for Women, strengthening capacities of forensic laboratories, Cyber Crime Prevention against Women and Children (CCPWC) and creation of Central Victim Compensation Fund (CVCF)²⁴.

Micro level initiatives include – providing well lit up roads, streets and common spaces, sanitation facilities for women, providing counselling centres and shelters for victims, assuring safety in public transportation systems, gender sensitization of police, and setting up surveillance through CCTV. The scheme also advised to explore convergence under the Smart City Project and other national missions, whichever applicable

The MHA acknowledges that this is an 'evolving project' for which standards are yet to be defined. Each state is expected to submit proposals for the safety of women which is scrutinised by a special sub-committee headed by the Joint Secretary with representatives from WCD, UD, Police Departments and NGOs. The recommendations submitted by this committee for appraisal to a Steering Committee headed by Home Secretary with members from other ministries such as WCD, UD, Road Transport and Highways, representatives from civil societies etc. Post appraisal at this level an empowered committee would issue sanction orders. Funding for Safe City projects was to be under the Nirbhaya Funds shared between the central and state governments in a 60:40 ratio. Total project funds are released in three instalments (67 per cent, 28 per cent and 5 per cent). In total, Rs.252 crore has been sanctioned for the Mumbai Safe City project. The Central share of Rs.151.20 crore has been released in tranches' - in 2018- 87.47 crore and in 2019-20 56.17 crore. There were no funds disbursed in 2020-21²⁵. This share from the centre was to be matched by the state as per the sharing ratio. The

²² Press Information Bureau, 2019

²³ Ministry of Home Affairs, 2013

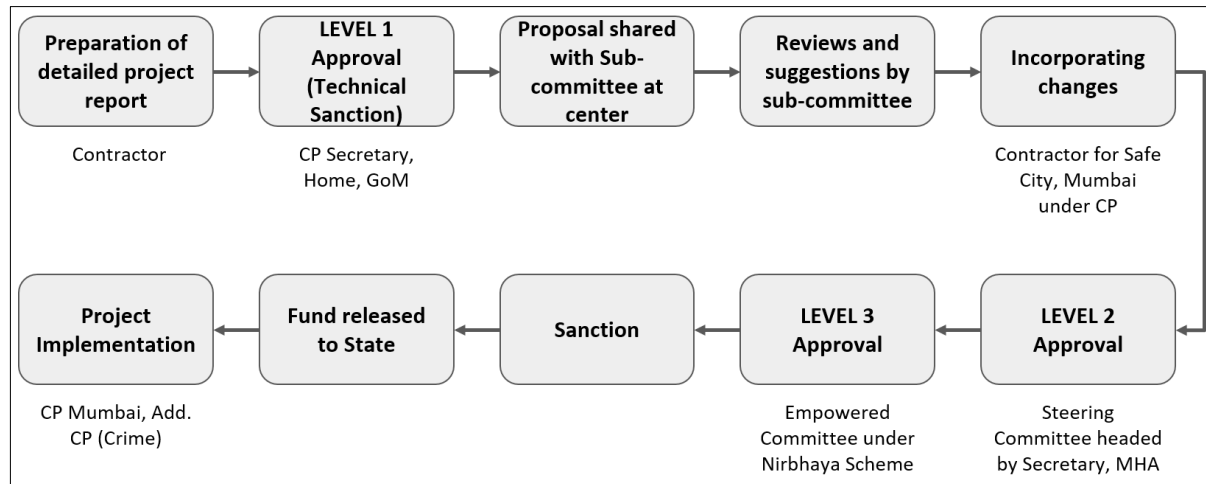
²⁴ Safecity, 2018

²⁵ PIB, 2021

state government matches this with an allocation of Rs.100.80 crore. Specific details are not maintained in the concerned Ministry²⁶.

The state level Apex committee consists of Secretary (Home Department), City Police Commissioner, representatives from GoM, and line departments who are involved in the project. At the Mumbai city level, the Additional Commissioner of Police (ACP) is the nodal officer for the Safe City Project, under whom the Deputy Commissioner of Police (Preventive) manages the project. The process of sanctioning of funds for projects in the city undergoes a number of steps as indicated in the Figure 11 below.

Figure 11: Process of Application and Sanctioning of Funds in Safe City Projects



Source: Safe City - Framework and Guidelines, 2018

PricewaterhouseCoopers (PwC) has been appointed for the overall management and implementation of the Safe City project in Mumbai. There was inaccessibility of data from this source. Although identification of deserted places in public and private areas, technological upgradation, GIS mapping and training are some of the initiatives proposed in the city, further information on the same is not forthcoming.

Central Victim Compensation Fund

The Central Victim Compensation Fund (CVCF) was launched at the central level in 2016 under the National Legal Service Authority with the objective to support and supplement the existing victim compensation schemes, under the provision of Section 357A of the Criminal Procedure Code. The main objective under this fund is to support and supplement the existing victim compensation schemes of the states and reduce disparity in the quantum of compensation amount.

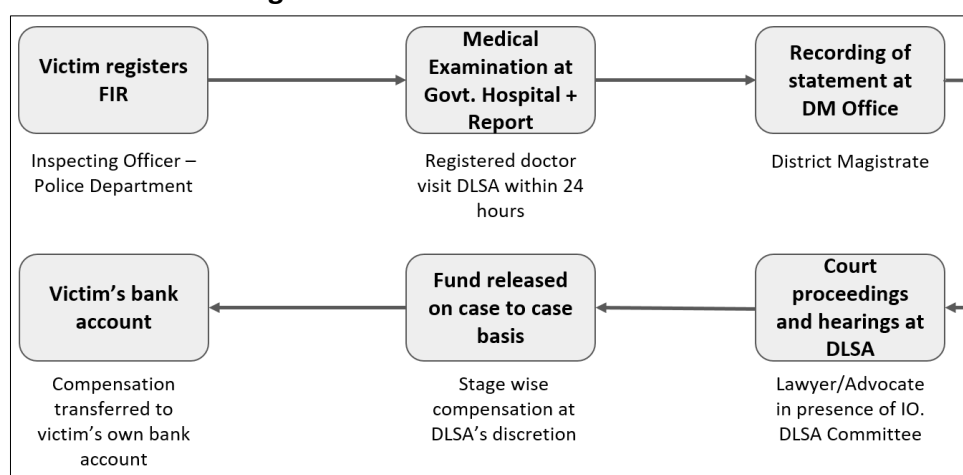
This fund has been operational under the Nirbhaya Fund with Rs.200 crore as a one-time corpus given to states. GoM has utilised 1.75 crore up till 2019. Different compensation amounts are earmarked for different types of injuries and loss, i.e., for acid attacks a compensation of Rs.3 lakh whereas loss of fertility is half that amount. GoM operates the State Victim Compensation Manodhairya with much larger compensation amounts, i.e., for rape, up to Rs.10 lakh, victim of assaults and physical abuse of minors under POCSO Act up to Rs.3 lakh with the discretion to fix amounts resting with the DLSA committee. As per the GR dated 13, July 2016, a total sum of Rs.1,765 Lakh has been distributed to

²⁶ ibid

the state of Maharashtra under this fund²⁷. This fund is to be administered by an empowered committee chaired by the Additional Secretary with members at the Joint Secretary levels of various departments such as – Department of Expenditure, Ministry of finance, WCD, SJSA, MHA and Chief Controller of Accounts (Home).

The procedure entails a mandatory registering of FIR by the victim with police, and its immediate reporting to the District Legal Service authority (DLSA) by the relevant authority. In deserving cases this suo-moto initiates preliminary verification of facts for the purpose of grant of interim compensation. The application has to be submitted by filling appropriate forms, with FIR or criminal complaint if cognizance is taken by Court and Medical Report or death certificate if available and the copy of judgement/recommendation of Court if the trial is over. In case of acid attacks the deciding authority is the Criminal Injury Compensation Board²⁸. The entire medico-legal process from registering a ‘First Information Report’ (FIR) with the police to the final disbursement of compensation amounts involves multiple activities and agencies as captured in Figure 12.

Figure 12: CVCF – Medico-Legal Process



Source: Revised guidelines CVFC-MHA, 2016

In granting compensation, a number of factors are to be considered – i.e. the gravity of offence, severity of mental/physical harm suffered by victim, potential loss of opportunities, employment, expenditure likely to be incurred on medical treatment, whether abuse was an isolated incident or took place over a long period of time, if abuse resulted in disability, contraction of HIV, pregnancy or death. As expected, there are different legal sections and clauses under which cases are to be deliberated, judgments passed, compensation amount decided and disbursed. As per resolution dated 9th July 2019, only Rs.19 lakhs have been granted to Mumbai Suburban DLSA for victim compensation²⁹.

The IEC efforts under this are weak with most of the information uploaded online on the websites. Study by NGO CEHAT revealed a number of shortcomings in the judgments regarding victims. It noted that although the number of rape cases registered after changes in definition of rape in 2013, the conviction rate was abysmally low at 27.2 per cent. Rape adjudication was impacted by preconceived

²⁷ CVFC-MHA, 2016

²⁸ NLSA, 2018

²⁹ DLSA, 2021

notions, myths and stereotypes about offence as well as the victims. In many cases, the assumptions of immoral character or promiscuity clouded the legal process³⁰. Some critical factors in all cases were found wanting – i.e., immediate reporting of abuse, doctors' disposition, chemical and forensic analysis and preparedness of prosecution.

The glaring gap in therapeutic care was also revealed as sensitization and training of officials involved in the entire process was deficient. Non-attendance of skilled doctors to dispose due to fear of courts, impeded fair trial. Average duration of trial for all survivors was three years, with a quarter struggling for more years. Only 24 rape survivors received any compensation. There were various factors affecting fair trials. For instance, delay in reporting was seen to be associated with veracity of survivors' complaints, in which case a well-prepared prosecution was seen to be crucial. Most health consequences and subsequent threats faced by the survivors remained unaccounted. None of the judgments threw light on the ways by which compensation amounts were arrived at with a wide gap from Rs.4,000 to Rs.40,000. However, this study did observe sensitivity of the courts.

Field Realities

KIIs with NGOs working with abuse survivors supported the above picture. In addition, there were a number of additional factors that were noted. For instance, there was no clear framework for funds released under Nirbhaya, in the initial period, leading to confusion. There was also no clarity on the process of awarding compensation as well as on convictions. The trauma suffered by survivors of sexual offences and their inability to approach the police for timely FIRs was another recurring aspect. Survivors, facing psychological, familial and social barriers, preferred to reach out to community workers of NGOs to mediate and handhold during the entire, long winding process for justice. Compensation awarded did not always compare with the offense/crime and the trauma of the victim. However, according to NGO officials the 'One Stop Centre' was a move in the right direction as the plethora of services required by survivors was offered under one roof.

On the other hand, KIIs with slum dwellers in both the selected wards revealed a complete absence of any information about the process to be followed in case of sexual assaults or violence. Although NGO functionaries report an increase in domestic and sexual violence during COVID-19 due to the proximity of the perpetrators with the victims, these may have remained invisible and undocumented.

Conclusion

The Safe City Project, under the Nirbhaya initiative, undoubtedly is a move towards creating safe, sensitive and just spaces for women. Under it, the proposed changes in urban design to respond to the needs of women and offer them security to pursue opportunities – are noteworthy.

Similarly, the Central Victim Compensation Fund acknowledges the sensitive nature of sexual offences against children and women and seeks to reorient the entire process of seeking justice. In that, it also recognizes the multidimensional barriers faced by the survivors which are not only psychological and familial but also societal that hold deep rooted prejudices against them.

Both seek to offer equitable platforms for victims to access and receive fair and speedy justice. Inadvertently, they address larger legal and institutional frameworks within which this process is placed, which entail deeper systemic changes.

³⁰ CEHAT, 2020

Urban Development Department

National Urban Livelihoods Mission (NULM)

National Urban Livelihoods Mission (NULM) recognizes the exploitative and extractive environments of the informal economy in which 92 per cent of the urban labour force work.³¹ Not only do they have low levels of education, skills, and inability to access opportunities they are also forced to live in the densely populated slums with acute gaps in basic services, and threat of eviction. Concomitantly, there were occupational vulnerabilities (low income, exploitative and extractive working conditions and insecure job security) and social vulnerabilities (deprivations related to gender and social stratification, lack of social support and absence of ‘voice’ or participation in government/public policies). The NULM, in a “mission mode”, attempts to motivate the urban poor to form sustainable and strong community organisations which could be leveraged to gain access to livelihoods, credit and asset creation. A centrally launched mission, it has a funding pattern of 60:40 (GoI: GoM).

Figure 13: NULM – Objectives and Components

| | |
|------------------------|---|
| Objective | Poverty alleviation of urban poor households by creating sustainable livelihood opportunities through building grass root level institutions of the poor. |
| Main Components | Social Mobilisation and Institution Development (SM&ID) |
| | Employment through Skills Training and Placement (EST&P) |
| | Self-Employment Program (SEP) |
| | Scheme of Shelter for Urban Homeless (SUH) |
| | Support to Urban Street Vendors (SUSV) |
| | Capacity Building and Training (CBT) |
| | Innovative and Special Project (ISP) |

Source: Mission document-DAY-NULM, 2014

NULM displays a wide sweep in its components and objectives. Formation of Self-Help Groups (SHGs), under Social Mobilisation and Institutional Development (SMID), with the primary aim of facilitating access to credit and asset building. The employment through Skills Training and Placement (ST&P) component seeks to increase the employability of the urban poor by providing market-oriented skill building. Self-Employment Program (SEP) extends financial assistance to individuals/groups to set up gainful micro enterprises matching their skills, aptitudes and local conditions. Shelter for Urban Homeless (SUH) outlines the criterion for providing shelter to the destitute and homeless. Support to Urban Street Vendors (SUSV), includes creation of vending zones in the city via zoning, skill development, credit enablement, and extension of social security schemes. The municipal administration is responsible for conducting a socio-economic survey of hawkers and vendors, issuance of identity cards, and providing them with basic amenities. Capacity Building and Training (CBT) components seek to facilitate community to community learning, technical support and training.³² All below poverty line (BPL) population identified in urban areas by state is included under the ambit of NULM. In the entire NULM ambit, there is a clear precedence given to the first component

³¹ Mission document-DAY-NULM, 2014

³² Mission document-DAY-NULM

of SM&ID with others getting decreasing attention whereas two (CBT and ISP) are completely inactive presently.

The foundational block of NULM – mobilisation and empowerment of urban poor –fosters the formation of Self-Help Groups (SHGs) preferably of women which are to consolidate into ‘Area Level Federations (ALFs) and finally ‘City Level Federation (CLFs). NULM envisages ‘Resource Organisations’ (ROs) to catalyse these formations by hand holding them for two years. Accessibility to banking and credit is expected for universal financial inclusion via ‘Bank Mitras’ and ‘Bima Mitras’. A snapshot of these components is presented in Table 30.

Table 30: NULM Components – A Snapshot

| Component | Objective | Subcomponent | Eligibility |
|-----------|--|--|---|
| SM&ID | Motivating the urban poor to form their own institutions & provide sufficient capacity to manage the external environment, access finance, expand their skills, enterprises and assets. | Social mobilisation & building community institutions- SHGs, ALFs, CLFs | Urban poor (women & physically handicapped) subjected to occupational vulnerability |
| | | Universal financial inclusion- Provision of revolving fund | |
| | | Training & capacity building | |
| EST&P | To provide training to the urban poor as per the skill demand from the market, to set up self-employment ventures or secure salaried employment. | Training of fresh entrants or re-skilling/skill up gradation of employed persons. | Employed and unemployed urban poor subjected to occupational vulnerability |
| | | Formal recognition and certification of persons who have acquired skills through informal, non-formal or experiential training in any vocational trade or craft. | |
| SEP | Providing financial assistance to individuals /groups of urban poor for setting up gainful self-employment ventures /micro-enterprises, suited to their skills, training, aptitude and local conditions. | SHG-Bank linkages- Individual and group loans | All urban poor subjected to occupational vulnerability |
| | | Credit for enterprise development | |
| | | Technology, marketing & other support | |
| SUH | Skilling of street vendors, supporting micro-enterprise development, credit enablement and pro-vending urban planning. | Skill development, training and micro enterprise development | Urban street vendors |
| | | Credit enablement, access and financial inclusion | |

| | | | |
|------|---|--|---------------------------------|
| | | Development of vendors market and overall infrastructure development | |
| SUSV | Providing shelter equipped with essential services to the urban homeless in a phased manner. | Management of existing shelters with essential services | Urban homeless |
| | | Construction of new shelter homes with essential services | |
| CBT | Technical assistance and skills training for people under the mission as well as the Mission Management units | Trainings, orientations, inductions and other capacity building programmes for the staff under the mission | Mission staff and field workers |
| | | Community to community learning exposure & immersion visits | |
| ISP | Promotion of novel initiatives in the form of innovative projects. | Sustainable approaches to urban livelihoods through Public, Private, Community Partnership | -- |

Source: Mission document-DAY-NULM

In a three-tiered system of implementation in Mumbai, the State Mission Management Unit (SMMU) with Mission Director, oversee the City Mission Management Unit (CMMU) having the 'City Mission Managers (CMMs)'. CMMs supervise the 'Community Development Officers (CDOs)' at ward level and 'Community Organisers (COs)' at the field levels. KIIs with CMM, CDO and COs reveal staff shortages and resulting overburdening of tasks, 'additional' charges at many administrative levels, contractual staff, high attrition rate, lack of adequate and systematic training and pressure of targets. For instance, in Mumbai, there are four posts for City Mission Managers (CMM), only two are filled, there are 24 posts for Community Development Officer (CDO) with only 12 filled and 73 for Community Organisers (COs) with only 64 currently filled.³³ Data on Budgets and Expenditure was inaccessible and inconsistent and thus indicated many gaps. The same is presented in Table 31.

Table 31: NULM – Budgets, Expenditure and Beneficiaries in Mumbai

| | FY 2018-19 | | | FY 2019-20 | | | FY 2020-21 | | |
|-------------|---------------|--------|-------------|---------------|--------|-------------|---------------|--------|-------------|
| | Beneficiaries | Budget | Expenditure | Beneficiaries | Budget | Expenditure | Beneficiaries | Budget | Expenditure |
| SMID | 3,387 | 112.00 | 25.34 | 2,621 | 126.00 | 62.60 | 2,490 | 15.80 | 0 |
| ESTP | 6,210 | 0 | 0 | 5,230 | 0 | 0 | 0 | 0 | 0 |
| SEP | 195 | 66.00 | 0 | 628 | 0 | 0 | 3 | 0 | 0 |

³³ Interviews with State Mission Managers, Maharashtra & City Mission Managers, Mumbai

| | | | | | | | | | |
|-------------|--------|---|--------|--------|---|--------|--------|---|-------|
| SUH | 588 | 0 | 150.36 | 698 | 0 | 265.76 | 711 | 0 | 0 |
| SUSV | 99,435 | 0 | 0 | 99,435 | 0 | 0 | 99,435 | 0 | 0 |
| CBT | 0 | 0 | 156.10 | 0 | 0 | 135.98 | 0 | 0 | 83.09 |
| AOE | 0 | 0 | 0.37 | 0 | 0 | 1.66 | 0 | 0 | 0.37 |
| IEC | 0 | 0 | 4.52 | 0 | 0 | 4.29 | 0 | 0 | 4.43 |

Budget and Expenditure in lakhs

Source: CMM, 2021

Field Realities³⁴

Clearly SMID has garnered attention from the decision makers as it is the most active component of NULM. According to FGDs, SHG formation was driven by yearly targets. SHG formation and linking with Banks has seen a good response with slums having a widespread network of such women collectives, although they too admit that it is a long winding process of registration. COs maintained that through the long process of education and organisation, some SHG leaders gradually gain confidence in simple official procedures and are able to capitalise on income generating opportunities and start local businesses – taking food orders, setting up small food kiosks in their locality, home tailoring, tiffin service, vegetable vending etc. Some SHGs have gone on to open small restaurants.

FGDs with COs revealed that there were a number of barriers in the formation and sustained functioning of SHGs. The most fundamental was procurement of documents -women could not comply due to various reasons – i.e., inability of migrants to furnish required proofs, papers not available in the required format, misspelt names, maiden names in Aadhar, absence of Pan Card etc. The mobilisation of members and inculcation of a savings habit emerged to be the next challenge. Internal conflicts and inability of members to save, especially during COVID-19, resulted in dissolution of the collective. Attrition was also due to perceived lack of monetary benefits by joining the SHG as the seed capital was not disbursed on time. Another barrier recalled by COs as well as slum women is the attitudes of officials in the nationalised banks. Banking with the poor entails a different approach and mind set. Women members, unfamiliar with the formal procedures of banking and credit, were daunted by the official procedures. A dedicated and sensitive support was not forthcoming from the bank. COs maintained that in some localities there was a strong political influence that dictated the inclusion (or exclusion) of members. Resultantly, the inclusion of the neediest was not assured. COs maintained that *“they had to balance democratic inclusion and the political heft of existing local leaders”* in their field work.

KIIs with SHGs of both M(E) and G(N) Wards revealed that SHGs that had been already formed under previous programs (i.e., Swarna Jayanti Shahari Rozgar Yojana) were continued under NULM. Formation of new SHGs necessitated/required a long and arduous process of mobilisation, education

³⁴ Data on Budgets and Expenditure furnished under each component was inconsistent. Whereas in SMID budgets, expenditure as well as beneficiary data was shared, in all the other data on budgets was inaccessible. Some components had data only on expenditure, but not on budgets; others had data only on beneficiaries but neither on budgets nor expenditure. In this patchy scenario, no meaningful conclusions could be successfully drawn.

and close contact with slum dwellers. New, fledgling groups that were formed did not always adhere to the conditionality of the program. ROs were not involved in the process of SHG formation or the subsequent training of their members in their roles and responsibilities, bookkeeping, accounting, fund management, banking and credit linkages, and accessing entitlements under NULM.

Some components of the above were handled by COs of NULM and of NGOs working in the locality in an informal capacity. Similarly, there was a repeated complaint of non-disbursement of seed funds despite SHG being operational for more than two years. Those who had got the funds were waiting for future directions, guidance and training, which was not forthcoming. Help extended to a few SHGs in starting small businesses was discontinued during COVID-19 with no future direction. However, some SHGs were roped under meal preparation of SNP of ICDS or Shiv Bhojan Thali, or Mid-Day Meal Scheme (MDM) or in the Dattak Vasti Yojana of MCGM. Local MLAs interfered with the selection of office bearers and members and chose those affiliated to them / their party, thereby contravening the very foundation of empowerment.³⁵

Under the EST&P components there is discrepancy in figures vis-à-vis beneficiaries who have completed training, received certifications and been placed. Resource centres that would disseminate information under this component are not operational in Mumbai. KIIs revealed that Information, Education and Communication (IEC) efforts are weak. Although individual and group loans are extended under SEP, Mumbai figures for the same are not forthcoming. KIIs with stakeholders in G (N) and M (E) wards revealed that procedural requirements of Banks to avail loans is a deterrent as the documentation required scrutiny and verification is cumbersome. Sustained guidance from COs or bank officials not only to access credit but to also create a robust micro business plan and launch the same, is not forthcoming, despite this, few SHGs or individuals have started micro enterprises (i.e., tailoring, food, ration shops, leather products etc.). KIIs with NULM officials revealed that under SUH, there are only 21 shelter homes in Mumbai presently although requirement is of 125 as per a survey commissioned by GoM and MCGM. Officials shared that the findings of this survey are not accepted across board and are under reconsideration. Funding under these components have also halted since 2017, as previous funds remained unutilized. Collated data under SUSV and CBT components were unavailable.

Monthly progress reports are uploaded at the level of SMMU, which are not accessible to the general public. Audits are need based with a third-party evaluation conducted for MCGM in 2016. This report is not available in the public domain. Although NULM guidelines outline a robust M & E mechanism, reality does not adhere to the same. For instance, for SHGs, the suggested institutional self-monitoring, peer internal audits and local social audit do not take place. The other components of NULM, namely EST&P, SEP, SUSV – have not been prioritised. Resultantly, sporadic efforts under them could not be sustained (i.e., survey and enumeration of street vendors was discontinued due to procedural difficulties).

COVID-19 Outreach under NULM

At the ground level, the pandemic severely disrupted the working of the SHGs. Some members, struggling with sudden loss of livelihoods, were unable to deposit their monthly savings of Rs.100 and discontinued thereafter. It required persistent efforts from COs of the NGOs and the older SHG members/office bearers to raise these monthly savings. Some members left for their hometowns, in

³⁵ Interviews with officials and community workers

both waves, upsetting the collections of SHGs. Although some other members filled in for such absentees, it could not be sustained as the city lockdown extended multiple times. As physical accessibility was absent, only few SHGs were able to use online transfer facilities for depositing their monthly savings.

Some intermittent efforts under NULM were noted, such as, mask making and cooking of food by SHGs. These were with some SHGs that had skills and experience in the same. There were directives to provide free food to the homeless and shift them to shelters as well as maintain hygiene and social distance in the same. Under the PM SVANidhi Scheme a special micro credit facility for street vendors affected by the pandemic was announced.³⁶

Conclusion

The overall mission of NULM is wide-ranging. It attempts to address the various vulnerabilities faced by the urban poor – residential, occupational and social. It seeks to unleash their capabilities so that they can ‘build their own institutions’ which can manage the external environment, expand their skills, access credit and build assets. It envisages a transparent, accountable framework that assures convergence and accessibility of the urban poor.

Presently, under NULM there are some components clearly given more prominence, which raises the possibility of excluding beneficiaries in the undervalued ones. Furthermore, this selective focus defeats the comprehensive focus of NULM. A ‘silo’ approach is noted, which prohibits co-ordination, sharing and integration within the Mission components. Officials, especially at the ground level, are not fully aware of the full range of activities under NULM or of its guiding principles and goals. As it struggles with staff shortages, the consistent hand holding required to mainstream the urban poor is compromised.

Thus, the overarching mission of NULM – that of reducing poverty and vulnerability of the urban poor – appears to be making slow progress in Mumbai.

³⁶ PMSvanidhi Guidelines, 2020

Department of Food, Civil Supplies and Consumer Protection

The two schemes covered under this project are - **A) Targeted Public distribution System, and B) Shiv Bhojan Thali**

Targeted Public Distribution System (TPDS)

India's Public Distribution System (PDS) is one of the world's largest having deep rooted historical origins in the inter-war efforts to mitigate food shortages. Right since the sixties the program has undergone continuous revisions to reflect the present day 'Targeted Public Distribution System (TPDS)'. Thus, the PDS system, initially devised to manage food scarcity, ensure price stability and rationing of food supplies in case of deficits, has indeed come a long way with the enactment of the 'National Food Security Act (NFSA)' of 2013, establishes 'right to food' as a justiciable right.

The Ministry of Consumer Affairs, Food and Public Distribution of GoI and Department of Food, Civil Supplies and Consumer Protection (FCSCP) at state (GoM) level share joint responsibilities. The Central government via Food Corporation India (FCI) assures procurement of food grains at a Minimum Support Price (MSP), its storage, transportation and bulk allocation to state governments. The operational responsibilities of identification of eligible families, issuance of appropriate ration cards, distribution to the Fair Price Shops (FPSs) and their supervision rests with the state governments. The standard food basket contains wheat, rice, and sugar. Some states further add pulses, edible oils, iodized salt and spices to the same as per their discretion and availability. The FPSs are the 'access points' for the beneficiaries and emerge to be important players in the supply chain as it is at this level that the actual distribution of food grains is facilitated.

TPDS in Maharashtra

In 1999 the Government of Maharashtra launched the tricolour ration card scheme within which three cards – yellow, saffron and white – were issued to identify, delineate and target the food distribution more efficiently. The 'Antyodaya Anna Yojana (AAY), a Central Scheme launched in 2000, targeted the poorest section of the BPL, which in Maharashtra includes the yellow card holders, to whom grains are provided at highly subsidized rates. AAY was aimed at reducing hunger amongst the poorest of the poor. The colour categorization on ration cards, predominantly based on annual family income, is a basis of entitlements as well as food grain prices. The beneficiaries under each colour categorization and the concomitant entitlements are presented in Table 32.

Table 32: Categorization of Ration Cards and Entitlements

| Category | Card | Eligibility | Entitlement | Price |
|----------|---|-----------------------------|---|---|
| A1 | Yellow card BPL (Antoyoday a Anna Yojana- AAY) | Annual income <Rs.15,000 | BPL Families (*Min 3 members) 35 kg food grains/card/month (Wheat - 18 kg, Rice - 17 kg) | Wheat- Rs.2/kg Rice- Rs.3/kg Millets-Rs.35/kg Sugar- 1kg/card/Month |

| | | | | |
|-----|--|--|--|--|
| *B2 | Saffron (Priority Household Cards- PHH) | Annual Income <Rs. 51000 (Urban) <Rs. 44,000 (rural) | Priority Households 5 kg/ person/ month (PHH Stamp on Saffron Cards in Maharashtra) (Wheat - 3 kg pp, Rice - 2 kg pp) | Wheat- Rs.2/kg Rice- Rs.3/kg Millets-Rs.35/kg Sugar- 1kg/card/Month |
| B1 | Saffron | Annual income Rs.51,000- 1 lakh | 5 kg/ person/ month (Wheat - 3 kg pp, Rice - 2 kg pp) | Wheat-Rs.8/kg Rice-Rs.12/kg |
| W | White | Annual income >Rs.1 lakh | No benefits | NA |

Source: FCSCP, 2018

Attempts at End-to-End Digitalization

However, the actual functioning of this vast food distribution system has not been without severe challenges. Various evaluation studies have revealed leakages, pilferages and diversions of grains at almost every point of the supply chain as well as errors of inclusion and exclusion³⁷. These also indicated that FPSs are generally not viable because of low annual turnover, and they can remain in business only via leakages and diversion of subsidised grains³⁸.

To mitigate this, end to end computerization of the TPDS operations was flagged off in 2014. This included digitalization of all ration card data, computerization of the end-to-end supply chain management of food grains, Aadhar seeding of ration cards and automation of all FPSs by installing electronic Point of Sale (ePOS) devices for biometric authentication of beneficiaries. Due to digitalization, there is a daily update of the quantity of grains lifted across the city. However, there are no yearly status reports of the transactions. Updates of the transaction and sales can be viewed at www.mahaepos.gov.in

Organisation of Rationing: Mumbai-Thane Region

As of March 2021, there are four FCI warehouses, with 68 rationing offices and 4,343 FPSs covering about 25,53,035 Card Holders (roughly a population of Rs.1.28 Cr) in the Mumbai-Thane region³⁹. Out of the total card holders only about 0.6% are under AAY, 57.37% under the PHH and 42.02% under the NPH ration card categories. A predominance of priority households is thus apparent. A consolidated outline of the same is given in Table 33.

³⁷ Booklet on Modernization of Targeted Public Distribution System, 2021

³⁸ Performance Evaluation of Targeted Public Distribution System, 2005

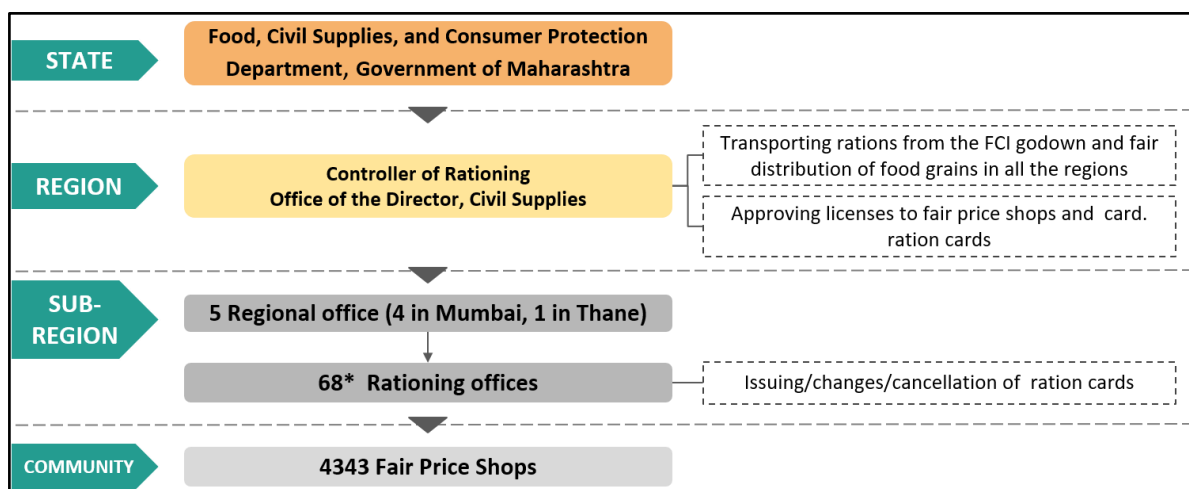
³⁹ Key Registration Cards Interface, 2021

Table 33: Snapshot of Mumbai-Thane Region - FPSs and Cardholders under each RC Category

| Sub-Region | Ration office | FPS | Total Cards | Total Units (Pop. Nos) | AAY HH Card Holder | PHH Card Holder | NPH Card Holder |
|--------------|---------------|--------------|------------------|------------------------|--------------------|-----------------|-----------------|
| A- Parel | 34 | 606 | 3,52,573 | 14,91,471 | 0.3% | 42.70% | 57% |
| D- Andheri | 5 | 536 | 3,77,501 | 16,63,495 | 0.08% | 54.00% | 46% |
| E- Wadala | 17 | 1051 | 6,96,657 | 30,81,650 | 0.33% | 65.70% | 34% |
| F- Thane | 3 | 1446 | 11,27,305 | 46,49,981 | 1.12% | 58.70% | 44% |
| G-Kandivali | 9 | 704 | 4,63,563 | 19,02,490 | 0.41% | 55.32% | 44% |
| TOTAL | 68 | 4,343 | 25,53,036 | 1,27,89,087 | 0.6% | 57% | 42% |

Source: Key Registration Cards Interface, 2021

As per the figures above, each FPS supplies rations to close to 587 households. However, this figure needs to be considered with caution as the location of FPSs is not evenly spread across the city ensuring seamless accessibility to ration card holders. KIIs with beneficiaries in M(E) ward revealed a scenario in which only two shops catered to an extremely large population base. This mismatch has led to an arrangement wherein these two shops dispense rations *at two different timings* – morning and evening – *to RC holders of two separate neighbourhoods*. Thus, one area is allowed access only in the morning, whereas the other area only in the evening. In this ground level operational tactic, the same shop thus ‘doubles up’ for a much larger population by restricting timings and accessibility. This was a general finding during interaction with other beneficiaries and KIIs. KIIs revealed that lifting rations from these shops is not always a onetime activity, as unavailability due to supply chain constraints, entail repeated visits. KIIs in M (E) ward and with other representatives of NGOs also suggested diversion of food grains by FPS, as they exercised considerable discretion at the actual point of distribution. A three-tiered implementation system consists of GoM level Food, civil Supplies and Consumer Protection Department at the helm, which oversees the Controller of Rationing, Office of Director, Civil Supplies, under which are five Regional Offices and 68 Rationing Offices. These are then connected to 4,343 FPSs on the ground. A representation of the same is captured in Figure 14. Allocation of the food grains by the central government to the state and its subsequent distribution by GoM is available only for the state level as indicated in Table 34. The yearly distribution figures for the Mumbai -Thane region are not available on the website.

Figure 14: TPDS – Implementation Structure - Mumbai Thane Region

Source: Key Registration Cards Interface, 2021; Controller of Ration in Mumbai

Table 34: TPDS – Central Allocation and State Distribution of Food Grains

| Year | Central Allocation (in Metric ton) | NFSA Ration Cards (in Metric ton) | Food Distribution (in Metric ton) | % Distribution |
|---------|------------------------------------|-----------------------------------|-----------------------------------|----------------|
| 2018-19 | 46,05,192 | 17,50,77,757 | 40,80,059 | 88.6% |
| 2019-20 | 46,05,192 | 17,79,92,629 | 39,51,082 | 85.8% |
| 2020-21 | 46,05,192 | 18,42,12,831 | 40,90,696 | 88.8% |

Source: Expenditure Budget, Union Budgets (2011-21)

Grievance Redressal

An online grievance redressal system expects beneficiaries to lodge their complaints to be forwarded to the concerned authority for appropriate action. KIIs suggest that the existence of this feature is completely unknown at the field level. In any case, beneficiaries who lift their household grains, predominantly women, are not technologically literate to be able to navigate through the website and register complaints online. Both the tools (Smartphone / laptop) and the technological proficiency to use this feature are lacking at the ground level. This mode is also not accepted at the level of FPS owners, who prefer to physically visit the rationing office for complaints and note their satisfactory resolution.

In addition to the online system, beneficiaries can also lodge complaints in a letter format, addressed to the Consumer Protection office or to the Collector or the Additional collector of the respective district. This provision however is seldom used by the beneficiaries and mostly approach the rationing officer to address their complaints, if any. Further during our ground investigation and evidence from various KIIs and FGDs, community volunteers of various NGOs largely assist these beneficiaries in case of any complaints or issue with the ration card.

KIIs revealed the ePOS devices have irregular internet connectivity and FPS owners prefer to link up via their own mobile's hotspot to facilitate biometric authentication. They also reported quality discrepancies as per the specific state from which the wheat / rice gets lifted by the FCI.

According to KIIs conducted with Rationing Officers, regular inspections of FPSs are conducted by Food Supply Inspectors to ensure smooth functioning, assure quality and minimise malpractices. This is contradicted by the FPS owners who suggest that presently such inspections are sporadic as compared to the previous manual system. They further added that neither the intra state nor the inter-state portability are yet operational as the system does not reflect interstate beneficiary list. Another deterrent is also that migrants have a consolidated family RC in their hometowns where the extended family members still continue to lift rations. To 'break' the RC is a long winding, time consuming and costly process, a fact also repeatedly reiterated in FGDs with NGOs working closely with slum dwellers. These cohorts of beneficiaries, although eligible, thus get excluded from the food safety net. A concomitant issue especially prevalent in M(E) ward is the large number of eligible families still not having an Aadhar Card. This is a widespread phenomenon especially after the digitalization efforts, as many families were not able to successfully transition to digital cards due to problems in biometric verifications. As recounted by NGO officials and non-beneficiaries themselves, the process of applying for ration cards is a cumbersome one which requires furnishing of multiple supporting documents⁴⁰. The fluid situation in slums, either dwellers do not have these documents or are not able to follow the procedures for procuring them, which results in their exclusion. In Shivaji Nagar, a sprawling slum in M(E) ward, it is estimated that about 35 percent of residents do not have a ration card⁴¹. Thus, barriers to access originate at various levels – enrolment, eligibility, procedures, awareness and back-end integration.

Shiv Bhojan Thali

Shiv Bhojan scheme originated as an election promise of the political party Shiv Sena in January 2020. It aims to provide a square meal to the needy at a highly subsidised rate of Rs.10 per plate. Each *thali* contains two chapatis, dal, rice and vegetables served between 12 to 2 pm every day. Initially, started on a pilot basis, it outlined distribution via licensed canteens located at strategic places like government hospitals and further expanded near bus stands, railways stations, markets, and other hospitals.

Government Resolution (GR) lays out the basic conditionality within which the scheme is to be operationalized. For instance, eateries, NGOs, women's self-help groups, lunch houses, and restaurants may provide the meals. These self-owned premises are to be spacious enough to accommodate 25 people at a time. Each canteen had a minimum cap of 75 and a maximum cap of 150 *thalis* that can be sold in the pilot phase.⁴² Those working in the canteen or government officials working in Shiv Bhojan Centre office premises are strictly prohibited from partaking the food. Beneficiaries are allowed to purchase the subsidised *thali* only once each day. The total number of *thalis* that would be allocated per centre is to be decided as per population served. A snapshot of Shiv Bhojan Thalies in Mumbai region is presented in Table 35.

⁴⁰ Apnalaya, 2017-18

⁴¹ Scroll.in, 2020

⁴² The number of thalis at each canteen were revised and increased 1.5 times during the pandemic.

Table 35: Shiv Bhojan Thali Status – A Snapshot

| Region | No. of Canteen | Max no. of plates /day | Plates distributed as of 18 th Apr 2021 |
|----------------------|----------------|------------------------|--|
| MUMBAI CITY | | | |
| A Region (Parel) | 6 | 1,500 | 1,091 |
| E Region (Wadala) | 9 | 3,250 | 1,844 |
| MUMBAI SUBURB | | | |
| D Region (Andheri) | 5 | 2,750 | 783 |
| G Region (Kandivali) | 21 | 2,750 | 4,141 |

Source: Shiv Bhojan Transaction Abstract, 2021

As is evident from above, the total number of canteens in all the regions in Mumbai is abysmally low compared to the population that it is expected to serve. Moreover, all the regions, with the exception of one, indicate deficits in their sales as compared to the number of plates that were sanctioned.

Monitoring

The GR proposes⁴³ periodic inspections by officials of the Food and Drug Administration to assure food quality. Medical / Food Safety Officers are expected to check food samples to deter the unhygienic cooking, storage and serving of food. Each canteen is provided with an Aadhar enabled app that registers the number of plates distributed when the card is scanned by the customer. Subsequently, a consolidated enumeration of total plates sold is collated and sent to the regional committee. This is presented to the state for release of payments to Canteen via 'Direct Benefit Transfer (DBT)'. Real time daily updates of the number of plates sold per canteen is available on the <http://mahaepos.gov.in> website.

Field Level Realities

KIIs with beneficiaries in both G(N) and M(E) suggested an acute scarcity or even complete absence of canteens in their immediate vicinity. In M(E) beneficiaries claimed that there were no such canteens in their sprawling slum. In G(N) ward, although there was a centre, it was in the vicinity of the larger hospitals in the area. This was reiterated in the KIIs with program directors of NGOs working in the two wards who noted that the canteens are neither strategically located nor enough in number to cover the potential target group. Thus, adequacy as well as accessibility of these canteens remains a challenge to date.

TPDS and Shiv Bhojan Thali: Outreach under COVID-19

With spiralling COVID-19 cases by March 2020 a complete lockdown had been announced. To assure food security the PDS, already a vast network of food distribution, emerged to be a pivot around which the efforts of MCGM revolved. The administrative structure, operating within a decentralised mode to assure timely and efficient response to the pandemic, systematically reached the vulnerable that

⁴³ GoM, 2020

were struggling with loss of livelihoods. The remarkable outreach of food distribution deserves a more detailed discussion and is covered in Section Two of this report.

This scheme, launched in January 2020 on pilot basis for three months, was expected to roll out in phases, expanding to cover more areas. However, to assure food security to those struggling with loss of livelihoods, the price of Shiv Bhojan *thali* was reduced to Rs.5. The Aadhar enabled system continued to be used to sell the *thalis*. The Chief Minister, in June 2020 claimed that more than a crore *thali* had been distributed through 848 centres across the state. In Mumbai it was operationalized in 25 locations mostly spread across the western suburbs⁴⁴. There were also efforts to increase the number of centres as well as plates per centre. For instance, by April 2021, the scheme was to be operationalized through 34 canteens across Mumbai. With the subsequent second wave, the deadline of the scheme was frequently extended and at present, distribution of free *thalis* is being facilitated via Shiv Bhojan centres.

For a scheme that began with a modest objective of 1950 *thalis* for Mumbai, witnessed considerable upscaling due to the pandemic. As of 18th April 2021, the total number of *thalis* allocated to Mumbai was 10,250 per day. KIIs with section officers of the Department of Food, Civil Supplies and Consumer Protection (FCSCP), GoM suggested a considerable hike in the total budget sanctioned for Shiv Bhojan Thali for 2021-22, with Rs.150 crore sanctioned. Shiv Bhojan Thali distribution from April 2020 to 24th August 2021 in the Mumbai Thane region under 105 canteen was to the tune of 74,21,970 *thalis*⁴⁵.

Thus, both TPDS and Shiv Bhojan indicated a substantial upscaling during the pandemic as food security was prioritised by the municipal administration. As the city struggled with the rising COVID-19 cases, severe lockdowns not only restricted movement but led to sudden loss of livelihood. MCGM undertook a massive food distribution initiative that is covered in Section Two of this report.

Conclusion – USPS in Mumbai

As is expected with a scheme of this complexity and scale, TPDS represents a mixed bag. On the one hand, its vast distribution network assures food grains at affordable prices to the majority of the vulnerable populace; but on the other, gaps in the last mile connectivity are evident. Similarly, despite concrete efforts at improving targeting and plugging leakages mainly via digitalization and biometric authentication, exclusion of beneficiaries due to procedural barriers or non-portable RCs still persists. Regular and systematic Monitoring and Evaluation or Auditing remains a weak area. Appeals against exclusion or discretionary distribution of food grains at the FPS level, are not necessarily resolved. The digital grievance redressal system appears to be mismatched with the socio-economic profile of the beneficiaries. Diversion of food grains by FPSs is another recurring aspect, noted even during the pandemic.

Despite such gaps, one of the most noteworthy policy measures in recent times is the enactment of NFSA which established 'right to food' as a justiciable right. With this, the PDS system, initially devised to manage food scarcity, ensure price stability and rationing of food supplies in case of deficits, has indeed come a long way.

⁴⁴ Indian Express, 2020

⁴⁵ Controller of Ration in Mumbai



Conclusions

The kaleidoscopic reality of USPS in Mumbai contains schemes, programs and missions with varying trajectories in their approach, objectives, mission, components, implementation modalities and performance. Some originated at the central level, some at the state. Some display well embedded systems of operation, whereas others are in their nascent stage. Despite these variations, there are some common treads that pass through all of them, as discussed below. As already mentioned, this report covered more than 33 schemes and per force adopted a macro, strategic view. Conclusions, when placed within this wide and extensive scope, are strategic in nature. They are now discussed below.

The legacy programs of TPDS, ICDS and MDM clearly stand out in the extensive edifice of USPS. These are centrally sponsored flagship programs and over their long historical trajectories have undergone assessments at various junctures, which have resulted in successive reorientations in program approaches and components. Over time, this has honed the operating frameworks to make them relatively more aligned to the field level conditions. Institutional memory is well-embedded and runs deep, thereby assuring some modicum of accessibility and entitlements to the target group despite functional constraints. Emerging to be prestigious schemes, decision makers at the central and state level continue to prioritise them, resulting in a relatively robust delivery modality.

At the grassroot level, the target group is also well aware of these programs, though not always of the mandated entitlements. This assures some level of accessibility. Anganwadi centres (AWCs) *do* extend benefits to pregnant women and children under the Integrated Child Development Scheme (ICDS), meals and rations *are* provided to children and families under Midday Meal (MDM) Scheme and Targeted Public Distribution System (TPDS). This does not imply that these programs demonstrate high performance levels or adhere to accountable and transparent delivery modalities. In fact, all operate within considerable administrative, human and infrastructural constraints, indicate contraventions in their delivery chains, struggle with issues of exclusion and have weak redressal systems.

Despite these gaps, they still emerge to be relatively robust programs in the social protection architecture, by virtue not only of their scale and reach, but also the priority accorded to them by the decision makers. During the COVID-19 pandemic, TPDS and later MDM and AWCs under ICDS could mobilise their vast networks to secure food security to the vulnerable that were struggling with loss of their livelihoods. COVID-19 invigorated the system to respond in a quick and coherent manner, as covered in Section Two of this report.

Another significant aspect of USPS is the 'Missions' that have been launched. Both, the NUHM and NULM, are very comprehensive and ambitious in their intent and goals. NUHM proposes an integrative, equitable and inclusive health care system in the urban areas via convergence and systemic reform. Similarly, NULM envisages empowered community organisations, leveraging their solidarity and bargaining power to gain access to rights, entitlements and opportunities. However, these strategic policy orientations have not seen a smooth translation on ground. For instance, the Standard Operating Procedures (SOPs), Key Performance Indicators (KPIs), quality assurance and measurements proposed under NUHM remain only on paper. The convergence suggested in a plethora of schemes that mimic each other in the Health and MCH has not yet materialised. Similarly, the lack of sustained handholding and procedural impediments limit access to credit for Self Help

Groups (SHGs). Both the Missions operate within severe infrastructural and human resource gaps, on contractual staff, often with ‘additional’ duties that compromises program performance. Empowering processes are long drawn and time-consuming requiring sensitivity and sustained hand holding, which are a mismatch with the ‘target orientation’ presently adopted under the Missions. Thus, although both are comprehensive in their scope and orientation and seek to bring about a fundamental change in the lives of the poor, their proposals remain at a nascent stage.

At the other end of the spectrum are schemes that display fundamental gaps at the **level of planning and design**. For instance, Majhi Kanya Bhagyashree (MKB), despite promising robust financial entitlement to women undergoing sterilisation operations after the birth of a girl child, displays extremely meagre uptake. Its conditionality does not match with the perceptions and socio-cultural or religious milieu of the target group. Similarly, due to unreliability of data furnished by the Social Welfare Board and improper handover, the National Crèche Scheme (NCS), has been discontinued in Mumbai even though it fulfils a real need of slum women. Presently it remains in an administrative quagmire.

In a similar vein, some scholarship schemes follow Government Resolutions (GRs) that have originated decades ago. Resultantly, neither have these schemes witnessed any revisions nor have they adapted to the actual needs of the students they include. With the exception of very few, none of the scholarship schemes under all four departments have matched their scholarship amounts to realistic levels. This inadequate financial aid fails to incentivize needy students to undertake the cumbersome paperwork. All have a uniform implementation modality of online applications, verification, approval and disbursement of scholarship amounts via direct benefit transfer (DBT). Thus, such programs need to be redesigned such that their objectives, entitlements and delivery modalities match the contemporary situations on ground.

One clear trend observed across sectors is the selective prominence given to only one flagship program of a department at the expense of the others. For instance, in the Health Department the new entrant - Pradhan Mantri Matru Vandana Yojana (PMMVY) - is clearly under focus, with the result that Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakram (JSSK) are relegated to the background. Presently PMMVY is clearly prioritised at higher echelons of decision making with targets given to field functionaries to recruit beneficiaries. Resultantly, the program components and entitlements under JSY and JSSK remain unknown and inaccessible to the target group.

This approach is repeated in the case of schemes under the Women and Child Development (WCD) Department. ICDS clearly gets disproportionate attention as compared to the other programs like MKB, Scheme for Adolescent Girls (SAG) or Bal Sangopan Yojana (BSY). This unequal prioritisation defeats the purpose of comprehensiveness and inclusion. For instance, as SAG remains relegated to the background it inadvertently excludes benefits to the adolescent girls who need access to health, nutrition and education. Similarly, as BSY does not get adequate staff as well as appointment of NGOs, it results in inaccessibility and exclusion of children in need of foster homes.

This selective prominence as a phenomenon is observed not only *across* different programs operationalized by one department but also *within* the same program. A case in point is NULM. The six components under NULM, some are given more attention than the others. Formation of SHGs has witnessed relatively more mobilisation efforts as compared to the other components, like Support to Urban Street Vendors (SUSV) and Scheme for Shelter for Urban Homeless (SUH) which indicate lesser

uptake. Other components have been completely relegated to the background with little activity observed within them.

This creates a 'hierarchy of importance', wherein flagship programs mobilise more focus and resultant activation in achieving targets whereas others remain peripheral. Resultantly, beneficiaries under the latter remain excluded and deprived of benefits. The safety net, although existing on paper, thus remains restricted and inaccessible in practice.

Related to the above is the '**silo**' approach observed in schemes. Multiple schemes having similar goals and target groups, oftentimes use the same organisational and decision-making structures, but duplicate each other. For instance, PMMVY, JSY and JSSK all have the overarching goals of promoting health seeking behaviours and decreasing mother and infant mortality rates and target PWLM. However, they continue to operate in isolation from each other with no intra-organizational coordination or sharing amongst them.

Not restricted to only MCH, this is also observed in the plethora of scholarship schemes that continue to target same or similar beneficiary cohorts but operate within parallel and exclusive systems. Thus, in the sector of education there is a proliferation of schemes under SESD, TDD, SJSA and DMD. This multiplicity limits their potential for efficiency and harmonisation, creates confusion between lines of responsibility and weakens accountability. At the same time, in this fragmented program setting, accessibility of beneficiaries is compromised. The complex web of overlapping administrative processes that outline multiple inclusion criteria, targeting, enrolment, verification and entitlement protocols, becomes difficult for beneficiaries to comprehend and penetrate.

Another issue that dovetails into the above is that of **convergence**. Although the critical need for convergence has been acknowledged in policy guidelines, it remains much contested in reality. For instance, NUHM stresses the need to integrate parallel schemes in the health sector so as to create a unified and accountable delivery system. In fact, the merging of the financial entitlements between JSY and PMMVY has been proposed, which remains unimplemented on ground. The beneficiaries are completely unaware of this convergent feature, whereas field level functionaries profess their inability to impact any procedural amendments as these are beyond their purview. In effect, beneficiaries remain without their rightful claims.

A similar convergence between the two insurance schemes – Pradhan Mantri Jan Arogya Yojana (PM-JAY) and Mahatma Jyotiba Phule Jan Arogya Yojana (MJPJAY) - although proposed in theory has witnessed resistance in practice. The latter, a state government scheme, with relatively limited scope, is to be integrated with the former, a central level scheme with extensive coverage and entitlements. Although meagre movement towards this end is visible, there are delays in cohering the administrative, decision making and delivery processes so as to create a consolidated and strong insurance framework.

Data on **budgets, expenditure and beneficiaries** is not uniformly accessible. There is a reluctance to share this data. Thus, information on the number of beneficiaries, budgets and expenditure under the schemes covered for three years (i.e., 2018-19; 2019-20 and 2020-21) is not uniformly available.

Monitoring and Evaluation (M & E) frameworks remain weak across all programs. A core component, M & E is a robust tool for assessing program reach and effectiveness and offering a roadmap for improvements. Macro level M&E frameworks create a database for understanding overall sectoral

impacts, exploring how programs can be scaled up and integrated into a consolidated sectoral intervention. Micro level evidence building exercises or learning-by-doing approaches can map and capture the field level dynamics and last mile connectivity. Evidence from both micro and macro levels could ultimately be looped back into the program frameworks to increase accountability, inclusiveness and efficiency. Thus, M & E is a potent tool for aligning programs with their propounded goals.

However, most programs do not have systematic frameworks for monitoring performance, although this is proposed in guidelines. None of the programs treat M&E as an integral part, such that a consolidated plan for tracking performance on a consistent basis and introducing timely remedial measures is actually followed in their operations.

Similarly, regular and **systematic evaluation** structures remain deficient. All programs undertake evaluations very sparingly with intermittent third-party appraisals and social audits. Beneficiary feedback and their perceptions about services and benefits, not a requirement in any schemes, thus remains excluded. Supervision and inspections are also undertaken intermittently. Resultantly, reliable and timely flow of data to help improve and adapt program design and implementation is not evident.

Within the above setting, a loose and largely non-transparent implementation structure is created, where contraventions are introduced in the delivery chain, i.e., some Fair Price Shops (FPSs) do not give the mandated quantity of food grains as per registered family members. Or the quality and quantity of meals provided under MDM remains unchecked. Similarly, the hygiene standards of the Shiv Bhojan Canteens or the quality of food grains in FPSs is not regularly supervised. In part this is due to **paucity of adequate and trained human resource**, but also due to a relatively low priority accorded to M&E within the overall program context.

This also interlinks with the **field level realities that do not adhere to program guidelines**. In almost all programs, the actual last mile connectivity witnesses many changes and innovations that flout program guidelines. Within an overwhelming target orientation, beneficiaries are recruited oftentimes without fulfilling the conditionality outlined in the scheme. For instance, in PMMVY, PWLM were enrolled *at any point* in their pregnancy, sometimes even after childbirth, although PMMVY guidelines outline specific stages for the same. Similarly, release of monetary benefits also did not adhere to the laid down conditionality with some women getting it as per schedule, whereas others at various different junctures during their pregnancy and childbirth. This variation is witnessed in SHGs under NULM with some not having received seed capital despite being in operation for more than two years, whereas others are waiting for further guidance after receiving the same. Still others have been able to start micro enterprises with handholding from the NULM officials, the sustainability of which is under question due to the recent pandemic. Thus, many versions in procedures and entitlements emerge on ground.

Similarly, AWCs are located in cramped slum hutments which impedes the full range of activities as prescribed under the ICDS. The Supplementary Nutrition Program (SNP) under ICDS does not adhere to nutritional contents as the compensation to SHGs preparing them remains abysmal. SHGs under NULM do not strictly adhere to the administrative protocols as prescribed. Application for insurance and its payments under PMJAY do not adhere to the seamless, linear format as facilitated by Arogya Mitras, but require repeated visits by patients and multiple verifications. Thus, **procedural integrity** is

not maintained in the challenging field conditions that operate within severe infrastructural, financial and human constraints.

The above feature also links to another facet - the **absence of any KPIs or SOPs** that create a benchmark against which program performance can be tracked and assessed. None of the schemes operate within a system wherein some basic standard of program performance is laid down and expected. With the exception of NUHM which proposes SOPs and KPIs, none of the other schemes mention the same.

One **notable feature** that stands out is the presence of **daily reporting and recording** mechanisms. For instance, ICDS, although struggling with the recent introduction of the POSHAN tracker, had a robust system of daily reporting via its previous CAS system. Similarly, the entire operation under TPDS, via Electronic Point of Sale (ePOS) facilitates real time data collation. The number of Shiv Bhojan Thalīs sold per day is uploaded on its website. This reporting, mostly revolving around beneficiary numbers, has created huge volumes of data. As a further expansion of these large data bases, an integrated Management Information System (MIS) can be effectively used to provide oversight of multiple schemes, establish intra and inter scheme linkages, increase targeting and inclusion efficiency and emerge M & E tool. In the present scenario, as departmental initiatives continue within a fragmented, silo approach, consolidation of MIS is not evident. Resultantly, even though large data sets are generated, these are not 'looped back' and used for effective M&E, decision making and planning.

Considerable efforts at digitalization are evident across all schemes. As mentioned above, daily recording and update of the number of beneficiaries is maintained in programs like ICDS, TPDS, Shiv Bhojan or scholarship schemes, thereby introducing an element of transparency in the delivery chain. Scheme wise Websites present a consolidated picture of the total number of beneficiaries included under their ambit on a real time basis. This assures easy and quick access to data by removing any human mediation and gatekeeping. Similarly digital technology is used across board for DBT thus eliminating mediators as well as diversion of funds. This move towards digitalization is certainly a promising one and holds the potential to create accountable and transparent systems.

However, digitalization is not without its own challenges. Information about the same scheme depicted on multiple platforms gives contradictory data that does not always align with each other. Oftentimes, this is not updated and thus presents an outdated snapshot. Some interfaces are not accessible to the general public and can thus only be operated by authorised individuals. Some websites and online features do not function efficiently or offer adequate drop-down options. Similarly, technical glitches in updating beneficiary details by the field level functionaries are noted. Capacity building and up-skilling to use these technological tools is deficient, as in the case of the present POSHAN tracker.

Technological interfaces also throw other **challenges**. For instance, monetary benefits via DBT get deposited in defunct or non-beneficiary bank accounts or accounts with similar names. Or cases where there has been no monetary transfer despite repeated Aadhar seeding of the beneficiary, or online databases indicating a transfer where none has actually happened in the bank. In such cases, neither the field nor the managerial staff are able to offer any resolution due to its technical nature.

Another aspect of digitalization is its **mismatch with the beneficiary group**. For instance, the actual use of the online grievance redressal systems of many schemes is severely limited as the target group

is neither technological literate to navigate the online process, nor do they have the tools to do so (android phones/laptops). Beneficiaries prefer to approach field level functionaries of the NGOs working in their neighbourhoods, ERs or the field staff of programs with their complaints. Only a few actually visit the concerned office. None are even aware of an online grievance redressal feature.

In this vast network of social protection schemes, **NGOs have emerged to be important actors**. They have a decisive and close linkage with ground realities of slums in Mumbai. Many programs are thus mediated through their efforts. Their involvement is witnessed at various levels – i.e., handholding the beneficiaries in obtaining the official documents, fulfilling procedural requirements, filling up forms, visiting concerned departments to resolve field level problems, spreading awareness, conducting training etc. Alongside, beyond the limited purview of USPS, the mobilisation and empowerment of slum dwellers also continues as per their own organisational missions. In a fragmental USPS system, NGOs undeniably emerge to be important conduits that link up the system with the beneficiaries. NGOs maintain that the ever changing and dynamic slum reality remains inadequately captured in all official enumerations. As migrants move back and forth from the city to their hometowns or shift within different slums of the city, they get excluded from the safety nets of social protection schemes.

In some cases, the municipal administration has officially partnered with NGOs to expand the program's reach. However, this partnership has not emerged as an institutional model which is adopted across all sectors and departments. The role of NGOs, although significant, thus does not remain fully explored.

In the overall scenario, **ERs** are conspicuously absent. Except for some involvement in educational scholarship and insurance schemes, they offer no tangible aid to the beneficiaries. At another level, USPS too does not delineate a formal role of ERs in their planning or execution. ERs are thus not active participants in the identification or enrolment of beneficiaries, nor do they oversee the functioning of programs in their constituencies. On the whole they emerge as passive actors with no recognized role. In special events, such as launching of programs or distributing commendation certificates their involvement is noted. They extend help only on a case-to-case basis if approached individually by beneficiaries. However, a change in role was witnessed during the pandemic as large-scale food distribution efforts were undertaken under their tutelage. In some localities these continue till date.

Much like M&E, **Information and Education and Communication (IEC)** remains a much-undervalued component of all programs. IEC efforts are typically seen during the launch of schemes mostly in the form of hoardings, posters, leaflets and door to door information dissemination. In this, the field level functionaries use their considerable rapport and knowledge gained through years to contact beneficiaries. In some cases, especially for central sponsored, prominent schemes, use of mass media or audio-visual material is noted. However, after the initial spurt, IEC activities wane.

A systematic IEC plan is not an integral part of the overall program, although it may be proposed in guidelines. Thus, innovative mechanisms to educate the beneficiaries toward the larger goals of the programs remain scarce.

Absence of sustained IEC efforts is also demonstrated in the **severe lack of information available with beneficiaries** regarding programs. As already mentioned, except for long standing, legacy programs like ICDS, TPDS and MDM, beneficiaries are completely unaware of the plethora of programs that they could potentially access. This cuts across all sectors as basic scheme information is absent amongst

the beneficiary cohorts. For instance, beneficiaries have no knowledge about schemes covering health insurance, educational scholarships or those specifically targeted at adolescent girls or rape victims. Lacking this, they are unaware of their inclusion criterion, process of registration and entitlements. This not only raises the prospect of exclusion but also turns them into passive recipients of benefits, in no position to *demand* any services or benefits from the administrative system.

Ultimately barriers to inclusion originate as a combination of a number of factors – silo approach of departments with meagre coordination leading to overlapping implementation modalities, preference given to flagship scheme at the expense of others, ‘invisibility’ of the poor as they remain excluded from official records, complex and time consuming procedural requirements for registration and verification, technological glitches that impeded biometric authentication or misdirect benefits, lack of supervision leading to contraventions in last mile connectivity, mismatch between program benefits and the needs of the target groups, absence of macro and micro level evidence building exercises from time to time and deficient IEC efforts. At a much deeper level is the sheer lack of information about schemes and programs with the beneficiaries. Although the USPS edifice in Mumbai is extensive, except for a few schemes, the marginalised are not aware of their rightful entitlements and therefore cannot exercise their agency. They thus remain disenfranchised.

We now turn to the overall recommendations that dovetail into the preceding observations⁴⁶.

⁴⁶ These recommendations are strategic in nature based upon the macro level analysis of USPS in Mumbai.

Preliminary Recommendations

Presently, a wide range of schemes and programs clutter the landscape with multiple goals, strategies and delivery modalities. **Rationalisation** of schemes, especially in the sector of education, is thus extremely necessary. It will terminate duplicity and inefficiencies, integrate processes and tools, enhance coordination and ensure optimum utilisation of resources. A promising move towards this end is already evidenced in the cabinet approval of the recommendations of the sub-group of chief ministers on rationalisation of centrally sponsored schemes⁴⁷.

As a continuation of the above approach, some schemes need to go back to the drawing board to align with contemporary times. MKB, NCS and the plethora of educational scholarship schemes need to not only be rationalised, but also **redesigned** to attune to ground realities and offer realistic incentives that match with changing realities of the target group.

The departmental bias in prioritising flagship schemes at the expense of other schemes needs to change. This approach tilts target achievement towards a few 'prestigious' schemes making other peripheral thereby excluding beneficiaries from important services that remain inaccessible. Thus, a **more comprehensive and inclusive approach** is suggested which gives equal attention to all schemes and covers risks and vulnerabilities across the life cycle.

Within this, **augmenting the severely deficient infrastructural and human resources** is important, as is regular upskilling **and capacity building** of personnel. Program coverage and inclusion as well as equitable distribution of benefits can be assured with adequate resources.

Transparency and adequacy in **budgetary allocations** is necessary for program performance. Standardised processes for sanctions and expenditure as well as beneficiaries' coverage needs to be adhered to.

M&E, presently relegated to the periphery, needs to be repositioned as a critical component in all programs. Robust M&E frameworks are productive tools to assess program effectiveness and provide guidance for improvements. Using both macro and micro level tools that reinforce each other, evidence-based approaches can inform not only the strategic but also field level innovations.

Similarly, **social audits and beneficiary satisfaction surveys** can introduce a bottom-up feedback process. This feature can introduce transparency into the program planning and implementation.

The present system of digitally reporting and recording large volumes of data is undoubtedly a welcome movement. However, it needs to be scaled up to create a **robust MIS** system. Such a system holds promise for creating an **integrated social registry** across the entire USPS. A consolidated database can thus cut down on multiple enrolment, verification and registration procedures. It can also be used to capture, share and analyse large datasets to meaningfully track delivery chains and inform strategic decision making and planning.

The **digital ecology**, receiving a big push from the administration, is one more positive move towards transparency in operations. However, the technological interface is a tool and not a solution as proper targeting, prioritising and inclusion still require human mediation. Furthermore, this interface needs

⁴⁷ NITI Aayog, 2016

to be well updated, user friendly and smooth. **Capacity building** for functionaries who use this technology is needed.

IEC, an undervalued component, needs to be given due prominence. Social protection schemes ultimately aim to empower and mainstream vulnerable communities and towards this end, consistent IEC efforts can spread awareness and assure inclusion.

It is unrealistic to expect the municipal administration to reach all the beneficiaries given that millions in Mumbai's slums need to be covered under the safety net of SPS. Thus, a **synergetic partnership** between the governmental and non-governmental sectors can go a long way in achieving inclusion and equity. Ensuring participation of all stakeholders, including NGOs, ERs and Private sector, would help shifting from the present 'protective' approach of SPS to a 'rights' based one.

The fundamental goal of any social protection system is not only to protect the marginalised from life cycle shocks and risks but also to integrate them into the larger formal frameworks such that human capacities are used to the optimum. Ultimately, a 'rights-based approach' in SPS presupposes a system of 'rights holders' who can demand their entitlements from the 'duty bearers'.

In the present USPS studied for Mumbai, although there are some promising trends, the aim of creating transparent, accountable and inclusive systems of delivery largely remain distant.

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