



## BUDGET BRIEFS

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# Ayushman Bharat Gol, 2019-20

**Ayushman Bharat**, under the aegis of the Ministry of Health and Family Welfare (MoHFW) was launched by Government of India (Gol) on 23 September 2018. The programme consists of two initiatives: (1) The Pradhan Mantri Jan Arogya Yojana (PMJAY), and (2) The establishment of 1.5 lakh Health and Wellness Centres (HWCs)

Using government data, this brief reports on the following indicators:

- Trends in allocations and releases,
- Eligibility and claims under PMJAY, and
- Number of operational HWCs.

### Cost share and implementation:

The PMJAY scheme is implemented by the National Health Authority (NHA) which is a part of the MoHFW. Health and Wellness Centres (HWCs) fall within the ambit of the National Health Mission (NHM). Funds are shared between Gol and states in a 60:40 ratio for both initiatives. This ratio is 90:10 for the eight Northeastern and the three Himalayan states. Gol funds the entire share for all UTs without a legislature.

## HIGHLIGHTS

₹ 1,600 cr

Gol allocations for HWCs  
in FY 2019-20

₹ 6,400 cr

Gol allocations for PMJAY  
in FY 2019-20

## SUMMARY & ANALYSIS

- Since the launch of PMJAY, Gol allocations for health insurance have significantly increased. In FY 2017-18, allocations for the Rashtriya Swasthya Bima Yojana (RSBY) stood at ₹471 crore. With the launch of PMJAY in FY 2018-19, allocations stood at ₹2,400 crore in the Revised Estimate (RE) and increased to ₹6,400 crore in FY 2019-20 Budget Estimates (BEs), same as Interim Budget allocations.
- In addition to PMJAY, a number of states have been running state specific health insurance schemes. Across India, PMJAY and state schemes together cover 68 per cent of the eligible households.
- There were 5,111 eligible families per Empanelled Health Care Provider (EHCP) under PMJAY as on 28 June 2019.
- There are differences in some states between the preferred health facility and the majority type of EHCPs (private or public) in a state. In Assam and Kerala, as per the fourth round of the National Family Health Survey, a greater preference is given to public hospitals, however, a higher proportion of private health care providers have been empanelled.
- In FY 2019-20 (BE), Gol allocations for HWCs increased by 33 per cent to ₹1,600 crore, up from ₹1,200 crore in FY 2018-19. In FY 2018-19, 38 per cent HWCs approved to be operationalised were operational as on February 2019.

## AYUSHMAN BHARAT

- On 23 June 2018, the Government of India (GoI) announced the launch of a new health programme known as Ayushman Bharat. The programme consists of two initiatives: a) Pradhan Mantri Jan Arogya Yojana (PMJAY) and b) the establishment of Health and Wellness Centres. This brief looks into both.

### PRADHAN MANTRI JAN AROGYA YOJANA (PMJAY)

- Launched on 23 September 2018, PMJAY is a health insurance scheme aimed at providing access to quality inpatient secondary and tertiary care to poor and vulnerable families and reducing out-of-pocket expenditures arising out of catastrophic health episodes.
- The scheme is an expansion of the previous Rashtriya Swasthya Bima Yojana (RSBY), launched in 2008 to provide health insurance coverage to Below Poverty Line (BPL) families, unorganised sector workers, and other identified vulnerable groups.
- The key features of the scheme and how it differs from the RSBY is given below:

	PMJAY	RSBY
<b>Coverage Amount per Year</b>	₹5,00,000	₹30,000
<b>Services Covered</b>	Hospitalisation expenses, day care surgeries, follow-up care, pre and post hospitalisation expense benefits and services for new born children covered.	Hospitalisation, day care surgeries, and delivery expenses at Empanelled Health Care Providers (EHCPs) covered. Consultation and medicine charges covered if leading to hospitalisation.
<b>Transportation Costs</b>	The scheme does not cover any transportation costs.	Transportation charges up to ₹1,000 per year covered with a cap of ₹100 per hospitalisation.
<b>Registration Fees</b>	The scheme has no enrolment charges if e-card is made at an EHCP. ₹30 can be charged at Common Service Centres.	Beneficiary has to pay ₹30 on enrolment.
<b>Enrolment Process</b>	Families are identified and informed by the government on the basis of deprivation and occupational criteria using the Socio Economic Caste Census (SECC) database.	A list of eligible Below Poverty Line (BPL) families is provided to the insurer by the state. The insurer verifies the identity of the beneficiary at the time of enrolment.
<b>Target Families</b>	Targets the poor and deprived rural families and 11 identified occupational categories of urban workers' families including rag-pickers, beggars, electricians, washermen, guards, street vendors, sweepers, gardeners, etc.	BPL unorganised sector workers, and 11 other identified occupational categories including building and other construction workers, licensed railway porters, street vendors, MGNREGS workers (who have worked for more than fifteen days during the preceding financial year), beedi workers, domestic workers, sanitation workers, mine workers, rickshaw pullers, rag pickers, and auto/taxi drivers.

<b>Family Members (number)</b>	No cap on the number of family members covered.	Coverage available to 5 members of a family on a floating basis.
<b>Model Adopted</b>	States have a choice between an insurance, trust, and hybrid model.	Insurance model
<b>States that have adopted the Scheme</b>	All states except Delhi, Odisha, Telangana, and West Bengal are implementing PMJAY.	As of 19 February 2014, 14 states namely Assam, Bihar, Chhattisgarh, Gujarat, Himachal Pradesh, Karnataka, Kerala, Meghalaya, Manipur, Mizoram, Nagaland, Odisha, Tripura, and West Bengal were implementing RSBY.
<b>Frontline Workers</b>	Pradhan Mantri Aarogya Mitra (PMAM) have been identified at all EHCPs who serve as the first point of contact to beneficiaries. PMAMs are to be placed based on cases registered per day at the EHCP: 1 PMAM for 0 to 10 cases, 2 PMAMs for 10-20 cases, 3 PMAMs for 20-30 Cases, and 4 PMAMs for 30-40 cases. Approximately 1 lakh PMAMs are to be hired.	No frontline worker employed.
<b>Cashless</b>	The scheme is cashless and all claims to be settled within 14 days.	The scheme is cashless and all claims to be settled within 30 working days of receiving the electronic claims from hospitals.

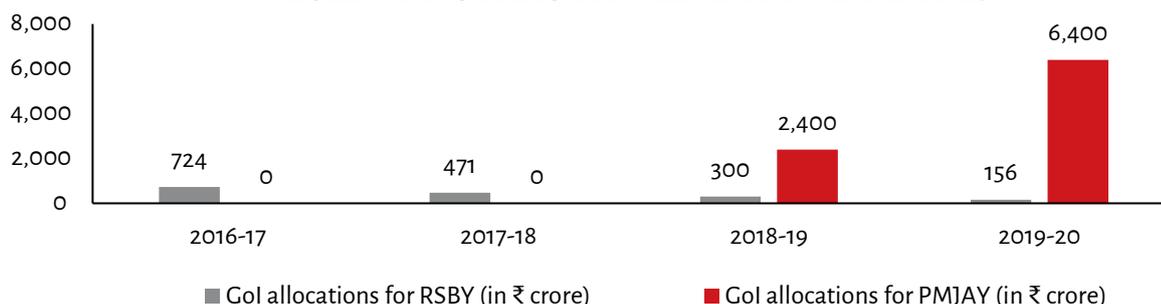
## Implementation

- On 7 January 2019, Gol restructured the previous National Health Agency into the National Health Authority (NHA) and made it the main body responsible for the implementation of the scheme at the national level. The NHA rests within the MoHFW and consists of a Governing Board with representations from the government, domain experts, and states on a rotational basis. The motive behind the restructuring was to enable faster decision-making.
- States on-boarded to the scheme are required to sign a Memorandum of Understanding (MoU) with the NHA. As on 6 June 2019, 32 states/UTs had signed MoUs with the NHA. Telangana, Odisha, West Bengal, and Delhi had not signed an MoU.
- Implementation of the scheme, however, rests with states and UTs. The scheme design allows flexibility including choice of procedures, packages, entitlements, and portability across the country. States and UTs can also choose their own implementation modalities such as through an insurance company, or directly through a Trust/Society/Implementation Support Agency or adopt a mixed approach. As on 8 April 2019, Meghalaya, Mizoram, Nagaland, Dadra and Nagar Haveli, Daman and Diu, Jammu and Kashmir, Puducherry, Kerala, and Punjab were running the scheme on an insurance model. In contrast, Chhattisgarh, Gujarat, Rajasthan, Jharkhand, Maharashtra, and Tamil Nadu had chosen the mixed model. The remaining states and UTs were implementing PMJAY through a trust.
- At the beneficiary level, the primary point of contact is through certified frontline health service professionals called Pradhan Mantri Aarogya Mitras (PMAMs). These PMAMs are responsible for facilitating beneficiaries in availing treatment at hospitals and thus, act as a support system to streamline health service delivery.
- In its current form, PMJAY provides beneficiaries a cover of up to ₹5 lakhs per family per year, for secondary and tertiary care hospitalisation at EHCPs. This is more than 16 times the benefits provided under RSBY.

## Allocations

- Since the launch of PMJAY, GoI allocations for health insurance have seen a significant increase. In FY 2017-18, allocations for RSBY stood at ₹471 crore. With the launch of PMJAY in FY 2018-19, allocations increased nearly five-fold and stood at ₹2,400 crore. This was further increased to ₹2,400 crore in the RE.
- In FY 2019-20 (BE), ₹6,400 crore was allocated to PMJAY, a 167 per cent increase from the revised allocations of FY 2018-19.

### GOI ALLOCATIONS FOR HEALTH INSURANCE INCREASED MORE THAN 5 TIMES BETWEEN 2017-18 AND 2018-19



**Source:** Union Expenditure Budget, Volume 2, Ministry of Health and Family Welfare, FY 2015-16 to FY 2019-20 (BE). Available online at: <https://www.indiabudget.gov.in>. Last accessed on 5 July 2019.

**Note:** Figures are in crores of rupees and REs, except for FY 2019-20 which are BEs.

## Releases

- Both GoI and state governments are to open a designated escrow account for premiums and administrative expenses. GoI and state government's share of premium is released into this escrow account. While state governments are to release their share of premium in advance, GoI has to release it within 21 working days from the receipt of a completed proposal from the state government. Upon receipt of GoI's share, states are to release the funds to the Insurance Company/Implementation Support Agency within 7 working days.
- As on 4 February 2019, ₹851 crore had been released to states/UTs, accounting for 35 per cent of the revised allocations for FY 2018-19. While West Bengal had initially signed an MoU with the NHA, it withdrew from the scheme and returned the money received as on 23 March 2019.

## ELIGIBILITY AND COVERAGE

### Eligibility

- PMJAY focuses on poor and vulnerable people who do not typically have access to health insurance. While health insurance coverage of eligible people prior to the launch of the scheme is not available, a look at the number of persons covered by health insurance for the bottom two wealth quintiles provides some indication of need. As per the fourth round of the National Family Health Survey (NFHS-4), only 22 per cent of the lowest wealth quintile and 29 per cent of the second lowest wealth quintile were covered by a health scheme or health insurance. Of these, a majority (54 per cent) were enrolled in RSBY, and 42 per cent were enrolled in a state health insurance scheme.
- Under PMJAY, the identification of eligible households is based on the latest Socio-Economic Caste Census (SECC) data for both rural and urban areas, as well as, the active families under RSBY.

- In rural areas, the following 6 criteria are covered:
  1. Only one room with *kutcha* walls and *kutcha* roof.
  2. No adult member between ages 16 to 59.
  3. Female-headed households with no adult male member between ages 16 to 59.
  4. Member with disabilities and no able-bodied adult member.
  5. Scheduled Caste/Scheduled Tribe households.
  6. Landless households deriving a major part of their income from manual casual labour.
- In addition, those who are destitute/living on alms, manual scavengers, tribal groups, or legally released bonded labour are automatically included. In urban areas, 11 categories of workers such as rag-pickers, beggars, electricians, washermen, guards, street vendors, sweepers, gardeners, etc. are included. While age and family size are not criteria for enrolment under the scheme, it does aim to prioritise girls, women, and senior citizens. All persons that fall under these categories are automatically enrolled post verification of their identity.

### Coverage

- A total of 10.74 crore families (approximately 50 crore beneficiaries) were selected to be covered under the scheme. However, several states such as Kerala, Chhattisgarh, Gujarat, Karnataka, and Tamil Nadu also have state insurance schemes. These states run both PMJAY and state schemes and have expanded the coverage of the scheme. Of the 26 states for which data was available, till 14 June 2018, a total of 11.97 crore households had been covered under either PMJAY or state health insurance schemes. This accounts for 68 per cent of the total families in the state as per Census 2011.
- Of the total families covered under any public health insurance scheme, PMJAY accounted for the majority at 63 per cent. There are state differences. In states such as Mizoram, Chhattisgarh, Meghalaya, Uttarakhand, and Arunachal Pradesh, 100 per cent of the families as per Census 2011 were covered under either PMJAY or state schemes as on 14 June 2019. However, while PMJAY formed a majority of the coverage in Mizoram (88 per cent), Chhattisgarh (78 per cent), and Meghalaya (63 per cent), most families were covered under state schemes in Uttarakhand and Arunachal Pradesh.
- Total coverage is low in Bihar (58 per cent), Haryana (32 per cent), Uttar Pradesh (38 per cent), Sikkim (31 per cent), and Jammu and Kashmir (29 per cent). Barring Uttar Pradesh, these states also do not have any other state schemes.

### ACROSS INDIA, 68% HOUSEHOLDS ARE COVERED UNDER PMJAY AND STATE SCHEMES

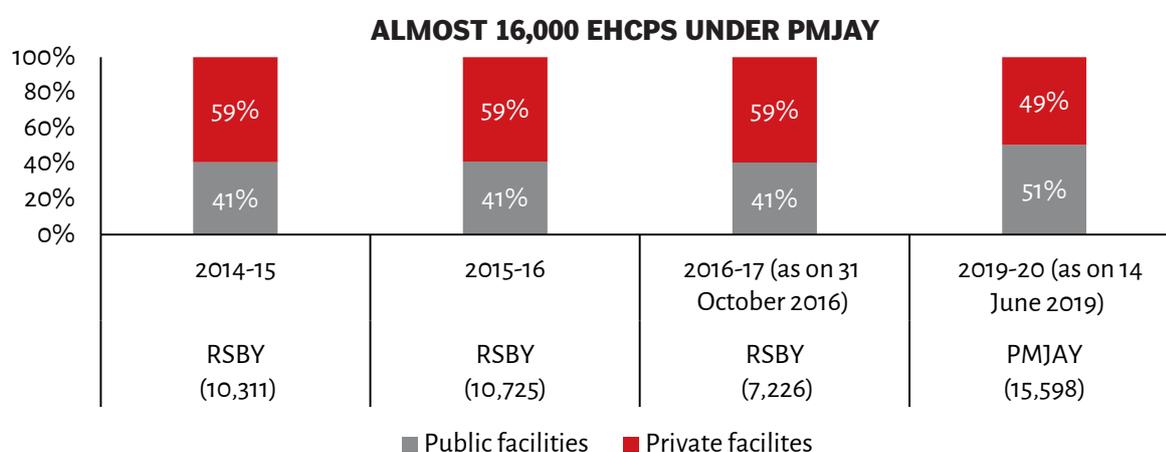


Source: PMJAY state portal. Available online at: <https://www.pmjay.gov.in/state>. Last accessed on 28 June 2019.

Note: (1) Data for Andaman and Nicobar Islands, Andhra Pradesh, Lakshadweep, Puducherry, Punjab, and Rajasthan was unavailable. (2) For Chhattisgarh and Mizoram, 8 per cent and 3 per cent of families were covered under both state schemes and PMJAY, respectively.

## Service Provision

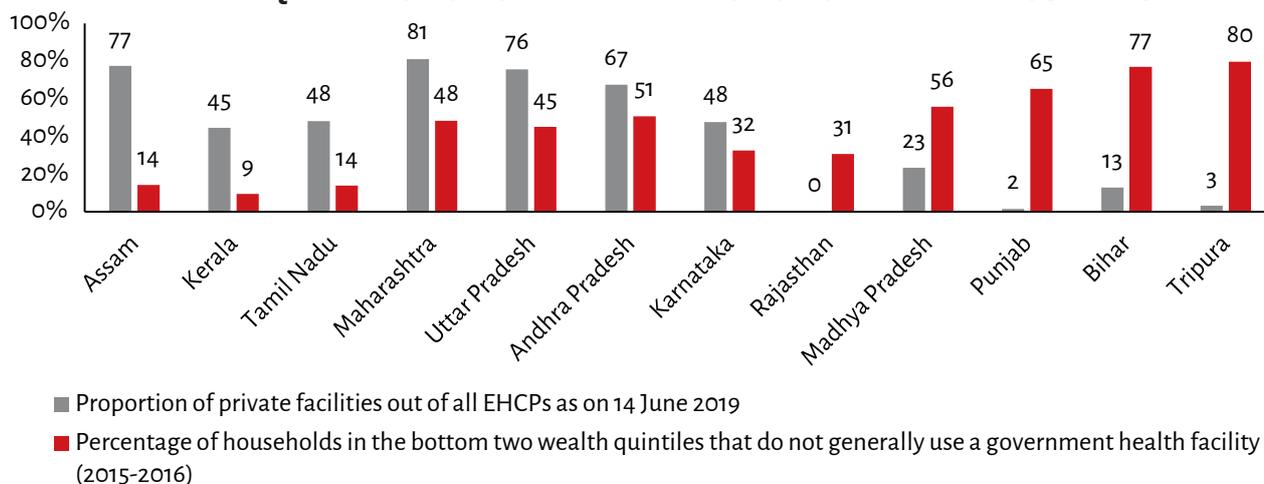
- PMJAY benefits include 1,350 medical packages covering surgery, medical and day care treatments, cost of medicines, and diagnostics. All pre-existing diseases are to be covered and hospitals cannot deny treatment. As per the scheme guidelines, costs are to be controlled by fixing package rates in advance and hospitals are to be empanelled based on package bundles.
- The empanelment of hospitals rests with the State Health Agency (SHA). All Community Health Centres (CHCs) and public hospitals are deemed to be EHCPs. Private hospitals are to be empanelled based on defined criteria. Some procedures are reserved for public hospitals.
- The expansion of PMJAY to cover 32 states and UTs has resulted in a significant increase in the number of EHCPs, particularly public hospitals under PMJAY. In FY 2016-17, RSBY had a total of 7,726 EHCPs. Of these, private hospitals accounted for a majority (59 per cent) of total EHCPs. Under PMJAY, as on 14 June 2019, there were 15,598 EHCPs. Of these, 49 per cent are privately run.



**Source:** PMJAY portal on empanelled hospitals. Available online at: <https://hospitals.pmjay.gov.in/Search/empnlWorkflow.htm?actionFlag=ViewRegisteredHospitalsNew>. Last accessed on 14 June 2019.

- Private hospitals applying for empanelment are selected if they meet certain criteria, such as having qualified medical and nursing staff round the clock, having at least 10 inpatient beds, with appropriate infrastructure and support staff.
- There are significant state differences in the proportion of private versus public EHCPs under the scheme. As on June 2019, the proportion of private EHCPs was highest in Maharashtra (81 per cent), Assam (77 per cent), and Uttar Pradesh (76 per cent). It was lowest in Tripura (3 per cent) and Punjab (2 per cent).
- The type of EHCPs can have an impact on the usage of the scheme due to user preferences. As per NFHS-4, 52 per cent people in the bottom two wealth quintiles generally did not use a public health facility mostly due to perceived poor quality of care, a lack of nearby facilities, and long waiting times.
- There are differences in some states between the preferred health facility and the majority type of EHCPs (private or public) in a state. In Assam and Kerala, as per NFHS-4, greater preference is given to public hospitals and only 14 per cent and 9 per cent of people reported that they do not use a public health facility. In these states, however, a higher proportion of private health care providers have been empanelled at 77 per cent and 45 per cent, respectively.
- The opposite is true in Tripura, Punjab, Bihar, and Madhya Pradesh. For instance, while 65 per cent people in Punjab generally don't use a government health facility, only 2 per cent EHCPs in Punjab are private. There were no private EHCPs in Rajasthan as on 14 June 2019.

## WHILE 77% EHCPs IN ASSAM ARE PRIVATE, ONLY 13% HOUSEHOLDS IN THE BOTTOM TWO WEALTH QUINTILES DO NOT GENERALLY GO TO GOVERNMENT HOSPITALS

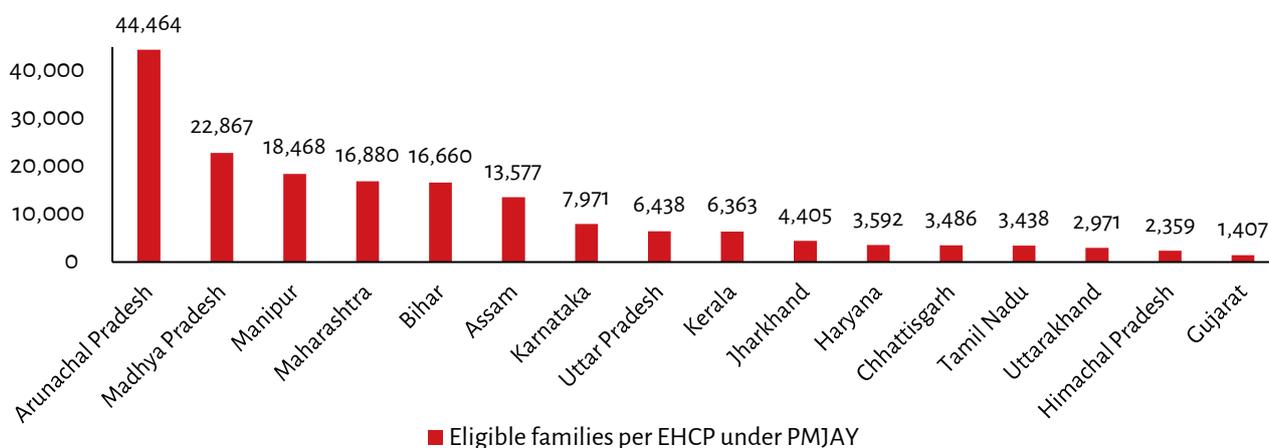


**Source:** (1) Data on empanelled hospitals from PMJAY portal. Available online at: <https://hospitals.pmjay.gov.in/Search/empnlWorkflow.htm?actionFlag=ViewRegisteredHosptlsNew>. (2) Data on households that don't generally use government health facilities from the NFHS-4 (2015-16) raw data. Last accessed on 14 June 2019.

### Families per EHCP

- A look at the number of eligible families per EHCP (both private and public) under PMJAY gives a sense of the potential patient load on hospitals providing health cover. As on 28 June 2019, based on data for 26 available states, there were on average, 5,111 eligible families per EHCP. This excludes the Andaman and Nicobar Islands, Andhra Pradesh, Lakshadweep, Puducherry, Punjab, and Rajasthan, for which data was unavailable.
- There are significant differences across states. In Arunachal Pradesh, for instance, there were more than 44,000 eligible families per EHCP. The number of eligible families was also high in Madhya Pradesh (22,867), Maharashtra (16,880), and Bihar (16,660). In contrast, there were less than 2,500 eligible families per EHCP in Gujarat and Himachal Pradesh.

## THERE WERE 5,111 ELIGIBLE FAMILIES PER EHCP UNDER PMJAY, AS ON 28 JUNE 2019



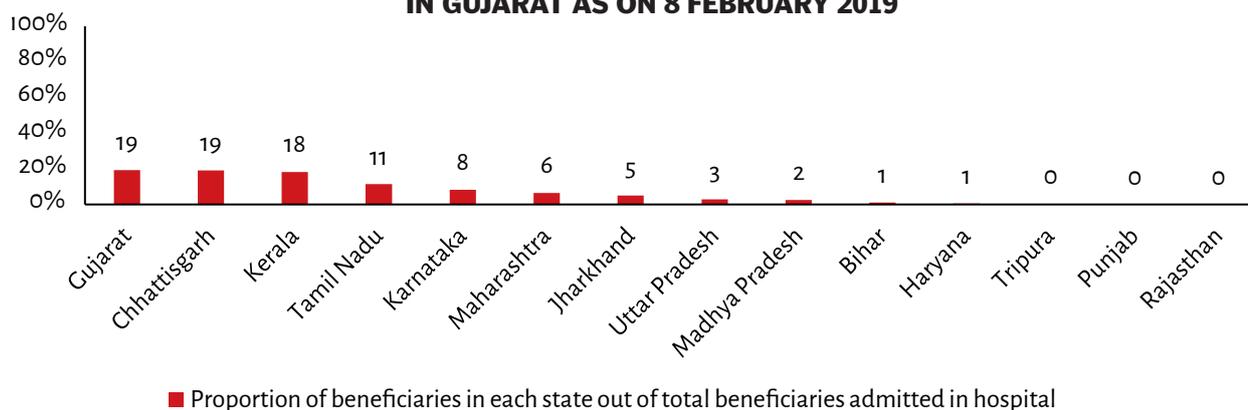
**Source:** (1) Empanelled hospitals from PMJAY portal on empanelled hospitals. Available online at: <https://hospitals.pmjay.gov.in/Search/empnlWorkflow.htm?actionFlag=ViewRegisteredHosptlsNew>. (2) Eligible families from PMJAY state portal. Available online at: <https://www.pmjay.gov.in/state>. Last accessed on 28 June 2019.

**Note:** Data for the Andaman and Nicobar Islands, Andhra Pradesh, Lakshadweep, Puducherry, Punjab, and Rajasthan was unavailable.

## Hospitalisation and Claims

- Till 8 February 2019, a total of 10,34,943 individuals, accounting for 0.21 per cent of eligible beneficiaries had been admitted to hospital under PMJAY. However, these were concentrated in some states such as Gujarat, Chhattisgarh, and Kerala. For instance, out of total beneficiaries admitted to a hospital, 19 per cent were in Gujarat and Chhattisgarh and 18 per cent were in Kerala. It is important to note though that Kerala was implementing another scheme known as RSBY – Comprehensive Health Insurance Scheme (CHIS) at the time but signed an MoU with PMJAY later that month. In fact, Kerala expanded coverage to include more than twice the number of people on initially guaranteed benefits by PMJAY through the Karunya Arogya Suraksha Paddhati (KASP).

### ALMOST 1 IN 5 PMJAY BENEFICIARIES WAS ADMITTED TO HOSPITAL IN GUJARAT AS ON 8 FEBRUARY 2019

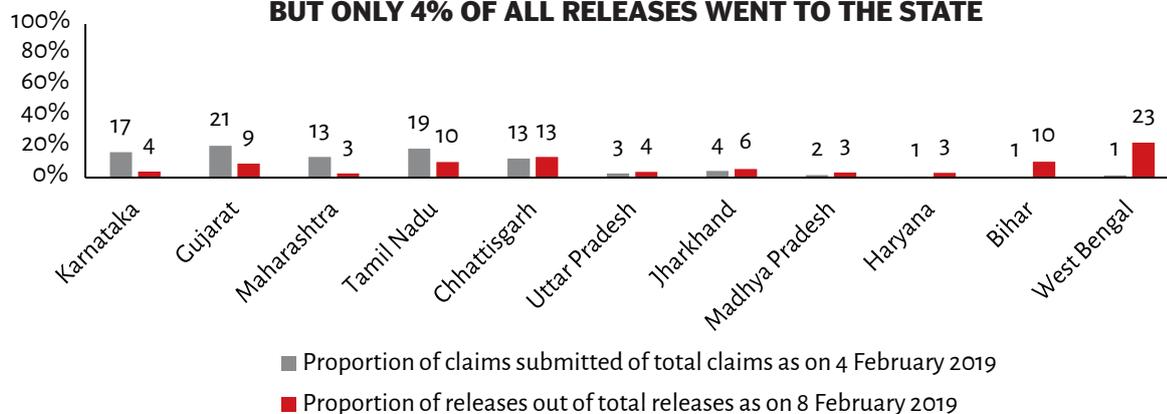


■ Proportion of beneficiaries in each state out of total beneficiaries admitted in hospital

**Source:** Lok Sabha Starred Question No. 94, answered on 8 February 2019. Available online at: <http://loksabhadocs.nic.in/loksabhaquestions/annex/17/AS94.pdf>. Last accessed on 28 June 2019.

- There are gaps between claims submitted within states and releases made to states. As on 8 February 2019, the proportion of claims submitted was higher than the proportion of releases in states such as Karnataka, Gujarat, Maharashtra, and Tamil Nadu. For instance, while 17 per cent and 21 per cent of all claims submitted were from Karnataka and Gujarat, these states received only 4 per cent and 9 per cent of total releases for PMJAY. The converse was true in states such as West Bengal, Bihar, and Haryana. West Bengal accounted for only 1 per cent of all claims submitted, but received 23 per cent of total PMJAY releases till February 2019.

### 17% OF ALL CLAIMS SUBMITTED WERE FROM KARNATAKA, BUT ONLY 4% OF ALL RELEASES WENT TO THE STATE

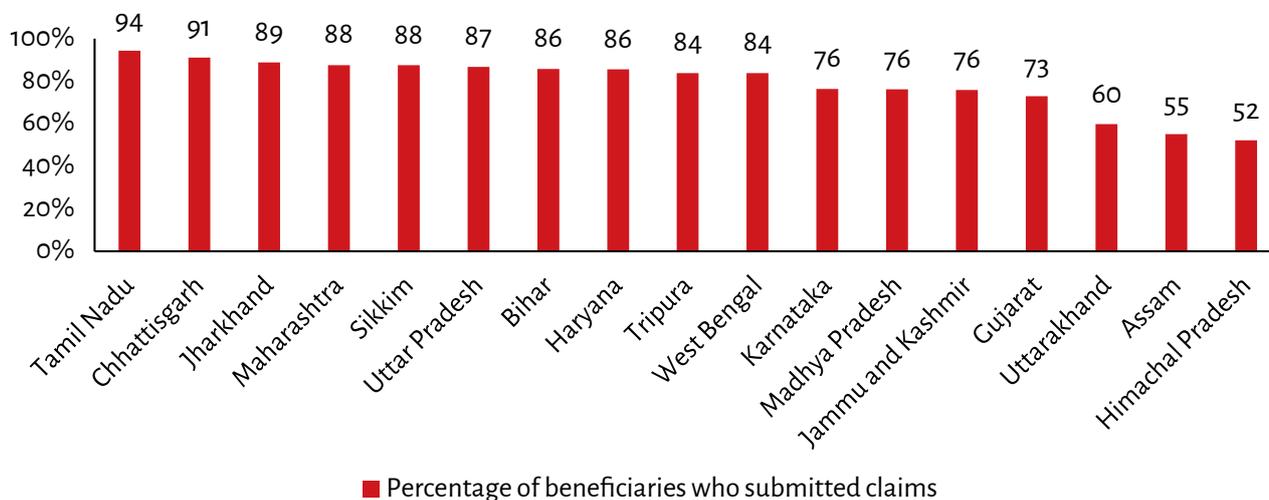


■ Proportion of claims submitted of total claims as on 4 February 2019  
 ■ Proportion of releases out of total releases as on 8 February 2019

**Source:** (1) Releases from Lok Sabha Unstarred Question No. 1080, answered on 8 February 2019. Available online at <http://loksabhadocs.nic.in/loksabhaquestions/annex/17/AU1080.pdf>. (2) Data on claims from Lok Sabha Starred Question No. 94, answered on 8 February 2019. Available online at: <http://loksabhadocs.nic.in/loksabhaquestions/annex/17/AS94.pdf>. Last accessed on 28 June 2019.

- Of the beneficiaries hospitalised as on 8 February 2019, 76 per cent had submitted claims. While over 90 per cent had submitted claims in Tamil Nadu and Chhattisgarh, less than 60 per cent had submitted claims in Assam and Himachal Pradesh.

### 76% BENEFICIARIES ADMITTED SUBMITTED CLAIMS

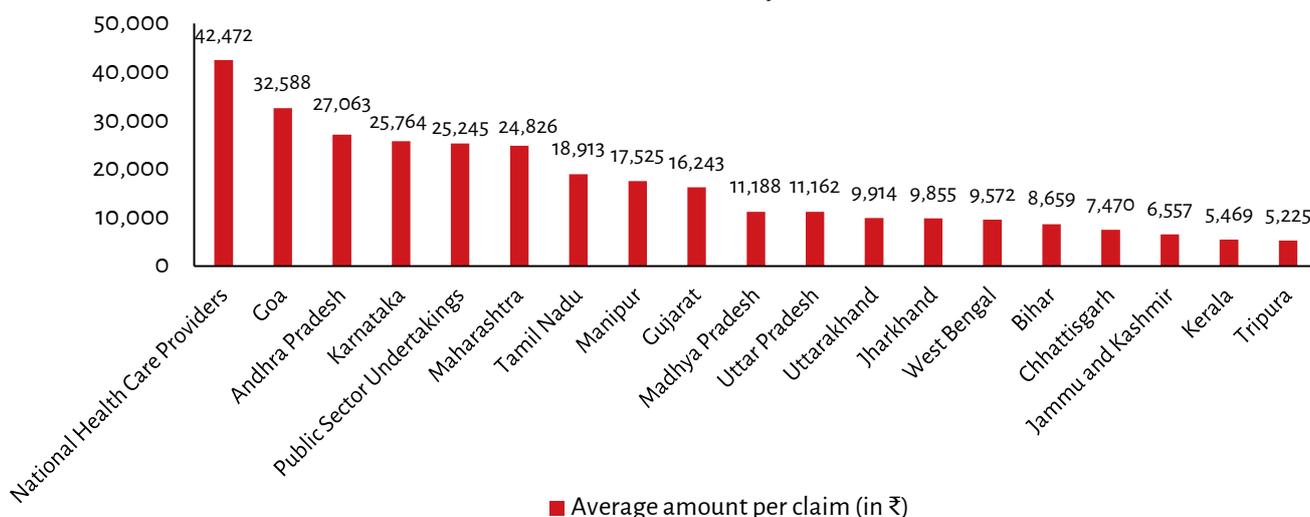


Source: Lok Sabha Starred Question No. 94, answered on 8 February 2019. Available online at: <http://loksabhadocs.nic.in/loksabhaquestions/annex/17/AS94.pdf>. Last accessed on 28 June 2019.

### Claim Amount

- Beneficiaries can claim up to ₹5 lakh per year under PMJAY. As on 18 June 2019, the average amount claimed stood at ₹13,228.
- The average amount per claim differed substantially across states. While it was highest in Goa, Andhra Pradesh, Karnataka, and Maharashtra, it was lowest in Chhattisgarh, Jammu and Kashmir, Kerala, and Tripura. High claims were received by National Health Care Providers and Public Sector Undertakings as well. These hospitals aid in maintaining portability.

### THE AVERAGE CLAIM AMOUNT WAS ₹13,228 AS ON 18 JUNE 2019

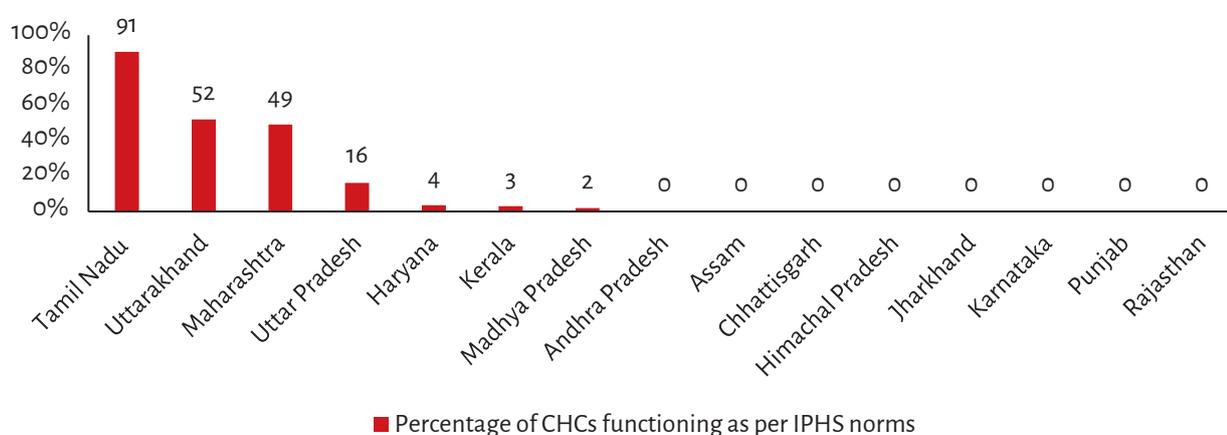


Source: Lok Sabha Starred Question No. 44, answered on 21 June 2019. Available online at: <http://164.100.24.220/loksabhaquestions/annex/171/AU44.pdf>. Last accessed on 28 June 2019.

## Quality of Care

- All CHCs are deemed empaneled under PMJAY. However, as on 31 March 2018, only 13 per cent CHCs were functioning as per Indian Public Health Sector (IPHS) norms. While 91 per cent CHCs functioned as per IPHS norms in Tamil Nadu, no CHCs functioned as per norms in 19 out of 33 states for which data was available including Andhra Pradesh, Assam, Jharkhand, Karnataka, and Rajasthan.
- Similarly, vacancies for key posts such as specialists and General Duty Medical Officers (GDMOs) were high. As of March 2018, nearly 15 per cent of sanctioned posts for GDMOs and 74 per cent for specialists (surgeons, OB-GYNs, physicians, and paediatricians) were vacant. This is despite the fact that 39 per cent of required posts for specialists had still not been sanctioned.

### 13% CHCS WERE FUNCTIONING AS PER IPHS NORMS AS ON 31 MARCH 2018



**Source:** Rural Health Statistics 2018. Available online at <https://nrhm-mis.nic.in/Pages/RHS2018.aspx?RootFolder=%2FRURAL%20HEALTH%20STATISTICS%2F%28A%29%20RHS%20-%202018&FolderCTID=ox01200057278FD1EC909F429B03E86C7A7C3F31&View=%7B09DDD7F4-80D0-42E3-8969-2307C0D97DDB%7D>. Last accessed on 14 June 2019.

## HEALTH AND WELLNESS CENTRES

- The Health and Wellness Centre initiative aims to transform 1.5 lakh Health Sub Centres (HSCs) and Primary Health Centres (PHCs) – the first point of contact to primary healthcare - to Health and Wellness Centres (HWCs) by 2022. HWCs are to provide preventive, promotive, rehabilitative, and curative care for an expanded range of services encompassing reproductive and child health services, communicable diseases, non-communicable diseases, palliative care and elderly care, oral health, ear nose and throat (ENT) care, and basic emergency care.

### Norms

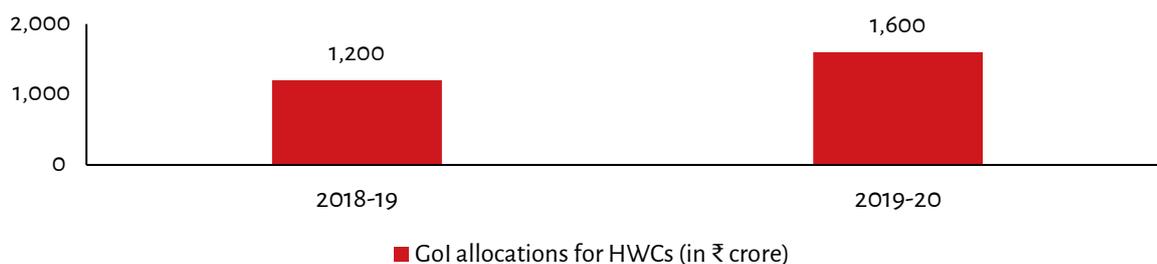
- According to operational guidelines, an upgraded SHC must have a team of at least three service providers. This includes a mid-level provider, at least two multi-purpose workers and a team of ASHAs based on the norm of one per 1000.
- HWCs are also required to complement health services through Mobile Medical Units (MMUs), camps, home and community-based care. As on May 2019, there were only 1,482 Mobile Medical Units and 25,851 operational ambulances under NHM. In other words, there was only 1 MMU per 8.86 lakh people and 1 ambulance per 50,761 people under NHM.

- Similarly, a strengthened PHC would be required to meet IPHS which include:
  - Provision of 24/7 nursing care,
  - Adequate availability of essential medicines,
  - Diagnostics to support the expanded range of services,
  - Sufficient space for outpatient care, dispensing medicines, and diagnostic services,
  - Adequate spaces for display of communication material of health messages including audio visual aids,
  - Appropriate community spaces for wellness activities,
  - The practice of Yoga and physical exercises, and
  - Use of IT services.

### Allocations

- In FY 2018-19, ₹1,200 crore was allocated for HWCs. This increased by 33 per cent to ₹1,600 crore in FY 2019-20 (BE).

#### ₹2,800 CRORE ALLOCATED TO HWCS SINCE THE LAUNCH OF AYUSHMAN BHARAT



**Source:** Union Expenditure Budget, Volume 2, Ministry of Health and Family Welfare, FY 2015-16 to FY 2019-20 (BE). Available online at: <https://www.indiabudget.gov.in>. Last accessed on 5 July 2019.

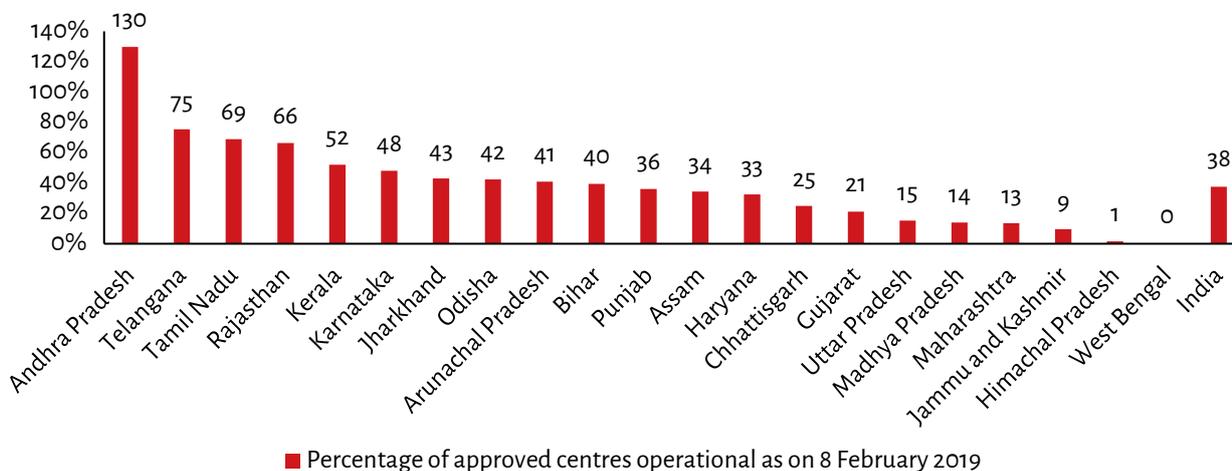
**Note:** Figures are in crores of rupees and REs, except for FY 2019-20 (IB) which are BEs.

### Coverage

- The scheme has set a year-wise plan for the roll out of HWCs till 2022. The number of HWCs to be rolled out in each year till 2022 is given below:
  - FY 2018-19: 15,000
  - FY 2019-20: 25,000
  - FY 2020-21: 30,000
  - FY 2021-2022: 40,000
  - From April to December 2022: 40,000
- In FY 2018-19, out of the original 15,000 to be operationalised for the year, 21,411 HWCs had already been approved to be operationalised.
- Of those, 38 per cent or 8,030 were operational as on 8 February 2019.

- The number of HWCs operationalised exceeded the number of approved HWCs in states such as Goa and Andhra Pradesh. In contrast, less than 5 per cent approved HWCs were operational in Himachal Pradesh and West Bengal.

### NO HWCS OPERATIONAL IN WEST BENGAL AS ON 8 FEBRUARY 2019



**Source:** Lok Sabha Unstarred Question No. 1061, answered on 8 February 2019. Available online at <http://loksabhadocs.nic.in/loksabhaquestions/annex/17/AU1061.pdf>. Last accessed on 14 June 2019.