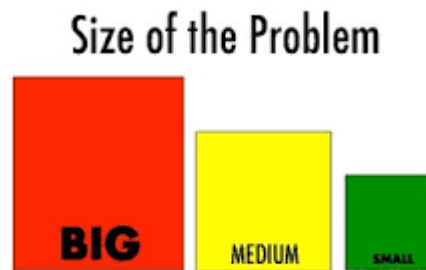


## Rise of responsibility (2019...)

### Reference to the recent needs seen across states in India



Does governance today need a **dashboard** that can be maintained for each person living in the country or as part of its culture? Has a needed dashboard already been implemented in 2020? Can it include Quality of Life or Support (being reckoned by one and more)?

The size of the problem and the need today is to let our culture define forward steps for Quality of Life or Support when within India or when in any other country.

To develop this culture we need integrated citizenship systems.

1. The integrated citizenship systems will need to help bring in orderliness and/or equilibrium in the lives of people living in India (where these people are recognizable entities).

This meaning that today, one may or may not be a citizen of India but as a person in this culture one needs orderliness and coverage for equilibrium.

The terms orderliness and equilibrium are explained as

(\*) **Orderliness** stands for how the constitution applies to the person irrespective of characteristic differences that unlawfully change how equal a person is found-to-be in respect to others.

(\*) **Equilibrium** stands for how a person or people are provided networks for sustainable development and growth to take care of any backwardness, any unbalanced availability of resources, any lack of demographic benefits and any neglected liability of the government.

2. The **integrated citizenship systems and their dashboards** will need to provide guidelines that are either **citizenship based** (having universally recognized citizenship evidence) or **federal liability based**.

The mentioned “basis” guidelines will need to help a person in

(\*) Habitat needs

(\*) Access to Resources (whether stock, developed, reserve or potential),

(\*) Live in or under any political regime (central and state governments)

(\*) Become part of any strategy for development like access to education and educational institutions, access to work and technology services, access to healthcare and disease control programmes, inclusion in any power sharing like being able to register for any identity card, subsidy initiative, government coverage for improved development etc where there are no penalties imposed for being in the country without known constitutional rights nor for what is termed as must have conferrable rights).

Like today there can be **Activation for Sustenance programmes**

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The programme can **value what India needs as** nutritious food to address the health concern that is affecting populations, not known, to know about health and wellness effectively -.

Can this programme help in the wait for the vaccine with at least one step to improve respiratory health?

3. The need for power sharing is one of most questionable factors of any governance. Today there are no conferrable rights that our governments, policy developers or constitution promoters can award to people who cannot be given citizenship but can be part of the proposed citizenship system (that can facilitate guidelines for people based on a federal liability “basis”).

The reminder today is that Fundamental Rights are not equal to Federal liability via conferrable rights,

4. For issues, like the non-approval of claims for citizenship or for any delaying or not awarding of the same, a person not having fundamental rights can be affected in ways that are adverse.

Thus to mitigate this adversity, the insight is to award Conferrable rights if one cannot be awarded Fundamental rights.

5. Global problems and it's emerging crisis needs all countries to rethink how citizenship systems can add federal liability for people who cannot be granted citizenship or cannot be left to live undisturbed, due to lack of coverage or failing equilibrium.

**Protect – Conserve – Mitigate Risk**



**6. AOEC also finds that as part of a Mission Health exercise**

6.1. The emergent need is for medical insurance policies to include an inclusive category called “cover for emergency medical services, failed or repeat medical services and disaster management medical services”.

Today’s considerations to cover a claim may need revisiting as a single (or non-convergent) medical insurance policy or period-of-premium-payment-based medical insurance policy may not be sufficient.

The need is for “convergent” medical insurance policies that help coverage for authentic but agile entitlements.

6.2. The definition for **emergency medical services** could include

- a. Prioritized care
- b. Surgery
- c. Critical nursing
- d. Surgical implants, aids or accessories (as relevant)
- e. Hospitalization expenses for connected injuries, illnesses or diseases

Where the care is for vector bred disease outbreaks, epidemics, endemics, life affecting infections etc

6.3. The definition for **disaster management medical services** could include

- a. Prioritized care
- b. Surgery (as relevant)
- c. Critical nursing
- d. Surgical implants, aids or accessories (as relevant)
- e. Hospitalization expenses for connected injuries, illnesses or diseases
- f. Chargeable health-education plan to counsel, advise, heal and offer relief to the afflicted (as relevant)

Where the care is for earthquakes, cyclones, floods, drought, famine etc

6.4. With the (a) increased overburdening on hospitals, super specialties, or (b) need for remedial care for possible normalcy, (c) further desensitization care for corrective action, severity or recurrence, (d) unplanned or unforeseen action for wellbeing, there should be a cover for failed or repeat medical services, where the definition for **failed or repeat medical services** could include

- a. (Remedial, repeat or new type of) Prioritized care
- b. (Remedial, repeat or new type of) Surgery
- c. (Remedial, repeat or new type of) Critical nursing
- d. Surgical implants, aids or accessories (as relevant)
- e. Associated Hospitalization expenses for connected complications or causal illness, diseases or debilitated limbs and/or conditions

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