21 CHAPTER

Facilities for Scheduled Castes & Scheduled Tribes

21.1 INTRODUCTION

The Scheduled Castes and Scheduled Tribes Cell (SCT Cell) has been functioning in the MoHFW to look after the service interest of SC/ ST Category employees. The SCT Cell assists the Liaison Officer in the Ministry to ensure that representations from Scheduled Castes/Scheduled Tribes, OBCs and Persons with Disabilities in the establishment/services under the Ministry received proper consideration.

The representation of Scheduled Castes, Scheduled Tribes and Other Backward Classes in (i) the Department of Health & Family Welfare and its Attached and Subordinate Offices; and (ii) the Central Health Services Cadre (administered by Department of Health & Family Welfare) as on 01.01.2018 is as below:

Name of Cadre	Total Employees	SC	ST	OBC
D/o Health & Family Welfare and its attached offices	15253	4762	1445	2933
Central Health Services (All Group A Posts)	3467	602	273	520

21.2 NATIONAL HEALTH MISSION (NHM)

The National Rural Health Mission (NRHM) was launched in 2005 to provide accessible, affordable and quality health care to the rural population especially the vulnerable sections. The National Rural Health Mission (NRHM) was subsumed under the National Health Mission (NHM) as its Sub-Mission, along with National Urban Health Mission (NUHM) as the other Sub-Mission in 2013.

Relaxed norms for health facilities - The population norms for setting up Health Facilities in tribal areas are relaxed. The population norms for setting up SCs, PHCs, and CHCs in tribal areas vis-a vis plain areas are as described below:

Centre	Population Norms	
	Plain Areas	Tribal/ Desert Areas
Sub-Centre	5,000	3,000
Primary Health Centre	30,000	20,000
Community Health Centre	1,20,000	80,000

A new norm of "time to care" has also been adopted for setting up sub health centres in tribal areas under which a sub centre can be set up within 30 minutes of walk from habitation.

In terms of infrastructure development, thrust has been given to reduce the gap in availability of facilities particularly in tribal areas. Overall there has been 64.61% increase in facilities available in Tribal areas as compared to 10.96% increase for all areas, between 2005 & 2017:

Type of Facility	All India			Tribal Areas		
	RHS 2005	RHS 2017	% Increase	RHS 2005	RHS 2017	% Increase
CHCs	3222	5624	74.55	643	1028	59.88
PHCs	23109	25650	11.00	2809	4024	43.25
SSCs	142655	156231	9.52	16748	28200	68.38
Total	**168986**	**187505**	**10.96**	**20200**	**33252**	**64.61**

States have been provided with the flexibility of relaxing the norm of one ASHA per 1000 population to one ASHA per habitation in Tribal/ hilly and difficult areas.

While other States had one Mobile Medical Unit per 10 lakh populations subject to capping of 5 MMUs per district, for tribal and hilly States this could be relaxed as per need. The norms for MMU have been revised recently to relax the norm where one MMU exceeds 60 patients per day in plain areas and 30 patients per day in tribal/hilly areas.

In addition, all tribal majority districts whose composite health index is below the State average have been identified as High Priority Districts (HPDs). These districts are to receive higher per capita funding, relaxed norms, enhanced monitoring and focused supportive supervision and are encouraged to adopt innovative approaches to address their peculiar health challenges. Technical support from all sources is also being harmonized and aligned with NHM to support implementation of key intervention packages.

National Urban Health Mission (NUHM)

NUHM seeks to improve the health status of the urban population particularly urban poor and other vulnerable sections by facilitating their access to quality primary health care. NUHM covers all State Capitals, district headquarters with a population of 30,000 and above and other cities/ towns with a population of 50,000 and above as per census 2011. Cities and towns with population below 50,000 will continue to be covered under National Rural Health Mission (NRHM).

Since the launch of the Programme in F.Y. 2013-14, support has been provided for strengthening of 4,578 facilities in urban areas, construction of 768 new UPHCs and 69 new UCHCs. The human resources approved under the programme includes 3,104 Medical Officers, 362 Specialists, 16,113 ANMs, 8,647 Staff Nurses, 3,631 Pharmacists, 3,783 Lab Technicians, 542 Public Health Managers, 70,493 ASHAs and 96,854 MAS. The services being provided through these facilities are available to all sections of the population including SC & ST.

21.3 REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME (RNTCP)

Tuberculosis has been a priority public health issue to be addressed by the Government of India. Revised National TB Control Programme (RNTCP) is implemented under the aegis of National Health Mission (NHM), provides free diagnosis and treatment and delivers public health functions to reduce the incidence of Tuberculosis (TB) in the country. Government of India has committed to achieve targets for TB under the Sustainable Development Goal by 2025, five years ahead of the global timelines.

In tribal, hilly and difficult areas, special provisions have been made to expand diagnostics and treatment centres, programme management units, to improve access for TB patients and coverage of TB services under RNTCP.

TB Programme Management unit (TB Units) – one for every 1 lakh population in tribal, hilly and difficult area as against 1 for every 2 lakh population in general population. Every TB unit is supported with a supervisory staff for management of diagnosis and treatment services in the area.

The norms for establishing Microscopy Centres for diagnosis of TB has been relaxed from 1 per 1,00,000 general population to 50,000 in tribal, hilly and difficult area. Compensation for transportation of patient & attendant in tribal areas, an amount of Rs. 750 is provisioned to TB patients notified from tribal, hilly and difficult area to support travel to access TB diagnosis and treatment centre. Fixed allowance of Rs. 1500 per month / as per State Norms are prescribed to be given to contractual staff at TU/DMCs in notified tribal / hilly / difficult areas.

RNTCP has introduced active TB case finding in key / vulnerable population which includes tribal areas. Systematic active TB screening is being undertaken in these vulnerable populations for early identification of TB symptoms and early diagnosis of TB. In 2017 and 2018, about 2,63,038 persons were screened amongst tribal population and 115 additional TB patients were diagnosed & initiated on treatment.

Active Case Finding through MDTV

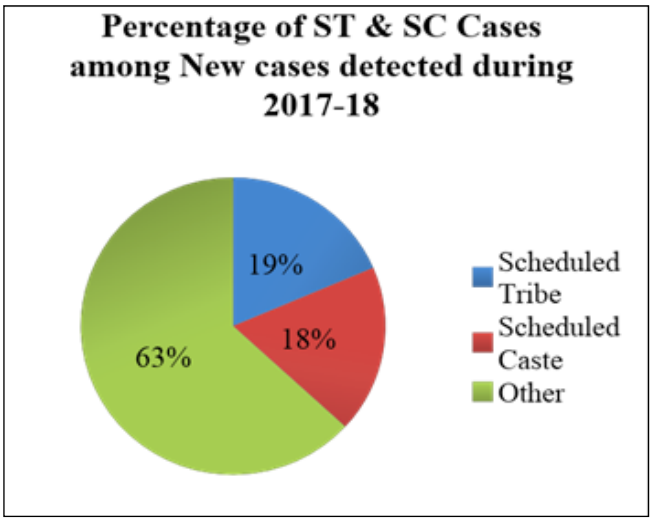
A special project to reach out to the tribal population was initiated with support of the Global Fund in coordination with the ICMR. The project titled "Targeted Intervention to Expand and Strengthen TB Control in Tribal Populations under RNTCP" was undertaken in 17 districts of 5 States – Madhya Pradesh, Gujarat, Chhattisgarh, Rajasthan and Jharkhand. The most significant aspect of the project is the deployment of the Mobile TB Diagnostic Van (MTDV) equipped with X-ray facilities and Sputum Microscopy facilities which offer diagnostic services for Tuberculosis at the doorstep of the patient's home in difficult to reach areas of the tribal populations. 35 such MDTVs were provided in the 5 States. Taking the learnings from this project, RNTCP has added 45 Vans. At present, 80 mobile TB diagnostic vans are functional across the country to cover hard to reach populations including tribal area.

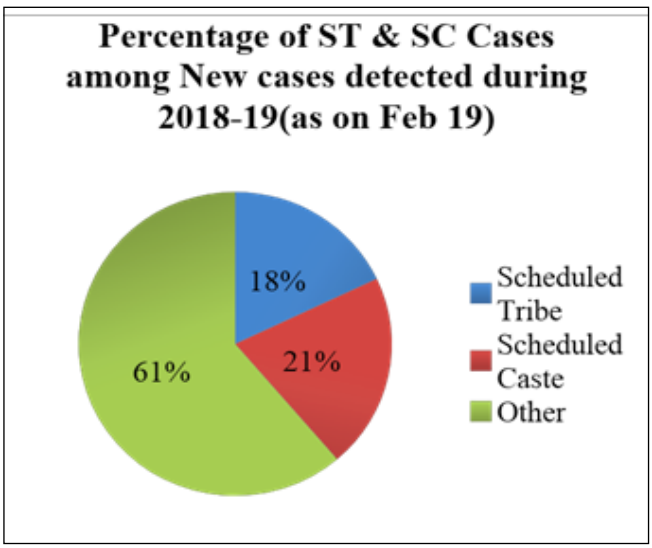
Total Budget allocation for RNTCP for FY 2018-19 was Rs. 2,840 Cr. Allocation of Rs. 318.30 Cr was earmarked for Scheduled Castes and Rs. 180 Cr for Scheduled Tribes.

21.4 NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP)

Under NLEP, State-wise disaggregated data of tribal population is collected on monthly basis. In the year 2017-18, out of total 1,26,164 new leprosy cases detected, 23,430 (18.57%) were Scheduled Tribes and 23,046 (18.27%) were Scheduled Castes. And during the year 2018-19 (as on Feb. 2019), out of total 1,01,977 new leprosy cases detected, 18,330 (17.97%) were Scheduled Tribes and 21,156 (20.75%) were Scheduled Castes.

The various services under NLEP are uniformly available to all including Scheduled Castes & Scheduled Tribes population irrespective of caste and religion. Under the programme, Multi Drug Therapy (MDT) is being provided to all the leprosy patients free of cost and it is available in all government health facilities. Further, funds are allotted to NGOs, who are encouraged to work in tribal areas for providing services. The services like early case detection, Information Education and communication (IEC), Treatment,





prevention of deformity and follow up have been taken up through various media including the rural media under which population residing in remote, inaccessible and tribal area is being covered.

21.5 NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDCP)

Under National Vector Borne Disease Control Programme, services for prevention and control of Malaria, Kala-azar, Filaria, Japanese Encephalitis, Dengue/Dengue Haemorrhagic Fever (DHF) and Chikungunya, are provided to all sections of the community without any discrimination. However, since vector borne diseases are more prevalent in low socio-economic groups, focused attention is given to areas dominated by the tribal population in North Eastern States and parts of Andhra Pradesh, Chhattisgarh, Gujarat, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra and Odisha. Additional inputs are provided under externally aided projects of Global Fund to North Eastern States for control of Malaria. For Kala-azar elimination in the States of Bihar, Jharkhand and West Bengal, support by Multi-lateral development partners is also being provided. In addition, North Eastern States are being provided 100% central assistance for implementation of the programme.

21.6 NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS & VISUAL IMPAIRMENT (NPCB&VI)

National Programme for Control of Blindness & Visual Impairment (NPCB&VI) is being implemented uniformly in all districts of the country. The benefits of the scheme are meant for all including SC/ST population as per the approved schemes. However, the following initiatives have been introduced under the programme keeping in view NE States, which have predominant tribal population.

- Assistance for construction of dedicated Eye Wards & Eye OTs in District Hospitals.
- Appointment of Ophthalmic manpower (Ophthalmic Surgeons, Ophthalmic Assistants and Eye Donation Counsellors) in States on contractual basis.
- In addition to Cataract, provision of grant-in-aid to NGOs for management of other Eye diseases other than Cataract like Diabetic Retinopathy, Glaucoma Management, Laser Techniques, Corneal Transplantation, Vitreo-retinal Surgery, Treatment of childhood blindness, low vision etc.
- Development of Mobile Ophthalmic Units in NE States, hilly States & difficult Terrains for diagnosis and medical management of eye diseases.
- Development of tele-ophthalmology units.
- Involvement of private practitioners in Sub District, Block and Village level.

21.7 BUDGET ALLOCATION

The allocation under Scheduled Caste Sub-Plan (SCSP) and Tribal Sub-Plan (TSP) for the year 2018-19 in respect of major health schemes/ programmes is given in the table below:

Budget Allocation for SC & ST

(Rs. in crores)

Sl. No.	Details of the Scheme	RE 2018-19	
		SCSP	TSP
A	**National Rural Health Mission**		
1	RCH Flexible Pool including Routine Immunization Programme, Pulse Polio Immunization Programme, National Iodine Deficiency Disorders Control Programme etc.	1503.27	776.20
2	Health System Strengthening under NRHM	2164.04	1125.31
3	Flexible Pool for Communicable Diseases	339.67	204.14
4	Flexible Pool for Non-Communicable Diseases, Injury and Trauma	122.74	51.02
5	Infrastructure Maintenance	1439.36	718.69
6	Strengthening of State Drug Regulatory System	42.96	22.24
7	Prime Minister's Development Plan for Jammu and Kashmir	20.19	32.59
	Total - National Rural Health Mission	**5632.23**	**2930.19**
B	**National Urban Health Mission**	**113.20**	**26.33**
C	**Tertiary Care Programme** National Programme for Prevention and Control of Cancer, Diabetes, Cardio-vascular Disease and Stroke	9.27	14.95
D	**Human Resources for Health and Medical Education**		
1	Strengthening Government Medical College (UG Seats) and Central Government Health Institutions	165.56	85.76
2	Establishing New Medical Colleges (Upgrading District Hospitals)	558.63	299.29
	Total - Human Resources for Health and Medical Education	**724.19**	**385.05**
E	**National Health Protection Scheme**	**49.80**	**25.80**
	Grand Total	**6528.69**	**3382.32**