

# Facilities for Scheduled Castes and Scheduled Tribes

## 21.1 INTRODUCTION

The Ministry of Health & Family Welfare has allocated a significant portion of its budgetary resources for the Scheduled Caste and Scheduled Tribe population. Health care delivery is managed through specific programmes aimed at providing accessible and affordable healthcare. Facilities available to the SC/ST population under a few major Schemes are detailed below.

## 21.2 SCHEDULED CASTES & SCHEDULED TRIBES CELL

This cell has been functioning in the Department to look after the service interests of SC/ST Category employees. The SCT Cell assists the Liaison Officer in the Department to ensure that representations from Scheduled Castes/Scheduled Tribes, OBCs and Persons with Disabilities in the establishment/services under the Department receive proper consideration.

The salient aspects of the scheme of reservation are emphasised to the participating Units/Offices. Suggestions are also made to streamline the maintenance and operation of rosters in the Institutes/Organizations under the DoHFW. The defects and procedural lapses noticed are brought to the attention of the concerned authorities.

The representation of Scheduled Castes and Scheduled Tribes in the Department of Health & Family Welfare and its Attached and Subordinate Offices and the Central Health Services Cadre (administered by Department of Health & Family Welfare), as on 01.01.2017 (provisional) is as follows:

Name of Cadre	Total Employees	SC	ST
D/o Health & Family Welfare and its attached offices.	14856	4258	1139
Central Health Services (All Group A Posts)	4903	946	428

## 21.3 FACILITIES FOR SCHEDULED CASTES & SCHEDULED TRIBES UNDER NATIONAL HEALTH MISSION (NHM)

The National Health Mission (NHM) is a major instrument of financing and support to the States to strengthen public health system and health care delivery. NHM encompasses two sub-Missions – the National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM). A Budget Outlay of Rs. 21,940.70 crores has been made for NHM for 2017-18 (BE). A substantial portion of this outlay is allocated on SC and ST Components.

**A. National Rural Health Mission:** NRHM seeks to provide accessible, affordable and quality health care to the rural population, especially the vulnerable groups. Given the concentration of tribal inhabitation in far-flung areas, forest lands, hills and remote villages, differential population norms have been adopted for the various levels of health facilities for better infrastructure development, as under:

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

The allocation under Scheduled Caste Sub-Plan (SCSP) and Tribal Sub-Plan (TSP) for FY 2017-18 in respect of NRHM is as under:

(Rs. in Crores)

B.E.	SCSP	TSP
2017-18	4274.73	2332.28

The Primary healthcare services in rural areas are provided through a network of 1,56,231 Sub-Centres, 25,650 Primary Health Centres and 5,624 Community Health Centres across the country. The Services being provided through the above Centres are available to all sections of population including SC/ST. ASHA is the first port of call in the community especially for marginalized sections of the population, with a focus on women and children.

Additional health human resources to States including 8,209 GDMOs, 3,852 Specialists, 68,051 ANMs, 42,622 Staff Nurses etc. have been provided through the NRHM. Apart from providing support for health human resource, NRHM has also focuses on multi skilling of doctors at strategically located facilities identified by the States.

#### **B. 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) in a phased manner. Cities and towns with population below 50,000 will continue be covered under NRHM.

The allocation under Scheduled Caste Sub-Plan (SCSP) and Tribal Sub-Plan (TSP) for the current FY 2017-18 in respect of NUHM Flexible Pool is as under:-

(Rupees in crores)

B.E.	SCSP	TSP
2017-18	91.47	24.15

Since the launch of the Programme in F.Y. 2013-14, 4188 Urban Public Health Centers (UPHCs) are functional in urban areas. So far, support has been provided for augmenting Human Resources under NUHM, which includes: 2,895 Medical Officers, 320 Specialists, 15,953, Auxiliary Nurse Midwife (ANMs), 7,872 Staff Nurses, 3,447 Pharmacists, 3,485 Lab Technicians, 536 Public Health Managers, 68,922 ASHAs and 1,10,599 Mahila Arogya Samitis (MAS). The services being provided through these facilities are available to all sections of the population including SC & ST.

## **21.4 REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME (RNTCP)**

Revised National Tuberculosis Control Programme (RNTCP) provides free diagnosis and treatment including the supply of drugs which are provided free of cost for full course of treatment to all beneficiaries including tribal population. Around 40,000 tribal patients have been diagnosed and treated under RNTCP since 2015. Total Budget allocation for RNTCP for FY 2017-18 is Rs. 1,84,000 Lakhs. Allocation of Rs. 6559.71 Lakhs is earmarked for SCs and Rs. 7806.74 Lakhs for STs.

The programme has started newer interventions viz. Active Case Finding to improve the case detection in hard to reach areas. To improve access to tribal and other marginalized groups, there is also provision for:

- Additional TB Units and Designated Microscopy Centres (DMC) in tribal/difficult areas,
- Compensation for transportation of patient & attendant in tribal areas,
- Higher rate of salary to contractual staff posted in tribal areas,
- Enhanced vehicle maintenance and travel allowance in tribal areas,
- Provision of TB Health Visitors (TBHVs) for urban areas.

#### **Facilities for Tribal & Marginalized Groups**

Some of the additional provisions are also made for effective service delivery with the following objectives:

- Encourage tribal population to report early in the course of illness for diagnosis,
- Enhance treatment outcomes amongst tribal population,
- Promote closer supervision of tribal areas by RNTCP staff,
- Campaign mode – Active Case Finding. Along with the passive approach, the Programme

would intensify its case finding activities through systematic active TB screening among clinically and socially vulnerable population in campaign mode. Here the tribal districts of the State are mapped among other vulnerable population and door to door case finding efforts are carried out. Phase 1 of the campaign was executed in January, 2017 and the 2<sup>nd</sup> Phase was implemented in July-August 2017. During this campaign, the Programme screened more than 72,000 target tribal population across the country and diagnosed 27 additional TB cases.



*Active Case Finding activity being carried out*

### **Targeted Intervention to Expand and Strengthen TB Control among the Tribal Population under RNTCP, India (TIE-TB Project)**

The Indian Council of Medical Research (ICMR) under the Department of Health Research, Ministry of Health & Family Welfare, Government of India, in collaboration with Central Tuberculosis Division (CTD)/Department of Health & Family Welfare/

MOHFW/GOI has undertaken the project in certain defined hard to reach tribal areas spread over the central and western parts of India to improve the convenience of TB services for the tribal population. This project has been funded by the Global Fund for AIDS, TB & Malaria (GFATM).

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. This project has been initially undertaken in 5 States and 17 districts. 35 MTDVs have been fabricated and equipped with sputum microscopy services and X-ray facilities and have been positioned in 5 States of Madhya Pradesh, Gujarat, Chhattisgarh, Rajasthan and Jharkhand in difficult to reach areas of the tribal belts. The vans have initiated services and according to a defined route plan, visit the difficult to reach tribal areas and provide sputum services and Chest X-ray services to presumptive TB patients.

The project covers a total population of approximately 17.65 million. This intervention is expected to improve the 'Standard of Care' among the extremely deprived populations. The efforts are expected to improve early seeking of care, reduction in out of pocket expenditure of individual patients and curbing of individual patients being directed to multiple providers for treatment which results in huge economic burden to patients and their families.

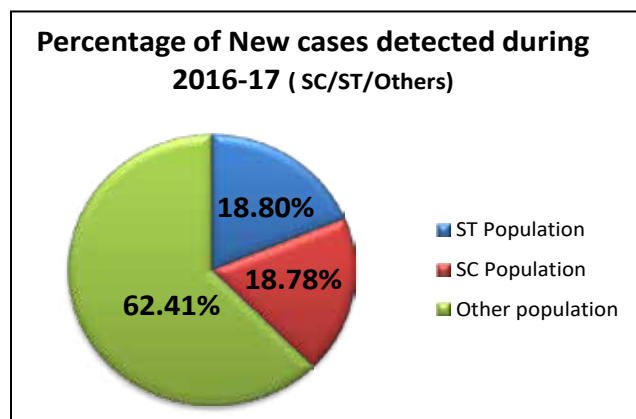
### **21.5 NATIONAL LEPROSY ERADICATION PROGRAMME**

Under the programme, State wise disaggregated data of tribal population is collected on monthly basis. During the year 2016–17, out of 1,35,485 new leprosy cases detected, 25,474 (18.80%) were Scheduled Tribes and 25,449 (18.78%) were Scheduled Castes.

#### **Facilities for Scheduled Castes and Scheduled Tribes**

Leprosy services are uniformly available to all including Scheduled Castes & Scheduled Tribes population irrespective of caste and religion. Under the programme, funds are allotted to NGOs, who

are encouraged to work in tribal areas for providing services like IEC, prevention of deformity and follow up of cases. Intensified IEC activities have been taken up through various media including the rural media under which population residing in remote, inaccessible and tribal areas is being covered.



## 21.6 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 under externally assisted projects from Global fund to North Eastern States and from World Bank to other States, especially for control of Malaria are provided. For Kala-azar elimination in the States of Bihar, Jharkhand and West Bengal, World Bank support is also being provided. In addition, North Eastern States are being provided 100% central assistance for implementation of the programme.

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

National Programme for Control of Blindness & Visual Impairment (NPCB&VI) was launched in the year 1976 as a 100% Centrally Sponsored Scheme (now 60:40 in all States and 90:10 in NE States) with the goal of reducing the prevalence of blindness to 0.3% by 2020. Rapid Survey on Avoidable Blindness conducted under NPCB&VI during 2006-07 showed reduction in the prevalence of blindness from 1.1% in 2001-02 to 1% in 2006-07.

The Scheme 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 need. The following initiatives have been implemented under NPCB&VI, keeping in view the needs of NE States including Sikkim, which are tribal predominant:

- Assistance for construction of dedicated Eye Units in North-Eastern States including Sikkim and other hilly States,
- Appointment of contractual ophthalmic manpower (Ophthalmic Surgeons, Ophthalmic Assistants and Eye Donation Counsellors) to meet shortage of ophthalmic manpower in States,
- Assistance for setting up of Multipurpose District Mobile Ophthalmic Units for diagnosis and medical management of eye diseases for coverage in difficult areas,
- Besides Cataract, assistance for treatment and management of other Eye diseases viz. diabetic retinopathy, glaucoma, refractive errors corneal transplantation, vitreo-retinal surgery and childhood blindness, is provided.



## 21.8 BUDGET ALLOCATION

The allocation under Scheduled Caste Sub-Plan (SCSP) and Tribal Sub-Plan (TSP) for the year 2017-18 in respect of major health schemes/ programmes is given in the table below:

(Rs. in crores)

Sl. No.	Name of Scheme	BE 2017-18	
		SCSP	TSP
<b>A</b>	<b>National Rural Health Mission</b>		
1	RCH Flexible Pool including Routine Immunization Programme, Pulse Polio Immunization Programme, National Iodine Deficiency Disorders Control Programme etc.	953.84	483.22
2	Health Systems Strengthening under NRHM	1733.26	932.16
3	Flexible Pool for Communicable Diseases	217.19	179.56
4	Flexible Pool for Non-Communicable Diseases, Injury and Trauma	259.44	110.66
5	Infrastructure Maintenance	1089.75	589.51
6	Prime Minister's Development Plan for Jammu & Kashmir	21.25	37.17
	<b>Total National Rural Health Mission</b>	<b>4274.73</b>	<b>2332.28</b>
<b>B</b>	<b>National Urban Health Mission</b>	<b>91.47</b>	<b>24.15</b>
<b>C</b>	<b>National Health Protection Scheme</b>	<b>199.00</b>	<b>107.40</b>
<b>D</b>	<b>Tertiary Care Programme</b>		
1	National Mental Health Programme	7.63	4.12
2	Capacity Building for Trauma Centres	37.68	20.42
3	National Programme for Prevention and Control of Cancer, Diabetes, Cardio-Vascular Disease and Stroke	59.29	27.92
4	National Programme for Health Care for Elderly	11.34	6.12
	<b>Total- Tertiary Care Programme</b>	<b>115.94</b>	<b>58.58</b>
<b>E</b>	<b>Human Resources for Health and Medical Education</b>		
1	Strengthening Government Medical Colleges(UG Seats) and Central Govt Health Institutions	95.52	51.55
2	Establishing New Medical Colleges (Upgrading District Hospitals)	734.00	398.90
	<b>Total – Human Resources for Health and Medical Education</b>	<b>829.52</b>	<b>450.45</b>
	<b>Grand Total</b>	<b>5510.66</b>	<b>2972.86</b>

