Facilities For Scheduled Castes And Scheduled Tribes

16.1 INTRODUCTION

The Scheduled Castes and Scheduled Tribes Cell in the Department continued to look after the service-interests of these categories of employees during 2012-13. The Cell assisted the Liaison Officer in the Ministry to ensure that representation from Scheduled Castes/Scheduled Tribes, OBCs and Physically Handicapped Persons in the establishment/services under this Ministry received proper consideration.

The Cell circulated various instructions/orders received from the Department of Personnel and Training on the subject to the peripheral units of the Ministry for guidance and necessary compliance. It also collected various types of statistical data on the representation of Scheduled Castes/Scheduled Tribes/OBCs/Physically Handicapped Persons from the Subordinate Offices/Autonomous/ Statutory Bodies of Deptt. of Health & Family Welfare as required by the Department of Personnel and Training, National Commission for Scheduled Castes and Scheduled Tribes, etc. The Cell also rendered advice on reservation procedures and maintenance of reservation particularly post based rosters.

During 2012-13 inspection of rosters was carried out in respect of Twenty five offices namely:-

1. Regional Institute of Medical Sciences (RIMS), Imphal
2. Regional Office for Health & Family Welfare, Imphal
3. NEIGRIHMS Shillong
4. Regional Office for Health & Family Welfare Shillong
5. O/o the Additional Director, CGHS, Shillong
6. Post Graduate Institute of Medical Education and Research Chandigarh
7. Regional Office for Health & FW Chandigarh
8. Central Government Health Scheme Chandigarh
9. Central Research Institute Kasauli
10. Central Government Health Scheme Bhopal
11. Regional Office for Health & Family Welfare, Bhopal
12. Port Health Organization, Mumbai
13. Port Health Organization, Nhava Sheva Maharashtra
14. Government Medical Store Depot Mumbai
15. All India Institute of Physical Medicine & Rehabilitation, Mumbai
16. Central Government Health Scheme Mumbai
17. Family Welfare Training and Research centre, Mumbai
18. Indian Institute of Population Sciences, Mumbai
19. Regional Office for Health & FW, Pune
20. Central Government Health Scheme, Pune

21.	RIPANS, Aizawal	Mizoram
22.	National Institute of Health & Family Welfare, Munirka	New Delhi
23.	Central Government Health Scheme	Lucknow
24.	Regional Office for Health & FW,	Lucknow
25.	Central Government Health Scheme	Kanpur
26.	Central Government Health Scheme	Bhubaneshwar
27.	Regional Office for Health & FW	Bhubaneshwar
28.	ALTRI	ASKA

The salient aspects of the scheme of reservation were emphasised to the participating units/offices. Suggestions were made to streamline the maintenance and operation of rosters in these Institutes/Organizations. The defects and procedural lapses noticed were brought to the attention of the concerned authorities.

The representation of Scheduled Castes, Scheduled Tribes and Other Backward Classes in (i) the Central Health Services Cadre (administered by Deptt. of Health & Family Welfare) and (ii) the Department of Health & FW, its Attached and Subordinate Offices as on 1.1.2012 is as follows:-

Name of Cadre	Total Employees	SC	ST	OBC
(i) Central Health Services : (All Group A Posts)	3289	527	195	262
(ii) Deptt. of Health & FW- its Attached and Subordinate Offices.	14522	4274	994	1462

Note: This statement relates to persons and not to posts. Posts vacant, etc. have not, therefore, been taken into account.

16.2 PRIMARY HEALTH CARE INFRASTRUCTURE

Given the concentration of Tribal inhabitation in far-flung areas, forest lands, hills and remote villages, the population norms have been relaxed at different 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

Under the Minimum Needs Programme

28114 Sub Centres, 3893 Primary Health Centres and 857 Community Health Centres have been established in tribal areas as on 31.03.2011.

16.3 NATIONAL RURAL HEALTH MISSION (NRHM)

In order to provide effective health care to the rural population throughout the country with special focus on 18 States with poor health indicators and weak health infrastructure, the Government launched the National Rural Health Mission (NRHM) in April, 2005. The Mission adopts a synergistic approach by relating health to determinants of good health. The Mission seeks to establish functional health facilities in the public domain through revitalization of the existing infrastructure and fresh construction or renovation wherever required. The Mission also seeks to improve service delivery by putting in place enabling systems at all levels addressing issues relating to manpower planning as well as infrastructure strengthening. (Details in relevant chapters)

16.4 NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDCP)

Under National Vector Borne Disease Control Programme, the service for prevention and control of Malaria, Kala-Azar, Filaria, Japanese Encephalitis, Dengue/Dengue Hemorrhagic 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 social economic group, focused attention is given to areas dominated by the tribal population in North Eastern States and some parts of Andhra Pradesh, Chhattisgarh, Gujarat, Jharkhand, Madhya Pradesh, Maharashtra, Odisha & Karnataka. Additional inputs under externally assisted projects from Global Fund to N.E. States and from World Bank to other States, is provided, especially for control of malaria. For Kala-azar elimination, World Bank support is also being provided in the states of Bihar, Jharkhand and West Bengal. In addition, the N.E. States are being provided 100% central assistance for implementation of the programme from domestic budget.

16.5 NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP)

Under the NLEP, free leprosy diagnosis and treatment services are provided uniformly to all sections of the society irrespective of caste and religion including Scheduled Castes and Schedules Tribes population. Intensified IEC activities are carried out through the rural media to cover population residing in remote, inaccessible and tribal areas as one of the target Groups where awareness generation activities are more focused.

Dressing material, supportive medicines and Micro-Cellular Rubber (MCR) footwear are provided for prevention of disability among persons with insensitive hands and feet. Re-constructive Surgery (RCS) services are being provided for correction of disability in leprosy affected persons. An amount of Rs. 5000/- is also provided as incentive to each leprosy affected persons from BPL families for undergoing re-constructive surgery in identified Govt./NGO institutions to compensate loss of wages during their stay in hospital. Medical facilities are provided to leprosy affected persons throughout the country residing in self settled colonies. Funds are also allocated to NGOs under Survey Education Treatment (SET) scheme, most of which are working in tribal areas for providing services like IEC, prevention of disability and follow up of cases for treatment completion.

Disaggregated data on SC and ST population is also collected under the programme through monthly reports from States/UT's. During the year 2011-12, newly detected cases among the population of SC and ST were 18.40% and 15.83% respectively whereas during the current year 2012-13 (Up to September;2012) newly detected cases among the population of SC and ST are 18.68% and 16.40% respectively at National level.

16.6 REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME (RNTCP)

Under RNTCP, the benefits of the programme are available to all sections of the society on a uniform basis irrespective of caste, gender, religion. etc. The sputum microscopy and treatment services including supply of anti TB drugs are provided free of cost to all for full course of treatment. However, in large proportion of tribal and hard to reach areas, the norms for establishing Microscopy centres has been relaxed from 1 per 100,000 population to 50,000 and the TB Units for every 250,000 (as against 500,000). To improve access to tribal and other marginalized groups, there is also provision for:

- Additional TB Units and DMCs 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 TBHVs for urban areas.

16.6.1 Facilities for Scheduled Castes and Scheduled Tribe

Revised National Tuberculosis Control Programme (RNTCP) provides quality diagnosis and treatment facilities including anti-TB Drugs to all TB patients irrespective of caste, creed and socio-economic status. However, to improve the access to services for tribal

and other marginalized groups norms for Designated Microscopy Centers and Tuberculosis Units are relaxed by 50%. Some of the additional provisions are also made for effective service delivery with the following objectives:

1. Encourage tribal populations to report early in the course of illness for diagnosis
2. Enhance treatment outcomes amongst tribal population
3. Promote closer supervision of tribal areas by RNTCP staff.

16.6.2 Additional Provisions for Tribal areas

- Travel costs as bus fares for patients and one attendant is provided for follow-up and treatment. To cover these costs the patients are given an aggregate amount of Rs.250/- on completion of treatment.
- Sputum collection and transport-Rs.100 to Rs.200 per month per volunteer based on number of visits to DMC to hand over collected sputum. An amount of Rs.100 per month if there is a minimum of one visit to the health center per week with collected samples. Rs.200 per month for more than one visit per week to the center.
- Higher rate of salary to contractual STS and STLS posted at TUs with tribal area DMC, at the rate of an additional Rs.1000/- over and above the regular salary as a tribal area allowance.
- Tribal area allowance for Laboratory Technicians who take up posting at tribal areas as enhancement of pay of Rs.1000/- per month over and above the regular pay.
- Two wheeler maintenance at TUs having DMC in tribal area at the higher rate of Rs.30,000 per annum.

16.7 NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS (NPCB)

The NPCB was launched in the year 1976 as a 100% centrally sponsored scheme with the goal of reducing the prevalence of blindness to 0.3% by 2020. The Scheme is being implemented uniformly throughout the country. However, following initiatives have been introduced under the programme during the 11th Five Year Plan, keeping in view NE States, which are tribal predominate:-

- Construction of dedicated Eye Wards & Eye OTs in District Hospitals in North-Eastern States, Bihar, Jharkhand, J&K, Himachal Pradesh, Uttarakhand and few other States where dedicated Operation Theaters are not available as per demand.
- Appointment of Ophthalmic manpower (Ophthalmic Surgeons, Ophthalmic Assistants and Eye Donation Counsellors on contractual basis) to meet shortage of ophthalmic manpower.
- Development of Mobile Ophthalmic Units with telenetwork in NE States, Hilly States & difficult Terrains for diagnosis and medical management of eye diseases.
- Grant-in-aid to NGOs for management of other Eye diseases (other than Cataract) like Diabetic Retinopathy, Glaucoma Management, Laser Techniques, Corneal Transplantation, Vitreoretinal Surgery, Treatment of Childhood Blindness etc. The reimbursement would be up to Rs. 750 per case for Cataract/IOL Implantation Surgery and Rs.1000 per case of other major Eye Diseases.
- Involvement of Private Practitioners in Sub-District, Blocks and Village level.

16.8 BUDGET ALLOCATION

Allocations are made for implementation of health programmes across all segments of the society. However, Programme Officers have been directed to ensure allocation of funds to an extent of 8.2% and 16.2% towards Tribal Sub-Plan (TSP) and Scheduled Caste Sub-Plan (SCSP) respectively. Under NRHM, State Governments have been advised to earmark certain percentage of allocation to districts with SC/ST population above 35% and propose the same in the Programme Implementation Plan (PIP) of 2012-13.

The allocation under Scheduled Caste Sub-Plan (SCSP) and Tribal Sub-Plan (TSP) for the year 2012-13 in respect of major health schemes /programmes is given in the table below.

(Rs. in crores)

Sl. No.	Name of the Scheme	SCSP	TSP
1	National Vector Borne Diseases Control Programme	113.53	61.24
2	National Programme for Control of Blindness	57.56	31.05
3	Revised National TB Control Programme	140.95	76.03
4	National Leprosy Eradication Programmme	10.12	5.46
5	Infrastructure Maintenance	978.11	527.64
6	Free distribution of Contraceptives	22.56	12.17
7	Procurement of Supplies & Materials	57.06	30.78
8	Routine Immunisation	158.16	85.32
9	Pulse Polio Immunisation	159.77	86.19
10	Flexible Pool for State PIPs	2141.49	1155.21
11	Disease Control Programmes	12.31	6.64
12	New Schemes under NRHM-Centrally Sponsored	39.08	21.18
13	National Mental Health Programme	19.80	10.70
14	Assistance to State for Capacity Building (Trauma Care)	15.20	8.20
15	National Programme for Prevention & Control of Cancer, Diabetes, CVD & Stroke	45.60	24.60
16	Health Care for Elderly	22.80	12.30
17	District Hospitals(Upgradation of State Government Medical Colleges	53.20	28.70
18	Human Resources for Health	76.00	41.00
	Total	**4123.30**	**2224.41**