Chapter 16

FACILITIES FOR SCHEDULED CASTES AND SCHEDULED TRIBES

16.1 INTRODUCTION

The Scheduled Castes and Scheduled Tribes Cell in the Ministry continued to look after the service-interests of these categories of employees during 2013-14. 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 Department 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 2013-14 inspection of rosters was carried out in respect of four offices namely:-

GMSD	Guwahati
CGHS	Guwahati
CDL	Guwahati
CGHS	Nagpur

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 Department of Health & Family Welfare) and (ii) the Department of Health & FW, its Attached and Subordinate Offices as on 1.1.2013 is as follows:-

Name of Cadre	Total Employees	SC	ST	OBC
(i) Central Health Services : (All Group A Posts)	3283	526	186	230
(ii) Department of Health & Family Welfare-its Attached Offices.	1253	212	72	188

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

27912 Sub Centres, 4001 Primary Health Centres and 948 Community Health Centres are in position in tribal areas as on 31.03.2012.

16.3 NATIONAL HEALTH MISSION (NHM)

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 Honourable Prime Minister has 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 to provide accessible, affordable and quality health care to the rural population, especially the vulnerable groups. The Union Cabinet vide its decision taken dated 1st May, 2013 has approved the launch of National Urban Health Mission (NUHM) as a Sub-Mission of an over-arching National Health Mission (NHM), with National Rural Health Mission (NRHM) being the other Sub-Mission.

The Mission also aims at bridging the gap in Rural Health Care services through a cadre of Accredited Social Health Activists (ASHA) and improved hospital care, decentralization of programme to district level to improve intra and inter-sectoral convergence and effective utilization of resources. The ASHA would reinforce community action for universal immunization, safe delivery, newborn care, and prevention of water-borne and other communicable diseases, nutrition and sanitation. ASHA is provided in each village in the ratio of one per 1000 population. For tribal, hilly, desert areas, the norm could be relaxed for one ASHA per habitation depending on the workload.

The NRHM also provides an overarching umbrella to the existing programmes of Health & Family Welfare including RCH-II, Vector Borne Disease Control Programme, Blindness, Iodine deficiency, Leprosy and Integrated Disease Surveillance Programme. It addresses the issue of health in the context of sector-wide approach with focus on sanitation and hygiene, nutrition and safe drinking water.

The Primary Health Care Services in rural areas are provided through a network of 1,48,366 Sub Centres, 24049 Primary Health Centres, 4833 Community Health Centres across the country as on 31.03.2012. The services being provided through the above centres are available to all sections of population including SC/ST.

16.4 NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDCP)

Under National Vector Borne Disease Control Programme, the services 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. 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 are provided, especially for control of malaria. World Bank is providing support for Kala-azar elimination 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 National Leprosy Eradication Programme, free leprosy diagnosis and treatment services are provided uniformly to all sections of the society irrespective of caste and religion including Scheduled Castes and Scheduled Tribes population. Intensified IEC (Information, Education and Communication) 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. 8000/- is also provided as incentive to each leprosy affected persons 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 2012-13, newly detected cases among the population of SC and ST were 18.49% and 17.01% respectively, whereas during the current year 2013-14 (Up to August, 2013) newly detected cases among the population of SC and ST are 19.13% and 16.69% respectively at National level.

16.6 REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME (RNTCP)

Under Revised National Tuberculosis Control Programme (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 1,00,000 population to 50,000 and the TB Units for every 1,00,000 population (as against 75,000 to 1,25,000). 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 TBHVs for urban areas

16.6.1 Facilities for Tribal & Marginalized Groups

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 (DMCs) and TB Units are relaxed by 50%. 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 and
- 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, STLS & LT 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.
- Increased rate of maintenance of two wheeler up to 20% in tribal areas.

16.7 NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS (NPCB)

The National Programme for Control of Blindness 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 in all districts of the country. There is no separate provision for SC/ST population as benefits of the scheme are meant for all as per need. However, following initiatives have been implemented under the programme during the 12th Five Year Plan, keeping in view NE States including Sikkim, which are tribal predominant.

- Construction of dedicated Eye Units in North-Eastern States including Sikkim and other hilly states.
- Appointment of Ophthalmic manpower (Ophthalmic Surgeons, Ophthalmic Assistants and Eye Donation Counsellors on contractual basis) to meet shortage of ophthalmic manpower.
- Setting up of Multipurpose District Mobile Ophthalmic Units for diagnosis and medical management of eye diseases for coverage of difficult areas.
- Besides Cataract, treatment and management of other Eye diseases like Diabetic Retinopathy, Glaucoma, Laser Techniques, Corneal Transplantation, Vitreoretinal Surgery, Retina of Prematurity (ROP) and Squint under Childhood Blindness etc.

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 15.2% 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 2013-14.

The allocation under Scheduled Caste Sub-Plan (SCSP) and Tribal Sub-Plan (TSP) for the year 2013-14 in respect of major health schemes /programmes is given in the table below:

Sl. No.	Name of the Scheme	SCSP	TSP
National Health Mission (NHM)-Centrally Sponsored Schemes			
1.	RCH Flexible Pool	1080.32	582.82
2.	Mission Flexible Pool	1164.57	628.26
3.	Routine Immunization	161.63	87.20
4.	Pulse Polio Immunization	162.64	87.24
5.	Iodine Deficiency Disorder Control Programme	10.10	5.45
6.	Strengthening of District Hospital for providing advanced secondary care	0.20	0.11
7.	Providing free generic medicines in all public Health institutions in the country	0.20	0.11
8.	National Urban Health Mission-Flexible Pool	0.20	0.11
9.	National Vector Borne Diseases Control Programme	115.57	62.35
10.	Revised National TB Control Programme	143.48	77.40

11. National Leprosy Eradication Programme	10.30	5.56
12. Integrated Disease Surveillance Programme	12.73	6.87
13. National Programme for Control of Blindness	46.47	25.07
14. National Mental Health Programme	40.41	21.80
15. National Programme for Health Care for Elderly	10.10	5.45
16. National Programme for Prevention and Control of Deafness	9.09	4.90
17. National Tabacco Control Programme	4.04	2.18
18. National Oral Health Programme	2.02	1.09
19. National Programme for Prevention and Control of Cancer, Diabetes, CVD & Stroke (NPCDCS)	60.61	32.70
20. Other new Initiatives under Non-Communicable diseases	1.01	0.54
21. Infrastructure Maintenance	995.70	537.13
Health (Non-NHM)-Centrally Sponsored Programme		
22. National Mental Health Programme	30.31	16.35
23. Assistance to State for Capacity Building (Trauma Care)	13.44	7.25
24. National Programme for Prevention and Control of Cancer, Diabetes, CVD and Stroke	73.75	39.78
25. National Programme for Health Care for Elderly	20.20	10.90
26. Human Resource for Health	232.68	125.53
27. Strengthening of State Drug Regulatory System	20.20	10.90
28. Strengthening of State Food Regulatory System	11.11	5.99
Total	**4433.08**	**2391.53**