Chapter

21

FACILITIES FOR SCHEDULED CASTES & SCHEDULED TRIBES

21.1 INTRODUCTION

The Scheduled Castes and Scheduled Tribes Cell (SCT Cell) has been functioning in the Ministry of Health & Family Welfare 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 Person with Disabilities in the establishment/services under the Ministry received proper consideration.

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 the Institutes/Organizations under the MoHFW. The defects and procedural lapses noticed were brought to the attention of the concerned authorities.

The representation of Scheduled Castes, Scheduled Tribes and Others 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) and as on 01.01.2016 (provisional) is as follows:

Name of Cadre	Total employees	SC	ST	OBC
D/o Health & Family Welfare and its attached offices	4010	845	253	524
Central Health Services (All Group A Posts)	2842	531	255	396

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

21.2 PRIMARY HEALTH CARE (PHC) INFRASTRUCTURE

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
PrimaryHealth Centre	30,000	20,000
CommunityHealth Centre	1,20,000	80,000

Under the Minimum Needs Programme: 28,096 Sub Centres, 4,012 Primary Health Centres and 1,030 Community Health Centres are in position in the tribal areas as on 31.03.2016.

21.3 NATIONAL HEALTH MISSION (NHM)

Original Budget outlay of Rs. 19,000 crore has been made for National Health Mission during 2016-17. Substantial portion is spent under Schedule Caste Sub-Plan (SCSP) and Tribal Sub-Plan (TSP). NHM has attempted to fill the gaps in human resources by providing nearly 1.82 lakh additional health human resources to States including 7,363 GDMOs, 3,308 Specialists, 70,674 ANMs, 36,383 Staff Nurses etc. on contractual basis. Apart from providing support for health human resource, NHM has also focused on multi skilling of doctors at strategically located facilities identified by the States.

ASHA is the first port of call in the community especially for marginalized sections of the population, with a focus on women and children.The Primary healthcare services in rural areas are provided through a network of 1,55,069 Sub-Centres, 25,354 Primary Health Centres and 5,510 Community Health Centres across the country as on 31.03.2016. The services being provided through above Centres are available to all sections of population including SC/ST.

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 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 NHM.

Since the launch of the Programme in F.Y. 2013-14, support has been provided for the strengthening of 4507 facilities in urban areas, construction of 461 new UPHCs and 37 new UPHCs. The human resources approved under the programme includes 2,916 Medical Officers, 274 Specialists, 16,694 ANMs, 7,939 Staff Nurses, 3,668 Pharmacists and 3,592 Lab Technicians, 557 Public Health Managers, 67,409 ASHAs and 1,11,157 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)

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 and
- Provision of TBHVs for urban areas.

21.4.1 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 Centres (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;
- Promote closer supervision of tribal areas by RNTCP staff

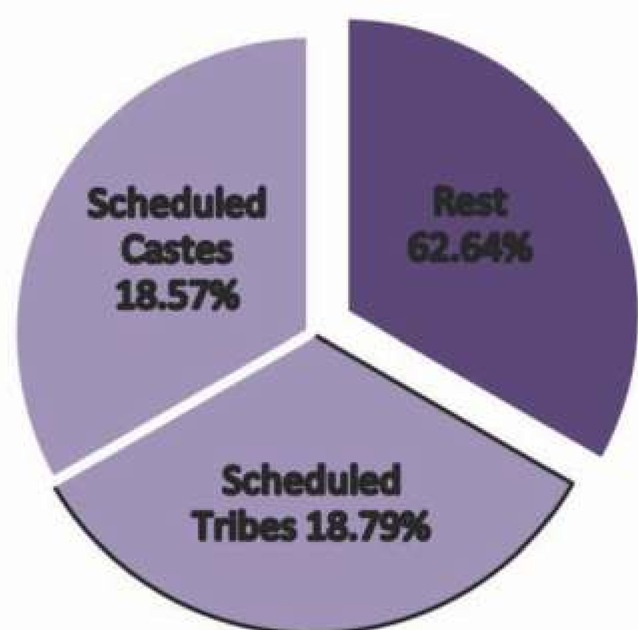
21.4.2 Additional Provisions for Tribal areas

- 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. 750/- on completion of treatment;
- *Sputum collection and transport:* Rs. 25/- per sample transported to Designated Microscopy 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 and
- Increased rate of maintenance for two wheeler up to 20% in tribal areas/ billy and difficult areas.

21.5 NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP)

The National Leprosy Control Programme was launched by the Govt. of India in 1955. Leprosy services are uniformly available to all including

Scheduled Castes & Scheduled Tribe population irrespective of caste and religion. Under the programme, funds are allotted to NGOs, few of which are working in tribal areas providing services like IEC, prevention of deformity and follow up of cases. Intensified IEC activities have also been stepped up through various media including the rural media under which population residing in remote, inaccessible and tribal areas are being covered as one of the target groups where awareness generation activities are more focused.



New Leprosy cases during the year 2015-16

21.6 NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDCP)

Under National Vector Borne Disease Control Programme, the services for prevention and control of Malaria, Dengue, Chikungunya, Japanese Encephalitis, Kala-azar and Lymphatic Filariais are provided to all sections of the community without any discrimination. However, since vector borne diseases are more prevalent in low socio 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, Karnataka, Madhya Pradesh, Maharashtra and Odisha. The additional inputs under externally assisted projects (Global fund) to North Eastern States for control of malaria is provided. Kala-azar elimination is focused in the States of Bihar, Jharkhand and West Bengal, Eastern UP where the disease is more prevalent in SC & ST population of the States. In addition, North Eastern States are being provided 100% central assistance for implementation of the programme from domestic budget.

21.7 NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS (NPCB)

National Programme for Control of Blindness (NPCB) 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 during 2006-07 showed reduction in the prevalence of blindness from 1.1% (2001-02) to 1% (2006-07).

The Programme 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. However, the following initiatives have been implemented under the programme during the 12th Five Year Plan, 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 Multi-purpose District Mobile Ophthalmic Units for diagnosis and medical management of eye diseases for coverage of difficulty areas.
- Besides cataract, assistance for treatment and management of other eye diseases like diabetic retinopathy, glaucoma, refractive errors laser techniques, corneal transplantation, vitreo-retinal surgery, retina of prematurity (ROP) and other childhood diseases etc.

21.8 BUDGET ALLOCATION

The allocation under Scheduled Caste Sub-Plan (SCSP) and Tribal Sub-Plan (TSP) for the year 2016-17 in respect of major health schemes/programmes is given in the table below:

Allocation under SCSP & TSP

(Rs. in Crore)

Sl. No.	Name of Scheme	BE 2016-17	
		SCSP	TSP
A.	National Mental Health Programme (NMHP)	7.63	4.12
B.	Trauma Centres	41.04	22.16
C.	National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	64.09	30.58
D.	National Programme for Health Care for the Elderly (NPHCE)	3.50	2.50
E.	Human Resources for Health	116.65	65.93
F.	NRHM - RCH Flexi Pool	2460.28	1328.16
G.	National Urban Health Mission –Flexi Pool	210.98	109.18
H.	Flexible Pool for Communicable Diseases	257.51	138.36
I.	Flexible Pool for Non-Communicable Diseases, Injury & Trauma	115.46	62.16
J.	Infrastructure Maintenance	1097.77	596.54
K.	RashtriyaSwasthya Suraksha Yojana	392.50	212.50
	Total - National Health Mission	**4767.41**	**2572.19**