

# FACILITIES FOR SCHEDULED CASTES & SCHEDULED TRIBES

## 21.1 INTRODUCTION

The Scheduled Castes and Scheduled Tribes Cell (SCT Cell) has been functioning in the Ministry 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 Cell circulated various instructions/orders received from the Department of Personnel & Training on the subject to the peripheral units of the Ministry for guidance and necessary compliance. It also rendered advice on reservation procedures and maintenance of reservation, particularly in post based rosters.

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 .01.01.2015 (Provisional) is as follows:

Name of cadre	Total employees	SC	ST	OBC
D/o Health & Family Welfare and its Attached Offices	3404	736	210	354
Central Health Services (All Group A Posts)	2916	446	230	287

(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 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
Primary Health Centre	30,000	20,000
Community Health Centre	1,20,000	80,000

**Under the Minimum Needs Programme:** 27,958 Sub Centres, 3,957 Primary Health Centres and 998 Community Health Centres are in position in the tribal areas as on 31.03.2015.

### 21.3 NATIONAL HEALTH MISSION (NHM)

Original Budget Outlay of Rs.18,295 crore has been made for National Health Mission during 2015-16. Substantial portion is spent under Schedule Caste Sub-Plan (SCSP) and Tribal Sub-Plan (TSP).

The Primary healthcare services in rural areas are provided through a network of 1,53,655 Sub-Centres, 25,308 Primary Health Centres and 5,396 Community Health Centres across the country as on 31.03.2015. The Services being provided through the above Centres are available to all sections of population including SC/ST.

**National Urban Health Mission (NUHM):** Under NUHM, approval has been given for strengthening of 3995 existing facilities as Urban Family Welfare Centres, Urban Health Posts and dispensaries as Urban Primary Health Centres (UPHCs) and establishment of 1426 new UPHCs and 35 new Urban Community Health Centres (UCHCs). Human resources i.e. 2353 full time medical officers, 17584 ANMs, 7209 Staff Nurses etc. have been approved in Urban areas. 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)

#### 21.4.1 Facilities for Scheduled Caste 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(DMCs) and TB Units have been relaxed by 50%. Some 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.

#### 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 as an aggregate amount of Rs. 750/- on completion of treatment;
- Rs. 25/- per sample of sputum collected and transported to Designated Microscopy Centre;
- Higher rate of salary to contractual STS, STLS & LT posted at TUs with tribal area DMC, at the rate of an additional Rs.1000/- as a tribal area allowance over and above the regular salary.

### 21.5 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 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 12<sup>th</sup> Five Year Plan, keeping in view North Eastern 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 of difficult areas and
- 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.

## 21.6 BUDGET ALLOCATION

The allocation under Scheduled Caste Sub-Plan (SCSP) and Tribal Sub-Plan (TSP) for the year 2015-16 in respect of major health schemes/ programmes is given in the table below:

### National Health Mission(NHM) Plan

(Rs. in crores)

Sl. No.	Name of Schemes	BE 2015-16	
		SCSP	TSP
A	NRHM-RCH Flexipool	<b>2188.08</b>	<b>1229.75</b>
a.	RCH Flexi Pool including Routine Immunisation Programme, Pulse Polio Immunisation Programme, National Iodine Deficiency Disorders Control Programme etc.	1159.31	652.85
b.	Health System Strengthening under NRHM	1028.77	576.90
B	National Urban Health Mission –Flexi Pool	315.16	140.91
C	Flexible Pool for Communicable Diseases	265.54	124.49
D	Flexible Pool for Non-Communicable Diseases, Injury & Trauma	114.20	56.12
E	Infrastructure Maintenance	848.47	461.75
	<b>TOTAL - National Health Mission</b>	<b>3731.45</b>	<b>2013.02</b>

