

Chapter 7

Facilities for Scheduled Castes and Scheduled Tribes

has been functioning under the Ministry of Health and Family Welfare, Directorate General of Health Services since 1981 to co-ordinate the policy, planning, monitoring, evaluation etc. of the Health Care Schemes for welfare and development of Scheduled Tribes and Scheduled Castes.

7.2.2. Various Public Health Programmes are being implemented in the country and SCs/STs are deriving full benefit of the same. However, Programme Officers have been directed to ensure that plan funds to the extent of 8.1% for Tribal Sub Plan & 16.5% for Special Component Plan are allocated in proportion to the total population as per 1991 Census.

7.3. National Health Policy-2002

7.3.1 The main objective of the new National Health Policy, 2002 is to achieve an acceptable standard of good health amongst the general population of the country. The approach would be to increase access to the decentralized public health system by establishing the infrastructure in deficient areas, and by upgrading the infrastructure in the existing institutions. Primacy will be given to preventive and first line curative initiatives at the primary health level through increased sectoral share of the allocation. The increased outlay will be utilized for strengthening existing facilities and opening additional public health services outlets consistent with the norms for such facilities. The recommendation of this Policy will attempt to maximize the broad based availability of health services to the citizens of the country on the basis of realistic consideration of capacity. Under the broad macro policy prescriptions contained in this policy, State Governments will have the flexibility to design separate schemes, tailor made to the health needs of different socio-economic sections of society including the tribals.

7.4. Primary Health Care Infrastructure

7.4.1. Keeping in view that most of the tribal habitation is concentrated in far flung areas, forest land, hills and remote villages, and in order to remove the imbalances and provide better health care and family welfare services to Scheduled Castes/Scheduled Tribes, the population coverage norms of establishment of rural infrastructure have been relaxed as under:

Centre	Population Norms	
	Plain Area	Hilly/Tribal Area
Sub-Centre	5, 000	3, 000
Primary Health Centre	30, 000	20, 000
Community Health Centre	1, 20, 000	80, 000
Multi Purpose Workers	5,000	3,000

7.4.2 Under the Minimum Needs Programme, 21,429 Sub - Centres, 3,540 Primary Health Centres and 588 Community Health Centres have been established in tribal areas as on 31.03.2001.

7.4.3 The State Governments have been advised to introduce schemes for compulsory annual medical examination of Scheduled Castes/Scheduled Tribes population in rural areas. Under the schemes, it is envisaged that Mobile Health checkup teams would be deputed to villages according to a schedule drawn-up annually and in case of need for further investigation/treatment, they would be entitled to free facilities in Government/Referral hospitals.

7.5. Centrally Sponsored Schemes Implemented by States/UTs

7.5.1. National Malaria Eradication Programme including Filaria Control, Japanese Encephalitis Control and Kala-azar Control are implemented by States/UTs with 50% Central Assistance for spraying insecticides, supply of Anti-Malaria drugs etc. in tribal and SC areas under TSP and SCP. Cent percent Central Assistance is being provided to North-Eastern states dominated by tribal population from the year 1994-95 onwards. 100 hard core identified tribal districts in the States of Andhra Pradesh, Gujarat, Madhya Pradesh, Maharashtra, Orissa, Jharkhand, Chattisgarh and Rajasthan and 19 identified urban areas are also covered under the Enhanced Malaria Control Project with World Bank support. The five year Project at a cost of Rs. 891.04 Crores has become effective from 30th September,1997.

7.5.2. National Leprosy Eradication Programme is implemented with 100% assistance for detection and treatment of leprosy cases. The leprosy patient requires treatment with multi-drug for a period of six months to twelve months depending on type of disease. This programme is on going in all the districts of the country and covers the entire Tribal & Scheduled Caste Population.

7.5.3. National Tuberculosis Control Programme is implemented with 100% Central Assistance for supply of anti TB drugs, equipment etc. in tribal and SC areas under TSP and SCP. Further norms are being relaxed and following steps are being taken for facilitating service delivery in rural tribal areas:-

- Providing STs and STLs for 2.5 lakh population against established norms of 5 lakh;
- Opening of microscopic centres for 50,000 population against established norms of 1 lakh;
- Opening of more DOTs centres; and

- Provision to re-imburse the travel claims of patients and attendants for taking treatment at DOTs centre.

Till November, 2001, 200 districts with a population of approximately 440 million including tribals, have been covered with support of WB, DFID and DANIDA. The population coverage under RNTCP is expected to increase to about 800 million by the end of 2004. DANIDA assistance was obtained to implement the revised strategy of NTCP in the State of Orissa. Service delivery has already started in 10 tribal districts of Mayurbhanj, Keonjhar, Sundergarh, Deogarh, Jharuguda, Samabalpur, Koraput, Malkangiri, Nabrangpur, and Rayagada. The Scheme is proposed to be started in the remaining 4 tribal districts viz. Gajapati, Kalahandi, Navapada & Phulbani, shortly.

7.5.4. National Programme on Control of Blindness was launched in the year 1976 with cent percent assistance for strengthening of ophthalmic infrastructure, training of personnel, etc. in tribal and SC areas for treatment of eye ailments and control of blindness under TSP and SCP. In addition, schemes for non-recurring grant-in-aid to NGOs, for setting up or expansion of eye care units in tribal/remote areas, is being implemented to develop infrastructure for eye care in such areas. Special campaigns for identification and treatment of bilaterally blind persons due to cataract is undertaken in remote and underserved areas during mega eye camps. National survey was conducted during the period 1986-89 to evaluate the programme. The prevalence of blindness revealed by the survey was 1.49%. During the year 2000-2001, around 37 lakh Cataract operations have been done. The target for 2001-2002 is to perform 40 lakh cataract surgeries. Under the revised strategy, coverage of eye care service in tribal and other underserved areas has been enhanced.

7.5.5. National AIDS Control Programme, a 100% Centrally Sponsored programme is implemented in tribal and SC areas though no separate provision is made for TSP and SCP. Central Assistance is provided as per pattern of assistance. The National AIDS Control Programme II was launched in November, 1999 (1999-2004) at a total cost of Rs. 1425 Crores. However, this programme is now fully decentralized with total financial and administrative delegation of power and responsibilities to the State AIDS Control Societies. These societies allocate money based on the needs of the population including tribals in various districts.

7.6. Purely Central Schemes

7.6.1. Book Banks for Scheduled Castes and Scheduled Tribes students have been set up in Central Institutions like PGIMER, Chandigarh; JIPMER, Pondicherry; AIIMS, New Delhi; University College of Medical Sciences, Delhi and Lady Hardinge Medical College, New Delhi etc. The Under-Graduate Colleges of Indian Systems of Medicines and Homoeopathy run by voluntary organisations have also set up Book Banks for SC/ST students with Central assistance since VIIIth Plan. Many SC/ST students are being benefited by this Scheme.

7.6.2. The Indian Council of Medical Research, (ICMR) New Delhi have set up 5 Regional Medical Research Centres in the tribal areas in the country one each at Jabalpur, Bhubaneswar, Jodhpur, Dibrugarh and Port Blair to carry out research on health problems of Scheduled Tribes.

7.6.3. One of the reasons cited for tardy improvement in health status of the tribal population is poor and incomplete understanding about their health problems, both general and specific to certain tribes. In order to bridge this gap, the Indian Council of Medical Research, through its network of disease oriented National Institutes and Regional Medical Research Centers (RMRCs) has conducted several surveys and studies.

7.6.4. An approved outlay of Rs. 5 Crore exists under the IXth plan period for the Scheme "Medical care for Remote and Marginalized Tribal and Nomadic Communities". Necessary plan provision for launching the Scheme was provided from 1998-99 onwards. Rs. 1.5 crore is the Annual Plan provision for 2001-2002. Under this Scheme following projects have been taken up by ICMR:

- Prevention and control of Hepatitis 'B' infection among primitive tribes of A&N Islands
- Intervention for hereditary common hemolytic disorders among major tribals of Sundergarh district in Orissa.
- Intervention programme for Cholera and Intestinal; Parasitism, Vitamin 'A' deficiency disorders among some primitive tribal population of Orissa.
- Intervention programme for Nutritional anaemia and Hemoglobinopathies amongst primitive tribal population in India.

7.6.5. All India Institute of Hygiene and Public Health, Calcutta is involved with the following ongoing projects.

- Integrated Health Development of Scheduled Castes and Scheduled Tribes of Sunderban, Dooras/Darjeeling Tear Garden & Totapara.
- Genetic –Ecological and Health Status of Primitive Tribes of Eastern & North Eastern States of India.
- Development of Tribal Model Village in Jhargram area.
- Health status of Andaman & Nicobar Island and Lakshadweep

7.6.6. The Central Institute of Psychiatry, Ranchi is providing health care facilities to the neighbouring areas of Ranchi pre-dominantly inhabited by tribal people in the Chhota Nagpur belt of Jharkhand. During the Ninth Plan Period an amount of Rs. 16 Crores was allocated to the Institute while during 2001-2002 an amount of Rs. 7 crore has been allocated to meet expenses on medical services and strengthening of the Institute.

7.6.7. K.B.K. Districts of Orissa

Prime Minister in August, 1995 launched a long term action plan (LTAP) for the Kalahandi, Bolangir & Koraput (KBK) districts of Orissa which have now been divided into eight districts viz. Kalahandi, Koraput, Rayagada, Nuapada, Malkangiri, Nabrangpur, Sonapur and Bolangir, with the intention to pool the available resources and integrate them scientifically for speedy development of predominantly inhabited tribal districts. Health has been an important activity in this area and in order to provide immediate relief to Tribals at door steps, 80 mobile Health units are functioning with financial assistance being provided by the Planning Commission. An amount of Rs. 2.58 Crore has been released under major disease control programmes for the K.B.K. Districts during 2001-2002.

7.6.8. Allocation

Under major Central Health Sector Disease Control Programmes, out of the total allocation of Rs. 576.00 crore, an allocation of Rs. 127.83 crore under TSP and Rs. 56.35 crore under SCP has been made during 2001-2002.