

FACILITIES FOR SCHEDULED CASTES & SCHEDULED TRIBES

16.1 INTRODUCTION

The Scheduled Castes and Scheduled Tribes Cell has been functioning in the Ministry to look after the service interests of SC/ST categories. The Cell during 2014-15 continued to look after the service-interests of employees under SC/ST Category. The Cell assists the Liaison Officer in the Ministry to ensure that representations from Scheduled Castes/Scheduled Tribes, OBCs and Physically Handicapped Persons in the establishment/services under the 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 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 2014-15 inspections of rosters were carried out in respect of the offices namely:-

PHO	Mumbai
PHO	Nava Sheva, Mumbai
APHO	Mumbai

CDTL	Mumbai
GMSD	Mumbai
AIIPMR	Mumbai
Regional Director	Srinagar
RIMS	Imphal
Airport & Border Quarantine Health Officer Airport and Border Quarantine	Amritsar

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 Schedules 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 & Family Welfare, its Attached and Subordinate Offices as on 1.1.2014 (Provisional) is as follows:-

Centre	Population Norms	
	Plain Areas	Hilly/Tribal/Difficult Areas
Sub-Centre	5000	3000
Primary Health Centre	30000	20000
Community Health Centre	120000	80000

(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, differential population norms have been adopted for the various levels of health facilities, for better infrastructure development as under:

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 and its Attached Office	1253	212	72	188

Under the Minimum Needs Programme

26,949 Sub Centres, 3,895 Primary Health Centres and 979 Community Health Centres are in position in tribal areas as on 31.03.2014.

16.3 NATIONAL HEALTH MISSION (NHM)

The National Rural Health Mission (NRHM) was launched in April, 2005. Under NRHM, support is provided to States/UTs to provide accessible, affordable, accountable and effective primary healthcare facilities, especially to the poor and vulnerable sections of the population. It also aims to bridge the gap in rural healthcare services through improved health infrastructure, augmentation of human resource and improved service delivery and envisages decentralization of programme to district level to improve intra and inter-sectoral convergence and effective utilization of resources. The National Health Mission (NHM), with its two Sub-Missions, viz. the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM), was approved by the Cabinet on 1st May, 2013. The NHM envisages achievement of universal access to equitable, affordable & quality healthcare services that are accountable and responsive to people's needs. The main

programmatic components include Health System Strengthening in rural and urban areas, Reproductive–Maternal–Neonatal–Child and Adolescent Health (RMNCH+A) interventions and control of Communicable and Non-Communicable Diseases. The Framework for Implementation of the National Health Mission was approved by the Cabinet in December, 2013.

Original Budget Outlay of Rs. 21,912 crore has been made for National Health Mission during 2014-15. More than 8.96 lakh community health volunteers called Accredited Social Health Activists (ASHAs) have been engaged under NHM for establishing a link between the community and the health system. NHM has attempted to fill the gaps in human resources by providing nearly 1.81 lakh additional health human resources to the states. 13,171 Emergency Response Service (Ambulances) are operational under NHM, besides 5,778 empanelled vehicles for transportation of patients, particularly pregnant women and sick infants from home to public health facilities and back. Out of 672 districts, 369 districts have been provided with 1685 Mobile Medical Units (MMUs) under NHM in the country. NHM also supports co-location of AYUSH services in health facilities such as Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals. A total of 21,361 AYUSH doctors have been deployed in the states with NHM funding support. So far 28,147 new construction and 32,024 renovation/up-gradation projects for various health facilities including Sub Centres, Primary Health Centres, Community Health Centres, Sub Divisional Hospitals and District Hospitals have been sanctioned.

The Primary Health care services in rural areas are provided through a network of 1,52,326 Sub Centres, 25,020 Primary Health Centres, 5,363 Community Health Centres across the country as on 31.03.2014. 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 (NVBDP)

Under National Vector Borne Disease Control Programme, the service for prevention and control of Malaria, Kala-Azar, Filariasis, Japanese Encephalitis, Dengue/Dengue Hemorrhagic Fever (DHF) and Chikungunya are available to all sections of the community without any discrimination, however, since vector borne diseases are more prevalent in low socio-economic groups, 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 and Karnataka. Additionally, assistance under externally assisted projects is provided e.g. from Global Fund to North East (NE) States and from World Bank to other States. In addition, the NE States are being provided 100% central assistance from domestic budget for implementation of the programme. Lymphatic Filariasis and Kala-Azar are targeted for elimination by 2015.

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 including Scheduled Castes and Scheduled Tribes population irrespective of caste and religion. Intensified IEC (Information, Education and Communication) activities are carried out through the rural media, to target population residing in remote, inaccessible and tribal areas for focused awareness generation activities.

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.

Segregated data on SC and ST population is also collected under the programme through monthly reports from States/UTs. During the year 2013-14, newly detected cases among the population of SC and ST were 18.03% and 17.88% respectively, whereas during the current year 2014-15 (Upto September, 2014) newly detected cases among the population of SC and ST at the national level are 18.66% and 15.64% respectively.

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 Centers 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 Tuberculosis Health Visitors (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 (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.

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. 750/- on completion of treatment;

- Sputum collection and transport: Rs. 25/- per sample transported to Designated Microscopy Centre;
- Higher rate of salary to contractual Senior Treatment Supervisor (STS), Senior TB Lab Supervisor (STLS) & Laboratory Technician (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 of two wheeler up to 20% in tribal areas/hilly and difficult areas.

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 in all Districts of the country. The programme is meant for all including SC/ST population, as per the 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.

- 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.
- Assistance for setting up of Multipurpose District Mobile Ophthalmic Units for diagnosis and medical management of eye diseases for coverage of difficult areas.
- Besides Cataract, assistance for treatment and management of other Eye diseases like Diabetic Retinopathy, Glaucoma, refractive error Laser Techniques, Corneal Transplantation, Vitreo-

retinal Surgery, Retina of Prematurity (ROP) and other childhood diseases 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 2014-15.

The allocation under Scheduled Caste Sub-Plan (SCSP) and Tribal Sub-Plan (TSP) for the year 2014-15 in respect of major health schemes/ programmes is given in the table below.

(Rs. in crores)

Sl.No.	Name of Schemes	SCSP	TSP
NHM-RCH Flexible Pool			
1	RCH Flexible Pool	1102.92	596.95
2	Mission Flexible Pool	1140.87	621.25
3	Routine Immunization	157.35	83.90
4	Pulse Polio Immunization	106.08	55.77
5	Iodine DD Control Programme	4.38	2.21
6	National Urban Health Mission Flexible Pool	369.23	191.72
Flexible Pool for Communicable Diseases			
7	National Vector Borne Diseases Control Programme	103.77	55.99
8	Revised National T.B. Control Programme	129.06	68.35
9	National Leprosy Eradication Programme	8.62	4.58
10	Integrated Disease Surveillance Programme	10.96	5.85
Flexible Pool for Non- Communicable Diseases, Injury & Trauma			
11	National Programme for Control of Blindness	33.94	18.03
12	National Mental Health Programme	12.27	6.38
13	National Programme for Health Care for Elderly	8.69	4.33
14	National Programme for Prevention & Control of Deafness	2.12	1.12
15	National Tobacco Control Programme	7.43	3.87
16	National Oral Health Programme	0.41	0.22
17	Assistance to States for capacity Building	0.71	0.39
18	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)	54.76	29.48

Sl.No.	Name of Schemes	SCSP	TSP
19	Other New Initiatives under Non-Communicable Diseases	0.43	0.23
20	Infrastructure Maintenance	848.47	461.75
21	Strengthening of State Drug Regulatory System	43.39	23.69
22	Strengthening of State Food Regulatory System	43.39	23.69
23	Forward Linkage to NRHM Health Sector CSS Human Resources for Health and Medical Education	1.39	0.74
24	Upgradation/Strengthening of Nursing Services	38.27	20.90
25	Strengthening/Upgradation of Pharmacy School/Colleges	0.97	0.52
26	Strengthening/Creation of Paramedical Institutions	38.27	20.67
27	District Hospital/Upgradation of State Govt. Medical Colleges (PG seats)	57.14	31.20
28	Strengthening of Govt. Medical Colleges (UG) and Central Govt. Health Institutions	62.89	34.29
29	Establishment of New Medical Colleges (Upgradation of District Hospitals)	28.10	15.34
30	Setting up of State Institution of Paramedical Science in States and setting up of colleges of paramedical education	3.87	2.09
31	Setting up of colleges of Pharmacy in Govt. Medical colleges	5.03	2.72
32	Strengthening of District Hospitals for Providing advanced secondary care	6.02	3.24
Health Sector CSS (Tertiary Level)			
33	Cancer Control -National Tobacco Control Programme	2.33	1.19
34	National Mental Health Programme	35.28	18.63
35	Assistance to States for Capacity Building (Trauma Care)	17.88	9.59
36	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)	131.27	70.78
37	National Programme for Health Care for Elderly	28.50	15.03
38	National Programme for Control of Blindness	11.58	6.21
	Total	4658.04	2512.89