

Presentation to National Commission for Scheduled Tribes



Department of Health & Family Welfare
08th March 2018

Outline of the Presentation

Major Programmes/Schemes of the Department

- A. National Health Mission(NHM)- RCH, Communicable and Non Communicable Diseases
- B. Medical Education/Human Resources for Health
- C. RSBY
- D. National AIDS Control Programme (NACO)

National Health Mission

The National Health Mission was launched to provide universal access to equitable, affordable and quality health care.

Goal - Reduction of child and maternal mortalities, population stabilization, and reduction of disease burden on account of communicable and non communicable diseases.

Strengthening of NHM - Operational guidelines for District Hospital, CHC, PHC, Urban PHC, Initiatives- Kayakalp, Free drugs and diagnosis , dialysis programme , Comprehensive primary health care, Health and Wellness Centre.

National Health Mission Interventions for Tribals

- The Primary healthcare services in rural areas are provided through a network of 1,56,251 Sub- Centres, 25,650 Primary Health Centres and 5,624 Community Health Centres across the country as on 31.03.2017.
- 256 High Priority Districts (HPDs) including tribal districts were identified by the Ministry.
- Relaxed norms for health facilities:
 - The population norms for setting up Health Facilities in tribal areas are relaxed.
 - Against the population norms of 5000, 30000, and 1,20,000 for Sub Centre, PHC and CHC respectively, in tribal and desert areas it is 3000, 20,000 and 80,0000.
 - A new norm for setting up a Sub-Centre based on 'time to care' within 30 minutes by walk from a habitation has been adopted for selected districts of hilly and Desert areas.

Health Infrastructure status in tribal areas (Functional):

Facilities	All India			Tribal Areas		
	2005	2017	% Increase	2005	2017	% Increase
CHCs	3346	5624	68.08	643	1028	59.88
PHCs	23236	25650	10.39	2809	4024	43.25
SCs	146026	156231	6.98	16748	28200	68.38
Total	172608	187505	8.63	20200	33252	64.61

NHM-Strengthening Facilities for Tribals

- **Strengthening of Sub- Centre**
 - Strengthen sub centres (SC) with increased human resource as first port of call for providing comprehensive primary care services in remote / inaccessible / high priority districts, including tribal districts.
- **Mobile Medical Units (MMU)**
 - Financial assistance is provided to States for MMUs with the objective to take health care to door steps of the public in rural areas, especially in the underserved tribal areas.
 - Norm of one MMU per 10 lakh population subject to capping of 5 MMUs per district relaxed for tribal and hilly states as per need.
 - The norms for MMU have been revised recently –
 - One MMU for 60 patient per day in plain areas while the norm is 30 patients per day in tribal/hilly areas.
 - Rs. 28 lakhs per MMU is provided for the recurring expenditure for NE States as against Rs. 24 lakhs for other States.

Incentives to Doctors and Paramedics

- **State Govts appoint doctors/Paramedics. However, Central Govt. has taken following measures**
 - Monetary and non-monetary incentives are provided to health personnel serving in remote, underserved and tribal areas. Support is provided for higher remuneration to Doctors and specialist serving in remote and rural areas.
 - Doctors serving in tribal and remote areas are also given the following incentives:
 - 50% reservation in Post Graduate Diploma Courses for Medical Officers in the Government service who have served for at least three years in remote and difficult areas
 - Incentive at the rate of 10% of the marks obtained for each year in service in remote or difficult areas up to the maximum of 30% of the marks obtained in the entrance test for admissions in Post Graduate Medical Courses.

NHM - HR Recruitment-Retention policy

- Under NHM, States have been provided with the flexibility of relaxing the norm of one ASHA per 1000 population to one ASHA per habitation in Tribal/hilly and difficult areas.
- Emphasis on setting up ANM training centres in tribal blocks with ANM and GNM as a District level cadre and district level recruitment so as to ensure that the ANM/GNMs are largely from local community only

State Govts Initiatives under NHM

- **Incentives to Doctors and Paramedics:**
 - During FY 2016-17, In Rajasthan State Rs.3200 Lakhs has been approved as Performance and Hard Area Incentive.
 - During FY 2016-17, In Chhattisgarh State Rs.1500 Lakhs has been approved as CRMC incentives for Hard/Difficult/LWE areas
 - Similarly hard area allowances have been given in States like Odisha, Maharashtra, Haryana, etc.

RCH Programme under NHM

- RCH programme aims at reduction of maternal and infant mortality and total fertility rates. It further aims to reduce social and geographical disparities in access to, and utilisation of quality reproductive and child health services.
- MOHFW is giving special attention to provide Reproductive and Child Health services in the hard to reach areas including tribal districts.
- Cash assistance of Janani Suraksha Yojana (JSY) is available to women belonging to Scheduled Tribe households for giving birth in public health facilities.
- Mission Indradhanush /Intensified Mission Indradhanush aims at increasing the full immunization coverage to 90%
- Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) has been launched to provide fixed-day assured, comprehensive and quality antenatal care universally to all pregnant women on the 9th of every month.

Communicable Diseases - Revised National Tuberculosis Control Programme (RNTCP)

- Under Revised National Tuberculosis Control Programme (RNTCP) around 4,00,00 tribal patients have been diagnosed and treated since 2015. The programme has started newer interventions like Active case finding to improve the case detection in hard to reach areas.
- 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 TB Health Visitors (TBHVs) for urban areas.

RNTCP

- Campaign mode – Active Case Finding -Tribal districts of the State are mapped among other vulnerable population, and door to door case finding efforts are carried out.
- Phase 1 of the campaign was executed in January 2017 and the 2nd Phase was implemented in July-August 2017.
- During this campaign, the Programme screened more than 72000 target tribal population across the country and diagnosed 27 additional TB cases.

RNTCP

- **Targeted Intervention to Expand and Strengthen TB Control among the Tribal Population under RNTCP- Department has undertaken the project in certain defined hard to reach, tribal areas spread over the central and western parts of India to improve the convenience of TB services for the tribal population. -Undertaken in 5 States and 17 districts**
- Deployment of the Mobile TB Diagnostic Van (MTDV) equipped with X-ray facilities and Sputum Microscopy facilities which are offering diagnostic services for Tuberculosis at the doorstep of the patient's home.
- 35 MTDVs, have been fabricated and equipped with sputum microscopy services and X-ray facilities and have been positioned in the 5 states of Madhya Pradesh, Gujarat, Chhattisgarh, Rajasthan and Jharkhand in difficult to reach areas of the tribal belts.
- Covers a total population of approximately 17.65 million.

Vector Borne Diseases

- Focused attention to areas dominated by tribal population in North Eastern States and in States of Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Maharashtra
- Additional inputs under externally aided projects from Global Fund to NE States especially for control of Malaria
- Kala-azar elimination in the States of Bihar, Jharkhand, Uttar Pradesh and West Bengal

**STATES CONTRIBUTING MAXIMUM BURDEN OF VBD IN INDIA –
PREDOMINANTLY TRIBAL AREAS - (2017)**

MALARIA

Name of the State/UTs	Pf Malaria Cases	Total Malaria Cases	Deaths
ODISHA	297554	352140	25
CHHATTISGARH	115153	141310	0
JHARKHAND	42047	92770	1
MADHYA PRADESH	15554	46176	3
MEGHALAYA	14974	16433	12
TOTAL OF ABOVE STATES	485282	648829	41

	Pf Malaria	Malaria Cases	Deaths
ALL INDIA 2016	716166	1090677	331
ALL INDIA 2017	533481	840838	104

**Cases 23%
decreased**

Deaths 68% decreased

KALA-AZAR PREDOMINANT STATES – BIHAR, JHARKHAND, WB AND UP –
54 DIDTRICTS, 633 BLOCKS COVERING POPULATION OF 38 MILLION – TOTAL
CASES 5758

Vector Borne Diseases - Strategic Interventions

- Early diagnosis and complete treatment
 - ✓ Availability of Diagnostic facility and treatment of malaria at doorstep
 - ✓ Diagnosis and treatment of Kala-azar in endemic districts including tribal areas of Bihar, Jharkhand, Uttar Pradesh and West Bengal
- Integrated Vector Management
 - ✓ Indoor Residual Spray (IRS)
 - ✓ Long Lasting Insecticidal Nets (LLINs)/ Insecticide- treated Nets (ITNs) – 40 million LLIN distributed.
 - ✓ **7.24 million in NE states, 11.34 million in Odisha, 6.3m in Jharkhand and 4.9m in Chhattisgarh during 2015-2017**
- Epidemic Preparedness and Early Response
- Monitoring & Evaluation
- Advocacy, Coordination and Partnerships
- Behavior Change Communication (BCC) and Community Mobilization

NATIONAL LEPROSY ERADICATION PROGRAMME

- Funds are allotted to NGOs, who are encouraged to work in tribal areas providing services like IEC, prevention of deformity and follow up of cases.
- Under NLEP, state wise disaggregated data of Tribal population is collected on monthly basis. During the year 2016–17, out of 1,35,485 new leprosy cases detected, 25,474 (18.80%) were Scheduled Tribes

National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)

- During April, 2017 to December, 2017, approximately 5.11 lakh people have been screened in the designated NCD Clinics at Districts and CHCs.
- 2433 ASHAs, 801 ANMs, 131 SNs and 160 MOs have been provided training.

Non Communicable Diseases

- **National Programme for Health Care of the Elderly**
 - Preventive, promotive, curative and rehabilitative services to the elderly, including ST beneficiaries
 - National Centres of Ageing (NCAs)
 - Regional Geriatric Centres ; Geriatric units at DHs
 - Rehabilitation units at CHCs falling under identified districts
- **National Mental Health Programme**
- **National Iodine Deficiency Disorder Programme**

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS & VISUAL IMPAIRMENT

- 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 in difficult areas.
- Besides Cataract, assistance for treatment and management of other Eye diseases like, diabetic retinopathy, glaucoma, refractive errors corneal transplantation, vitreo-retinal surgery and childhood blindness, is provided.

Tertiary Care Programmes

- **National Programme for Control of Blindness and Visual Impairment**
- **National Programme for Health Care of the Elderly**
- **National Mental Health Programme**
- **National National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)**
- **Trauma and Burn**
- **National Tobacco control Programme**
- **National Programme for Prevention and control of Deafness(NPPCD)**
- **National Programme for Prevention and Control of Fluorosis (NPPCF)**
- **National Oral Health Programme (NOHP)**
- **Tele Medicine**

Institute in North East

- NEIGRIHMS, Shillong , Regional Institute of Medical Sciences, Imphal, Lokapriya Gopinath Bordoloi Regional Institute of Mental Health, Tezpur, RIPANS Aizwal.
- Hospital, Medical Education and training

Medical Education/Human Resources for Health

- Reservation of Seats for ST Candidates in Medical/Dental Courses
 - 15% All India Quota for MBBS/BDS Seats
 - 50% All India Quota for MD/MS/MDS/PG Diploma
 - 7.5% Reservation for ST Candidates in the 15% All India Quota for UG Seats and 50% All India Quota for PG seats is being implemented
 - During Academic Session 2017-18, out of the 4018 MBBS/MDS seats in AIQ, 299 seats have been allotted to ST candidates.
- Relaxation in Qualifying Criteria
 - As per Graduate Medical Education Regulation(GMER) and PGMER, ST candidates have to have 40 percentile in NEET Exams
- Upgradation of DHs to MCs and Strengthening GMCs and CGHIs- Funds are released for Buildings, Equipment and Infrastructure

Upgradation/strengthening of Nursing Services (ANM/GNM)

- The Government is implementing a Centrally Sponsored Scheme namely Upgradation/Strengthening of Nursing Services (ANM/GNM) with total approved outlay of Rs. 2030 cr. since 11th Plan Period.

Criteria for identification of districts

- High focused Districts where there is no ANM or GNM School.
- Preference to under-served areas

BENEFICIARY

- Major beneficiaries are under-privileged especially SCs/STs communities as the objective of the scheme is to establish schools in remote/backward districts.

RSBY

- Health Insurance coverage for BPL population up to 30 thousand per annum
- Senior citizen Health Insurance scheme as a top up of Rs. 30 thousand
- New NHPS Announced - Change in Database from BPL to SECC with Rs. 5 lakh Coverage

Allocation and Expenditure Under TSP

(Amount in Rs. Crores)

Year	Amount allotted under Tribal Sub Plan (head 796)	Expenditure incurred under Tribal Sub Plan(head 796)	Percentage of Exp under TSP to Total Expenditure
2015-16	2013.02	2038.64	10.75
2016-17	2572.19	2406.33	11.35
2017-18	2972.86	2520.66 (Exp upto 12/02/2018)	10.38
2018-19	3382.32 (BE)	-	-

National AIDS Control Programme

- Provides Universal Access for HIV Testing for all including STs. NACO recently introduced Community Based Testing for HIV for unreached population with the help of trained ancillary health care provider.
- NACO provides universal access to comprehensive, equitable stigma-free, quality care, support and treatment services to all People Living with HIV/AIDS (PLHIV).

National AIDS Control Programme: Key Components (2017-18)

Sl. No	Indicator	India	Tribal Districts
1	Number of Targeted Interventions	1,465	392
2	Number of Link Worker Districts	113	34
3	Number of NACO's Supported Blood Banks	1131	234
4	Number of Blood Units collected at NACO Supported blood Banks (In Lakhs)	56.12	10.31
5	Number of HIV Counselling and Testing Facilities	24,496	5,448
6	Number of Clients tested for HIV (In Lakh)	335	65
7	Number of ART Centres	537	112
8	Number of Link ART Centres	1,108	224
9	PLHIV on ART (In Lakh)	11.85	2.56

Thank you!
Jim

