

**Proceedings of Meeting by Shri Oris Syiem Myriaw, Hon'ble Member
on Health & Nutrition on 09.06.2009**

A list of officers present in the sitting is at Annexure.

ISSUE

Comments and latest updates from the Ministry of Health & Family Welfare and other concerned Ministries / Departments / Institutions on the issues arising out of a study / compilation done by the Commission on the subject of 'Health and Nutrition' in relation to Scheduled Tribes in India, which are to be incorporated as a chapter in the Annual Report of the Commission for the year 2007-08.

BACKGROUND

National Commission for Scheduled tribes is a body constituted in 2004 under Article 338A of the Constitution to monitor all matters relating to the safeguards provided for the Scheduled Tribes, and to participate and advise on the planning process of socio-economic development of the Scheduled Tribes. Section (9) of Article 338A of the Constitution also provides that "The Union and every State Government shall consult the Commission on all major policy matters affecting Scheduled Tribes and to present to the President, annually and at such other times as the Commission may deem fit, reports upon the working of those safeguards.

The Commission has collected / compiled information about the Scheduled Tribes in India in the area of 'Health and Nutrition'. Some issues, arising out of the compiled information, needs to be addressed in order to ensure that updated information is furnished in the proposed chapter on the subject in the Annual Report for the year 2007-08.

A discussion was held by Shri Tsering Samphel, Hon'ble Member, NCST with Officials from Health & Family welfare, Ministry of Tribal Affairs and DG, ICMR on 13.04.2009 in the Commission to get their comments and updated information on the compiled information in the form of a chapter. They were also requested to offer their views on the issues arising out of it. It was decided in the meeting that officers from Department of drinking water, Ministry of Women & Child Care, RGI and NRHM should also be invited to get the updated information and address the issues raised in the chapter on Health & Nutrition.

Accordingly, Shri Tsering Samphel, Hon'ble Member decided to hold a meeting with the officials of all the Ministeries / Departments mentioned above on 09.06.2009 at 1100 hrs in the Commission. Shri Oris Syiem Myriaw, Hon'ble Member, NCST chaired the meeting due to unavoidable engagement of Shri T. Samphel.

DISCUSSION

Jt. Secretary, NCST mentioned that the Commission had collected information relating to the Health and Nutrition status of Scheduled Tribes to the extent possible. Information from the State Govt. had also been received. Commission had made efforts to put this information vis-à-vis targets mentioned in the 11th Five Year Plan prepared by the Planning Commission in respect of Health and Nutrition. A number of issues, arising out of this, needs to be addressed. Moreover, in case, any Ministry / Department have taken measures in these areas may update or add to the information compiled by the Commission.

JS, National Commission for Scheduled Tribes Pointed out that though the schemes/programmes of the Ministry of Health & Family Welfare are well structured with ambitious targets, there is no specific Tribal Sub Plan (TSP) component in these schemes/programmes. He further emphasized that the salient feature of TSP include preparation of plan meant for the welfare and development of tribals within the ambit of a plan/scheme as a part of the overall Annual Plan/ Five Year Plan of a Ministry/Department. An adequate flow of funds in proportion to the St population of a State/UT through TSP should be ensured by the Central Ministry / Department.

The Ministry of Health & Family Welfare intimated that National Rural Health Mission was taken up in 2005 with a view to taking care of the health requirements of the rural areas. Further, it was informed that same policy can't be made for whole country, as the requirement of different States are different. It was further felt that different districts in a State can have different health relate requirements. Therefore, a network has been set up and district-wise information is being received in the Ministry to take corrective steps as per the requirement. It was intimated that by providing 7.5% share to STs, it will be injustice to them, therefore, corrective action and support will be given to the districts based on the data collected. If the ST dominated districts require total support, that will be extended. The Commission recommended that support to ST dominated districts should be given priority.

The officials of the Ministry further informed that a number of steps/initiatives, as under, are being taken to ensure that medical help reaches the needy people, especially the people from the weaker section of the society within the shortest possible time:

- i) All districts of the country are sanctioned with a GPS enabled Mobile Medical Van. These are operational in 360 districts and soon will be operational in the remaining districts also;
- ii) Appointment of trained ANMs could not be done due to non – availability of trained manpower. There is a limitation of number of seats in the Govt. institutions. The Govt. of West Bengal have taken a very good initiative in this regard by imparting training to the local volunteers to become ANMs with the help of NGOs. This has solved the problem of non – availability of trained ANMs in a short duration. This system should be encouraged by the other State Govts. also;
- iii) Preference to local people is being accorded for appointment at any level in the healthcare system.
- iv) Most of the PHCs are made to operate on 24X7 basis and MoH&FW is supporting the State Govt. in this area;
- v) Higher payment is being given for appointment on contract basis to Specialists, Doctors and para-medical staff to be posted in remote tribal areas. A rate list has been worked out with the recommendation of the State Govt. Regular employees are also provided special incentives;
- vi) Ministry has started a program, under which Graduate doctors are given training in Family Medicine through distance education scheme. There are 100 seats for this 2 year Diploma course through CMC Vellore. 120 doctors are trained in one year program of PG in Public Health. This drive is started to compensate for the acute shortage of specialists, especially in remote tribal areas;
- vii) A six month training is imparted to the doctors in the field of epidemiology;
- viii) Criteria for opening of CHC, PHC and SHC has been relaxed for rural and remote / hilly areas. Criteria for setting up of health centre also includes consideration of load and distance in addition to population, which is already relaxed.
- ix) Ministry has directed for starting of medical college, where health centre are big enough as per standards. The prescribed criteria of a chunk of land for opening of a medical college is also relaxed for these areas. This will facilitate training of local people and their availability for service in future;

- x) Ministry, in co-ordination with the State Govt., is trying to ensure that there is no shortage of medicines. To ensure this target, different state Govts. are taking various steps. At some places, a fund is generated and the accrued interest is utilized to arrange for medicines. Govt of Tamil Nadu has registered a remarkable progress in this area;
- xi) Co-location and integration of Ayush, Homeopathy and Indian system of medicine is being done at CHC and PHC;
- xii) Stress is being given for awareness programmes based on the inter-personnel communication; and
- xiii) The lower level of health workers are named in the local language, like an ASHA in Chhatisgarh is called 'Mitani', which means a co-worker. This generates a feeling of belongingness.

Ministry of Women and Child Development intimated that a number of steps are being taken, as under, for the betterment of health condition of women and children.

- i) Awareness programmes are being arranged to promote institutional deliveries;
- ii) Nutritional supplements are being supplied free of cost to the pregnant women and children;
- iii) Vaccination of pregnant women and children are arranged through medical camps and mobile vans in addition to health centers;
- iv) Food supplement and mid - day meal is given all school going children; and
- v) For appointment in Anganwadi, the norms are relaxed.

Department of Drinking Water Supply intimated that following steps have been taken to meet the target of Planning Commission in 11th five year plan to provide safe drinking water to all by 2012:

- i) Department have converged all the programmes with NRHM and ICDS, as the programme is related to health and nutrition;
- ii) Rain water harvesting, a major source of water in remote areas where water pipe lines can't be laid because of difficult terrains, is being exploited;
- iii) A Jalmani Scheme is started to ensure safe drinking water to all school children. For this, all schools are being provided filtration units;
- iv) Wherever, initiatives taken for drinking water could not be sustained due to shortage of resources, GOI is providing 100% support for their sustainability;

- v) The practice of providing more support to States where progress has not been achieved as targeted, is done away. On the other hand, the Department is rewarding to the State Govts. where good / remarkable work has been done, thereby promoting the good work;
- vi) Under NRDWP, 10% of the funds have been earmarked for Scheduled Tribes habitations;
- vii) It has been noticed that in some of ST areas in some States, the drinking water is not of good quality, processing measures are being taken to overcome the problem by improving the quality through filtration system etc.; and
- viii) To ensure safe drinking water and good health, sanitation is very important. Department is providing 'Ecosan' toilets, which are easy to maintain and uses less water. It is planned to provide Ecosan toilets in all the Aanganwadis and Schools by December, 2009. Incentives are given to Gram Panchayats, where all public institutions are provided with toilets.

It was clarified by the MTA that the Ministry is supplementing the line Ministries to implement their policies in the tribal districts for creating infrastructure by providing support to State Govts. Ministry of Tribal Affairs is not providing any direct financial support to the line ministries to implement their policies in the tribal districts, as mentioned in the proceedings of the discussion on 13.04.2009. It was also informed that nomenclature 'Primitive Tribal Group' (PTG) has now been changed to Primitive vulnerable Tribal Group (PTG).

CONCLUSION

It was intimated by the Commission that the Chapter on 'Health and Nutrition' will be updated by the valuable information provided by the different ministries / departments.

ANNEXURE

The following were present in the sitting on 09.06.2009 :

NCST

1. Shri Oris Syiem Myriaw, Hon'ble Member.....In Chair
2. Shri Aditya Mishra, Jt. Secretary
3. Shri Vinod Aggarwal, Director

Ministry of Tribal Affairs

1. Ms. Urvashi Sadhwani, Economic Adviser

Ministry of Health & Family Welfare

1. Shri V. Venkatachalam, Addl. Secretary
2. Shri Amarjeet Sinha, Jt. Secretary
3. Dr. Sangeeta Saxena, AC(CH)
4. Ms. Archana Varma, Dir, NRHM

Indian Council of Medical Research

1. Dr. V. M. Katoch, Secretary, DHR & DG, ICMR
2. Shri M. Rajamani, Sr. DDG(Admn.)
3. Dr. G. S. Toteja, DDG (Scientist 'F')

Ministry of Women & Child Development

1. Ms. A. S. Awasthi, Director, ICDS

Department of Drinking Water Supply

1. Shri A. Bhattacharya, Jt. Secretary
2. Shri Vijay Mittal, Director, CRSP
3. Shri D. Rajasekhar, Asstt. Adviser (WQ)