

**File No.17014/1/2014-Eco**  
Government of India  
Ministry of Tribal Affairs  
(Economics Division)

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Room No: 280, August Kranti Bhawan  
New Delhi-110066  
Dated: 10.07.2014

**OFFICE MEMORANDUM**

**Subject: Meeting of Coordination Committee for monitoring, planning and progress of the schemes/programmes being implemented for overall development of Scheduled Tribes.**

The undersigned is directed to forward herewith a copy of the minutes of the meeting of the Coordination Committee of the Ministry of Tribal Affairs held under the chairmanship of Secretary (TA) on 25th June 2014, in the conference room no. 734-735, A Wing, 7th Floor, Shastri Bhawan, New Delhi for information and necessary action.

**(P.L. Verma)**

Deputy Secretary to Govt. of India  
Tel. No: 2618 2823

Encl: a/a

To,

- 1) Secretary, Ministry of Human Resource Development , *Department of School Education & Literacy*, Shastri Bhawan, New Delhi.
- 2) Secretary, Ministry of Human Resource Development, *Department of Higher Education*, Shastri Bhawan, New Delhi
- 3) Secretary, Ministry of Women & Child Development, Shastri Bhawan, New Delhi
- 4) DGE&T/JS, Ministry of Labour & Employment, Shram Shakti Bhawan, New Delhi.
- 5) Advisor, Planning Commission, Yojana Bhawan, New Delhi
- 6) Secretary, Ministry of Drinking Water and Sanitation, 6th Floor, Block -11, CGO Complex, Lodhi Road, New Delhi
- 7) Secretary, Ministry of Power, Shram Shakti Bhawan, Rafi Marg, New Delhi.
- 8) Secretary, Ministry of Health and Family Welfare, *Department of Health*, Nirman Bhawan, New Delhi.
- 9) Secretary, Ministry of Rural Development, Krishi Bhawan, New Delhi
- 10) Secretary, Ministry of Health and Family Welfare, *Department of Ayush*, B Block, GPO Complex, INA, New Delhi- 110023

**Copy to:**

1. JS (A) / JS (MKP)/ DDG / EA
2. All Divisional Heads
3. PS to Secretary (TA)

## Ministry of Tribal Affairs

### **Minutes of the meeting of the Coordination Committee held on 25<sup>th</sup> June 2014, 11:00 AM under the chairmanship of Secretary, Ministry of Tribal Affairs.**

A meeting of the Coordination Committee constituted for monitoring, planning and progress of the schemes/programmes being implemented for overall development of Scheduled Tribes was held under the chairmanship of Secretary, Ministry of Tribal Affairs on 25th June, 2014 at 11 A.M at Conference Hall, M/o Tribal Affairs, Shastri Bhawan. The focus was on the health sector and the convergent action that can be taken by the various member Ministries/ Departments to address this.

List of participants is annexed **(Annex-I)**.

2. The discussion and decisions taken are summarized below:

**Agenda 1:** Minutes of meeting dated 30th April 2014 were confirmed.

**Agenda 2:** Decisions requiring follow-up action were discussed:

- MoHRD to send the list of low literacy districts (Census 2011) to MoTA so that State TDDs may be asked to coordinate with state education departments to work out specific proposals for these. MoHRD to also provide data on GER, dropout rates, literacy etc separately for the North Eastern Region (NER) and other States for focused programmatic interventions. DDG, MoTA would provide tribe-wise literacy data.
- MoHRD to analyse the retention level of students and teachers and other support staff in tribal areas for appropriate schematic interventions.
- Education Division MoTA to write to D/o SE &L to examine shifting of vacation time in schools/colleges in tribal areas and better utilization of summer vacation for improve learning levels of tribal children.

**(Action MoHRD/ DDG, MoTA/ Education Division MoTA)**

**Agenda 3:** Shri Manoj Jhalani, Joint Secretary, Deptt. of Health and Family Welfare (DoHFW) made a presentation on the focus on tribal health under the National Health Mission (NHM). He informed that public health is a State subject and Government of India provides funds and technical support to States to address the health needs. Within the design of NHM, addressing equity is a key focus. The framework for implementation of NHM has a specific section on health needs of tribals and populations living in LWE affected areas. To understand the specific health challenges of STs and to analyse critical gaps in tribal health, DoHFW held a consultation with States in May, 2013. Thereafter, in consultation with MoTA, an Expert Group on Tribal Health chaired by Dr. Abhay Bang, was constituted. The Group has held 3 meetings. Its report is awaited. A Steering Group co-chaired by Secretary, DoHFW and Secretary, MoTA will oversee the implementation of recommendations of the Expert Committee.

To address equity and to improve access as well as quality of health care the NHM has introduced some new concepts: (i) High Priority Districts (HPDs) – all districts with composite health index, based on DLHS-3 indicators, below the State average would get an enhanced allocation of at least 30% more resources per capita as

compared to the other districts in the State. 25 tribal districts (> 50% ST population) in States other than NE States are HPDs. All remaining Tribal/LWE districts have been identified as 'Special Focus Districts'; (ii) "Time-To-Care" approach- Sub health centres (SHCs) to be within 30 minutes walking distance from a habitation; (iii) Strengthening of SHCs as "First Port of Call"- ie more Human resource including mid-level service providers; (iv) relaxation of population norm for ASHA – NHM allows one per hamlet for tribal population irrespective of population size. Further, he informed that NHM has got five flexi-pools and provides States great flexibility in the formulation of their Programme Implementation Plans (PIP). States must use this flexibility.

The problems and challenges in tribal areas, including infrastructural and manpower shortages, and what the Ministry is currently doing were highlighted. Not only are the health indicators of STs behind that of the general population, there are wide inter-state variations. Positive health behaviors amongst STs, e.g, high percentage of exclusive breast feeding were mentioned. Other pressing health issues are malaria, tuberculosis, skin infection, asthma, diabetes, hypertension, sickle cell anaemia, accidents, bites and alcoholism. JS (Health) also highlighted importance of safe drinking water and sanitation. JS (AP) enquired about the disease burden of malaria, water borne diseases, sickle cell anaemia (SCA) and thalassemia. DoHFW informed that they do not have data on disease burden of STs but can get a broad idea from various surveys. JS (Health) informed that some States have taken up pre-marriage counselling, i.e, advising people with SCA gene against marrying each other, as an innovative activity under NHM. DDG voiced the concern that lack of data would constrain planning of interventions.

#### **Decisions/Actionable points:**

- In hilly/tribal areas, all pregnant women are not covered under the immunization/nutrition programme as they are either missing when the ANMs/ASHAs/AWWs visit or the latter do not go to the remote locations at all. Chairperson observed that from the data on ST health, maternal and child deaths and morbidity, it appears that incentives provided to doctors by various States to work in these areas is not adequate. Hence, focus has to be on improving outreach through the ASHAs and AWWs etc. ASHAs/AWWs/ANMs may be incentivized through relevant departmental TSP funds to reach pregnant mothers in these areas. Special efforts like providing conveyance through TSP, may be initiated to take these workers to the remote areas regularly. **(Action: MoH&FW/ MoWCD)**

- Highlighting that maternal deaths are often due to obstetric complications, representative from Department of Ayush mentioned that the scarcity of doctors could be partially addressed by focusing on deployment of Ayush doctors in tribal areas. DoHFW and D/o Ayush may work out this convergence and devise an appropriate deployment pattern without compromising the quality of essential health care to tribals.

**(Action: D/oH&FW/Department of Ayush)**

- Although a number of health related initiatives have been taken and various services/facilities are available in tribal areas, these may not be known to the tribals themselves. Information and awareness about available health services, health facilities and health schemes should also be disseminated by other Ministries/ Departments. DoHFW to provide a set of about 10-15 points from NHM guidelines that are relevant for ST populations, separately for rural and urban areas, for circulation to relevant line Ministries as well as to ITDAs/ITDPs. **(Action: MoH&FW/ MoTA)**

- Self Help Groups (SHGs) formed by the MoRD can be the entry point for creation of awareness about safe drinking water, health facilities and schemes available in tribal areas. Health issues and available services should be made a part of SHGs training component in tribal areas. SHGs can be trained to demand services and they can also assist Health and ICDS workers to reach the unreached.

**(Action: M/o Rural Development)**

- Guidelines regarding Iron Folic Acid and calcium supplementation need to be re-circulated to health facilities in tribal areas emphasizing regularity, necessity of IFA supplementation right through the pregnancy and that calcium and iron should be taken separately. Chairperson advised that both MoTA and HRD should issue an advisory to all schools in tribal areas for regular weekly supplement of IFA to be administered to the students on a particular day of the week immediately after the MDM.

**(Action: DoH&FW, DoSE&L, Education Division MoTA)**

- Nutrition security advisory to be issued to all hostels and residential schools in tribal areas to design their menus so as address malnutrition and anaemia, ensure essential nutrients through use of locally grown foods and inclusion of green vegetables. These hostels/ schools should be encouraged to have kitchen gardens. The advisory should also cover periodic deworming and steps to ensure safe drinking water.

Local produce based nutrition should also be a part of the training curriculum of ANMs/ AWWs. **(Action: MoHRD/Education Division, MoTA / MoWCD/MoH&FW)**

- Screening for hereditary diseases such as Sickle Cell Anaemia and Thalassemia must be made mandatory in tribal areas where these problems are endemic. This should also be integrated with the Rashtriya Swasthya Bal Karyakarm (RSBK). Steps be taken to educate ASHAs/ ANMs/ AWWs as well as VHSNCs about the cases and dangers of these diseases. **(Action: MoH&FW/ Mo Drinking Water & Sanitation)**

- MoHFW to analyse how many health personnel (Doctors& Paramedics) are drawing salaries against posts in facilities in ST areas but are actually serving elsewhere. **(Action: MoH&FW)**

- Ministry of Drinking water is providing 90% subsidy to State government for drinking water projects. The TSP allocation of the Ministry fulfils the mandatory 10%. There is a National Water Week and separate funds are allocated for the tribal population. Chairperson desired that nature of projects under TSP may be monitored. Also action taken to renew traditional sources of water in tribal areas may be informed.

**(Action: M/o Drinking Water/M/o Rural Development)**

- Some States are not offering Science subjects to girls at the SSLC level in tribal areas, primarily due to lack of science teachers. As a result ST girl students do not have the requisite science qualification to take up professional training as ANMs and hence the shortage of health personnel/ STs ANMs to work in tribal areas persists. For the same reasons shortage of science teachers is also perpetuated. MoTA to write to States to examine this and see whether students from tribal areas can be taken to cities outside the area, placed in residential facilities and taught science and maths. The large pool of engineering graduates who may not be gainfully employed maybe tapped into for this purpose. **(Action: Education Division, MoTA/ MoHRD)**

Some of the issues, circulated vide meeting notice dated 17th June 2014, related to the forthcoming NFHS # 4 and the possibility of capturing data on health statistics of STs in the HMIS of DoHFW could not be discussed due to shortage of time. DoHFW may send a brief note on the same. **(Action:DoHFW)**

2. All the Ministries/Departments and the Divisions of the Ministry of Tribal Affairs may initiate necessary action on the points of previous meeting and above and inform within a fortnight. **(Action: All the Ministries/Departments/Divisions of MoTA)**

3. In the next meeting, RMRC Jabalpur, ICMR (in matters like malaria, inherited hemoglobin disorders), representatives on Nutrition (including Ministry of Agriculture) and representatives of Food and Nutrition Board, M/o Women and Child Development will be invited.

4. The meeting ended with a vote of thanks to the Chair.

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**List of participants of the Coordination Committee Meeting:**

<b>Sl. No.</b>	<b>Name and Designation</b>	<b>Name of the Ministry/ Department</b>	
1	Shri Hrusikesh Panda, Secretary	Ministry of Tribal Affairs	Chairperson
2	Shri Ashok, Joint Secretary	Ministry of Tribal Affairs	Member
3	Shri, M.K. Pingua, Joint Secretary	Ministry of Tribal Affairs	Member
4	Shri S. Chaudhuri, DDG	Ministry of Tribal Affairs	Member
5	Smt. Sangeeta Verma, EA	Ministry of Tribal Affairs	Member / Convener
6	Shri S. Das, Director	Ministry of Tribal Affairs	Representative
7	Shri S.M. Sahai, Director	Ministry of Tribal Affairs	Representative
8	Shri S. Sasmal, Director	Ministry of Tribal Affairs	Representative
9	Ms. Shyla Titus, Deputy Secretary	Ministry of Tribal Affairs	Representative
10	Shri P.L. Verma, Deputy Secretary	Ministry of Tribal Affairs	Representative
11	Shri Manoj Jhalani, Joint Secretary	Ministry of Health and Family Welfare	Member
12	Shri R.P. Meena, Director	Ministry of Health and Family Welfare	Representative
13	Shri Alok Kumar Verma, Director	Department of Health and Family Welfare	Representative
14	Smt. Meera A.P, Assistant Director	Department of Health and Family Welfare	Representative
15	Dr. A. Raghu, Dy. Advisor	Department of AYUSH	Representative
16	Dr. Faisal Shaikh, Consultant-NHM	Department of Health and Family Welfare	Representative
17	Shri Vipin Joseph	Ministry of Health and Family Welfare	Representative
18	Dr. H. Bhushan	Ministry of Health and Family Welfare	Representative
19	Ms. Meenakshi Jolly, Director	D/O School Education and Literacy, M/o HRD	Representative
20	Ms. Anita Sirohiwal, Assistant Director	Department of Higher Education, M/o HRD	Representative
21	Shri. M.M. Singh, Director	Ministry of Drinking Water and Sanitation	Representative
22	Smt. Christina Kujur, Under Secretary	Ministry of Drinking Water and Sanitation	Representative
23	Shri. Mukesh Kumar, Assistant Commissioner	Ministry of Rural Development	Representative