

No.15011/01/2020-STC
Government of India
Ministry of Tribal Affairs
(STC Monitoring Division)

Ground Floor, Jeevan Tara Building,
Sansad Marg, New Delhi-110 001
Dated: 14th September, 2021

OFFICE MEMORANDUM

Subject: Minutes of the meeting held on 27.8.2021 to review the Scheduled Tribe Component Funds and discuss the convergence of Integrated Village Development Programme of the Ministry of Tribal Affairs with STC Schemes – reg.

The undersigned is directed to forward herewith the minutes of the meeting on the subject held on 27/08/2021 under the Chairpersonship of Secretary, Tribal Affairs.

2. The list of 36,428 tribal dominated villages having tribal population 50 % or more and at least 500 tribal population for filling up gap in these villages based on Mission Antyodaya data of 117064 villages (as as on 31.08. 2019) having 25% or more tribal population of Department of Rural Development and Census 2011 in enclosed herewith.
3. This issues with the approval of Secretary, Tribal Affairs.



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To

Shri Vishal Chauhan, JS, D/o H&FW
Dr. Ashok Babu, JS, D/o H&FW
Shri Sukh Lal Meena, DS, M/oWCD
Dr. Muniraju S.B., Dy. Adviser (SJE-VAC), NITI Aayog

Copy to

Secretary, Department of Health and Family Welfare
Secretary, Ministry of Women and Child Development
PPS to Secretary, Ministry of Tribal Affairs
PPS/PS to JS(NJK)/DDG/EA

Minutes of the meeting held on 27.08.2021 to review the Scheduled Tribe Component Funds and discuss the convergence of Integrated Village Development Programme of the Ministry of Tribal Affairs with STC Schemes

A meeting was held under the chairmanship of Secretary, Ministry of Tribal Affairs (MoTA) on 27.08.2021 at 02.30 P.M. with the Ministry of Women and Child Development(MoWCD)and Department of Health & Family Welfare (DoHFW) to review the allocation, utilization, physical progress of STC by them under their schemes and also to discuss on the convergence of Integrated Village Development Programme of the Ministry of Tribal Affairs being launched under the revamped SCA to TSS Scheme(SCA to ITVD). A list of officers who attended the meeting is given at Annexure.

2. After a brief round of introduction, a presentation on the allocation and utilization by DoHFW and MoWCD was made by DDG in the meeting.

3. Secretary, Tribal Affairs (TA) stated that Ministry of Tribal Affairs based on Mission Antyodaya data of Department of Rural Development and Census 2011, has done gap analysis of 117064 villages (as on 31.08. 2019) having 25% or more tribal population for 18 parameters. There are 36,428 villages which have tribal population of 50 % or more and have at least 500 tribal population. For filling gaps in these villages and for focused development of these villages, Ministry has prepared action plan under the scheme SCA to ITVD of the Ministry for comprehensive development of 36,428 village in next 5 years with approximately 7500 villages taken every year from 2021-22 to 2025– 26. The scheme is envisaged to undertake the developmental activities in these villages **mainly through convergence of funds available with different Ministries/Departments under STC funds** and the funds available under scheme of SCA to ITVD would be used for gap filling. The representatives of DoHFW and MoWCD were asked to deliberate how the respective schemes of their departments can be converged with the scheme

It was informed that a joint meeting of Secretaries of both Ministries with State Tribal and Health Secretaries had been planned in March 2020 to discuss the Expert Committee report on tribal health, which could not take place due to covid. Tribal Health Collaborative and Action plan of

elimination of Tuberculosis was launched on 7th April 2021 and 25th March 2021 respectively. Likewise, there is stunting and wasting among tribal children due to malnutrition, which is one of the main reasons for high IMR and MMR in tribal population and MoTA is actively participating in Poshan Abhiyan activities of WCD. The progress of these initiatives is required to be reviewed and monitored regularly.

Department of Health & Family Welfare:

4. Overall allocation and expenditure: Department of Health & Family Welfare (DoHFW) is mandated to allocate at least 8.60 percent of their total scheme budget under Scheduled Tribe Component. It is observed that during 2019-20 and 2020-21, allocated funds is 8.60 percent of their total scheme allocation. However, there is a difference of Rs 173 Crore in the expenditure for 2020-21 under STC figures provided by the DoHFW and the expenditure figure available on STCMIS portal of MOTA. The figures may be reconciled by MoTA and DoHFW. **[Action:DoHFWand MoTA]**

In FY 2021-22 as per statement 10B of Union Budget 2021-22, the allocation of DOHFW under STC is Rs. 4260.20 cr(7.96 %). JS (DoHFW) stated that as per his information, the allocation is 8.65% and he would reconcile the difference of STC allocation figures. **(Action: DoHFW)**

5. During 2021-22. STC allocation has been made under 6 schemes by DoHFW. Rs 3289.62 Cr. has been allocated under NRHM which is 77.22 % of total DoHFW STC allocation.

Amount in Cr

S. No	Name of the scheme	STC Allocation	Release under STC	%STC to STC allocation
1	Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PMJAY)	252.21	241.60	95.79
2	Human Resources for Health and Medical Education	582.02	249.48	42.86
3	National Rural Health Mission	3289.62	799.67	24.31
4	National Urban Health Mission	85.57	13.69	16.00
5	Strengthening of State Drug Regulatory System	18.88	0.00	0.00
6	Tertiary Care Programs	31.90	21.55	67.55
	Total	4,260.20	1,325.99	31.13

Allocation under Strengthening of State Drug Regulatory System seems to be notional. Secretary, TA urged that notional allocation may be avoided and STC allocation may be made under the schemes which provide specific benefits to STs. The STC allocation under Strengthening of State Drug Regulatory System may be shifted to NRHM in RE stage. He asked JS(MoHFW) to give details of expenditure incurred under Human resources for health and medical education. **[Action:DoHFW]**

6. Saturation of villages with PHC, CHC and Wellness Centres: Secretary, TA stated that as per the Rural Health Statistics 2019-20 published by DoHFW there is a shortfall of 6602 SCs, 1371 PHCs and 375 CHCs in tribal areas as on 31st March 2020 in all India level. It is also observed that as per the gap analysis of tribal dominated villages mentioned above there are no Sub Centre in 6634 villages within the periphery of 10 Kms. Secretary, TA asked JS(Grants), MoTA to provide the list of villages to DoHFW covered under SCA to ITVD for mapping of health infrastructural gaps in these villages. He asked MoTA and MoHFW to work out mechanism to saturate tribal villages where gap are available under SCA to ITVD and STC funds available with DoHFW.

6.2. JS, Policy, DoHFW informed that DoHFW is converting 1.5 lakh sub centres to health and wellness centres before December 2022 for giving better health facilities in rural areas and 77,000 wellness centres have already been completed till now. As regards the shortfall of sub-centres in tribal areas JS, Policy, DoHFW informed that they will be able to cover the shortfall of SCs in tribal areas as they are getting funds under Prime Minister Atmanirbhar Swasth Bharat Yojana' (PMASBY) scheme and 15th Finance Commission. However, it will be difficult to saturate the shortfall of PHCs and CHCs in tribal areas as it will require additional funding of around Rs 4000 crore. He sought financial help from MoTA in this regard. An amount of around Rs 55 lakh, Rs 1.43 crore and Rs 5.25 crore is required for constructing a SC, PHC and CHC respectively. Secretary, TA asked to provide the details of wellness centres in tribal areas and asked JS(MoHFW) to map the blocks which are otherwise entitled to have SC/PHC/CHC as per norms but have not been saturated. Secretary, TA informed that a building for medical college has been constructed in Sundargarh District of Odisha by NTPC under CSR, and requested DoHFW to explore whether a Medical College/ Hospital can be established and run by the Ministry of Health

and Family Welfare, so that the tribal people of three states of Odisha, Jharkhand and Chhattisgarh can get quality medical care.

6.3. Secretary, Tribal Affairs advised that the shortfall of STC allocation in BE 2021-22 of DoHFW may be made up and utilised for new PHCs/CHCs. Further, some funds may be provided by MoTA for establishment of health infrastructure under the programme/scheme of Grants under Article 275(1) of the Constitution and Grant-in Aid to Voluntary Organizations working for the welfare of Scheduled Tribes. He also asked to identify STC funds of the Ministries/ Departments who are either not allocating as per mandate or not able to utilize funds; so as to explore the feasibility to allocate and utilize these funds for filling the infrastructure gaps in tribal areas by establishing health centres.

6.4. Secretary, TA emphasised that more attention is needed in the states of Madhya Pradesh, Maharashtra, Chhattisgarh, Jharkhand, Odisha, Gujarat and Rajasthan, with significant tribal population. He also urged that DoHFW may request these States to identify tribal areas lacking CHCs and PHCs and include infrastructure proposals in their PIPs accordingly. As the district plans are being finalised by the States, JS, Tribal Affairs and JS Policy, DoHFW are requested to share the list of deficient villages so that suitable advisory/guidelines can be given to the states for inclusion of these villages in district plans for improving health infrastructure. **[Action: DoHFW and MoTA]**

7. Monitoring mechanism of STC funds: JS(MoHFW) was asked to brief the monitoring mechanism of STC funds given in 177 tribal districts. It was suggested that STC budget utilization may be monitored in 5-10 tribal districts on pilot basis. After that it may be expanded to all the tribal districts. Piramal Swasthya has been working in these districts under Tribal Health Collaborative and can provide all help in this regard. **[Action: DoHFW and MoTA]**

8. Ayushman Bharat: It was observed that an amount of Rs 252.21 crore has been kept under under Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PMJAY) and an amount of Rs 241 crore has already been released. JS, policy, DoHFW informed that around 78 lakh cards have been issued for STs under PMJAY. Secretary, Tribal Affairs enquired about the number of STs who have got treatment so far and the amount spent. As the number of ST households would be around 2.50 crore, it should be examined as to the reasons for issuing proportionately fewer cards to STs.

JS, DoHFW stated that he will take up the issue with NHA and provide the data and suggest them to issue Ayushman Card to all eligible ST beneficiaries. DDG (STC) was asked to write a letter to NHA for sharing data of ST who have been issued Ayushman card and got treatment so that the data can be shown on performance dashboard. **[Action: DoHFW]**

9. Sharing of health data of 177 tribal districts from HMIS: It was explained by JS(DoHFW) that an online HMIS captures service and infrastructure data on regular basis from health facilities. The system currently captures data of more than 400 indicators every month from more than 2 lakh health facilities. It was stated that web site was being revamped and he would ask DDG(Stats), MoHFW to provide data of tribal health for 177 districts on regular basis. Advisor Health cell and DDG NIC to follow up with DDG Stat (MoHFW) in this regard **[Action: DOHFW, MoTA]**

10. Sickle Cell Disease: Secretary, TA stated that since sickle cell gene is more prevalent amongst tribal population, MoTA is working on formulating an action plan on control of SCD. For this he emphasized the need of testing for sickle cell gene amongst pregnant women in Ist Trimester. MoHFW was requested to include the testing of Sickle Cell gene as part of compulsory test in States where sickle gene is prevalent and ASHA workers may be provided these kits so that testing of SCD gene is also done with other tests. It was also discussed that after solubility test, there is need for confirmatory test for which the pregnant mother is required to go to the district. Now there are advance technologies like Sickle SCAN test and Hemotype SC Test and ICMR has validated these tests and they are confirmatory tests. JS(RCH) was asked to explore how the data from these tests can be directly exported to ANMOL App. Secy TA suggested that ICMR, MoTA and MoHFW should work out mechanism for testing of SCD in pregnant women and follow up action in case the mother is found to be a carrier. He also asked that the States where SCD is prevalent should include this as part of their action plan under Article 275(1) grants or under TRI scheme. Secretary, TA asked MoTA and MoHFW to prepare joint action plan on Sickle Cell. It was also informed that the Ministry has prepared training module and guideline for training of medical and paramedical staff, which has been approved by the DGHS. Advisor Tribal Health Cell was asked to coordinate with ICMR and DoHFW for action plan on SCD. A letter from MoTA may go JS(RCH) for including sickle cell gene testing as part of tests done by ASHA workers.

[Action: DoHFW& MoTA]

11. Maternal and Child Health: JS, RCH, DoHFW gave a presentation on the status of IMR, MMR and proposed actions of DoHFW for reduction of IMR and MMR in tribal areas. He explained that role of organisation like Piramal Foundation and similar NGOs which are working in tribal areas is very important in providing logistics services as tribal areas are remote. He suggested that in case of high-risk pregnancies, the pregnant mother should be brought near the facility in advance as the MMR increases if such deliveries are not planned in advance, since due to remoteness there are delays in availability of vehicle, gynecologist and anesthetist. It was suggested that Piramal Swasthya will converge its activities with DoHFW and district authorities in 50 Aspirational Districts where it has presence. JS, DoH&FW and Piramal Swasthya were asked to hold a separate meeting on the issue. It was informed by the representative from Piramal that Tribal Health Collaborative ‘Anamaya’: A Multi Stakeholder Initiative to enhance Tribal Health and Nutrition has already been launched by MoTA bringing together governments, philanthropists, national and international foundations, NGOs/CBOs to end all preventable deaths among the tribal communities of India. Secretary, TA stated that due to remoteness and lack of proper roads, normal ambulances are not able to reach tribal villages in time which increase maternal mortality and many tribal are losing lives. He advised that bike ambulances may be introduced in tribal areas in large number for their benefits.

12. Secretary, TA desired to take a review meeting soon and asked both Ministries to take action on their part on priority. **[Action: DoHFW and MoTA]**

Ministry of Women and Child Development

13. Ministry of Women and Child Development has been asked to allocate 8.6% of their total scheme allocation under STC as per earmarking norms. In the current year they have allocated Rs 2077.93 crore under 2 umbrella schemes. DS, MWCD informed that 7.7 percent of total release was made under STC for FY 2020-21.

Amount in Cr

S.NO	Name of the scheme	STC allocation	Release under STC	% STC allocation
1	Mission Shakti (Mission for Protection and Empowerment for Women)	178.45	42.41	23.77
2	Saksham Anganwadi and POSHAN 2.0 (Umbrella ICDS - Anganwadi Services, Poshan Abhiyan,	1899.48	0.00	0.00

	Scheme for Adolescent Girls, National Creche Scheme)			
	Total	2,077.93	42.41	2.04

Secretary, TA emphasised that the funds allocated under STC may be utilized fully. He also asked to see why no releases have been shown in STC MIS under Poshan 2. Secretary, TA asked to provide the details of beneficiaries under Anganwadi Services Scheme, Pradhan Mantri Matru Vandana Yojana, Scheme for Adolescent Girls and other schemes and the mechanism for identification of ST beneficiaries. He also emphasized the need for the convergence of the Schemes of MWCD for integrated development of identified tribal dominated villages. Secretary asked to provide that data on how many Anganwadi Centres are functional in Tribal Areas. DS, MWCD informed that he will provide the data. M/O WCD was asked to share data with Health and Nutrition portal of Ministry on regular basis.

[Action: MWCD]

Meeting ended with vote of thanks to the Chair.

List of Participants

Srl.No.	Name & Designation
1.	Shri Anil Kumar Jha, Secretary, MoTA -in- Chair
2.	Shri Naval Jit Kapoor, JS, MoTA
3.	Shri Biswajit Das, DDG, MoTA
4.	Shri Vishal Chauhan, JS, D/o H&FW
5.	Dr. Ashok Babu, JS, D/o H&FW
6.	Shri Shiv Singh Meena, EA, MoTA
7.	Shri Satyendra Kumar, Joint Director, MoTA
8.	Shri Rahul Kumar, Deputy Director, MoTA
9.	Shri Sukh Lal Meena, DS, M/oWCD
10.	Ms. Vinita Srivastava, Health Adviser, MoTA
11.	Shri Mukesh Kumar, Parimal Swasthya
12.	Dr. Dinesh Jagtap, Parimal Swasthya