

Sr. No.	Issues	Department Concerned
1	<p><b>HEALTH AND MALNUTRITION</b></p> <p>TDD in coordination with WCD and Health Departments will focus on issues of health and malnutrition. The 15 most high burden blocks of the Scheduled Areas would be the high focus areas.</p> <p>Opening newer heads of expenditure in TSP on the recommendations of the Health or WCD department.</p>	<p>HEALTH, WCD, AND TDD.</p> <p>TDD, WCD, AND HEALTH.</p>
2	<p><b>TRIBAL SUB PLAN</b></p> <p>Mechanisms to ensure 100% expenditure in an effective manner should be put in place. This may include issues of manpower management, appropriate delegation of powers, strengthening PO offices, reforming TSP, etc.</p>	TDD
3	<p><b>SPECIAL FOCUS ON SENSITIVE BLOCKS</b></p> <p>Blocks with High mortality and morbidity, high migration and poor HDI need to be addressed with specific interventions.</p>	TDD
4	<p><b>BOTTOM UP PLANNING</b></p> <p>Tribal Department may consider Planning from below so as to have more representative Tribal Sub-Plans. This mandate follows from Section 4(m) vii of PESA. Also, greater decentralization of powers, powers of reappropriations at district level, innovative fund on lines of General Plan, greater direct devolutions to Village Panchayats may be considered.</p>	TDD
	<b>CONTROL OF GRAM SABHA OVER</b>	

5	<p><b>INSTITUTION AND FUNCTIONARIES IN SOCIAL SECTORS</b></p> <p>According to Section 4(m)vi of Panchayat Extension to scheduled Areas all Gram Sabhas in Scheduled Areas need to be given the power to exercise control over institutions and functionaries in all social sectors. This will include taking the permission of the Gram Sabhas for implementation of all schemes, obtaining utilisation from Gram Sabhas for all expenditure, granting the power to summon all functionaries at the village level, etc. Necessary instructions for the same may be accordingly be issued by way of circulars and GRs and compliance reported.</p>	<p>TDD, WCD, HEALTH.</p>
6	<p><b>FOREST RIGHTS.</b></p> <p>The Tribal Development Department as a nodal department may follow up the transition to decentralised Community Forest Rights, especially in Minor Forest Produce. Sustained follow up of the districts as well as the forest Departments is needed. Also, funding arrangements for training, and setting up infrastructure of processing for the communities is needed. These fund commitments may be obtained from the TSP as well as RDD and Forest funds.</p>	<p>TDD ALONG WITH FORESTS &amp; RDD.</p>
7	<p><b>PANCHAYAT EXTENSION TO SCHEDULED AREAS (PESA)</b></p> <p>While RDD is the nodal department for this, once the rights under PESA are decentralized there will be a need for change in the funding pattern from the TRIBAL DEPARTMENT to match the greater decentralization of functionaries and functions.</p>	<p>TDD</p>
	<p><b>DEPRIVATION INDEX AS AN AID FOR</b></p>	

8	<p><b>ALLOCATION</b></p> <p>The Departments may identify its most deprived blocks based on indicators of health, nutrition, education, income, etc. and allocate increased proportion of funds on this basis in Scheduled Areas.</p>	TDD, HEALTH, WCD.
9	<p><b>STRENGTHENING PO ITDP OFFICES</b></p> <p>Database of beneficiaries needs to be strengthened with modern technology to avoid duplication and ensure better targeting.</p> <p>Delegation of powers to ensure effective and timely implementation.</p> <p>TDD can consider implementing schemes, where it has no independent machinery, through agencies such as Zilla Parishad,</p>	TDD
10	<p><b>TRIBAL DEVELOPMENT CORPORATION</b></p> <p>The TDC needs to be revived as its role will be very important in stepping in as a Minimum Support Price mechanism to avoid exploitation of Gram Sabhas by middlemen during disposal of minor forest produce under community rights.</p>	TDD
11	<p><b>TRIBES ADVISORY COUNCIL</b></p> <p>Regular meetings of TAC with follow up of specific action points identified, including the ones referred to by the Governor.</p> <p>Health and WCD also to give their suggestions for the perusal of the TAC.</p>	TDD, WCD, HEALTH.
12		

	<p><b>REGULATIONS</b></p> <p>Under the Fifth Schedule the Governor has the power to make Regulations for peace and good government in Scheduled Areas. The Departments through the Tribes Advisory Council can make such recommendations to the Governor</p>	<p>TDD, HEALTH, AND ICDS.</p>
<p>13</p>	<p>The number of children treated in VCDCs in 2012-13 has come down by almost half over the figures in 2011-12. Since validation of data will probably conclude that there is moderate to severe under reporting of malnutrition the strong focus on VCDCs may be reiterated.</p> <p>Community based monitoring systems may be started in all the blocks which have a combined IMR+ still birth rates of above 45.</p>	<p>HEALTH</p>
<p>14</p>	<p>Only 2 visits in a year in the RBSK by a doctor may not be enough in sensitive blocks. Since seasonal peaks occur in the rainy and cold seasons, at least another 2 visits may be necessary.</p>	<p>HEALTH AND WCD</p>
	<p>The child death audits need to document the response of ASHAs, the ANMs, and PHCs and other referral units to analyse whether the standard protocols for referral are followed.</p> <p>RBSK norms for number of teams may be relaxed for the blocks which are geographically dispersed and have a high combined IMR and still birth rate.</p> <p>Mobile medical units (MMUs), ambulances under</p>	<p>HEALTH</p>

	<p>NRHM, and other referral transport units should have a special micro-plan to ensure transport to the nearest referral unit within reasonable time. This will need special mapping and micro-plan, and an increase in the number of such vehicles in high IMR and still birth blocks, as well as remote blocks.</p> <p>Sickle cell is a cause for SEVERE ANAEMIA and high MMR and IMR. Every sensitive block should have sufficient interventions including blood storage unit to attend to this issue.</p> <p>In the second phase of the Rajiv Gandhi Jeevandayi Arogya Yojana , the State Government may consider choosing predominantly tribal districts first.</p> <p>There is a need to recognise still births as an alert equal in seriousness to IMRs. The Still Birth Audit should be a part of the child death audit and should be rolled out in all sensitive blocks.</p> <p>Since the causes of death are largely ones that arise from the household special interventions are needed at the household level Home Based Neonatal Care modules need to be pushed.</p>	
15	<p>Concurrent evaluation of ICDS data in Scheduled blocks by Third Party like UNICEF.</p> <p>. Implementation of THR in a decentralised manner.</p>	WCD
16	<p>Progressive shifting towards line listing of all children under the age of six in Scheduled Areas and better sharing of MCTS and ICDS data.</p> <p>4. Use of technology as a means to improve accuracy of reporting, reducing drudgery, and ensuring</p>	HEALTH AND WCD

	<p>accountability.</p> <p>5. Publishing SAM/MAM data on ICDS MPR by sharing data from RBSK and health.</p>	
	<p>Have clarity about SUW/MUW and SAM/MAM data with regard to the kind of intervention, validated source of data, and responsibility between the two departments, including modality for active sharing of data.</p>	
17	<p>Starting Crèches to account for the fact that mothers employed in the informal sector may not be able to take care of their children during working hours, and also to counter higher sibling dropout.</p>	WCD.
18	<p>Revise norms of institutions, manpower, remuneration, to account for geographical distance and remoteness.</p>	HEALTH, TDD, AND WCD.