

16. Rs. 3 lakhs of the Rs. 10 lakhs allotted to District Hospital, Palakkad shall be sub-allotted to the Tribal Hospital, Attapady.
17. Rs. 3 lakhs of the Rs. 30 lakhs allotted to District Hospital, Mananthavady shall be sub-allotted to the Tribal Hospital, Noolpuzha.
18. Rs. 10 lakhs will be additionally allotted to RCC, Thiruvananthapuram. The expenditure under the scheme shall be met from the unspent balance of assistance released by Government of India during the financial year (2003-04).

By order of the Governor,

PAUL ANTONY,
Principal Secretary to Government.

To

Director, Scheduled Tribes Development Department.
 Director, Health Services.
 Director, Medical Education.
 Director, Regional Cancer Centre.
 Director, Malabar Cancer Centre.
 Director, Sree Chitra Tirunal Institute of Medical Science and Research.
 Director of Treasury.
 District Treasury Officers.
 District Collectors.
 All Superintendents of the Selected Health Institutions.
 All DMOs.
 All TDOs and PO ITDP.
 All Chairpersons of the PRIs in the Block, District, Municipality and Corporation of Selected Health Institutions.
 Office of Principal Secretary, Finance Department.
 Office of Principal Secretary, SC/ST Development Department.
 Office of Secretary Health & Family Welfare Department.
 Office of Special Secretary, SC/ST Development Department.
 Director, Public Relations Department.
 Finance Department.
 Planning Department.
 Office of Chief Minister.
 Office of Minister, SC ST Development Department.
 Office of Minister, Health & Family Welfare Department.
 SF/OC.



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GOVERNMENT OF KERALA

Abstract

SCHEDULED CASTES SCHEDULED TRIBES DEVELOPMENT DEPARTMENT COMPREHENSIVE
HEALTH CARE PROJECT FOR SCHEDULED TRIBES—MODIFICATION IN THE
IMPLEMENTATION OF THE SCHEME—ORDERS ISSUED

SC/ST DEVELOPMENT (PM) DEPARTMENT

G. O. (Ms.) No. 91/08/SCSTDD. Dated, Thiruvananthapuram, 18th September, 2008.

Read:—G. O. (Ms.) No. 45/07/SCSTDD dated 13-8-2007.

ORDER

As per G. O. read above Government have accorded Administrative sanction for implementation of Comprehensive Health Care Project for Scheduled Tribes of Kerala while reviewing the progress of implementation of the scheme it was reverted that the amount allotted for this purpose is not being expended properly to get full benefit for the STs.

In view of the effective implementation of the scheme, Government are pleased to issue the following directions/suggestions; and also sanction the release of funds as detailed below :

1. The publicity for the scheme among the target group shall be stepped up. The Director, STDD shall arrange for a pamphlet to be issued immediately on the scheme.
2. The Director, STDD shall assign Tribal Promoters on duty to the hospitals where funds have been allotted to render assistance to the tribals visiting the hospitals. Their duties and responsibilities shall be laid down clearly by him and shall inter alia include identification and arrangement of supporting documentation for identification of the beneficiary, assisting the Superintendent/RMO with the procedures in implementation of the scheme, helping the tribal beneficiary to procure medicines and other services where necessary from outside the hospital, etc.
3. The Scheme envisages cashless service to tribal beneficiaries. The effort should be to ensure that services in the hospitals are rendered to the tribals without trouble or without insisting on

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pre-payment. Since doctors often are unable to extend cashless service from the hospitals, as tribals are often brought to hospital in emergency cases without documentation supporting their ST status, certification by the RMO with two witnesses in the following format shall suffice for extending assistance under the scheme up to Rs. 5,000 even in the absence of documentation :

“Certified that I am convinced that the person before me belongs to the Scheduled Tribe category and that he is eligible for assistance under the Comprehensive Health Care Project for Scheduled Tribes”.

4. Instances of tribals coming to hospitals beyond regular office hours being put to difficulty have come to notice; this should be avoided. There should be a tie-up by the hospitals with ambulances that they regularly engage to transport patients, so that they do run for tribal patients who require the service at all hours including beyond office hours.
5. Engaging ambulances will be permitted also for transporting the dead body of tribals from the hospitals, and where after discharge, the tribal is unable to travel on his own to go home.
6. Hospitals will make arrangements with the local hospital canteen for providing food upto an amount of Rs. 50 per day to one bystander per tribal patient and charge it to this scheme.
7. Where medicines prescribed by doctors for tribal patients are not available in the hospital store, the same may be purchased on credit through local Neethi or Maveli Medical Stores, or arranged for purchase through Tribal Promoters; in any case payment by the tribal patients shall be avoided.
8. Assistance under the scheme may be rendered to only tribals; if the person is not a tribal but only married to one, he/she shall not be eligible.
9. The hospitals to which the amounts have already been allotted may, with the sanction of the District Collector/DMO, sub-allot the amounts to other Government hospitals in the District frequented by tribals. In such cases, the hospital to which the amount was initially given will be responsible for collecting the forwarding details on the progress of the scheme.
10. Reports at the end of every month will be sent in the following format to the Director, Scheduled Tribe Development Department to reach him by the 5th of the succeeding month; he will consolidate the same and send them to Office of Minister (SC/ST Development Department), Office of Minister (Health & Family Welfare), PS-II (SCSTDD) and Secretary (Health) :

Format for Reporting Progress under the Comprehensive Health Care Project for STs

Name of Hospital	Amount Allotted	Amount Spent in the Month	Amount Spent upto the end of the month	No. of ST patients assisted in the month	No. of ST patients assisted upto the end of the month	Balance Amount Available
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Note : In case the amount allotted by the Director, Scheduled Tribe Development Department has been sub-allotted to other hospitals, the report should cover those hospitals also.

Signature & Name of Reporting Officer

11. Rs. 2 lakhs each may also be allotted to the District Collectors of Wayanad, Kannur and Idukki District for implementation of the scheme. They will maintain a register in the format prescribed below and send a monthly report on the expenditure incurred to the Director, Scheduled Tribe Development Department to reach him by the 5th of the succeeding month.

Sl. No.	Date	Name of beneficiary	Age	Sex	Address	Purpose for which assistance given	Amount
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12. Rs. 15 lakhs may be additionally allotted to Co-operative Medical College, Kannur as they have exhausted funds allotted to them.
13. Rs. 3 lakhs of the Rs. 10 lakhs allotted to MCH, Thiruvananthapuram will be sub-allotted to SAT Hospital, Thiruvananthapuram.
14. The Rs. 5 lakhs allotted to MCH, Alappuzha will be bifurcated between MCH Alappuzha and MCH, Vandanam with each getting Rs. 2.50 lakhs.
15. Rs. 10 lakhs of the Rs. 40 lakhs allotted to MCH, Kozhikode will be sub-allotted to IMCH, Kozhikode.