

CHAPTER -13

MEDICAL & HEALTH

13.1 High incidence of disease forces a society to spend disproportionate sums of money on health care, starving other critical sectors. At the level of the individual and family, the impact of poor health on economic wellbeing is even more pronounced. Sickness forces poor families to sell their precious and often productive assets to pay for medical care. Sickness is thus one of the biggest contributors to impoverishment and indebtedness, when infant mortality is high, parents tend to have more children, as they do not expect all children to survive. The resultant population growth and consequent pressures on scarce resources and limited opportunities are only too evident in India.

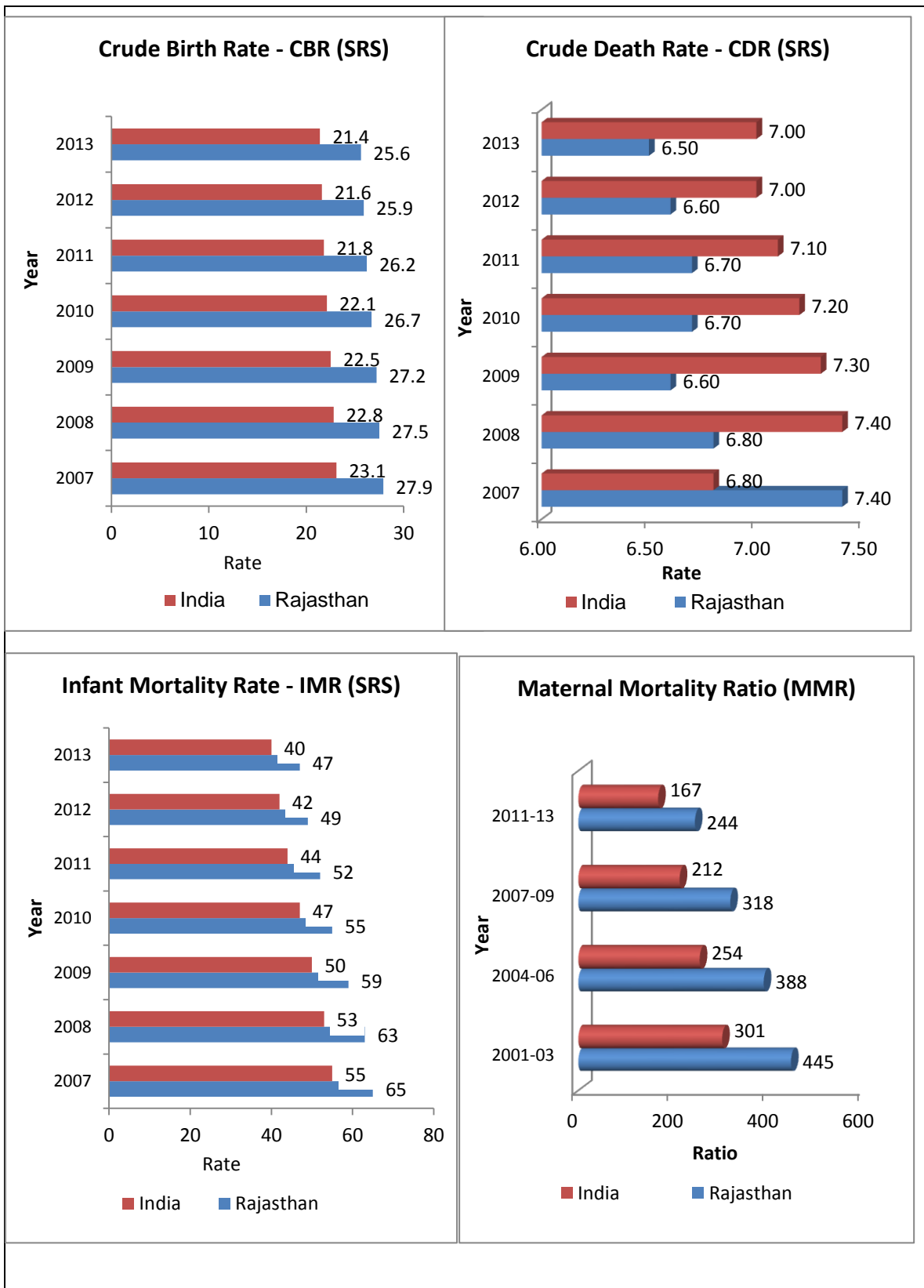
13.2 Health is critical to human resource development and State Government is committed to ensure that Rajasthan's health indicators catch-up with the all India averages. There has been a substantial drop in the Total Fertility Rate and Infant Mortality Rate. The successes of the initiatives taken in the public health field are reflected in the progressive improvement of many demographic/ epidemiological infrastructural indicators over time. This improvement in health indicators is the outcome of specific health initiatives as well as other complementary initiatives in the developmental sector.

Table No. 13.1
Comparative Health Indicators of Rajasthan

S. N.	Indicators	India	Rajasthan
1	Crude Birth Rate (CBR) (SRS 2013)	21.4	25.6
2	Crude Death Rate (CDR) (SRS 2013)	7.0	6.5
3	Infant Mortality Rate (IMR) (SRS 2013)	40	47
4	Maternal Mortality Ratio (MMR) (SRS 2011-13)	167	244
5	Total Fertility Rate (TFR) (SRS 2013)	2.3	2.8
6	Couple Protection Rate (CPR) (Any method)	54.0 (DLHS-III)	70.2 (AHS-2012-13)
7	Sex Ratio (census 2011)	943	928

Comparative Health Indicators of Rajasthan & India:-

13.3 Extension of health services at grass root level and implementation of various health care programmes has shown significant improvement in important health indicators i.e. CBR, CDR, IMR, MMR and TFR. But it is still high in the State in comparison to the country except for CDR, in which the State is better than the country. Status of important health indicators in the State and the Country are shown in the following figures:



13.4 Status of health care infrastructure and availability of facilities in the State as on 31.3.2016 is summarized as follows:

Table No. 13.2
Health Infrastructure in Rajasthan as on 31.03.2016

S. No	Type of Health Institution	Numbers
1	Hospitals (excluding Medical College Hospitals)	114
2	Community Health Centers (Rural)	571
3	Primary Health Centers (Rural)	2080
4	Primary Health Centers (Urban)	52
5	Health Sub Centers	14409
6	Dispensaries	194
7	Mother & Child Welfare Centers	118
8	Aid-Post (Urban)	13
Total Health Institutions		17551
9	Number of beds(excluding beds in attached hospitals with Medical Colleges)	46767
10	Served Area per Institution (in sq. Kms)	20
11	Served Population per Institution	3909
12	Served Population per Bed	1467

13.5 The Twelfth Five Year Plan approach emphasizes development of a good health care infrastructure and providing quality health care services. Simultaneously, the State Government has focused on technology-based solutions, like telemedicine, emergency ambulance care, and free Indoor Patient Department (IPD) and Outdoor Patient Department (OPD) health care for BPL families through a number of innovative schemes. The MukhyaMantri BPL Jeevan RakshaKoshYojana is being implemented in all the districts of the State. Although a number of initiatives have been taken to bring the health status of the people of the State in the mainstream of National averages but much still remains to be done.

13.6 Medical tourism is one of the stated priorities of the State Government. It is looking at making the State an attractive destination for the corporate sector, especially those who might be interested in setting up hospitals, nursing homes and even institutes of medical education.

13.7 The State Government's "Policy to Promote Private Investment in Health Care Facilities" is in place. According to the policy, land is provided at special prices to all new medical institutions and dental colleges, diagnostic centres, blood banks and nursing and paramedical training institutes. Efforts are also being made to offer high quality services at affordable prices to the poor.

13.8 Telemedicine has been implemented by connecting of 6 medical college hospitals with 32 district hospitals and 1 block with the support of ISRO.

13.9 An outlay of ₹ 746699.11 lakh was kept for Medical & Health Sector for the Twelfth Plan. An expenditure of ₹458206.90 lakh has been incurred in the year 2015-16 against an outlay of ₹606413.98 lakh. An

outlay of ₹604742.16 lakh is kept for the Annual Plan 2016-17, which includes central assistance of ₹187563.97 lakh. Scheme-wise details of outlays kept for Medical & Health Sector for the Twelfth Plan, expenditure during 2015-16 and the kept outlay for Annual Plan 2016-17 are as follows:

Table No. 13.3
Financial Outlays

(₹in lakh)

S. No.	Department/ Scheme	Outlay Twelfth Plan	Outlay 2015-16	Exp. 2015-16	Outlay 2016-17
1	Medical & Health	158000.01	114826.23	75649.31	140656.71
2	Mukhya mantra Nishulk Dava Yojana (subsidy to RMSCL)	37500.00	0.02	0.00	0.02
3	Nishulk Janch Yojana by DMHS	0.00	11718.18	8211.17	10550.35
4	Mukhya mantra Nishulk Dava Yojana (Through DMHS)	200000.00	36742.36	36350.08	36036.19
5	Public Health Infrastructure Under-TFC/14 th FC	11250.00	0.19	0.00	0.06
6	Population Control & Family Welfare	7075.00	74445.63	68531.84	71683.85
7	Family Welfare-NRHM (BPL)	19500.00	7000.06	2125.00	3000.03
8	Family Welfare-NRHM	85000.00	181000.00	159716.80	159861.01
9	Family Welfare-Ambulance	19000.00	8500.03	3425.00	8500.03
10	National Urban Health Mission	0.00	29013.00	8116.00	11750.83
11	Mobile Surgical Unit	6500.00	959.74	685.64	864.94
12	Medical Education	176962.00	134812.87	86292.56	152535.59
13	Ayurved Department	12500.00	4116.08	6776.78	5396.78
14	Homeopathy Department	4719.00	696.64	484.11	1012.77
15	Unani Department	2211.80	472.04	311.65	598.72
16	Ayurved College, Udaipur	362.50	240.37	173.66	158.13
17	Ayurved University, Jodhpur	6118.80	1870.54	1357.30	2136.15
	Total	746699.11	606413.98	458206.90	604742.16

Medical & Health

13.10 Construction of Health Centres buildings & staff quarters, development of health care facilities, opening of new Community Health Centres and Primary Health Centres in rural areas, construction of district hospital/ office building, renovation of urban health institutions, procurement of equipment, construction of residential complex, strengthening & up gradation of Urban Health Institutions and Drug Testing Labs are taken up under the Medical & Health programme. An expenditure of ₹ 120210.56 lakh has been incurred on these activities in the year 2015-16 against an outlay of ₹163286.98 lakh. An outlay of ₹187243.33 lakh is kept for the Annual Plan 2016-17 which includes central assistance of ₹19589.53 lakh.

State schemes

Mukhyamantri Nishulk Dava Yojana (through RMSC)

13.11 A large number of people in the State are not able to afford the expenditure of their treatment. High expenditure on health care is the major cause of rural indebtedness. The State Government has realized this problem and started the scheme of free drug distribution to all citizens from October 2, 2011. Under the scheme, 817 commonly used essential medicines, surgical equipments and sutures are being provided free of cost to the patients visiting any type of government health institution. Rajasthan Medical Services Corporation (RMSC) has been constituted for providing all the services under the scheme. RMSC is also supplying medicines to all government health institutions through District Drug Warehouses established in all the districts of the State. Quality of drugs is ensured by testing drugs through empanelled drug testing laboratories.

13.12 No expenditure has been incurred in the year 2015-16 against an outlay of ₹0.02 lakh. An outlay of ₹0.02 lakh is kept for the Annual Plan 2016-17

Mukhyamantri Nishulk Dava Yojana (through Department of Medical & Health Services)

13.13 Approximately 17,751 Drug Distribution Centres have been established in the State. These Centres are operating during the OPD hours for OPD patients and round the clock for the indoor and emergency patients. An expenditure of ₹36350.08 lakh has been incurred in the year 2015-16 against an outlay of ₹36742.36 lakh. An outlay of ₹36036.19 lakh is kept for the Annual Plan 2016-17.

Nishulk Janch Yojana

13.14 A large number of people in the State are not in a position to afford the expenditure of their check up and treatment. The State Government launched a scheme of free investigation of patients on April 7, 2013. An expenditure of ₹8211.17 lakh has been incurred in the year 2015-16 against an outlay of ₹11718.18 lakh. An outlay of ₹10550.35 lakh is kept for the Annual Plan 2016-17.

Centrally Sponsored Schemes (CSS)

Bhamasha Swasthay Bima Yojana

13.15 Bhamasha Swasthay Bima Yojana was launched in the state on 13th December, 2015 for around 1 crore eligible families of Rajasthan. The Main objective of this scheme is to provide cashless healthcare service to the poor families of Rajasthan thus providing social and financial security against illness to these families and reducing out of pocket expenditure.

13.16 Families identified under National Food Security Act (2010) and Rashtriya Swasthaya Bima Yojana is eligible for taking treatment at empanelled hospitals under the scheme. This is the most comprehensive Health Insurance Scheme covering:-

- Maximum number of packages (1715) with cashless treatment facility.
- Health Insurance cover of ₹ 30000 (for general illnesses) and ₹ 3.00 lakh (for critical illnesses) per family per year on floater basis.
- Includes 7 days pre-hospitalization and 15 days post-hospitalization expenses.

13.17 Presently, 432 Government and 545 private hospitals are providing services under the same. Hospitals are increasing day by day. During the year 2015-16 total 98080 claims were booked under the scheme amounting ₹ 49.04 crore and claims of ₹ 4.68 crore were paid.

13.18 An expenditure of ₹ 21376.00 lakh has been incurred during 2015-16 against an outlay of ₹ 20000.11 lakh. An outlay of ₹ 43100.12 lakh is kept for the Annual Plan 2016-17.

National Program for Control of Blindness

13.19 This Programme is operational in the State with the assistance of Ministry of Medical & Health. This program aims to reduce the prevalence rate of blindness from 2.24 per cent in 1976 to 0.34 by the year 2020. At present, the prevalence rate of blindness is 1 per cent. Major cause of blindness is cataract which contributes about 62 per cent of blindness. More than 85 NGOs have been recognized and most of the Community Health Centres have been declared as static centres for cataract operation to reduce blindness in the State.

Integrated Disease Surveillance Programme

13.20 Integrated Disease Surveillance Programme (IDSP) is a decentralized and State based surveillance programme, being implementing in all the districts of the State since April, 2005. It aims to detect early warning signals of impending outbreak and helps to initiate an effective response in a timely manner. Apart from routine monitoring of diseases, 600 outbreaks of various diseases have been detected since the inception of the program till March 2016. Intensive reporting and analysis of the occurrence of Influenza AH1N1 is being ensured continuously. Various trainings have been conducted for the strengthening and capacity building of the manpower throughout the state. Ten district laboratories have been strengthened for diagnosis of epidemic prone diseases. A State based referral laboratory network has been established by utilizing the existing functional labs in six Government Medical Colleges and linking them with adjoining districts for providing services for epidemic prone diseases during outbreaks.

National Vector Borne Disease Control Program

13.21 Malaria, Dengue and Chikanguniya are the three principal vector borne diseases prevalent in the State. Malaria is wide spread and present in all the districts but Dengue is limited to 20-25 districts and there is no significant difference between rural and urban areas. Chikanguniya, for the first time, was observed in the State in 2006. But its magnitude remained low in preceding years. A Stephnsi, A Culicifacies and Aedes Aegypti are the common vectors responsible for transmission of these diseases in the State. The tribal and desert areas contribute 70 per cent of Malaria diseases burden. The far-flung areas with low, population density are the major cause responsible for hindrance in implementation of Vector Borne Disease Control Program in the Western Rajasthan.

Revised National Tuberculosis Control Program

13.22 The Program strives to detect and treat all the TB patients in the community under universal access and to achieve at least 90 per cent success rate. Uninterrupted supply of good quality, of Anti TB Drugs, effective & patient friendly treatment with short course chemotherapy under direct observation and accountability, proper recording & reporting and effective supervision is emphasized under the program. PMDT (DOTS-Plus Scheme) for the management of multi-drug resistant TB (MDR-TB) is being implemented in all the districts of the State. So far, 8329 MDR-TB and 210 XDR-TB patients have been put on treatment.

Iodine Deficiency Disorder Control Program Action Plan

13.23 Iodine deficiency is a public health problem in India. The overall proportion of households consuming iodized salt in India was estimated at 37 per cent in 2003. The consumption of iodized salt is 80 per cent in 2015 whereas it was 40 per cent in 1999.

13.24 The major objective of the program is to upscale supply of iodized salt in place of natural salt. Strategies like laboratory monitoring of iodized salt & urinary iodine excretion, health education and IEC / Behaviour Change Communication (BCC) are undertaken throughout the State.

National Leprosy Eradication Program

13.25 The State has reached a level of elimination of leprosy i.e. prevalence rate below 1/10000 population. The current prevalence rate is 0.16/10000 population. The main objectives of the program are:

- Early detection of new cases and prompt treatment to avoid disfigurement and deformities.
- Awareness in the community regarding various myths & misconception by means of various methods of I.E.C (Flaxy Banner, Roadways Ticket, Nukkar Natak, TV Spot, Tin shed and Hordings, Quiz, Rallies etc.).

- Now, the program is integrated with General Health Care System and involvement of ASHA Sahyogini's has been made to eradicate the Leprosy disease from the State.

Mukhya Mantri Balika Sambal Yojana

13.26 Balika Sambal Yojana aims for promoting girl child and provides economic support to her. Under the scheme, if any couple undergoes sterilization operations after one or two female child (no male child), the State Government deposits ₹ 10,000 in the name of each female child to the Unit Trust of India (UTI). UTI in turn releases the bond of the amount in the name of the female child under Children Care Plan (CCP) of UTI mutual fund. The maturity amount of the bond will be payable after the girl child attains age of 18 years. In case of couples having two girl children, the age of elder girl child should not be more than 5 years. During 2015-16 (up to March, 2016), 373 CCP forms have been forwarded to UTI for issuing the bonds.

Population Control & Family Welfare

13.27 The main objective of the family welfare programme is population stabilization and reduction in MMR and IMR. As per SRS-2013, the average number of children born to women in the State has declined from 3.0 in 2011 to 2.8 in 2013. Rajasthan recorded the high decadal population growth of 21.31 per cent during 2001-11 as compared to the country which is 17.68 per cent. The high rate of population growth is mostly due to high percentage of population in reproductive age and marriage at early age particularly in the rural areas. Although the rate of population growth has declined but still it has to be entered in the stage of rapid fertility transition.

13.28 The female sterilization is the most popular limiting method of family planning in the State. The sterilization standards and quality assurance for services are being improved as per guidelines of the Ministry of Health & Family Welfare.

13.29 Attention is being focused on improving access and availability of Non-Scalpel Vasectomy (NSV) services for increasing share of male sterilization. As per the guidelines of Central Government, the State has increased the monetary incentive for all sterilizations. ₹ 2000 is given for male sterilization & ₹ 1400 for female sterilization and ₹ 2200 for post partum female sterilization. During the year 2015-16, 2.86 lakh sterilization and 4.43 lakh IUD cases have been performed.

13.30 Static centres are being strengthened to provide round the year sterilization services and camps are planned throughout the year, in a regular manner to increase the availability of the services. The involvement of private sector service providers will be ensured for improving family planning performance.

13.31 In case of spacing methods, conscious efforts are being made to improve quality of IUD insertion by enhancing skills of service providers and popularizing CuT-380 A, as a long acting reversible contraceptive device (for 10 days) as well as CuT-375 for a period of 5 years. The integrated training related to IUD insertion is provided to all the SN/ANMs to improve the IUD coverage.

13.32 The following interventions are being taken up by the State Government for population control.

- Rajiv Gandhi Population and Health Mission have been reconstituted to provide qualitative health services to every citizen.
- To check declining sex ratio, UTI Bonds of ₹ 10000 are being issued in favour of girl child up to two girls under Balika Sambal Yojana for those families which are adopting sterilization services without having male child.

13.33 An outlay of ₹ 7075.00 lakh was kept for the Twelfth Plan for family welfare. An expenditure of ₹68531.84 lakh has been incurred in the year 2015-16 against an outlay of ₹74445.64 lakh. An outlay of ₹71683.85 lakh is kept for the Annual Plan 2016-17 which includes central assistance of ₹31663.88 lakh.

National Health Mission

13.34 The National Health Mission (NHM) is a national intervention for ensuring provision of effective healthcare through a range of interventions at individual, household, community, and critically at the health system levels. In the first phase, NRHM was started in the year 2005 and completed in 2012 and now in the next phase, NHM will be continued till year 2017. The mission has focus on rural as well as urban health hence, National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM) are working as Sub-missions of National Health Mission (NHM).

Objectives of the National Health Mission (NHM)

- Reduction in Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR).
- Universal access to public health services, such as Women's health, child health, water, sanitation & hygiene, immunization and nutrition.
- Prevention and control of communicable and non-communicable diseases, including locally endemic diseases.
- Access to integrated comprehensive primary healthcare.
- Population stabilization, gender and demographic balance.
- Revitalization local health traditions and mainstream AYUSH.
- Promotion of healthy life styles.

13.35 To attain these objectives, various activities are being implemented under NHM under 5 major sub heads-

- NRHM + RMNCH plus A
- NUHM
- National Disease Control Programme
- Non Communicable Disease Control programmes including injury and trauma
- Infrastructure maintenance

13.36 From 2015-16, the NHM activities are being funded in the ratio of 60:40 between the Government of India and the State Government.

13.37 An outlay of ₹1,23,500.00 lakh was kept for Twelfth Plan for NRHM. Central and State share in the ratio 85:15. This ratio has revised 75:25 from 2012-13 and 60:40 from 2015-16. The fund for GoI share revised and it received through state governments consolidated fund from 2014-15. An expenditure of ₹ 173382.80 lakh has been incurred on NHM (NRHM & NUHM) during the year 2015-16 against an outlay of ₹ 225513.09 lakh. An outlay of ₹ 183111.90 lakh is kept for the Annual Plan 2016-17 which includes Central Assistance of ₹ 101917.03. Scheme wise details of outlay kept for twelfth plan, expenditure during 2015-16 and outlay kept for the Annual Plan 2016-17 are as follows:-

Table No. 13.4
Financial Outlay

(₹in lakh)					
S.No.	Name of Scheme	Outlay XII Plan	Outlay 2015-16	Expenditure 2015-16	Outlay 2016-17
1.	NRHM-MMJRK	19500.00	7000.06	2125.00	3000.03
2.	NRHM	85000.00	181000.00	159716.80	159861.01
3.	NRHM-108 Ambulance Yojana	19000.00	8500.03	3425.00	8500.03
4.	NUHM	0.00	29013.00	8116.00	11750.83
	Total	123500.00	225513.09	173382.80	183111.90

National Rural Health Mission

13.38 An outlay of ₹ 1, 23,500.00 lakh was kept for twelfth plan for NRHM. An expenditure of ₹165266.80 lakh has been incurred on NRHM during Annual Plan 2015-16 against an outlay of ₹196500.09 lakh. An outlay of ₹171361.07 lakh is kept for the Annual Plan 2016-17 which includes Central Assistance of ₹94867.03 for NRHM.

Interventions under National Rural Health Mission-

Maternal Health

13.39 There is reduction of 144 points in MMR from 388 (SRS, 2004-06) to 244 (SRS 2011-13) in Rajasthan and rise in institutional delivery from 28 per cent in 2005 to 78 per cent(AHS 2012). Following interventions have been taken by the State Government to improve maternal health services.

Shishu Suraksha Yojana

13.40 The scheme was launched on September 12, 2011 in the entire State. It entitles all pregnant women free deliveries including caesarean. Free of cost facility to pregnant women & neonatal for investigations, treatment, medicines and referral transport facility from home to facility and back home is being provided. In the year 2015-16 till March 14. 90044 lakh pregnant women availed free medicines, 10.59934 lakh availed free lab tests, 6.51921 lakh availed free referral services from home to hospital and 7.34446 lakh from hospital to home and 56814 pregnant women availed free blood transfusion facility.

13.41 In the year 2015-16 till March, 2.93212 lakh sick infants availed free medicines, 1.35283 lakh availed free lab tests, 21763 availed free referral services from home to hospital and 43264 from hospital to home. 2184 sick infants availed free blood transfusion facility. The target for the year 2016-17 is 12.50 lakh numbers of beneficiaries.

Institutional Deliveries & Janani Suraksha Yojana (JSY)

13.42 The scheme was launched in the year 2005 with the objective of increasing institutional deliveries. Under this scheme, cash incentive is given to the beneficiary on delivery at government health institution and JSY accredited private hospitals. In the year 2015-16, 1137746 institutional deliveries conducted and 1030716 women have been benefitted under JSY up to March, 2016. Expected number of beneficiaries in the year 2016-17 is 12.9 lakh.

Janani Express

13.43 For strengthening of referral transport services 400 new Janani Express were launched in the State on 2nd October, 2012. Priority is given to remote PHCs so that infant mortality rate and maternal mortality rate can be reduced. Currently 600 Janani Express vehicles are deployed across state. The existing '104' facility is being used for making calls for utilizing the services of 'Janani Express'. Through these vehicles, 77028 pregnant women from home to hospital and 188458 from hospital to home were transported in the year 2015-16. 14719 sick neonates were transported from home to hospital and 19016 from hospital to home this year. Also 30512 pregnant women and 10902 sick neonates were referred to other health facilities through these ambulances up to March, 2016.

Rashtriya Kishore Swasthaya Karyakram (RKSK)

13.44 RKSK was initiated in the state to address the health of adolescents. Under the programme, 221 Adolescent Friendly Health Clinics-"UJALA CLINICS" are functional out of this 71 new clinics established at selected health facilities in 10 High Priority Districts and 1549 Adolescent Health Days are celebrated up to the month of March, 2016.

National Iron Plus Initiative

13.45 Under this scheme Iron-Folic Acid supplementation of adolescent, pregnant and eligible couple is being done for combating the anemia. 63.06 lakh children of 6 months to 60 months and 41.02 lakh children of class 1st to 5th of govt. schools are being covered in this programme.

Weekly Iron and Folic Acid Supplementation

13.46 Programme is being implemented in 35415 government schools in all the districts targeting 3625691 boys or girls of age 10 to 19 years. 7.01 lakh enrolled adolescent girls benefitted through 6119 Anganwadi Centers

National Deworming Day

13.47 National deworming day was observed on 10th Feb, 2016 followed by "mop up" day on 15th Feb, 2016. 1.75 crore children of age 1 year to 19 year covered through Anganwadi Centers, Govt. Schools, Private Schools, Madars as etc. Target for establishing new AFHC in the year 2016-17 is 49.

ASHA Sahyoginis

13.48 Since the inception of National Rural Health Mission (2005), Accredited Social Health Activist (ASHA) component has played an important and critical role in the implementation of NRHM activities. ASHA is a community level worker, whose role is to generate awareness on health issues and also is an interface between the community and the health services. In Rajasthan, ASHA is known as ASHA Sahyogini, because she is a joint worker between Department of Medical Health and Department of Women and Child Development. Before she starts functioning, she has to undergo intensive induction training. Status in Rajasthan up to March., 2016 is given in table mentioned below:

Sanctioned ASHA Sahyogini	Number of ASHA Selected	Total Working ASHA
54915	52633	47814

13.49 The roles and responsibilities of an ASHA include the functions of a healthcare facilitator, a service provider and a health activist. She coordinates as a bridge between health department and WCD in

delivering key services and message for Child and Maternal health. Besides, ASHA Sahyogini also renders important services under National Disease Control Programme, such as Malaria, TB, institutional delivery and many more health provisions. ASHA is paid monetary incentive for rendering various services in the community. In December 2014, online software has been launched for direct online payment of incentive in the bank account of ASHA.

13.50 A target of 127 and 900 batches induction training and module VI & VII respectively is kept in the year 2016-17.

ASHA Soft (ASHA Software)

13.51 For easy, transparent and time payment of ASHA incentives, ASHA software was launched on 26th December, 2014. Software has proven beneficial in monitoring of ASHA work performance and evidence based decision making. From April 2015 to Feb., 2016 incentive of ₹ 85.46 crore has been paid to the ASHAs in the state. After launch of this software, various prizes/awards have been given to this including-Certificate of Recognition Award to ASHA Soft, Elets Knowledge Exchange Awards to ASHA Soft, Skoch Order of Merit Award to ASHA Soft, Skoch Smart Governance Awards to ASHA Soft and Certificate of Recognition award at e-India Event and e-initiative Silver Award at e-governance conference at Nagpur (Maharashtra).

Child Health

13.52 A reduction of 16 points has been witnessed in IMR from 63 in SRS 2008 to 47 in SRS 2013. Following interventions have been adopted by the State for child health.

Facility Based Interventions

13.53 For reduction in neonatal and infant mortality, various facility based interventions are implemented in the State. 36 Special New born Care Units (SNCU) established at district hospital level to provide curative services to neonates where 64631 neonates were admitted for treatment, 48176 discharged after treatment, 7445 children referred and 3632 LAMA (Left Against Medical Advise) in the year 2015-16. 265 New born Stabilizing Units are functional at selected CHCs for providing immediate care to newborns. In the year 2015-16, 28038 new born were admitted at these facilities.

13.54 Forty Malnutrition Treatment Corners (MTCs) are established for management of severely acute malnourished children at the level of a District Hospital, Medical Colleges and identified Sub-district Hospitals. 82 MTCs were operationalized at CHCs against a target of 107. In the year 2015-16, total 10501 SAM children admitted at these facilities.

Community Based Interventions

13.55 ASHA Sahyoginis have been trained to provide Home Based Neonatal Care Services (HBNC). Through this programme ASHAs identify danger sign in mother as well as in children up to age of 42 days. They are also responsible for shifting of these sick children to nearest facility through 104, again ASHAs are responsible for counselling of Mothers.

13.56 In the year 2015-16, 590285 home visits have been done by ASHAs and 9145 new borns & 3111 mothers with danger signs have been referred.

Rashtriya BalSwasthya Karyakram (RBSK)

13.57 This program was initiated in the state on 14th November, 2014 in 20 districts. In the year 2015-16, the programme has been expanded to all 33 districts. Under this scheme all the children of Aanganwadi Centers (0-6 yr) and school going children upto 18 years are screened for four D's-Defects at birth, Diseases, Deficiencies, Developmental delays & disabilities (30 identified illnesses) through a dedicated Mobile Health Team. If the child is screened with any of the identified 30 diseases, he is given free referral and follow-up, and surgical treatment if required. Training of AYUSH Medical Officers has been accomplished and 518 Mobile Health Teams have been constituted. During 2015-16 health check up of 36.53 lakh children have been done, 1.42 lakh children referred, 88301 children have been treated at camps and 413 and 144 heart surgeries have been done. An MoU has been signed with 11 private hospitals for treatment of severely ill children screened under RBSK. In the year 2016-17 services under RBSK will be provided in entire state through 512 Mobile Health Team. A target of 5 is kept for the year 2016-17 to establish new District Early Intervention Centre.

Routine Immunization

13.58 The Annual Health Survey, 2012-13 reported 74.2 per cent coverage of full immunization in the State. Hepatitis-B vaccination has also been added as routine Immunization since December, 2011. No polio case has been identified in the State since December, 2009. Pregnancy and Child Tracking System is being used to track left outs and drop outs. State has launched pentavalent vaccine from 1st Nov 2014. In 2015-16 Pentavalent vaccine were given to 42.05 lakh children. (P-1:14.34833 lakh; P2:13.90772 lakh; P3: 13.79832 lakh) up to March 2016. A target of 1725491 children for full immunization is kept for the year 2016-17.

Mission Indradhanush

13.59 Mission Indradhanush has been initiated in the state from 7th April, 2015 to address the unvaccinated or partially vaccinated and those who were not covered during the rounds of routine immunization for various reasons. Total 3.32 lakh children were fully immunized in Phase I

and Phase II of Mission Indradhanush. Third phase of Mission Indradhanush has been initiated from 7th April, 2016.

Efforts to Reduce Total Fertility Rate

13.60 Following steps are being adopted by the State to reduce total fertility rate:

- a. Static Centre Operationalization
- b. Quality Sterilization
- c. Capacity Building
- d. Public Private Partnership
- e. Spacing Method of Contraception
- f. Felicitation & Prizes
- g. Promotion of Male Participation in Family Welfare Program
- h. Eligible Couple Tracking System
- i. Convergence of Various Departments
- j. Social Marketing of Contraceptives
- k. Postpartum Sterilization & IUDs
- l. Up scaling of Incentives of ASHA Sahyoginis
- m. Emergency Contraceptive in Unprotected and Unmarried Girls
- n. Utilization of services of ASHAs to ensure birth spacing

Mukhya Mantri Shubh Lakshmi Yojana for Addressing Declining Sex Ratio

13.61 This scheme was launched on April 1, 2013 to promote girl child birth and to reduce MMR. An incentive of ₹2100 is given at birth, ₹2100 after one year of age on complete immunization and ₹3100 is given after 5 year of age at the time of admission in school. Thus women get monetary benefit of ₹7300 for her girl child. During 2015-16, 412380 women have been benefitted.

Strengthening Emergency Referral Transport Services

13.62 Free emergency services '108' was started in the State in the year 2008. In the 2015-16 till Feb. 2016, a fleet of 741 ambulances is working in the State. Around 3.43904 lakh medical, 14714 Police, 5 Fire and 1.92464 pregnancy related cases have been taken care of by these ambulances running across the State.

Out-Reach Medical Services

13.63 There are many inaccessible areas in the State; especially tribal and desert areas where basic health infrastructure is not up to reach of poor. To overcome this problem, Mobile Medical Unit (MMU) was launched in 2008. Each Mobile Medical Unit has Staff Vehicle and a Diagnostic Van having all essential equipments. In addition to MMUs the

State has procured 150 Medical Mobile Vans (MMVs) under NHM in 2011-12. MMV is a single vehicle having basic diagnostic facilities. Presently, 52 MMUs and 150 MMVs are deployed across the State under this scheme. During the year 2015-16, 26460 camps have been organized and 2706386 patients have been benefitted under this programme.

‘104’ toll Free Service

13.64 Under this service, medical advice, counseling, information of health schemes etc can be availed free of cost on phone by dialing a toll free number ‘104’ from any phone in the State. 26.55 lakh calls were given services under this scheme since launch. This service is also being used for referral transport by JANANI EXPRESS, registering complaints for illegal sex determination, providing information on malnutrition and tracking of High Risk Pregnancies etc. Now this service is being integrated under Integrated Ambulance project along with other three services 108 Ambulance, 104 Janani Express and Base Ambulances.

Village Health & Sanitation Committees

13.65 Constitution of Village Health & Sanitation Committees is the first step towards communitisation of health care services and for making health as a people's movement. Village Health & Sanitation Committees are constituted in 43,440 villages under the chairpersonship of Janpratinidhi-elected member of Panchayat. The other members of the committee are ASHA Sahyogini, Anganwadi Worker, ANMs and representatives from SHGs, NGOs and MSS etc. ASHA Sahyogini is the convener of VHSC. These meetings are held on the MCHN days when ANM of sub center is already visiting the village. In the year 2015-16 2.20 lakh meetings were held across state.

Pre-Conception Pre-Natal Diagnostic Techniques (PCPNDT) Act, 1994

13.66 For effective implementation of PCPNDT ACT, 1994 State, District and Sub-division Appropriate Authority PCPNDT are in place. These Appropriate Authorities have taken following steps so far:

Registrations (Govt. and Private both)	2560 (216+2344)
Inspections	8585
Suspension/ Cancellation	187/400
Seal and Seizures	440
Complaints have been filed in the court	626
Convictions against Sonography centers including dealers/supplies of machines	135

13.67 The State is implementing Mukhbir Yojana, under which the person giving information about the illegal sex selection is given an award

of ₹ 2.00 lakh. 18 persons have been benefitted in this scheme so far. 34 decoy operations have been conducted in the State and registration of 21 doctors has been suspended by the Rajasthan Medical Council. The State Government has created and established PCPNDT Courts in all 33 district headquarters for speedy disposal of the cases pending under the PCPNDT Act, 1994.

Other Activities under NRHM

Mukhya Mantri Jeevan Raksha Kosh Yojana

13.68 The "Mukhya Mantri BPL Jeevan Raksha Kosh Yojana" was launched from 1st January 2009 to benefit patients of BPL families. Under this Scheme free treatment facility (both indoor and outdoor) is provided to beneficiaries in all government health institutions (attached Medical College Hospital, District/Sub Division/Satellite Hospitals, Community Health Centers and Primary Health Centers.) In case medical facility is not available in attached Medical College Hospitals then the patients can be referred to All India Institute of Medical Science, New Delhi and Post Graduate Medical Education and Research Institute, Chandigarh for treatment. From times to time, other categories families/patients were also included under the scheme. Presently, free treatment facility is being provided to 16 selected categories including BPL families. Total 38.54 lakh patients (OPD 35.99 lakh & IPD 2.55 lakh) benefitted in the year 2015-16.

Innovation in the Year 2015-16

Online Janani Suraksha Yojana & Shubhlaxmi Yojana Payment Scheme (OJAS)

13.69 OJAS was launched in the State from 1st August, 2015 for online payment of incentives to beneficiaries under JSY and Shubhlaxmi Yojana at public health facilities up to CHC level. From 1st August, 2015 to 31st March 2016, 4.42 lakh pregnant women for JSY benefitted under the scheme and payment of ₹62.57 crore has been transferred. 2.19 lakh benefitted under SLY and payment of ₹46.40 crore has been transferred.

Community Based Management of Children with Acute Malnutrition (CMAM)

13.70 To address the malnutrition in children, The State has launched the "Poshan Programme" on 22nd December, 2015. Under the programme, 2.34 lakh children from 41 blocks in 10 High Priority Districts and 3 Tribal districts are screened and around 9529 severely acute malnourished children are identified and managed at Community Level by providing Energy Dense Nutritional Supplement (EDNS) for first 8 weeks. Agencies like UNICEF, ACF-International and GAIN are supporting the project.

e-Upkaran (Centralized Inventory Management System)

13.71 The State has established a Centralized Inventory Management System for efficient functioning of equipments at all 2971 healthcare facilities-PHCs, CHCs, DH/SDH/SH and Medical College hospitals. The software is being used for checking the status of equipments, its maintenance, need assessment of new equipments and centralized monitoring of its usage, functional status, repair etc. Mapping of total 67975 has been accomplished and data entered into e-Upakaran Software.

Dial-an-Ambulance

13.72 Presently, referral transport services are being provided through '108' ambulance, Janani Express and base ambulances. The State has taken initiative to integrate these services (Dial An Ambulance) for better resource utilization. '104' Medical Advisory Service will also be used for the same. A single service provider for implementation of Integrated Ambulance Project (IAP) is finalised an agreement is signed on 23.06.2016. Project is expected to start from 01.08.2016.

Safe Motherhood Day and Prasuti Niyojan Diwas

13.73 For reduction in MMR and IMR, the State has started celebrating Safe Motherhood Day (SMD) and Prasuti Niyojan Diwas (PND) from October, 2015. SMD is celebrated at selected CHCs on monthly basis and services of gynaecologist is provided which helps in identification of high risk pregnancies, their treatment and also advise them appropriate health facility for safe delivery. In case of unavailability of gynaecologist at public health facility, services of private gynaecologist are hired. From October 2015 to March 2016, 1916 camps were organized and 58043 pregnant women were benefitted.

13.74 "Prasuti Niyojan Diwas" is celebrated all CHCs, PHCs and Sub Centers on monthly basis for counselling of pregnant women in 8th and 9th month of pregnancy for effective delivery planning, vehicle selection and information about government schemes for improving maternal and child health. From October 2015 to March 2016, 69214 PND camps were organized and 438668 pregnant women were benefitted.

Quality Assurance and Kaya Kalp Award

13.75 For better quality health service delivery at public health facilities, Quality Assurance and Kayakalp Award has been initiated in the State as per the directions of MoHFW, GoI. Under the programme, health facilities are being assessed using a standard check list and gap filling is being done accordingly. In addition, the MoHFW, GoI has launched a National initiative to give awards to those public health facilities that demonstrate high levels of cleanliness, hygiene and infection control based on set criteria. In the first phase District Hospitals are covered. The first best district hospital receives cash award of ₹50 lakh, 2nd best district hospital

receives ₹ 20 lakh and two district hospitals receives consolation prize of ₹3.00 lakh. In the year 2016-17 the scheme will be expended up to CHCs. Kayakalp portal would be launched on 7th April, 2016 on World Health Day for better and real time monitoring of the programme.

New Launchings

m-SNA mobile app

13.76 To make monitoring more convenient, simple and action-oriented, m-SNA mobile app was launched on 15.2.2016 in the State and it is being operated. This mobile application is facilitating the monitoring visits and ensures remedial/corrective action on the findings. 1392 inspection have been done through m-SNA.

Kuposhan Watch

13.77 To Monitor real time status of admitted children with severe acute malnutrition and ensure timely and complete follow-up visits of discharged children a web based application was launched on 15.2.2016. Initially this application is being operated at 40 Malnutrition Treatment Centres of the state.

Mobile Recharge of ₹200 on Female Death Reporting

13.78 To improve maternal mortality reporting, provision of ₹200 mobile recharge initiated by the department. Reduction of MMR is one of the key objectives of NHM. In the State, only 25-30 per cent maternal deaths are reported. Thus analysis of its causes and effective management in future pregnancies get adversely affected. Under this scheme, information on female death (at home or on the way) in the age group of 15-49 years are collected. Any person can report female death on toll free number '104' or at e-mitra centre within 24 hours of death. After verification of the death, mobile recharge ₹200 would be given to the first informer. 45 cases of ₹ 200 recharges approved out of 262 applications received up to 31st March, 2016.

National Urban Health Mission

13.79 The Government of India has launched the National Urban Health Mission as a Sub-Mission under the overarching umbrella of National Health Mission for providing quality primary health care services to the urban poor population especially urban poor and the vulnerable sections of the society. Cities / towns with the population of more than 50,000 will be covered under it.

The National Urban Health Mission has high focus on

- Urban poor population living in listed and unlisted slums
- All other vulnerable population such as homeless, rag pickers, street children, construction workers and other temporary migrants.

- Public health thrust on sanitation, clean drinking water & vector control etc.
- Strengthening public health capacity of urban local bodies.

The norms for urban health facilities under NUHM are as below:

i.	For every 2.5 lakh population	1 urban CHC*
ii.	For every 50000 population	1 urban PHC
iii.	For every 10000 population	1 ANM
iv.	For every 200-500 households	1 ASHA (in Rajasthan 300 households)
v.	For every 50-100 households	1 MahilaArogyaSamiti (MAS) (In Rajasthan 100 households)

13.80 The state has identified 61 cities for implementing NUHM in phased manner. 33 District headquarters cities: 3 cities (million+), 20 cities (between 01 lakh to 10 lakh population) & 10 cities (between 50000 to 01 lakh population) were selected in financial year 2014-15. Out of these 3 Districts (Dungarpur, Pratapgarh, Sirohi) have population less than 50000 but as they are District headquarters hence they were taken up in this plan.

13.81 In the year 2015-16, all 61 cities including 33 Districts headquarters have been covered and total 1,25,43,566 persons are to be benefitted with special focus on people living in urban slums in 61 districts.

- Total ₹ 86.82 Crores have been approved till 2015-16 under NUHM.
- 83 Existing health facilities have been upgraded/renovated as urban PHCs @ ₹ 10 lakh/dispensary and 140 New Urban PHCs are in process to be constructed @ ₹ 75 lakh/UPHC. 22 existing health facilities are in process to be strengthened @ ₹ 28 lakh/UPHC

13.82 The following manpower are to be deputed to existing health institution and new urban PHCs on contractual basis during the year 2016-17.

S.No.	Name of the Post	No. of Post Sanctioned
1	Medical Officer (Full Time)	140
2	Medical Officer (Part Time)	245
3	Pharmacist	141
4	Staff Nurse	281
5	Lab Technician	140
6	ANM	1117
7	Accountant cum DEO	245
8	Grade D Support Staff	245

- 1 State Programme Management, 4 City level and 30 District level units have been established for implementing NUHM in state.
- 4664 Mahila Arogya Samitis are to be constituted for community processes, out of which 4588 Mahila Arogya Samitis have been constituted.

MOBILE SURGICAL UNIT

13.83 Mobile Surgical Unit Rajasthan Jaipur was established in the year 1956. Mobile Surgical Unit provides free complete care in the remotest area of Rajasthan by organizing all type of Surgical and Eye camps for poor & backward, schedule caste and schedule tribes. The camps are organized at the doors of needy persons. At present this unit is 500 bedded Mobile Hospital and has the capacity to perform up to 1000 operations in a camp if required. 100 bedded each unit in Jodhpur, Udaipur, Ajmer, Bharatpur, Kota, Bikaner & Jaipur are also working under this unit.

13.84 During the year 2015-16 a total number of 252849 patients were investigated out of which 9556 patients were operated up to March, 2016. A total number of 53 general and 102 one day camps were organised up to March, 2016. An expenditure of ₹685.64 lakh has been incurred in the year 2015-16 against an outlay of ₹959.74 lakh. An outlay of ₹864.94 lakh is kept for the Annual Plan 2016-17 for organizing 168 major camps.

MEDICAL EDUCATION

13.85 Medical Education Department is the Administrative Department for all Medical/Dental Colleges and attached Hospitals. A separate Directorate of Medical Education was established in the State in the year 2011-12 to monitor & supervise Medical Colleges and its attached hospitals. The main objective of the Department is to provide tertiary level health care and taking care of human resource in health sector which is vital for achieving goals related to Health Indicators. Presently the doctor population ratio in the State is 1:1700 which is to be raised to 1:1000 (as per WHO norms). The State needs more Medical Colleges to achieve this goal. In order to improve the quality of medical education being provided in the State and to provide more facilities for research in medical sector, Rajasthan University of Health Sciences was established in the State in April, 2006. All the Government Medical and Dental Colleges are affiliated to it. At present there are 14 Medical Colleges in the State (6 in Government Sector and 6 in Private Sector, one run through a Government Society and one run by Rajasthan University of Health Science). In addition to this, there are 15 Dental Colleges in the State; one is run by Rajasthan University of Health Science and 14 in Private Sector. The Government Medical Colleges (including RUHS and Jhalawar) have annual intake capacity of 1450 Under Graduate, 829 Post Graduate and 93 Super-Specialty level students. Private Medical College's

have annual intake capacity of 850 Under Graduate. The Rajasthan University of Health Science Dental Colleges have annual intake capacity of 40 Under Graduate and 14 Post Graduate level students.

13.86 With a view to take care of scarcity of human resources in the health sector; it was proposed to increase the intake capacity of each medical college to 250 during the Twelfth Plan. The number of PG seats also needs to be increased accordingly as per the revised norms of MCI.

13.87 The project of up grading of 8 district hospitals having bed capacity of 300 beds to medical colleges is also under progress. In these 8 districts, hospitals will be upgraded to medical colleges (Alwar, Bharatpur, Barmer, Bhilwara, Churu, Dungarpur, Sikar and Pali). DPR for these projects have been prepared and work orders have been issued for civil works. The academic session will be started from 2017.

13.88 Most of the medical colleges have old buildings and equipments procured at the inception. Addition and alteration works of these buildings have been taken up and will continue during the Twelfth Plan which is essential looking to the rapid growth in medical sciences and increasing population and the morbidity pattern and improving the quality of health care.

13.89 Super specialty blocks at Bikaner, Udaipur and Kota Medical College are under process. State Cancer Centre at RUHS, two tertiary cancer care centre one in Bikaner and other at Jhalawar are under process of establishment in NPCDCS (National Program for Prevention and Control of Cancer, Diabetes, CVD and Stroke).

State also needs strengthening in following areas under vision 2020.

- Establishment of Medical Colleges by upgrading all District Hospitals having more than 300 bed capacity.
- Super Specialty Services in all Medical Colleges including Cardiac, and Cancer facilities through outsourcing and PPP models.
- Strengthening of Psychiatry Department in all Medical Colleges
- Emergency Medicine & Geriatric Medicine in all Medical Colleges.
- Increasing bed strength in mother and child wings.
- Modernization in teaching and training including using e-learning, e-libraries and virtual classrooms.
- Infectious Disease Hospital & Integrated OPD in all College attached Hospitals.
- PPP models for outsourcing of diagnostic/curative services with a view to improve quality services, better management and maintenance of sophisticated equipments like CT MRI LINAC by private partner at affordable cost by providing land/space in existing public institutions and revenue sharing.

13.90 New Medical Colleges /Multispecialty Hospitals/State-of-the art-Centres on PPP mode through providing land and infrastructure and outsourcing management and skill development involving national and global partners.

13.91 An outlay of ₹ 176962.00 lakh was kept for the Twelfth Plan for medical education sector. An expenditure of ₹86292.56 lakh has been incurred on medical education during the Annual Plan 2015-16 against an outlay of ₹134812.87 lakh. An outlay of ₹152535.59 lakh is kept for the Annual Plan 2016-17 for medical education sector. Institution wise details of outlays kept for the Twelfth Plan, expenditure during 2015-16 and outlays kept for the Annual Plan 2016-17 are as follows.

Table No. 13.5
Outlays

(₹in lakh)

S. N.	Sector	Outlay Twelfth Plan	Outlay 2015-16	Exp. 2015-16	outlay 2016-17
1.	Medical College, Ajmer	25657.00	6982.65	5459.56	8481.70
2.	Medical College, Bikaner	25135.00	9994.04	6219.94	10572.32
3.	Medical College, Udaipur	26500.00	7059.29	7162.53	10100.63
4.	Medical College, Jodhpur	29500.00	15178.67	13398.37	16022.66
5.	Medical College, Jaipur	32500.00	14870.88	18507.30	16009.72
6.	Medical College, Kota	28500.00	6875.55	6686.05	8737.43
7.	Medical College, Sriganganagar	0.00	20.00	9.45	20.00
8.	Rajasthan Health Science University including Dental College	8170.00	26598.19	3423.20	16578.23
9.	Medical Education Directorate	1000.00	40177.20	21172.83	56466.73
10.	Medical College, Jhalawar	0.00	6895.40	4178.33	9295.40
11.	New Government Medical College (Bharatpur, Churu and Dungarpur)	0.00	0.00	0.00	0.77
12.	Metro MAS Hospital(PPP)	0.00	161.00	75.00	250.00
	Total	176962.00	134812.87	86292.56	152535.59

13.92 The following important achievements have been made in medical education sector during the year 2015-16.

- More than 1200 bed capacity has been added including 224 in Intensive Care Beds.
- Under Graduate intake capacity has been increased by 200 seats.
- Five new medical units have been established in Medical College, Kota.
- Laparoscopy Theatre, Plastic Surgery and Burn Units have been established in Medical College, Ajmer.

- Geriatric and Emergency Medicine ward has been established in all Medical Colleges.
- Bone-Marrow Transplant and skin bank has been started in Medical College Jaipur.
- Virtual class rooms and e-library has been set-up in all medical colleges.
- Multi Disciplinary Research unit at Jodhpur and Bikaner are established.

13.93 The following important activities will be taken up in medical education sector during the year 2016-17.

- 8 New Medical Colleges will be opened in Public Sector under Centrally Sponsored Scheme for developing medical college attached to existing district hospitals and 3 Medical Colleges will be opened in Private Sector.
- Super-specialty blocks will be started at Existing medical colleges of Kota Bikaner and Udaipur.
- Increase in UG intake capacity by 350 seats: Ajmer, Udaipur and Kota(100 seats in each) and Jhalawar 50 seats.
- Civil works for State Cancer Centre (SCI) building, new teaching Hospital with RUHS will be taken up.
- High-end diagnostic & treatment facilities (CT, MRI, and LA) will be developed in all major hospitals of the State.
- Establishment of Cath -lab up gradation of viral laboratory to BSNL-III at Jaipur college including swine flu laboratory.
- Establishment of Cobalt machine at Udaipur, Modular OTs in Ajmer, Senior Resident Hostel at Udaipur, Digital mammography machine at Kota, New staff quarters at Bikaner, Equipments for Infectious Disease Hospital at Jodhpur and Gama camera and Linear Accelerator on PPP mode.
- Construction of Staff Quarters, PG hostel, Modular OTs, Emergency ward at Jhalawar.

Gender Budgeting

13.94 Medical Education Department is engaged in providing graduate and postgraduate / specialized training to medical and dental doctors and nursing staff. Pharmacists and other paramedical staff hospitals attached to Medical Colleges are engaged in providing specialized, tertiary level care to patients. There is a 25 per cent reservation of women in UG and PG seat in Medical Colleges. Training and tertiary level care are provided to all irrespective of gender, and there are no special schemes to address the issues of gender. However, it is important to note that some

Medical Colleges have separate hospitals for women like Mahila Chikitsalaya and Zanana Hospital in Jaipur, Mahila Chikitsalaya in Ajmer, Panna Dhay Govt. mahila Chikitsalaya in Udaipur and PBM Zanana Chikitsalaya in Bikaner and Ummed Hospital in Jodhpur that provide medical care services exclusively to women.

AYURVED & INDIAN SYSTEM OF MEDICINE

13.95 Indian system of medicines such as Ayurved, Unani therapies, Yoga & Naturopathy are of great antiquity and have been widely practiced in India for centuries. Homeopathy is relatively a new system of medicine, which originated in Germany, has also been widely accepted and practiced in India. These systems offer a range of safe, sure, cost effective, preventive and curative therapies. The State Government has recognized the merits of each of the System of Medicine and homeopathy and made attempts to develop them as a viable system of medicines for health care needs of our people. It was felt that the goal of "Health for All" cannot be achieved through the modern allopathic system alone and there is a need to involve the Indian System of Medicine & Health practitioners in the mainstream for achieving this goal.

13.96 Department of Ayurved has been working in the state since 1950. At present, there are 3701 Ayurvedic hospitals & dispensaries which include 3434 in rural areas and 267 in urban areas. A mobile surgical unit with 200 beds at Ajmer and 13 other mobile units are also providing facilities to the people. The National Institute of Ayurved is also located at Jaipur.

13.97 An outlay of 12500.00 lakh was kept for Ayurved Department for the Twelfth Plan. An expenditure of ₹6776.78 lakh has been incurred during the Annual Plan 2015-16 against an outlay of ₹4116.08 lakh. An outlay of ₹5396.78 lakh is kept for the Annual Plan 2016-17 for the activities of the department. As per budget announcement 6 new Yoga & Naturopathy centres will be constructed in the year 2016-17 with outlay of ₹ 180.00 lakh. In the year 2016-17, 3 New Anchalprasuta Kendra, 9 Panchkarma, 11 Zarawastha centre will be opened in remaining districts.

Madan Mohan Malviya Govt. Ayurved College, Udaipur

13.98 Madan Mohan Malviya Ayurved College, Udaipur has been providing Ayurved Education in the State since 1944. It provides therapeutic educational and research facility to public and students. Two hospitals of 75 and 100 bed capacities and one research centre of 20 bed capacities are attached with this college. Intake capacity of the college is 60 students in graduate course and 5 students in each specialty at PG level.

13.99 An outlay of ₹ 362.50 lakh was kept for Ayurved College, Udaipur for the Twelfth Plan. An expenditure of ₹173.66 lakh has been incurred in

the year 2015-16 against an outlay of ₹240.37 lakh. An outlay of ₹158.13 lakh is kept for the Annual Plan 2016-17.

RAJASTHAN AYURVED UNIVERSITY, JODHPUR

13.100 The Rajasthan Ayurved University, Jodhpur was established in the year 2002 with an objective to ensure efficient and systematic environment in the State for teaching, training, research and development of Ayurved, Unani, Naturopathy, Sidha and Yoga Systems of Indian Medicine and Homeopathy.

13.101 A Unani Medical College and Unani "A" class hospital are being established at Tonk. B.A.M.S. seats of University College of Ayurved, Jodhpur would be increased from 60 to 100 during the year 2016-17. Permission from State Government has been received, necessary permission from Ayush Department, Delhi is awaited.

13.102 An outlay of ₹ 6118.80 lakh was kept for Ayurved University, Jodhpur for the Twelfth Plan. An expenditure of ₹1357.30 lakh has been incurred in 2015-16 against an outlay of ₹1870.54 lakh. An outlay of ₹2136.15 lakh is kept for the Annual Plan 2016-17, which includes central assistance of ₹356.70 lakh.

HOMEOPATHIC SYSTEM OF MEDICINE

13.103 Looking to the importance and popularity of the Homeopathic System of Medicine a separate department for Homoeopathic system of medicine was established in the year 2010. At present there are 246 homeopathic dispensaries and 6 upgraded hospitals in the State. These dispensaries are serving health need of the communities in rural as well as urban areas.

13.104 An outlay of ₹ 4719.00 lakh was kept for Homeopathy Department for the Twelfth Plan. An expenditure of ₹484.11 lakh has been incurred in 2015-16 against an outlay of ₹696.64 lakh. An outlay of ₹1012.77 lakh is kept for the Annual Plan 2016-17.

UNANI SYSTEM OF MEDICINE

13.105 Looking to the importance and popularity of the Unani System of Medicine, the State Government established a separate department for Unani System of Medicine in the year 2010. At present, there are 280 Unani health institutions including 11 A-Class hospitals & 269 unani dispensaries in the State. These hospitals and dispensaries are serving health needs of the communities in rural as well as in urban areas.

13.106 An outlay of ₹ 2211.80 lakh was kept for Unani Department for the Twelfth Plan. An expenditure of ₹311.65 lakh has been incurred in 2015-16 against an outlay of ₹472.04 lakh. An outlay of ₹598.72 lakh is kept for the Annual Plan 2016-17.