

CHAPTER – 18

MEDICAL & HEALTH

18.1 The population of the state is 56.5 million according to 2001 census, which is 5.49 percent of the national population. The ratio of the rural and urban population is 77:23. The population of Scheduled Caste and the Scheduled Tribes according to 2001 census are 17.15 and 12.56 percent respectively of the state's total population, as against the national average of 16.2 and 8.2 percent. The growth rate of population in the state at 28.41 % was higher than that of the country 21.34 %. Population density was 165 as compared to 325 for India according to census 2001. Health is critical to human resource development and State Government is committed to ensure that Rajasthan's health indicators catch-up with All India averages.

Table No. 18.1

Comparative health indicators of Rajasthan & India

Sr. No.	Indicators	Rajasthan	India
1.	Decadal Population Growth Rate (1991-2001)	28.41	21.34
2.	Sex Ratio (Census – 2001)	921	933
3.	Total Fertility Rate (NFHS III)	3.2	2.7
4.	Crude Birth Rate (SRS 2007)	27.90	23.10
5.	Crude Death Rate (SRS 2007)	6.8	7.4
6.	Infant Mortality Rate (NFHS III)	65	57
7.	Maternal Mortality Ratio (SRS 2005)	445	301
8.	Couple Protection Rate	57.0 (DLHS-III)	46.2 (NFHS-III)

18.2 The flagship program of the Union Government in the Health Sector is the National Rural Health Mission(NRHM). A lot has been achieved in the rural health sector since the launch of the NRHM in the State. The challenges of improvements in rural health sector are enormous and necessitate substantial absorption and spending capacities by the State which is now happening in the Medical and Health Sector. As a high focus State of NRHM, Rajasthan's allocations under the XIth Five Year Plan have been projected at Rs. 6200 crores. By end March 2009, the State would have utilized Rs. 1400 crores of the XIth Plan allocations. The State has very successfully scaled up utilization in the current year to Rs. 980 crores by end March 09, from Rs. 335 crores in 2007-08, an increase of nearly 300 percent. This has been ranked as a very successful scaling up under NRHM. Despite this fiscal expansion, there is an urgent need to further scale up absorption and spending capacities so that XIth

Plan allocations are fully utilized. In pursuance of this objective, Rajasthan has formulated an NRHM Program Implementation Plan(PIP) for 2009-10 amounting to Rs. 1280 crores.

18.3 However a burgeoning size of NRHM PIP in the coming years, imposes tremendous strain on State resources given that States have to contribute 15 percent matching share. The State share for NRHM has increased in the past 3 years from Rs. 45 crores in 2007-08 to Rs. 124 crores in 2009-10. By 2011-12 the size of the NRHM Program Implementation Plan would be Rs. 2100 crores and this would necessitate a State share of Rs. 210 crores imposing substantial burden on an already crowded State Plan. It is therefore imperative to introduce a lesser resource burden on the States in the coming years, particularly as NRHM is likely to continue in the XIIth Five Year Plan period.

18.4 The 11th Five Year Plan approach emphasizes development of a good health care infrastructure and providing quality health care services. Simultaneously, the State Government is focussing on technology-based solutions, like tele-medicine emergency ambulance care, and free IPD and OPD health care for BPL families through a number of innovative schemes. The Mukhya Mantri Jeevan Raksha Kosh Yojna has been implemented in all the districts of the state.

18.5 The State Government's "Policy to Promote Private Investment in Health Care Facilities" is in place. According the policy, land will be 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. Telemedicine, connecting 6 medical college hospitals with 32 district hospitals and 1 block, is being implemented with ISRO support.

18.6 An outlay of Rs. 1477.62 crores has been kept for Medical & Health Sector in the Eleventh Five Year Plan (2007-2012). An expenditure of Rs. 350.28 crores is likely to be incurred under the sector in 2008-09; Rs. 434.67 crores has been proposed for 2009-10. Sector-wise allocations are as under:-

Table No. 18.2

(Rs. In lakhs)

S.No.	Sector	11th Plan Outlay	Ant. Exp. 2008-09	Proposed Outlay 2009-10
1.	Minimum Needs Program	47327.00	4711.55	5526.66
2.	Other than Minimum Needs Program	25000.00	10577.39	9439.27
3.	Rajasthan Health System Dev. Program	32700.02	6800.00	11158.00
4.	School Health Care in Tribal Area(EAP)	0.05	0.00	0.01

S.No.	Sector	11th Plan Outlay	Ant. Exp. 2008-09	Proposed Outlay 2009-10
5.	Population Control & Family Welfare	6250.00	346.17	250.00
6.	Family Welfare-population Mission	-	489.00	489.00
7.	Family Welfare-NRHM	-	8000.00	12400.00
8.	Mobile Surgical Unit	275.00	329.63	370.75
9.	Medical Education	27450.00	2372.02	2555.55
10.	Employees State Insurance	350.00	3.40	8.00
11.	Ayurved Department	6550.00	1185.06	1100.00
12.	Ayurved College, Udaipur	60.00	6.00	10.00
13.	Ayurved University	1800.00	208.07	159.51
Total		147762.07	35028.29	43466.75

Minimum Needs Program

18.7 Rural health care services are covered under Minimum Needs Program. An outlay of Rs. 47327.00 lakh has been kept for the Minimum Needs Program in the Eleventh Five Year Plan. The likely expenditure under the program in 2008-09 is Rs. 4711.55 lakh; Rs.5526.66 lakh is proposed in the Annual Plan 2009-10 for ongoing construction activities like health centres, building and staff quarters, and developing health care facilities, opening of 22 PHCs.

Other than Minimum Needs Program

18.8 Urban health care facilities are covered under Other than Minimum Needs Program. The total provision kept for Other than Minimum Needs Program in the Eleventh Five Year Plan is Rs. 25000.00 lakhs. An expenditure of Rs. 10577.39 lakhs is likely to be incurred in 2008-09 and Rs. 9439.27 lakh is proposed in the Annual Plan 2009-10 for ongoing activities consisting construction of district hospital / office building, renovation of urban health institutions, equipment & residential complex for Jhalawar hospital, strengthening and upgradation of urban health institutions and Drug Testing Labs and for State wide emergency ambulance services. Expected status of health care facilities in the state at the end of 2008-09 would be as follows:

Table No. 18.3

S. No.	Particulars	Numbers
1.	Hospitals (including Medical College Hospitals)	127
2.	Community Health Centres (Rural)	367
3.	Primary Health Centres (Rural)	1503
4.	Primary Health Centres (Urban)	37

S. No.	Particulars	Numbers
5.	Health Sub Centres	10951
6.	Dispensary	201
7.	Number of beds	41770

18.9 The goals to improve the health indicators of Rajasthan to be achieved by the end of Eleventh Five Year Plan are as under:-

Table No.18.4

S. No.	Particulars	Numbers
1.	Crude Birth Rate (CBR)	21/1,000 pop.
2.	Crude Death Rate (CDR)	7/1,000 pop.
3.	Infant Mortality Rate (IMR)	32/1,000 LB
4.	Maternal Mortality Ratio (MMR)	148/1,00,000 LB
5.	Couple Protection Rate (CPR)	65%
6.	Annual Growth Rate (AGR)	1.2%
7.	Total Fertility Rate (TFR)*	2.1

Rajasthan Health System Development Project

18.10 In order to improve the effectiveness and quality of health care delivery system through strengthening secondary level medical institutions, Rajasthan Health Systems Development Project is being implemented in all the 32 districts of the State with the financial assistance from the World Bank. The total cost of the project is Rs. 472.58 crores, of which World Bank loan is Rs. 396.85 crores (83.98%), and the State share is Rs. 75.73 crores. The execution period of the project is July, 2004 to September, 2009 and may be extended till March 2011. The State Government is seeking extension of the RHSDP project and MOHFW have indicated that the project should be merged with the NRHM and financed from the State Health Society. The World Bank has consented for financing the proposal through the State Health Society accounts.

18.11 Under the project, 28 district hospitals, 23 sub divisional hospitals, 113 CHCs located at sub divisional head quarters, 72 other CHCS and 2 block PHCs have been identified for renovation / extension and providing additional facilities. The main objectives of the project are to enhance effectiveness and delivery of quality health services at primary and secondary level through policy and institutional development and to increase access to with special focus on the under served sections of the society.

18.12 An expenditure of Rs. 68 crores is likely to be incurred on this project in 2008-09. The total expenditure under the project by the end of 2007-08 has been Rs. 300 crores. An outlay of Rs. 111.58 crores is

proposed for this project in Annual Plan 2009-10. The proposed amount would be utilized on agreed upon components.

18.13 The total project size is Rs. 472.58 crores of which Rs. 75.53 crores (16.02%) is the State share. Looking to the trends of expenditure, it is envisaged that the project savings could be fully utilized by March 2011.

Population Control & Family Welfare

18.14 The main objective of the family welfare programmes is population stabilization and reduction in maternal and child deaths. Rajasthan recorded the high decadal population growth rate of 28.41 percent during 1991-2001. The high rate of population growth is mostly due to high growth potential inbuilt in the existing age structure. About 47 percent female population is within the reproductive age and around 40 percent female is below the age of 15 years. Another reason is the low age at marriage 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.

18.15 In 2005 RCH-II was launched to improve range, reach and quality of services. Special efforts have been made for addressing early age at marriage, promoting institutional deliveries and adverse sex ratio. Community mobilization and inter-sectoral convergence are two major components of the RCH II programme. At present the Maternal Mortality is 445 per lacs live birth (SRS 2003) and infant mortality is 65 per thousand live birth (NFHS-III) in the State. According to millennium Development Goals, MMR & IMR is to be reduced to 148 & 32 in the State. The State Government has set up these targets to be achieved in the 11th Five Year Plan (2007-2012). For achieving the goals following steps have been taken by the department:

18.16 A special scheme namely Janani Suraksha Yojana is being implemented to increase the institutional delivery for controlling the maternal & neo natal death; referral transport facility is also given to the pregnant women under the scheme.

18.17 38000 women have been appointed as ASHA (Accredited Social Health Activists) under NRHM. ASHA is working to promote people for Family Welfare, Maternal Health & Immunization services in the village.

18.18 The Integrated Management of Newborn & Childhood Illness (IMNCI) is being implemented in the State. IMNCI strategy stresses upon three visit of newborn up to one week of the life of the child and five visits up to one month of the birth of the child. During these visits, post natal check-up is also made to control the maternal mortality.

18.19 As a high focus State under NRHM Rajasthan has witnessed an increase in institutional deliveries from 55 percent in 2007-08 to 70 percent in 2008-09. The period of stay has improved significantly with substantial institutional quality improvement measures of BCC training

and Sulabh International deployment for clean toilets being introduced. To focus on child health indicators Rajasthan has operationalized 33 facility based neo natal care center and malnutrition centres in 2008-09. 43 Urban RCH centers have been operationalized in collaboration with NGOs.

18.20 The State is fully geared up to launch the National Urban Health Mission in 5 cities as soon as it is announced by the Union Government. 53 Mobile Medical Units have been operationalized. Diagnostic vans have been procured for taking high quality health care to “C” category villages. 100 CHC base ambulances have been procured for institutional emergencies, “102” services are being strengthened.

National Rural Health Mission

18.21 Rajasthan is one of the 18 high focused States selected under the National Rural Health Mission (NRHM) for focused attention. The Mission was launched in Rajasthan on 30th May, 2005 with the aim to carry out necessary architectural correction in basic health care delivery system particularly in the rural areas. The time period of this Programme is 7 years from 2005 to 2012. The Mission adopts a synergetic approach by relating health to other determinates of good health viz. nutrition, sanitation, hygiene, safe drinking water. It also aims at mainstreaming the Indian System of Medicine to facilities comprehensive health care. The NRHM has following five major components:-

- Reproductive and Child Health Programme
- Additionalities under NRHM
- Routine Immunization
- National Disease Control Programme
- Intersectoral convergence

18.22 The NRHM activities were cent percent funded by Government of India during Tenth Plan period but the funding pattern of the Mission activities has been changed from 2007-08; state will now have to provide 15% matching share for the NRHM activities. The State Government is trying to dovetail its ongoing health care activities of various schemes/ programs with NRHM activities.

Achievements under NRHM 2005 – 06 to 2008-09

18.23 The financial progress under the NRHM program in Rajasthan for the period 2005-06 to 2008-09 are as follows:

Table No. 18.5

Year	Approved PIP	(Rs. Lacs)
		Expenditure against PIP
2005-06	9228	1481.07
2006-07	29984	10790.97
2007-08	60854	33430.61
2008-09 (upto Oct. 08)	98080	41553.00

The component wise expenditures are indicated as follows:

Table No. 18.6

Component	2005-06	2006-07	2007-08	2008-09 (First 6 months)
RCH II	1126.82	5574.01	18794.14	9870.15
NRHM Additionalities	220.26	4234.92	13202.10	16578.98
Routine Immunization	98.32	383.44	640.46	505.61

The physical progress showed the following achievements:

Table No. 18.7

Activity	2005-06	2006-07	2007-08	2008-09 (upto Oct 08)
Institutional Delivery (Nos.)	536661	722746	1018842	612707
JSY (No. of beneficiaries)	4928	387648	774877	433866
Sterilization (No. of sterilization)	317307	288089	335029	83985
Complete Immunization (Nos.)	1611788	1572896	1615685	798455
Selection of Asha			29000	42000
Constitution of VHSC			9134	41360

18.24 Seven districts of Rajasthan, namely Karauli, Baran, Dausa, Jaipur, Sawaimadhopur, Dholpur and Banswara will be achieving 90 percent institutional deliveries in 2008-09. Keeping this in view, the target of institutional deliveries for 2009-10 has been kept at physical progress 14 lacs i.e. 80 percent of total deliveries.

STRATEGIC INTERVENTIONS TO ACHIEVE PROGRAM GOALS

18.25 The NRHM program in Rajasthan has launched a number of strategic interventions to reduce infant mortality, maternal mortality and total fertility rate. In this direction, substantial architectural correction has been undertaken to help the health system effectively handle the increased allocations and promote policies of strengthened public health management and service delivery.

Steps in this direction include the following:

18.26 Effective implementation of the JSY program has resulted in substantial increases in institutional delivery from 28 percent in 2005-06 to 70 percent in 2008-09. Seven districts of the State will be achieving 90 percent institutional delivery;

18.27 JSY program expenditures in 2008-09 are 40 percent higher than 2007-08. The period of stay has increased in many institutions, institutional quality improvement measures of BCC trainings and Sulabh international deployment for clean toilets have been introduced;

18.28 For improved child health, FBNC/ MTCs have been operationalized in all 33 districts. Construction works have been completed in 9 districts by end October 2008. Recruitment of 396 GNMs for FBNCs/ MTCs has been completed. Training courses for GNMs under way, the equipment procurement is under process. All 33 will be operationalized in 2008-09;

18.29 Forty three Urban RCH centers have been operationalized in collaboration with NGOs. GIS mapping of 5 cities has been completed and maps have been submitted to MOHFW for the National Urban Health Mission;

18.30 Fifty three Mobile Medical Units have been operationalized. Diagnostic vans have been procured for taking high quality health care to “C” category villages;

18.31 Hundred CHC base ambulances have been procured for institutional emergencies, “102” services are being strengthened;

18.32 Human Resources have been the major thrust of the NRHM program. All positions of SPMU/ 33 DPMUs have been filled. Recruitment of 237 BPMs has been completed. 1084 Accountants have been recruited, as also 27 specialists and 3704 GNMs. Hard duty allowances have been sanctioned to 557 PHCs. Recruitment of Pharmacists, Laboratory Technicians and Ayush Doctors is in progress;

18.33 Recruitment of 12000 Ashas has been completed. Against 46000 Ashas, Rajasthan has deployed 42000 Ashas. The Asha incentive structure has been streamlined to ensure timely incentive payments. 28000 Ashas have been equipped with drug kits. Asha training package has been recast from 5 modules in 4 phases to a single phase covering all 5 modules;

18.34 All building less CHCs/ PHCs/ Sub Centers have been taken up for renovation/ construction. Rs. 150 crores construction program has been sanctioned in 2008-09. Keeping in view the larger vision of the Department to have 500 bedded district hospitals and 100 bedded CHCs by end of the 11th Five Year Plan, 30 bedded maternity wards have been sanctioned in all District Hospitals and CHCs with more than 200 deliveries/ month;

18.35 New and innovative scheme for school health “Swasthya Mitra Yojana” has been launched;

18.36 For emergency response services, the Dhanvantari Ambulance Service Yojana has been launched providing free Ambulance services

through the “108” call facility. The scheme is implemented on PPP basis with EMRI Hyderabad;

18.37 “Gram Swasthya Yojana” has been launched to promote involvement of Panchaytai Raj institutions in the State through an incentivization scheme for achieving health targets at village level;

18.38 VHSC guidelines have been finalized and moneys have been transferred to 11,000 VHSC bank accounts being jointly operated by the ANM and Gram Panchayat Sarpanch. Collaboration with NGOs is being finalized for building village health plans by end December 2008;

18.39 Enhanced monitoring of the NRHM program through 4 Governing body meetings, 9 Executive Committee meetings and 171 District Health Society’s meetings has resulted in substantial scaling up in financial progress.

Major Thrust Areas for 2009-10

18.40 There has been tremendous load on CHCs due to increase in institutional deliveries. FRUs and 24X7 PHCs would be operationalized and strengthened to cope up the load. Additional Maternity Ward, infrastructure and manpower would be taken up for these high performing CHCs;

18.41 The Mukhya Mantri Jeevan Raksha Kosh Yojana has been implemented in all the districts of the state.

18.42 Free 108 Ambulances through EMRI shall be deployed in all the districts of the state. Free 102 Ambulance Services would also be strengthened.

18.43 Village Health Committees have been constituted in all 41000 villages of the state. Training is to be imparted to all the members of the VHCs. Village Health Plans are to be prepared by these committees by end December 2008. Block Plans and District Plans would be fully integrated in to the State’s plan.

18.44 The monitoring mechanism of ASHA Sahyoginis would be strengthened. ASHA supervisors shall be appointed at PHC, Block and District level. Training would be imparted to 40,000 ASHAs for 15 days including all 5 modules.

18.45 New Static Centres will be created and old static centres would be strengthened to achieve the targets of sterilization.

18.46 Given the substantial increase in workloads at District Hospitals and CHCs; a new Directorate of Hospital Administration would be built as an institution for MRS management, ambulance management, data collection, monitoring and as an apex supervisory institution for enhanced monitoring and quality care at these institutions.

Mid Term Review (MTR) of MOHFW Findings

18.47 A 14 member MTR team had reviewed Rajasthan's performance from September 1-5, 2008 and visited over 30 institutions. The State Government has considered these recommendations and a multi pronged policy response for addressing these challenges have been included in the 2009-10 State Program Implementation Plan.

Maternal Health

18.48 Janani Suraksha Yojana is the flagship program to improve institutional deliveries. A financial incentive of Rs. 1400/- is paid to the beneficiary for an institutional delivery. Following the launch of the scheme Institutional deliveries in Rajasthan have increased as follows:

Table No. 18.8

Year	No. of Institutional Deliveries	(Rs. Crores) Expenditures under JSY
2005-06	536661	2.82
2006-07	722746	30.26
2007-08	1018842	119.67
2008-09 (upto Sept 2008)	612707	83.28

18.49 For the year 2009-10 the target of Institutional Deliveries has been fixed at 80 percent of total deliveries and a financial allocation of Rs. 22100 lacs has been made. Institutional deliveries are projected to increase from 12 lac deliveries in 2008-09 to 14 lac deliveries in 2009-10. JSY beneficiaries are projected to increase from 10 lac beneficiaries in 2008-09 to 12 lac beneficiaries in 2009-10.

18.50 In the year 08-09, 237 CHCs are to be operationalized as FRUs functional with C Section Facility and Blood Storage Units. However due to delays in finalization of tenders of blood storage units and shortage of anaesthetists/ surgeons, it is likely that 100 CHCs would be operationalized as FRUs in 2008-09. In 2009-10, State Government would seek to operationalize 137 CHCs which are the committed liabilities of the year 2008-09. A financial allocation of Rs. 705.79 lacs has been provided in the 2009-10 PIP.

18.51 In 2008-09, 380 PHCs were to be operationalized as 24x7 PHCs. However, State Government would be in a position to operationalize 200 PHCs as 24x7 PHCs. In the year 2009-10, a total of 370 PHCs including a committed liability of 180 PHCs would be operationalized as 24x7 PHCs, to provide specialized services, service providers will be provided with training on "Life saving anesthesia skills" and Emergency Obstetric Care. A financial provision of Rs. 380 lacs has been provided in 2009-10 PIP.

18.52 The FRUs will be provided with equipments and drugs for the provision of EmOC with blood transfusion, C-section and emergency newborn care. 1800 ANMs would be trained as Skilled Birth Attendants to provide obstetric first-aid and to refer the emergency cases to the higher facilities. Accreditation of the private health facilities will be undertaken this year to expand the availability of services under the Public Private Partnership.

Child Health

18.53 In 2008-09, State Government has sanctioned 33 Facility Based New Born Care Units and MalNutrition Treatment Corners in all 33 District Hospitals of Rajasthan. The State has collaborated with West Bengal Government to establish these units on the Purulia model. All 33 FBNCs/ MTCs would be operationalized by end 2008-09. The operational expenditures of 33 FBNCs and MTCs has been provided in 2009-10 PIP. In 2009-10, IMNCI would be extended to all 33 districts. The Yashoda initiative for post natal care and breast feeding would be extended to all 33 district hospitals. A total of 540 Yashodas would be put in place. An allocation of Rs. 817.16 lacs has been provided in PIP 2009-10 for child health.

Family Welfare

18.54 In this year 08-09, the sterilization performance is showing a 12 percent increase over 2007-08. The female sterilization is the most popular limiting method in the state. The sterilization standards and quality assurance for services would be improved as per MOHFW guidelines.

18.55 Attention will be focused on improving access and availability of NSV services for increasing share of male sterilization in the method-mix. In line with the GoI guidelines, State has increased the monetary incentive for all sterilisations. Rs. 1100 are given for male sterilization & Rs. 600 is given for female sterilization. In case of spacing methods conscious efforts will be 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. The Alternative methodology in the training of related to IUD insertion will be provided to all the ANMs in the Sub centers to improve the IUD coverage.

18.56 Based on the findings of Concurrent evaluation of the Jan Mangal Programme, the programme will be strengthened. The emergency contraceptive pills will be promoted for couples needing services to avoid unwanted pregnancy due to unprotected sex. Static centers will be strengthened to provide round the year sterilization services and camps will be planned through out 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.

18.57 A financial allocation of Rs. 4536.20 lacs has been provided in 2009-10 PIP for sterilization and family welfare activities.

Program Management Arrangements

18.58 In 2008-09 all posts of SPMU and DPMUS have filled. All posts of BPMU have also been filled. A total of 16 SPMU consultants, 102 DPMU consultants and 237 BPMU consultants have been recruited through SIHFW. 985 Accountants have been recruited for the Block CMHO offices/ CHCs/ PHCs. 252 Data Entry Operators have been recruited for Block CM&HO/ Dy CM&HO offices. 3704 GNMs have been recruited for District Hospitals. CHCs, PHCs to cope with increased load of institutional deliveries. For effective Monitoring, HMIS has been adopted in all the Public Health Institutions.

18.59 Twenty Evaluation studies would be taken up in 2009-10 for evaluating program performance. In 2008-09, Concurrent Evaluation of JSY has been completed by SIHFW. 10 Evaluation studies for evaluating project performance are being taken up.

Additionalities under NRHM

18.60 In 2008-09, 12000 Ashas have been recruited. The State has put in place 42000 Ashas against the targeted 46000 Ashas. For effective monitoring of Asha performance, the Asha supervisory structure at District, Block and PHC level has been included in 2009-10 PIP. A provision of Rs. 15 crores has been provided in the PIP for creation of 1774 contractual posts.

18.61 Mukhya Mantri BPL Jeevan Raksha Kosh Yojana is being implemented in all the districts of the State. A provision of Rs. 35 crores has been provided in the PIP for this scheme. In addition, State Plan would be providing Rs. 15 crores for the scheme.

18.62 Emergency Ambulance Care is being provided in collaboration with EMRI, Hyderabad. For capital costs in 2009-10, Rs. 25 crores have been provided in the PIP. The State Government would be providing Rs. 25 crores under State Plan for operational costs.

18.63 Public Health Institutions at District Hospital and CHC level in Rajasthan are among the most stressed Public Health Institutions in the country with high OPD and IPD cases. To achieve NRHM's goal of 100 percent institutional deliveries by 2011-12, the State needs to have a bed capacity for conducting 20 lac institutional deliveries. At current trends of growth it is envisaged Rajasthan would need District Hospitals of 500 bed capacity and CHCs of 100 bed capacity by 2011-12. 30 bedded Additional maternity wards have been sanctioned in all District Hospitals and CHCs with more than 200 institutional deliveries/ month to cope with additional workloads. A construction program of Rs. 14300 lacs has been provided for renovation of PHCs/ CHCs and District Hospitals.

18.64 An independent Directorate of Hospital Administration is proposed to be established with an allocation of Rs. 5 crores as an institution of MRS management, ambulance management, data collation, monitoring and analysis and as the apex supervisory institution. Among the steps envisaged are placing the Directorate of Hospital Administration under the administrative control of the Mission Director for stronger monitoring and creation of a second post of Additional Director of Hospital Administration and a senior consultant. A Hospital Administrator would be provided under NRHM to every 150 bedded District Hospital.

18.65 VHSCs would be fully integrated into NRHM activities in 2009-10. An allocation of Rs. 5500 lacs has been provided in 2009-10 PIP.

18.66 A provision of Rs. 5 crores has been provided in the 2009-10 PIP for committed liabilities of RHSDP and Rs. 1 crore has been provided as token money as the World bank funded project will be coming to a conclusion by end September 2009 and the State Government proposes to take up these activities under the NRHM mandate in 2009-10.

Routine Immunisation

18.67 To enhance Immunization Coverage, MCHN Days are being held regularly for last three years as an essential component of Routine Immunization. It is a package of service delivered to the community, which involves Maternal, Child and Nutritional components. Special drives are held in the State to cover the un-reached population not covered during the routine immunization days. Mobility support had been outsourced to NGOs in some districts for vaccine and logistics supply up to the session site during the MCHN days from the funds of Alternative delivery system under PIP –Pt.-C. This has increased the efficiency and quality of immunization services. ASHA-Sahyoginis help in mobilising the women and children to the Anganwari Centres where all the MCHN days are held and they are given work based incentive for this. The State aims to increase the coverage of full immunization to 80% by the end of 2009-10.

National Programme for Control of Blindness

18.68 The aim of this programme is to decrease the prevalence rate of Blindness from 2.24 to 0.34, at present the prevalence rate of the Blindness is 1.10. To address this in the year 09-10, camps will be organized to undertake cataract operations.

Integrated Disease Surveillance Project

18.69 Integrated Disease Surveillance project (IDSP) is a decentralized and state based surveillance Programme, being implemented in all the districts of State with since April 2005. It aims to detect early warning signals of impending outbreak and help initiate an effective response in a timely manner. It is also expected to provide essential data to monitor

progress of on going disease control programmes and help allocate health resources more efficiently.

National Vector Borne Disease Programme

18.70 Malaria and Dengue are two principal vector borne diseases prevalent in state. Malaria is wide spread and present in all the districts but Dengue is limited to 15-20 districts and there is no significant difference between rural and urban areas. *A. Stephensi*, *A. Culicifacies* and *Aedes Aegypti* are the common vectors responsible for transmission of these diseases in state. The tribal and desert areas contribute 70% of Malaria diseases burden. The far flung areas with low population density are the major cause responsible for hindrance in implementation of public Health Programme in western Rajasthan.

Revised National Tuberculosis Control Programme

18.71 The Programme will strive to achieve at least 85% cure rate in new sputum positive cases and to achieve at least 70% case detection after achieving first objective. Uninterrupted supply of good quality of Anti TB Drugs, effective and patient friendly treatment with Short Course Chemotherapy given under direct observation and accountability through proper recording and reporting, and effective supervision will be emphasized.

Iodine Deficiency Disorder Control Programme Action Plan

18.72 Iodine deficiency is a public health problem in India. The overall proportion of households consuming iodized salt in India was estimated at 49 percent in 1999. This figure has slipped down to 37 % in 2003. The situation in Rajasthan, where reported proportion of households consuming adequately iodized salt was 40 percent in 1999, is lesser than the national average. The decline observed in the national average is also observed in Rajasthan.

18.73 The major objectives of the program will be to upscale supply of iodized salt in place of common salt. Strategies like Laboratory monitoring of iodised salt and urinary iodine excretion and Health Education and IEC/BCC will be undertaken throughout the State.

National Leprosy Eradication Programme

18.74 Rajasthan has reached a level of elimination i.e. prevalence below 1/10000. The Current prevalence is 0.20/10000. The resources under the programme will be slowly phased out with just a skeletal structure to cater to the needs of the leprosy control programme.

Inter Sectoral Convergence

18.75 The convergence is mainly with Development Departments like PRI, Rural Development, DWCD, Education, PHED etc and Non Governmental Organizations and private partners. With the Women and Child Development, the major initiatives in the last years were MCHN

days, Asha- Sahayoginis, Malnutrition corners and Micro planning of the village level activities. The Village level Health and Sanitation committee was strengthened in co-ordination with the Panchayat Raj Department to promote village level planning and monitoring of the health services. Untied funds were provided to the Village level committees to undertake sanitation activities and other local health related needs. All the convergence activities with these Departments will be continued during 2009-10.

18.76 Under the AYUSH programme, efforts have been undertaken to mainstream the Ayurveda into the public health system. Towards this, medical officers of Ayurveda are being recruited in 750 PHCs. At the Programme management level, an Assistant Director – AYUSH has also been appointed to spearhead the activities at the State level. In the year 09-10, various interventions related to AYUSH have been planned which includes the provision of Ayurveda drugs at the health institutions.

18.77 The State will contribute 15% share on the total allocation made by Government of India during 2009-10 amounting to Rs. 107.10 crores.

Mukhya Mantri Balika Sambal Yojana

18.78 Balika Sambal Yojana aims to promoting girl child and provides economic support to her after she attains 18 years of age. Under the scheme, if any couple under goes sterilization operations after one or two female child (no male child) then State Government deposit Rs. 10,000/- in the name of each female child to the UTI which in turn will releases the bond of the amount in the female child under CCP plan 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 Childs the age of elder girl child should not be more than 5 years.

18.79 Jan Mangal Program in Rajasthan – To decline in child mortality and mother mortality rates and bring stability in population, a community based ‘Jan Mangal’ program is being implemented in the rural areas of the State to encourage the use of contraceptives.

18.80 The provision kept for the Eleventh Five Year Plan for Population Control & Family Welfare is Rs. 6250.00 lakhs. A provision of Rs. 346.17lakhs has been kept in Annual Plan 2008-09 and Rs. 250.00 lakhs is proposed in Annual Plan 2009-10.

Mobile Surgical Unit

18.81 Mobile Surgical Unit, Jaipur was established in the year 1956. This unit provides complete care in the remotest area of the State, free of cost, by organizing camps for weaker sections of society. The camps are organized at the door of needy people. At present, this unit is a 500 bedded mobile hospital and has the capacity to extend up to 1000 operations in a camp, if required. A 100 bedded unit at Jodhpur and Udaipur are working under the MSU. Four new Mobile Surgical Units

have also been opened at remaining Divisional Headquarters namely at Ajmer, Bharatpur, Bikaner, and Kota in the year 2007-08.

18.82 An expenditure of Rs 329.63 lacs is likely to be incurred in the year 2008-09 and a provision of Rs. 370.75 lakhs has been kept for the Mobile Surgical Units in 2009-10.

Medical Education

18.83 There are eight Medical Colleges in Rajasthan; six in the Govt. sector and two in private sector. Similarly, there are eleven Dental Colleges; one in the Govt. sector and ten in private sector. These Medical Colleges have an annual admission capacity of 850 under-graduate and 434 postgraduate students in different specialities. There are more than 10000 beds for treatment of admitted patients in the hospitals associated with government Medical Colleges. The hospitals associated with these Medical Colleges play a critical role in patient care, both in and out patient and cater to the medical / health care needs of a large segment of the population.

18.84 An outlay of Rs. 274.50 crores has been kept for Medical Education in the Eleventh Five Year Plan; Rs. 23.72 crores is kept for Annual Plan 2008-09 and Rs. 25.55 crores is proposed for Annual Plan 2009-10.

Rajasthan University of Health Sciences

18.85 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 has been established in the State on 01.04.2006. All the Medical Colleges have been affiliated to it.

18.86 Outlay of Rs. 2600.00 lakhs has been agreed for the University for the Eleventh Five Year Plan; Rs. 4.49 crores is kept in Annual Plan 2008-09 and Rs. 3.00 crores is proposed in Annual Plan 2009-10.

Employee State Insurance Scheme

18.87 Employees State Insurance Scheme is a social security scheme aimed to provide adequate medical facilities free of cost to the ensured workers and their family members. An agreement has been signed between the State Government and the Employees State Insurance Corporation for providing these facilities in the State. This scheme was launched on December 2, 1956. As per norms of ESIC, a dispensary may be opened in the industrial area having 3,000 workers and a 50 bedded hospital on 50,000 workers. At present, medical facilities are provided to 3,50,805 registered employees through 4 hospitals situated at Jodhpur, Kota, Bhilwara, Pali and 61 dispensaries located in different industrial areas. A diagnostic centre has also been working at Bhiwadi.

18.88 Rs. 3.40 lacs is kept in Annual Plan 2008-09 and Rs. 8.00 lacs is proposed in Annual Plan 2009-10.

Ayurved

18.89 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. Government has recognized the merits of each of the Indian System of Medicine and Homeopathy and made attempts to develop them as a viable system of medicines for health care needs of our peoples. 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 ISM&H practitioners in the mainstream for achieving this goal.

18.90 Department of Ayurved has been working in the State since 1950. At the time of formation of Rajasthan, the State has only 346 Ayurvedic & Homeopathic hospitals with a total bed capacity of 100 beds. At present, there are 3595 Ayurvedic, 149 Homeopathic, 95 Unani and 6 Yoga & Naturopathy hospitals and dispensaries in the State with 1291 bed capacity, In addition to this, 340 beds are available in Nurse/Compounder training center. A mobile surgical unit with 200 beds at Ajmer and 6 mobile dispensaries are also working at Banswara, Barmer, Bikaner. Ganganagar, Jaisalmer and Kota. The National Institute of Ayurved is also located at Jaipur.

18.91 An outlay of Rs. 6550.00 Lacs has been kept for Ayurved department in the Eleventh Plan; Rs. 11.85 Cores is kept in Annual Plan 2008-09 and Rs. 11.00 crores is proposed for 2009-10 for ongoing plan activities of the department.

Ayurved College Udaipur

18.92 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 50 bedded capacity and one research centre are 20 beds strength are affiliated to it. Intake capacities of the colleges are 60 students in graduate course and 5 students in each specially at PG level.

18.93 An outlay of Rs. 60.00 lacs has been kept for the university in the Eleventh Five Year Plan; Rs.6 lacs is kept in 2008-09 and Rs. 10 lacs is proposed in Annual Plan 2009-10 for the ongoing plan activities of the College.

Rajasthan Ayurved University

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

18.95 An outlay of Rs. 18.00 Cores has been kept for this university in the Eleventh Five Year Plan; Rs. 208.07 lacs cores is kept in Annual Plan 2008-09 and Rs. 159.51 lacs is proposed in Annual Plan 2009-10 for ongoing plan activities of the university,

New Initiatives in Health Sector

18.96 The following new initiatives are proposed to be taken in the Health Sector in the year 2009-10;

- 50 percent reservation for women in nursing positions.
- Effective and intensive implementation of immunisation of children.
- Strengthening of Medical Relief Societies.
- Prompt compliance on Action Plan to remove the difficulties of Pensioners for availing free medical services (Amount ceiling, Pensioners Diary, Medical Reimbursement, and Treatment in Private Hospitals etc.)
- 5 kgs ghee to be offered to women on her first delivery
- Free medical investigation and treatment for orphans, widows, destitute, senior citizens and physically challenged besides the provision given to the BPL families.
- Guarantee of appointments of one Primary Health Worker and one ANM at each Gram Panchayat level. Establishment of sub-health centres at all Gram Panchayats.
- Appointment of specialists at sub-divisional level health centres.
- Extension of Medical Services in the State with the help of Public Private Partnership.
- Appropriate steps to reduce Fertility Rate and Infant Mortality Rate.
- Expansion of Primary Health Services under National Rural Health Mission.
- Establishment of special Trauma Centres at all National Highways, State Highways and district Headquarters of the State.
- Appointment of doctors, paramedical staff, nursing and other vacant posts in all Government Hospitals of rural areas, with immediate effect.
- Establishment of Paramedical Teaching Institutions in the State under PPP model.
- Strengthening of each District level hospital – Establishment of ICU and Trauma Centres besides ensuring the availability of all essential specialist services. The facility of tele-medicines to be made available at the District Hospitals through Medical Colleges.

18.97 Necessary financial allocations have been built into the various State programs and NRHM PIP for financing these initiatives.