

## CHAPTER – 18

### MEDICAL & HEALTH

18.1 Disease weighs so heavily on economic development. Thus, investing in health is an important component of an overall development strategy. 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 well-being 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.

18.2 Over the past six decades, health sector recorded impressive achievements. Smallpox and Guinea Worm have been eradicated from the country; Polio is on the verge of being eradicated; Leprosy, Kala Azar and Filariasis can be expected to be eliminated in the foreseeable future. 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.

18.3 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.

**Table No. 18.1: Comparative health indicators of India & Rajasthan**

S. No.	Indicators	India	Rajasthan	XI <sup>th</sup> Plan Targets for Rajasthan
1.	Crude Birth Rate (SRS 2007)	22.8	27.5	21.00
2.	Crude Death Rate (SRS 2007)	7.4	6.8	7.0
3.	Infant Mortality Rate (SRS 2008)	53	63	32
4.	Maternal Mortality Ratio (SRS 2006)	254	388	148
5.	Total Fertility Rate (NFHS III)	2.7	3.2	2.1
6.	Couple Protection Rate	46.2 (NFHS-III)	57.0 (DLHS-III)	65.0

18.4 Status of health care infrastructure and availability of facilities in the State as on 31.03.2009 could be summarized as follows:

**Table No. 18.2: Health Infrastructure in Rajasthan as on 31.03.2009**

<b>S. No.</b>	<b>Particulars</b>	<b>Numbers</b>
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
5.	Health Sub Centres	10951
6.	Dispensaries	199
7.	Mother & Child Welfare Centres	118
8.	Aid-Post (Urban)	13
<b>Total Health Institutions</b>		<b>13315</b>
9.	Number of beds (including 10286 beds of attached hospitals under medical colleges)	43779
10.	Per Institution Served Area (in Kms.)	26
11.	Per Institution Served Population	4244
12.	Per Bed Served Population	1291

18.5 The 11<sup>th</sup> 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 BPL Jeevan Raksha Kosh Yojana 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 State in the mainstream of National averages but much still remains to be done.

18.6 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.

18.7 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.

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

18.9 Against an outlay of Rs. 1477.62 crores for Medical & Health Sector in the Eleventh Five Year Plan (2007-2012), an expenditure of Rs. 658.88 crores has been incurred during 2007-08 and 2008-09 and

Rs. 356.14 crores is likely to be incurred during 2009-10. A provision of Rs. 470.47 crores is proposed for 2010-11. Sector-wise allocations are as under:-

**Table No. 18.3: Anticipated Expenditure and Proposed Outlay**

(Rs. In lakhs)

S.No.	Sector	Ant. Exp. 2009-10	Proposed Outlay 2010-11
1.	Minimum Needs Program	6000.00	6500.00
2.	Other than Minimum Needs Program	8607.52	8684.84
3.	Rajasthan Health System Dev. Project	6000.00	9200.00
4.	School Health Care in Tribal Area (EAP)	0.01	0.00
5.	Population Control & Family Welfare	159.00	405.51
6.	Family Welfare – Population Mission	489.00	489.00
7.	Family Welfare-NRHM	9000.00	14500.00
8.	Mobile Surgical Unit	365.16	390.00
9.	Medical Education	3688.91	5446.02
10.	Employees State Insurance	3.00	10.00
11.	Ayurved Department	1136.21	1200.00
12.	Ayurved College, Udaipur	15.00	21.56
13.	Ayurved University, Jodhpur	150.00	200.00
<b>Total</b>		<b>35613.81</b>	<b>47046.93</b>

### **Minimum Needs Program**

18.10 Rural health care services are covered under Minimum Needs Program. Rs. 6500.00 lakh is proposed in the Annual Plan 2010-11 for ongoing construction activities like health centres, building and staff quarters and developing health care facilities, opening of new CHCs and PHCs.

### **Other than Minimum Needs Program**

18.11 Urban health care facilities are covered under Other than Minimum Needs Program. Rs. 8684.84 lakh is proposed in the Annual Plan 2010-11 for ongoing activities consisting of 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.

### **Rajasthan Health System Development Project**

18.12 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 33 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 (16.02%). The execution period of

the project was July, 2004 to September, 2009 but now it has been extended till March 2011.

18.13 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.

18.14 The total expenditure under the project by the 31<sup>st</sup> March, 2009 has been Rs. 276.89 crores. An expenditure of Rs. 60.00 crores is likely to be incurred on this project in 2009-10. An outlay of Rs. 92.00 crores is proposed for this project in Annual Plan 2010-11.

### **Population Control & Family Welfare**

18.15 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.

18.16 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. Maternal Mortality is 388 per lacs live birth (SRS 2006) and infant mortality is 63 per thousand live births (SRS 2008) in the State. According to Millennium Development Goals, MMR & IMR is to be reduced to 148 and 32 in the State. For achieving these goals in the 11<sup>th</sup> Five Year Plan (2007-2012), a number of steps have been initiated.

18.17 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.

18.18 As a high focus State under NRHM, Rajasthan has witnessed an increase in institutional deliveries from 28 percent in 2005-06 to 70 percent in 2009-10. 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 35 facility based neo natal care center and 38 malnutrition treatment

centres in 2009-10. 43 Urban RCH centers have been operationalized in collaboration with NGOs.

18.19 40678 women have been selected as ASHA (Accredited Social Health Activists) under NRHM. ASHA is working to promote people for Family Welfare, Maternal Health & Immunization services in the villages.

18.20 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.

18.21 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. 52 Mobile Medical Units are being operationalised. 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, “108” services are being strengthened.

### **National Rural Health Mission**

18.22 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 30<sup>th</sup> 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 facilitate comprehensive health care. The NRHM has following five major components:-

- Reproductive and Child Health Programme
- Additionalities under NRHM
- Routine Immunization
- National Disease Control Programs
- Inter-sectoral convergence

18.23 The NRHM activities were cent percent funded by Government of India during Tenth Plan period but the funding pattern has been changed from 2007-08; now state provides 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.

18.24 The component-wise expenditures under the NRHM program in Rajasthan for the period 2005-06 to 2008-09 are indicated as follows:

**Table No. 18.4: Component-wise Expenditure**

(Rs. Lacs)

Component	2005-06	2006-07	2007-08	2008-09	2009-10 (upto Nov., 2009)
RCH II	1126.82	5574.01	18794.14	27899.00	15553.00
NRHM Additionalities	220.26	4234.92	13202.10	32924.00	22133.00
Routine Immunization	98.32	383.44	640.46	1266.00	461.00

18.25 The physical progress is as follows:

**Table No. 18.5: Physical Progress**

Activity	2005-06	2006-07	2007-08	2008-09	2009-10 (upto Nov., 2009)
Institutional Delivery (Nos.)	536661	722746	1018842	1136597	790370
JSY (No. of beneficiaries)	4928	387648	774877	916674	670896
Sterilization (No.)	317307	288089	335029	356923	151258
Complete Immunization (Nos.)	1611788	1572896	1615685	1596156	954699
Selection of ASHA	-	-	29000	42496	43288
Constitution of VHSCs	-	-	9134	40376	40678

18.26 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.

18.27 In year 2009-10, 237 CHCs were selected for operationalisation as First Referral Units (FRUs). Functional FRUs at CHC level has increased from 23 in April 08 to 100 FRUs in 2009-10. Deployment of 43 specialists for these FRUs is done on a package of Rs. 40,000 per month. An honorarium package has been designed for the specialists coming from the private sector (Gynecologists, anesthetists, surgeons, pediatricians etc.). Re-exposure trainings have been provided to the surgeons and gynecologists for conducting C-section deliveries. Two additional ANMs/GNMs are posted in CHC/ PHC where there is much load of institutional deliveries. Medical Officers are being trained in Anesthesia, Basic Emergency Obstetric Care and Comprehensive Emergency Obstetric Care. The Blood Storage Units (BSU) has been established at 83 FRUs. All equipments required for these 237 FRUs have been procured except 137 refrigerators. One Medical Officer and one Lab Technician have received the BSU trainings at all operational FRUs. 150 FRUs are linked with mother blood banks.

18.28 Out of the 1503 PHCs in the State, 750 PHCs have been identified to provide 24x7 BEmOC (Basic Emergency Obstetric Care) services. The provisions for minor repair/renovations of labor room, female ward, toilets and laboratory of identified institutions for the services of 24x7 were made to cover 380 PHCs in 2008-09. In all these institutions, equipments are being given in the labor rooms, appointment of GNMs and procurement of medicines is in process. 100 CHC base ambulances have been deployed for institutional emergencies. In 2009-10, 370 PHCs have been selected for the services of 24x7.

18.29 All building less CHCs/ PHCs/ Sub Centers have been taken up for renovation/construction. Keeping in view the larger vision 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.

18.30 For the provision of labor room facilities, it is proposed to cover sub-centres in an incremental manner. It is planned to make 3000 model sub centers functional by the year 2009-10. The facility for electricity and water connection, equipment and drugs are made available in the labor rooms to conduct safe delivery and services for newborn care, where a woman in rural area has opportunity to avail ANC, safe delivery, PNC and New born care in her own area and JSY benefit also. For the strengthening of model sub-centres, an amount of Rs. 2.5 lacs has been allotted to each centre.

18.31 Urban RCH programme aims to improve the health status of the urban poor. One Urban Health Post covers population of 50,000. 43 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. Urban RCH activities are operational in 8 districts of Rajasthan viz. Jaipur, Jodhpur, Bikaner, Ajmer, Kota, Udaipur, Bharatpur and Alwar with 33 functional Urban Health Centres in the identified slums. For effective functioning of each Urban RCH Centre, Government of Rajasthan (GoR) has adopted Public Private Partnership (PPP) strategy with the engagement of NGOs as partners in implementation of Urban RCH services. Each Urban Health Centre comprises of a Lady Medical Officer, ANM, GNM and Lab Technician. An amount of Rs. 16.00 lacs has been sanctioned for running each centre. In year 2010-11, programme will be implemented across all 20 cities having population more than 1 lac. Aid-posts will be started in towns identified with slum population more than 25,000 as well as in all district headquarters.

18.32 Fifty two Mobile Medical Units are being operationalized in 2009-10. Diagnostic vans have been procured for taking high quality health care to "C" category villages. In 2010-11, 150 Block Mobile Medical Units shall also be operationalised.

18.33 New and innovative scheme for school health “Swasthya Mitra Yojana” has been launched. All Middle Schools of the selected blocks in the State will be covered under this scheme. The selection of student will be done through essay competition/ debate. Two children will be selected in each school to give health messages and Rs. 50 will be given as Cash Incentive to each student. The scheme includes writing of Health Awareness Slogan in villages through School Children and distribution of IEC material i.e. Flip Charts, Books and Posters etc.

18.34 “Gram Swasthya Yojana” has been launched to promote involvement of Panchayati Raj Institutions in the State through an incentivization scheme for achieving health targets at village level. With a view to involve PRIs in the health sector schemes, an award of Rs. 1.00 lac will be given to Gram Panchayat for achieving the targets. The core area of concern under the scheme are – to reduce IMR & MMR, population control, birth & death registration, ban on Child Marriages, Ante-natal Care and care of new born and cleanliness in the villages. Cash Awards (Rs. 5.0 lacs for the Gram Panchayat coming first in the district and Rs. 3.0 lacs for the Gram Panchayat coming second) are being given to the Panchayats on the basis of the following performance indicators – 90% of 3 ANC Checkups, 90% Institutional Deliveries, 90% Immunization (0-1 yr.), 100% Birth & Death Registration, Family Planning & IUD - 90% of the total target, all marriages of boys after the age of 21 and girls after 18 years.

18.35 The Health Awareness Campaigns “Swasthya Chetna Yatra” aims to create awareness on various ongoing health schemes. Under this campaign, mobile health units fabricated as Rathes taken around the district. Free Health Checkup Camps are organized. 17548 Health Camps have been organized so far. 53.09 lakh patients have been treated. Free Medicines have been distributed to 30.02 lakh patients.

18.36 Village Health and Sanitation Committee (VHSC) guidelines have been finalized and moneys have been transferred to 11,000 VHSC bank accounts. Collaboration with NGOs is being finalized for building village health plans. Village Health Committees are the first step towards communitisation of health care services and for making health as a people's movement. In 2008-09, Village Health Committees are constituted in 40476 habitat villages under the Chairpersonship of Janpratinidhi- elected member of Panchayat. The other members of the committee are ASHA Sahayogini, Anganwadi Worker, ANM, Representatives from SHG, NGO and Mahila Swasthya Sangthan (MSS) etc. ASHA Sahayogini is the convener of VHC. There are more than 40,000 VHCs functional in the State. There is a provision of untied fund of Rs. 10,000/- per year for each Village Health Committee which has been transferred in year 2008-2009. The decentralized planning process is adopted in NRHM with development of Health Plans at Village Level. The Village Health Plan has been developed for each Revenue Village.



These are physical Plans which are based on the key indicators- ANC, Institutional Delivery, PNC, Complete Immunization, Control of TB and Malaria, IUD, Sterilization, Child Marriage and Registration of Adolescent Girls at Anganwadi.

18.37 RCH Camps are being organized at remote PHCs of the district on bi-monthly basis. The budget for one camp is Rs 10,000/- (5000/- for Medicines and 5000/- for publicity, camp arrangements and mobility support to district medical officers & para-medical staff.

18.38 Involvement of AYUSH doctors is proposed for supporting RCH Camps, National programmes and training of field level functionaries. Till date 629 institutions have been covered. Mainstreaming Ayush remains an important issue where further attention is needed. NRHM envisages convergence with Ayush to provide different health systems under one roof. It is proposed that NRHM builds adequate training modules and integrate Ayush into the other activities like Alternate Vaccine Delivery, supervision of MCHN sessions etc. so that this manpower is fully utilized. At present 599 Ayush doctors and 629 Ayush nurses are posted in various health institutions.

18.39 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 that 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.

18.40 An independent Directorate of Hospital Administration is proposed to be established with an allocation of Rs. 5 crores as an institution of Medicare Relief Society (MRS) management, ambulance management, data collection, 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 Hospitals.

18.41 To provide easy, accessible, affordable and friendly services for adolescents, the Adolescent Family Health Services (AFHS) are incorporated with the existing Public Health System in twelve districts (Jaipur, Tonk, Sriganganagar, Barmer, Ajmer, Alwar, Bharatpur, Bhilwara, Chittorgarh, Karauli, Rajsamand and Udaipur) of the State.

The services to be provided in the Public Health Institutions are general examination, nutrition advice, detection and treatment of anemia and RTI/ STIs, antenatal care, HIV detection and counseling, treatment of psychosomatic problems etc. Camps are being organized on weekly basis for two hours in each centre where these services are being provided. A provision of Rs. 20,000/- per CHC and Rs. 10,000/- per PHC has been kept for these services.

18.42 To empower the adolescents with knowledge of health and skills, life skills education is introduced as a compulsory subject for 11th Std. in all senior schools affiliated with Board of Secondary Education. Rajasthan is the first state to incorporate LSE in formal system of education. The issue of health, reproductive health, nutrition, growth and responsible behaviour is addressed in the subject. The publication and distribution cost of 225000 books is covered under NRHM. The selected teachers are being trained for the said purpose. Till now, orientation of more than 8000 teachers has been done.

18.43 Sanitation and hygiene play a very important role in avoiding reproductive tract infections and better menstrual hygiene. In order to promote good menstrual hygiene, it was planned to popularize the use of low cost sanitary napkins in the State. A pilot project is being implemented in 4 identified districts of the State (Dausa, Jaipur, Sikar and Tonk). The MoU has been finalized and the provision of sanitary napkins on subsidized rates and training of depot holders (ASHA Sahyogini) has been done by P&G. ASHA training cum orientation has started in these four districts (82 PHCs in 2 blocks). Incentives are being given to ASHAs for sale of Sanitary Napkins.

### **Janani Suraksha Yojana**

18.44 JSY has been launched in all districts of the State to provide cash incentives to the mothers of rural as well as urban areas by providing cash assistance after delivery. For home deliveries the benefit is given only to the BPL cardholders of rural/urban areas. Under this scheme, ASHA also gets monetary benefit for ensuring ANC, immunization, PNC & Institutional Delivery at hospital. Following the launch of the scheme institutional deliveries in Rajasthan have increased as follows:

**Table No. 18.6: Physical and Financial Progress of JSY**

<b>Year</b>	<b>No. of Institutional Deliveries</b>	<b>Expenditure (Rs. In Crores)</b>
2005-06	536661	2.82
2006-07	722746	30.26
2007-08	1018842	119.67
2008-09	1136597	150.80
2009-10 (upto Nov., 2009)	790370	103.61

18.45 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. 14000.78 lacs has been made.

18.46 Effective implementation of the JSY program has resulted in substantial increase 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. In 2009-10, State is trying to achieve the target of 18,57,780 institutional deliveries.

#### **Dhanvantari Ambulance Service Yojana**

18.47 Hundred CHC base ambulances have been procured for institutional emergencies. For emergency response services, the Dhanvantari Ambulance Service Yojana has been launched for providing free Ambulance services through the “108” call facility. The whole conception of this scheme is based on the golden hour which is the 1<sup>st</sup> hour in any emergency as life can be saved if an emergency is properly taken care of in this hour. Any person in need of emergency help can dial a toll free number 108 from any landline or mobile set. This call is attended within three rings by specially trained communication officers, who after understanding the nature of emergency; connect the caller to the dispatch division. The ambulance reaches the site and rushes the victim to the nearest hospital within 30 minutes in urban areas and 40 minutes in rural areas. During the trip, the victim is provided pre-hospital care by EMT. At present 164 ambulances are running across the state covering 33 districts and 118 tehsils. The State Government would be providing Rs. 25.00 crores under State Plan for operational costs.

#### **Mukhya Mantri Jeevan Raksha Kosh Yojana**

18.48 The Mukhya Mantri Jeevan Raksha Kosh Yojana has been implemented in all the districts of the State. In Rajasthan the need to have a health system which provides free of cost health care to BPL families has always been felt. Health Insurance has been tried out in Rajasthan under various forms. State has implemented Rashtriya Swasthya Bima Yojna through the Ministry of Labour, GoI; Rajasthan Swasthya Bima Yojna and Swasthya Bima Yojna through State Plan and NRHM funds. The experience has been that in the absence of adequate private accredited institutions, health insurance through a private insurer is likely to result in very poor number of claims against the premium transferred. The scheme has been reconstituted as Mukhya Mantri BPL Jeevan Raksha Kosh with direct funding to Medicare Relief Societies of Public Health Institutions. The scheme was launched in the State on January 01, 2009 and covers all 21 lac BPL families. Under this scheme, completely free OPD & IPD care is provided to BPL families of Rajasthan. A BPL person may get treatment at any of the Public Health Institutions on producing BPL identification. Under this scheme, all medicines and/or implants needed for the treatment as well as the follow

up treatment is provided by Govt. Hospitals. The State Government has kept Rs.15.00 crores for the scheme under State Plan for the year 2010-11.

### **Family Welfare**

18.49 In this year 2009-10, the sterilization performance is showing a 11.26 percent increase over 2008-09. 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.

18.50 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 sterilizations. Rs. 1100/- is 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 related to IUD insertion will be provided to all the ANMs in the Sub centers to improve the IUD coverage.

18.51 Static centers will be strengthened to provide round the year sterilization services and camps will be 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.

### **Routine Immunization**

18.52 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. 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 90 % by the end of 2009-10. In the year 2009-10, a target of 17,50,800 has been fixed. Besides, 20,64,200 pregnant women would receive the TT injection. 6,12,636 MCHN sessions would be held in the State in 2009-10.

### **National Program for Control of Blindness**

18.53 The aim of this programme is to reduce the prevalence rate of Blindness from 2.24 to 0.34. At present the prevalence rate of the Blindness is 1%. To address this in the year 2010-11, camps will be organized to undertake cataract operations.

### **Integrated Disease Surveillance Project**

18.54 Integrated Disease Surveillance Project (IDSP) is a decentralized and state based surveillance programme, being implemented 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. It is also expected to provide essential data to monitor progress of on-going disease control programmes and help to allocate health resources more efficiently. Presently weekly surveillance data and outbreak information is following electronically through NIC-HMIS.

### **National Vector Borne Disease Control Program**

18.55 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 the 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 Vector Borne Disease Control Program in Western Rajasthan.

### **Revised National Tuberculosis Control Program**

18.56 The Program 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 under direct observation and accountability through proper recording and reporting and effective supervision will be emphasized.

### **Iodine Deficiency Disorder Control Program Action Plan**

18.57 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. Now, it has been raised to 70%.

18.58 The major objectives of the program are 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**

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

### **Inter-sectoral Convergence**

18.60 The convergence is mainly with development departments like PRI, Rural Development, WCD, 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 Panchayati 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 2010-11.

18.61 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 program 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.

18.62 The State will contribute 15% share on the total allocation made by Government of India during 2010-11 amounting to Rs. 105 crores.

### **Mukhya Mantri Balika Sambal Yojana**

18.63 Balika Sambal Yojana aims for 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 deposits 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.

18.64 An expenditure of Rs. 30.00 lakhs is likely to be incurred in 2009-10 and Rs. 30.00 lakhs is proposed in Annual Plan 2010-11.

### **Mobile Surgical Unit**

18.65 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 the 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 Mobile Surgical Unit. 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.

18.66 An expenditure of Rs. 365.16 lakhs is likely to be incurred in 2009-10 and a provision of Rs. 390.00 lakhs has been kept for the Mobile Surgical Units in 2010-11.

### **Medical Education**

18.67 There are eight Medical Colleges in Rajasthan; six in the Govt. sector and two in the private sector. Similarly, there are eleven Dental Colleges; one in the Govt. sector and ten in the private sector. These Medical Colleges have an annual admission capacity of 850 undergraduate and 434 post-graduate 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.

18.68 An expenditure of Rs. 36.89 lakhs is likely to be incurred in 2009-10 and Rs. 54.46 crores is proposed for Annual Plan 2010-11.

18.69 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. An expenditure of Rs. 3.00 crores is likely to be incurred in 2009-10 and Rs. 3.00 crores is proposed in Annual Plan 2010-11.

### **Employees State Insurance Scheme**

18.70 Employees State Insurance Scheme is a social security scheme aimed to provide adequate medical facilities free of cost to the insured 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. An expenditure of Rs. 3.00 lakhs is likely to be incurred in 2009-10 and Rs. 10.00 lacs is proposed in Annual Plan 2010-11.

### **Ayurved**

18.71 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.

18.72 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/dispensaries with a total bed capacity of 100 beds. At present, there are 3665 Ayurvedic, 179 Homeopathic, 105 Unani and 6 Yoga & Naturopathy hospitals and dispensaries in the State with 1346 bed capacity. In addition to this, 20 beds are available in Nurse/Compounder training center. A mobile surgical unit with 200 beds at Ajmer and 13 mobile units also working in department. The National Institute of Ayurved is also located at Jaipur.

18.73 An expenditure of Rs. 11.36 crores is likely to be incurred in 2009-10 and Rs. 12.00 crores is proposed for 2010-11 for ongoing plan activities of the department.

### **Ayurved College Udaipur**

18.74 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 bedded capacity and one research centre of 20 beds strength 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.

18.75 An expenditure of Rs. 15.00 lakhs is likely to be incurred in 2009-10 and Rs. 21.56 lacs is proposed in Annual Plan 2010-11 for the ongoing plan activities of the College.



## **Rajasthan Ayurved University**

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

18.77 An expenditure of Rs. 150.00 lakhs is likely to be incurred in 2009-10 and Rs. 200.00 lacs is proposed in Annual Plan 2010-11 for ongoing plan activities of the University.

18.78 In nutshell, following activities have been incorporated in Annual Plan 2010-11:

- 237 CHCs shall be fully operationalized as FRUs;
- 1100 PHCs shall be fully operationalized as 24x7 PHCs;
- 35 FBNC and 38 MTC (at all District Hospitals) to be fully operationalized;
- 100 New Born Care Units at FRUs;
- 200 Specialists to be recruited for CHCs functioning as FRUs;
- Hiring of 3503 GNMs to ensure 4 GNMs at each PHC/CHC for 24X7 functionality;
- Strengthening of CM BPL Jeevan Raksha Kosh scheme in all public health institutions including online reporting from all public health institutions;
- Present fleet of 164 ambulances would be increased up to 450 by end of 2010-11;
- 52 Mobile Medical Units to be operationalized for “C” category villages. 150 new Block Mobile Medical units shall also be operationalised by end of 2010-11;
- Yashodas to be recruited for all District Hospitals through NIPI;
- 100% ASHAs shall be selected for enhanced community outreach;
- ASHA Supervisory cadre shall be strengthened at DPMU/ BPMU/ PHC levels;
- 41000 Village Health Committees to be strengthened and made functional;
- Strengthening of BPMUs;
- Annual Maintenance Grants to District Hospitals/ CHCs/ PHCs/ Sub Centers;
- Untied Funds to District Hospitals/ CHCs/ PHCs/ Sub Centers;
- Urban RCH program shall be strengthened with urban RCH centres at all 20 cities of the state having more than one lac urban

population and urban RCH Aid Posts in 20 cities having more than 25000 slum population / district HQ;

- Construction program to cover all building less CHCs/ PHCs/ Sub Centers and also provide for additional maternity wards in CHCs with high institutional deliveries. Construction program shall also include Swasthya Bhawans at districts, renovation of ANMTCs/GNMTCs including hostels and drug stores at District Hospitals/CHCs;
- Provision to be made for IPHS friendly public health institutions;
- Electricity and Water connections at all public health institutions;
- 100 new ambulances with 2 drivers and 2 compounders;
- Ambulances already provided at District Hospitals/CHCs to be made functional and equipped;
- Model Sub-centers construction to be completed on priority;
- 'Kalevo' scheme to be operationalized at all 368 CHCs of the state;
- Anti-snake Venum, Anti Dyptherial Serum and Anti-Rabies Vaccines to be made available at all DHs/CHCs/PHCs;
- Training of "Navjat Shishu Suraksha Karyakram" shall be imparted to all medical and paramedical staff;
- Nutritional supplement shall be provided with Mid day meal scheme;
- Tobacco Control program to be strengthened;
- Mental Health Program shall be initiated in all Medical College Hospitals of the state;
- Provision shall be made for Geriatric Care Units in all District Hospitals of the state;

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