

## 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 Plan Targets for Rajasthan
1.	Crude Birth Rate (SRS 2008)	22.8	27.5	21.00
2.	Crude Death Rate (SRS 2008)	7.4	6.8	7.0
3.	Infant Mortality Rate (SRS 2008)	53	63	32
4.	Maternal Mortality Ratio (SRS 2004-2006)	254	388	148
5.	Total Fertility Rate (SRS 2008)	2.6	3.3	2.1
6.	Couple Protection Rate (Any method)	54.0 (DLHS-III)	57.0 (DLHS-III)	65.0

18.4 Status of health care infrastructure and availability of facilities in the State as on 31.03.2010 could be summarized as follows:

**Table No. 18.2**  
**Health Infrastructure in Rajasthan as on 31.03.2010**

S. No.	Particulars	Numbers
1.	Hospitals (including Medical College Hospitals)	127
2.	Community Health Centres (Rural)	368
3.	Primary Health Centres (Rural)	1504
4.	Primary Health Centres (Urban)	37
5.	Health Sub Centres	11487
6.	Dispensaries	199
7.	Mother & Child Welfare Centres	118
8.	Aid-Post (Urban)	13
<b>Total Health Institutions</b>		<b>13853</b>
9.	Number of beds (including 11024 beds of attached hospitals under Medical Colleges)	44608
10.	Served Area Per Institution (in km)	25
11.	Served Population per Institution	4079
12.	Served Population per bed	1267

18.5 The Eleventh 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 telemedicine, 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 ₹ 1477.62 crore for Medical & Health Sector kept in the Eleventh Five Year Plan (2007-2012), an expenditure of

₹1001.60 crore has been incurred during the first three years. An expenditure of ₹ 459.47 crore is likely to be incurred during 2010-11. A provision of ₹ 655.53 crore is proposed for the Annual Plan 2011-12. Sector-wise likely expenditure during 2010-11 and proposed allocations for 2011-12 are as under:-

**Table No. 18.3**

S. No.	Sector	(₹ In lakh)	
		Likely Exp. 2010-11	Proposed Outlay 2011-12
1.	Minimum Needs Program	6900.000	9000.00
2.	Other than Minimum Needs Program	7800.00	9664.00
3.	Public Health Infrastructure Under-TFC	-	3750.00
	Rajasthan Health System Dev. Project	7600.00	4000.00
5.	Population Control & Family Welfare	400.00	594.00
6.	Family Welfare – Population Mission	484.00	525.00
7.	Family Welfare-NRHM (BPL Family)	1650.00	1650.00
8.	Family Welfare-NRHM	10500.00	10500.00
9.	Family Welfare-Ambulance	2500.00	2500.00
10.	Mobile Surgical Unit	380.98	709.10
<b>11.</b>	<b>Medical Education</b>		
a.	Medical College, Ajmer	545.00	2500.00
b.	Medical College, Bikaner	651.92	2850.00
c.	Medical College, Udaipur	476.87	2650.00
d.	Medical College, Jodhpur	1127.00	3200.00
e.	Medical College, Jaipur	2020.00	4869.00
f.	Medical College, Kota	539.22	2650.00
g.	Dental College, Jaipur	122.63	339.50
h.	Raj. Health Science University, Jaipur	20.00	500.00
12.	Employees State Insurance	3.00	0.01
13.	Ayurved Department	1500.00	1607.94
14.	Directorate of Homeopathy	-	507.97
15.	Directorate of Unani	-	185.24
16.	Ayurved College, Udaipur	24.26	38.57
13	Ayurved University, Jodhpur	702.24	763.00
	<b>Total</b>	<b>45947.12</b>	<b>65553.33</b>

### **Minimum Needs Program**

18.10 Rural health care services are covered under Minimum Needs Program. Likely expenditure under the program in 2010-11 is ₹ 69 crore. An outlay of ₹ 90 crore is proposed for the Annual Plan 2011-12 for ongoing construction activities like health centres, building and staff quarters and developing health care facilities, opening of new Community Health Centres and Primary Health Centres.

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

18.11 Urban health care facilities are covered under Other than Minimum Needs Program. Likely expenditure under the program in 2010-11 is ₹ 78 crore. An outlay of ₹ 96.64 crore is proposed for the Annual Plan 2011-12 for ongoing activities consisting of construction of district hospital/office building, renovation of urban health institutions, equipment & residential complex, strengthening and upgradation of urban health institutions and Drug Testing Labs.

### **Grant of Thirteenth Finance Commission**

8.12 Development of Public Health Infrastructure facilities are covered under the Grant of Thirteenth Finance Commission. An outlay of ₹ 37.50 crore is proposed for the Annual Plan 2011-12 for purchasing of equipment and construction of buildings.

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

18.13 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 ₹ 472.58 crore, of which World Bank loan is ₹ 396.85 crore (83.98 percent), and the State share is ₹ 75.73 crore is (16.02 percent). The execution period of the project was July, 2004 to September, 2009 but it was extended up to September, 2011.

18.14 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. To fill this gap at secondary level health institutions, provision of strengthening the district level hospitals with the development of following additional units are envisaged:

- ICU units- 6
- Burn Units- 24
- Trauma Units- 14
- Rehabilitation Units- 19

18.15 The total expenditure incurred on the project up to March, 2010 is ₹ 341.64 crore. And likely expenditure of 2010-11 is ₹ 76 crore. An outlay of ₹ 40 crore is proposed for the project for the Annual Plan 2011-12.

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

18.16 The main objective of the family welfare program 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 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.

18.17 In the year 2005, Reproductive Child Health (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 lakh live birth (SRS 2004-2006) 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 respectively in the State. A number of steps have been initiated for achieving these goals in the Eleventh Five Year Plan.

18.18 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 to the pregnant women is also given under the scheme.

18.19 As a high focus State under NRHM, Rajasthan has witnessed an increase in institutional deliveries from 28 percent in 2005-06 to 70.4 percent in 2010-11. The period of stay has improved significantly with substantial institutional quality improvement measures of BCC training and with the introduction of clean toilets by Sulabh International. To focus on child health indicators, 35 facility based neo natal care center and 38 malnutrition treatment centres have been operationalized. In addition to this, 43 Urban RCH centers have been operationalized in collaboration with NGOs.

18.20 Accredited Social Health Activists (ASHA) are working to promote people for Family Welfare, Maternal Health & Immunization services in the villages. 48000 women have been selected under NRHM as ASHA.

18.21 The Integrated Management of Newborn & Childhood Illness (IMNCI) is being implemented in the State. IMNCI strategy stresses upon three visits of newborn up to one week 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.

18.22 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 operationalized. "108 Ambulance Services" are being strengthened.

## National Rural Health Mission

18.23 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 program is up 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 Program
- Additionalities under NRHM
- Routine Immunization
- National Disease Control Programs
- Inter-sectoral convergence

18.24 The NRHM activities were fully funded by Government of India during Tenth Plan period but the funding pattern has been changed from 2007-08; now State provides 15 percent share for the NRHM activities. The State Government is trying to dovetail its health care activities of various schemes/ programs with NRHM activities.

18.25 The component-wise expenditures under the NRHM program in Rajasthan are indicated as follows:

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

Component	(₹ crore)					
	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11 (up to Dec. 2010)
RCH II	11.27	55.74	187.94	289.45	279.94	195.18
NRHM Additionalities	2.20	42.35	132.02	324.78	370.64	293.66
Routine Immunization	0.98	3.83	6.40	12.66	9.92	9.85

18.26 The physical progress is as follows:

**Table No. 18.5: Physical Progress**

Activity	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11 (up to Dec.10)
Institutional Delivery Nos.	536661	722746	1018842	1136597	790370	908645
JSY(No. of benef.)	4928	387648	774877	916674	670896	777793
Sterilization No.	317307	288089	335029	356923	151258	183528

<b>Activity</b>	<b>2005-06</b>	<b>2006-07</b>	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10</b>	<b>2010-11 (up to Dec.10)</b>
Complete Immunization Nos.	1611788	1572896	1615685	1596156	954699	981723
Selection of ASHA No.	-	-	29000	42496	43288	49497
Constitution of VHSCs	-	-	9188	40479	40479	43437

18.27 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.

18.28 In year 2010-11, 237 CHCs were selected for operationalisation as First Referral Units (FRUs). Functional FRUs at CHC level has increased to 102 up to December, 2010. Deployment of 74 specialists for these FRUs is done on a package of ₹ 60,000 per month. An honorarium package has also 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 100 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. All FRUs are linked with mother blood banks.

18.29 Out of the 1504 PHCs in the State, 1100 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.

18.30 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 Eleventh Five Year Plan, 30 bedded maternity wards have been sanctioned in all District Hospitals and CHCs with more than 200 deliveries/month.

18.31 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 2010-11. 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 ₹ 2.5 lakh has been allotted to each centre. 1693 model sub-centres have been completed till November, 2010 and work of 543 model sub-centres is in progress. 6200 ANM/Staff Nurse/LHV have been trained in skilled birth attendant training.

18.32 Urban RCH program aims to improve the health status of the urban poor. One Urban Health Centers covers population of 50,000. 43 Urban RCH centers will be operationalized in collaboration with NGOs. GIS mapping of 5 cities has been completed and maps have been submitted to the Union Ministry of Health & Family Welfare 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, the State Government 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, CHV, Clerk, Class IV and Sweeper. An amount of ₹ 14 lakh has been sanctioned for running each centre. It is envisaged to implement the program across all 20 cities having population more than 1 lakh and Aid-posts in towns identified with slum population more than 25,000 as well as in all district headquarters. In the year 2011-12, it is proposed to made operationalize these urban RCH centers through Medical Relief Society of District Hospitals.

18.33 Fifty two Mobile Medical Units have been sanctioned in the State. 32 units are functional and remaining 20 will be made functional very soon. Diagnostic vans have been procured for taking high quality health care to "C" category villages. 150 Block Mobile Medical Units shall be operationalised in the year 2011-12 in all 150 desert, tribal & inaccessible blocks.

18.34 New and innovative scheme for school health "Swasthya Mitra Yojana" has been launched. All Middle Schools of the selected blocks in the State are covered under this scheme. The selection of student has been done through essay competition/debate. Two children has been selected in each school to give health messages and ₹ 50 given as cash incentive to selected 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.

18.35 “Gram Swasthya Yojana” has been launched to promote involvement of Panchayati Raj Institutions 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 ₹1.00 lakh 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 are being given to the Panchayats on the basis of the following performance indicators—90 percent of 3 ANC checkups, 90 percent Institutional Deliveries, 90 percent Immunization (0-1 yr.), 100 percent Birth & Death Registration, Family Planning & IUD-90 percent of the total target, all marriages of boys after the age of 21 and girls after 18 years.

18.36 43437 Village Health Committee have been constituted & functional up to December, 2010. The convener of this committee is ASHA Sahayogini. She is convening the monthly meeting of VHSC’s. She is getting ₹ 100 per meeting. There is a provision of untied fund for each village Health Committee which is used for addressing local health needs. The training programme is initiated the state to make VHSC vibrant. 21103 VHSC & 130338 members have been trained up to December, 2010.

18.37 RCH Camps are being organized at remote PHCs of the district on bi-monthly basis. The budget for one camp is ₹12,000 for publicity, camp arrangements and mobility support to staff and medicines to the patients.

18.38 Involvement of AYUSH doctors is proposed for supporting RCH Camps, National programs and training of field level functionaries. 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 1028 Ayush doctors and 435 Ayush Nurse/ Compounder are posted in various health institutions. They are also trained for SBA training for conducting normal deliveries at PHCs where there is no allopathic doctor.

18.39 Public Health Institutions at District Hospital and CHC level in the State 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 lakh institutional deliveries. At current trends of growth it is envisaged that the State would need District Hospitals of

500 bed capacity and CHCs of 100 bed capacity by 2011-12. To cope with additional workloads, 30 bedded additional maternity wards have been sanctioned in all District Hospitals and CHCs having more than 200 deliveries per month. A construction program of ₹ 143 crore has been taken 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 ₹ 5 crore 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, NRHM 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. 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 counselling, 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 ₹ 20,000 per CHC and ₹ 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 Class in all Senior Secondary 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 education is imparted through trained teachers. The selected teachers are being trained for the said purpose. Till now, orientation of more than 8510 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 is 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. Incentives are being given to ASHAs for sale of sanitary napkins.

## Janani Suraksha Yojana

18.44 Janani Suraksha Yojana has been launched in all districts of the State to provide cash incentives to the mothers by providing cash assistance after delivery. For home deliveries the benefit is given only to the BPL cardholders. 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 the State have increased as follows:

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

(₹ in crore)

Year	No. of Institutional Deliveries	Expenditure
2005-06	536661	2.82
2006-07	722746	30.26
2007-08	1018842	119.67
2008-09	1136597	150.80
2009-10	790370	103.61
2010-11 (up to Dec., 2010)	908645	138.85

18.45 A target of 80 percent has been fixed for Institutional Deliveries fixed with an allocation ₹ 143.68 crore.

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 2009-10. Seven districts of the State have achieved 90 percent institutional delivery. In 2010-11, a target of achieving 17,38,319 institutional deliveries has been fixed against which achievement of 9,08,645 has been obtained.

## **Dhanvantari Ambulance Service Yojana (108 Ambulance Service Scheme)**

18.47 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 214 ambulances are running across the State covering 33 districts and 150

tehsils. By the end of March, 2011, 314 Ambulances would be operationalized. In the financial year 2011-12, 464 Ambulances would be running across the State.

### **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. The need to have a health system which provides free of cost health care to BPL families has always been felt in the State. Health Insurance has been tried out in the State under various forms. State has implemented Rashtriya Swasthya Bima Yojana through the Union Ministry of Labour, Rajasthan Swasthya Bima Yojana and Swasthya Bima Yojana 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 on January 01, 2009 and covers all 35 lakh BPL families. Under this scheme, completely free OPD & IPD care is provided to BPL families of the State. 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 the Government Hospitals. A provision of ₹ 16.50 crore has been kept for the scheme for the year 2010-11 against which ₹ 31.34 crores have been spent up to December, 2010.

### **Family Welfare**

18.49 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 Union Ministry of Health & Family Welfare. During 2010-11, 183528 sterilization cases have been performed up to December, 2010.

18.50 Attention is being focused on improving access and availability of NSV services for increasing share of male sterilization in the method- ix. In line with the guidelines of Union Government, the State has increased the monetary incentive for all sterilizations. ₹ 1100/- is given for male sterilization & ₹ 600/- for female sterilization. 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. The alternative methodology in the training related to IUD insertion is also provided to all the ANMs in the Sub centers to improve the IUD coverage.

18.51 Static centers 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.

- Jan Mangal Program is an innovative programme which was initiated in the State to promote spacing methods at the community level. For every village in the Rajasthan, one JMC couple is selected and from 1992 onwards the JMC program is being implemented.
- The State has constituted an unique award scheme for outstanding performance for the districts, PRIs and health institutions in the area of family welfare. On the World Population Day, the awards are presented to the best performing districts, PRIs and institutions.
- To give more focus on family welfare program, Rajiv Gandhi Population and Health Mission has been constituted in the State to provide overall guidance and direction to the population and health program in the State.

### **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 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 percent by the end of 2010-11. In the year 2010-11, a target of providing TT injection to 19,31,466 pregnant women has been fixed against which an achievement of 11,36,508 has been made up to December, 2010. Target for MCHN sessions for this year is 4,10,841 against which achievement of 3,79,152 has been made up to October, 2010. Target for full immunization is 16,45,257 & achievement is 9,81,723 up to December, 2010.

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

18.53 The aim of this program is to reduce the prevalence rate of blindness from 2.24 to 0.34. At present the prevalence rate of the blindness is 1 percent. Major cause of blindness is Cataract which contributes 62 percent of blindness. To reduce blindness more than 85 NGOs have been recognized and all Community Health Centre have been declared as Static Centre for Cataract Operation, so larger area will be covered by NGO/MRS Cataract Operation Camps in the year 2011-12.

### **Integrated Disease Surveillance Project**

18.54 Integrated Disease Surveillance Project (IDSP) is a decentralized and state based surveillance program, 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 programs and help to allocate health resources more efficiently. Apart from routine monitoring of diseases, 257 outbreaks of various diseases have been detected since the inception of the program. Intensive reporting and analysis of the occurrence of Influenza A H1N1 is being ensured continuously since May, 2009. Various trainings have been conducted for the strengthening and capacity building of the manpower through out the State.

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

18.55 Malaria, Dengue and Chikanguniya are three principal vector borne diseases prevalent in 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 State in 2006. There were only 6 cases in 2006 and it was silent in 2007 and 2008. In 2009, Jaipur alone was affected. In 2010, it has spread to Bikaner and Jaipur. 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 percent 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 percent cure rate in new sputum positive cases and to achieve at least 70 percent 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. DOTS-Plus Scheme for the management of multi-drug resistant TB (MDR-TB) is being implemented in 15 districts of the State (Jaipur, Amjer, Bhilwara, Tonk, Dausa, Alwar, Siker, Jhunjhunu, Nagaur, Jodhpur, Pali, Barmer, Jaisalmer, Jalore, Sirohi) the scheme will be further expanded in 6 districts of Udaipur Zone (Udaipur, Dungarpur, Banswara, Rajsamand, Chittorgarh, Partapgarh) in the year 2010-11.

### **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 percent 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 77 percent.

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 rate below 1/10000. The current prevalence rate is 0.18/10000 population. The main objects of the programme are-

- Early detection of new cases and prompt treatment to avoid Disfigurement and deformities.
- Awareness in the community regarding various myths & misconception by mean of various methods of I.E.C. Now the program is integrated with General Health Care System and involvement of ASHA Sahyogni's has been made to eradicate the Leprosy disease from the State.

### **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 2011-12.

18.61 Under the AYUSH program, 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 2010-11, various interventions related to AYUSH have been planned which includes the provision of Ayurveda drugs at the health institutions.

18.62 The State contributed 15 percent share on the total allocation made by Government of India during 2010-11 amounting to ₹ 105 crore.

### **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 undergoes sterilization operations after one or two female child (no male child) then the State Government deposits ₹ 10,000/- in the name of each female child to the UTI. UTI in turn releases the bond of the amount in the name of 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 children, the age of elder girl child should not be more than 5 years.

18.64 An expenditure of ₹ 40 lakh is likely to be incurred in 2010-11 and ₹ 30 lakh is proposed for the Annual Plan 2011-12.

### **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. 100 bedded units 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 ₹ 380.98 lakh is likely to be incurred in 2010-11 and a provision of ₹ 709.10 lakh has been proposed for the Mobile Surgical Units in the Annual Plan 2011-12.

### **Medical Education**

18.67 There are 10 Medical Colleges in Rajasthan, 6 in the Government sector and 3 in private sector and 1 is being run through a society. Similarly there are 13 Dental Colleges in State, 1 is in Government sector and other 12 are in private sector. These Medical Colleges have an annual intake capacity of 1150 students and dental colleges have an annual intake capacity of 40 in Government Sector and 1060 in private sector. There are 590 PG seats in different specialties in government sector and 42 in private sector. Apart from this there are 10 dental PG seats in government sector and 78 dental PG seats in private sector.

18.68 An expenditure of ₹ 55.03 crore is likely to be incurred in 2010-11 on medical education. An amount of ₹ 195.59 crore is proposed for the Annual Plan 2011-12.



18.69 Institution-wise details of likely expenditure in 2010-11 & proposed allocation for 2011-12 are as follows:

(₹ in Lakh)

<b>S. No.</b>	<b>Medical College</b>	<b>Likely Exp. 2010-11</b>	<b>Proposed Outlay 2011-12</b>
1.	Medical College, Ajmer	545.00	2500.00
2.	Medical College, Jaipur	2020.00	4869.00
3.	Medical College, Jodhpur	1127.00	3200.00
4.	Medical College, Udaipur	476.87	2650.00
5.	Medical College, Bikaner	651.92	2850.00
6.	Medical College, Kota	539.22	2650.00
7.	Dental College, Jaipur	122.63	339.50
8.	Rajasthan Health Science University, Jaipur	20.00	500.00
	<b>Total</b>	<b>5502.64</b>	<b>19558.50</b>

18.70 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 in April, 2006. All the Medical Colleges have been affiliated to it. An expenditure of ₹ 20 lakh is likely to be incurred in 2010-11 and ₹ 5.00 crore is proposed for Annual Plan 2011-12.

#### **Ayurved & Indian System of Medicine**

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. The State 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 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 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 3695 Ayurvedic, 189 Homeopathic, 125 Unani and 6 Yoga & Naturopathy hospitals and dispensaries in the State with 1446 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 other mobile units are also working in department. The National Institute of Ayurved is also located at Jaipur.

18.73 An expenditure of ₹ 15 crore is likely to be incurred in 2010-11 and an allocation of ₹16.08 crore is proposed for the Annual Plan 2011-12 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 bed capacity and one research centre of 20 bed 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 ₹ 24.26 lakh is likely to be incurred in 2010-11 and an outlay of ₹ 38.57 lakh is proposed in Annual Plan 2011-12 for the ongoing plan activities of the College.

#### **Rajasthan Ayurved University Jodhpur**

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

18.77 An expenditure of ₹ 702.24 lakh is likely to be incurred in 2010-11 and grant-in-aid of ₹ 763 lakh is proposed for the Annual Plan 2011-12 for various activities of the University.

#### **Directorate of Homeopathy**

18.78 With the expansion of population and diseases, the demand for Homeopathy treatment has been increased over the time mainly due to its economic treatment and lesser side effects. The State Government has established a separate Directorate for Homeopathy in 2010. Till now, it was a part of Directorate of Ayurveda. An outlay of ₹ 507.97 lakh is proposed for the Annual Plan 2011-12 for the department.

#### **Directorate of Unani**

18.79 With the expansion of population and diseases, the demand for Unani treatment has been increased over the time mainly due to its economic treatment and lesser side effects. The State Government has established a separate Directorate for Unani in 2010. Till now, it was a part of Directorate of Ayurveda. An outlay of ₹ 185.24 lakh is proposed for the Annual Plan 2011-12 for the department

18.80 In nutshell, following activities have been incorporated in the Annual Plan 2011-12:

- 75 CHCs out of 237 have been 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;
- 74 Specialists have been deployed 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 214 ambulances would be increased up to 464 by end of 2011-12;
- 52 Mobile Medical Units to be operationalized for “C” category villages. 150 new Block Mobile Medical units shall also be operationalised by the end of 2011-12;
- Yashodas to be recruited for all District Hospitals through NIPI;
- 42496 out of 46862 ASHA’s have been selected for enhanced community outreach;
- ASHA Supervisory cadre shall be strengthened at DPMU/ BPMU/ PHC levels;
- 43437 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 lakh urban population and urban RCH Aid Posts in 20 cities having more than 25000 slum population/district headquarters.
- Construction program to cover all building less CHCs/PHCs/Sub Centers and also providing 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 Venom, 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 hospitals affiliated with Medical Colleges;
- Provision shall be made for Geriatric Care Units in all District Hospitals;