

## CHAPTER – 13

### MEDICAL & HEALTH

13.1 High incidence of disease forces a society to spend disproportionate sums of money on health care, starving other critical sectors. At the level of the individual and family, the impact of poor health on economic 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.

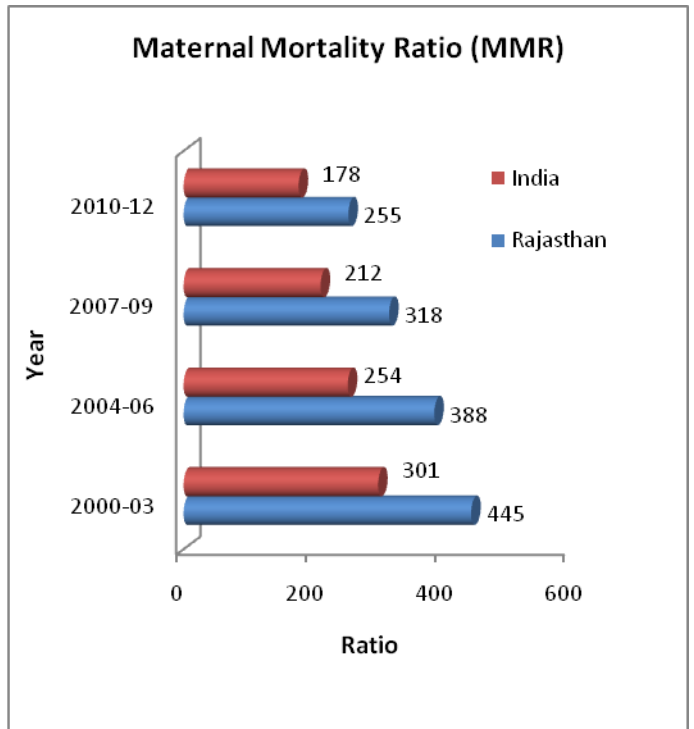
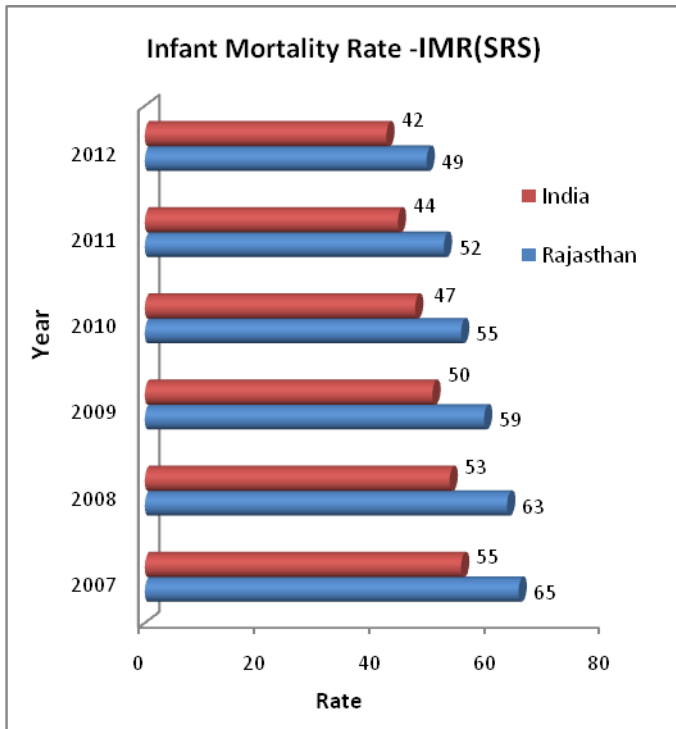
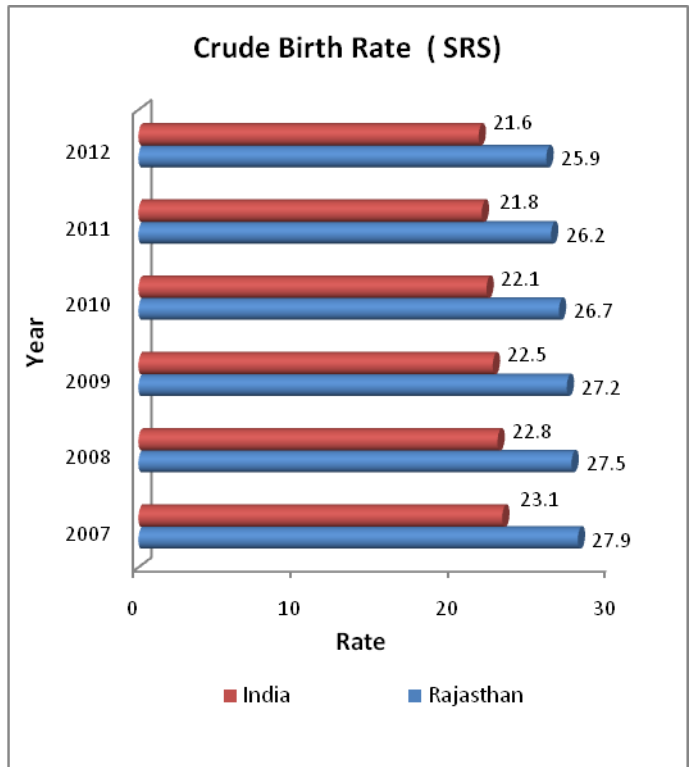
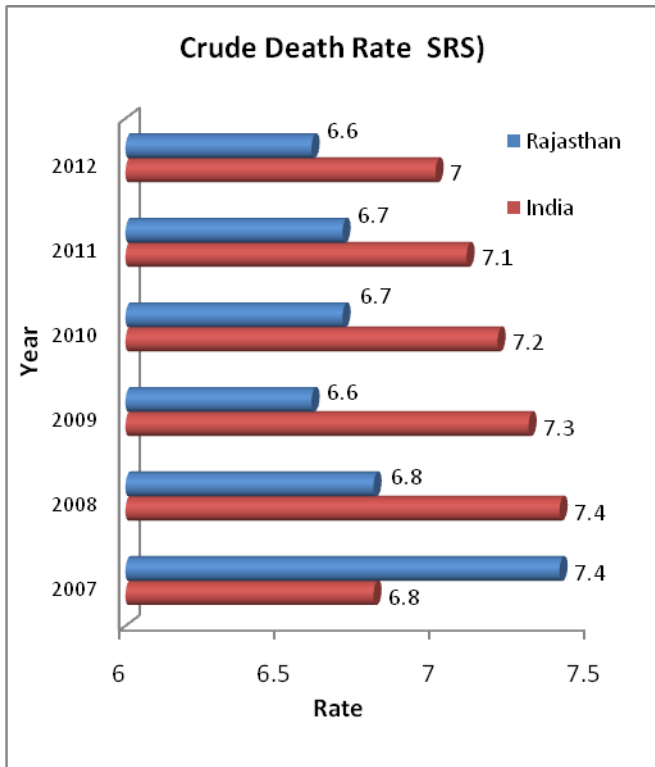
13.2 Health is critical to human resource development and State Government is committed to ensure that Rajasthan's health indicators catch-up with the all India averages. There has been a substantial drop in the Total Fertility Rate and Infant Mortality Rate. The successes of the initiatives taken in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

**Table No. 13.1**  
**Comparative Health Indicators of Rajasthan**

S. N.	Indicators	India	Rajasthan
1.	Crude Birth Rate (CBR) (SRS 2012)	21.6	25.9
2.	Crude Death Rate (CDR) (SRS 2012)	7.0	6.6
3.	Infant Mortality Rate (IMR) (SRS 2012)	42	49
4.	Maternal Mortality Ratio (MMR) (SRS 2010-12)	178	255
5.	Total Fertility Rate (TFR) (SRS 2012)	2.4	2.9
6.	Couple Protection Rate (CPR) (Any method)	54.0 (DLHS-III)	66.4 (DLHS-III)

#### **Comparative Health Indicators of Rajasthan & India:-**

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



13.4 Status of health care infrastructure and availability of facilities in the State as on 31.03.2014 is summarized as follows:

**Table No. 13.6**  
**Health Infrastructure in Rajasthan as on 31.03.2014**

<b>S. No.</b>	<b>Particulars</b>	<b>Numbers</b>
1.	Hospitals (excluding Medical College Hospitals)	113
2.	Community Health Centres (Rural)	567
3.	Primary Health Centres (Rural)	2082
4.	Primary Health Centres (Urban)	51
5.	Health Sub Centres	14407
6.	Dispensaries	194
7.	Mother & Child Welfare Centres	118
8.	Aid-Post (Urban)	13
<b>Total Health Institutions</b>		<b>17545</b>
9.	Number of beds (excluding attached hospitals under Medical Colleges)	46573
10.	Served Area per Institution (in sq. kms)	20
11.	Served Population per Institution	3911
12.	Served Population per bed	1472

13.5 The Twelfth Five Year Plan approach emphasizes development of a good health care infrastructure and providing quality health care services. Simultaneously, the State Government has focused on technology-based solutions, like telemedicine, emergency ambulance care, and free Indoor Patient Department (IPD) and Outdoor Patient Department (OPD) health care for BPL families through a number of innovative schemes. The 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 the State in the mainstream of National averages but much still remains to be done.

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

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

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

13.9 An outlay of ₹ 746699.11 lakh was kept for Medical & Health Sector for the Twelfth Plan. An expenditure of ₹ 174573.07 lakh has been incurred in 2013-14 against an outlay of ₹ 187034.84 lakh. An outlay of ₹ 557743.84 lakh is proposed for the Annual Plan 2014-15, which includes central assistance of ₹ 265039.87 lakh. Scheme-wise details of outlays kept for the Twelfth Plan and the Annual Plan 2013-14, are as follows:

**Table No. 13.7**  
**Proposed Financial Outlays**

(₹ in lakh)					
S. No.	Department/Scheme	Outlay Twelfth Plan	Outlay 2013-14	likely Exp. during 2013-14	Proposed Outlay 2014-15
1	Medical & Health	158000.01	43288.09	27486.80	85272.68
2	Mukhyamantri Nishulk Dava Yojana ( subsidy to RMSC)	37500.00	28000.00	14356.00	30000.01
3	Nishulk Janch Yojana by DMHS	0.00	10000.49	10709.45	11937.22
4	Mukhyamantri Nishulk Dava Yojana (through DMHS)	200000.00	6213.00	6457.59	8796.03
5	Public Health Infrastructure Under-TFC	11250.00	3955.98	3929.89	3749.99
6	Population Control & Family Welfare	7075.00	2014.53	11275.75	69611.66
7	Family Welfare-NRHM (BPL)	19500.00	5157.00	5157.00	7000.03
8	Family Welfare-NRHM	85000.00	21497.00	27846.00	181000.00
9	Family Welfare-Ambulance	19000.00	6068.00	6218.00	8500.03
10	National Urban Health Mission			1360.00	29012.99
11	Mobile Surgical Unit	6500.00	1075.00	622.04	922.52
12	Medical Education	176962.00	54954.83	55757.84	113909.98
13	Ayurved Department	12500.00	1448.65	786.18	3840.36
14	Homeopathy Department	4719.00	556.37	171.04	663.29
15	Unani Department	2211.80	385.01	120.56	484.25
16	Ayurved College, Udaipur	362.50	262.84	118.13	444.73
17	Ayurved University, Jodhpur	6118.80	2158.05	2200.80	2598.05
	<b>Total</b>	<b>746699.11</b>	<b>187034.84</b>	<b>174573.07</b>	<b>557743.84</b>

## Medical & Health

### State schemes

13.10 Construction of Health Centres building & staff quarters and development of health care facilities, opening of new Community Health Centres and Primary Health Centres in rural areas and construction of district hospital/ office building, renovation of urban health institutions, procurement of equipment, construction of residential complex, strengthening & up gradation of Urban Health Institutions and Drug Testing Labs are taken up under the Medical & Health programme. An expenditure of ₹ 27486.80 lakh has been incurred on these activities in

2013-14 against an outlay of ₹ 43288.09 lakh. An outlay of ₹ 85272.69 lakh is proposed for the Annual Plan 2014-15 which includes central assistance of ₹ 1213.79 lakh.

#### **Mukhyamantri Nishulk Dava Yojana (through RMSC)**

13.11 A large number of people in the State are not able to afford the expenditure of their treatment. High expenditure on health care is the major cause of rural indebtedness. The State Government has realized this problem and started the scheme of free drug distribution to all citizens from 2<sup>nd</sup> October, 2011. Under the scheme, 757 commonly used essential medicines, surgical equipments and sutures are being provided free of cost to the patients visiting any type of Government health institution. Rajasthan Medical Services Corporation (RMSC) has been constituted for providing all the services under the scheme. RMSC is also supplying medicines to all Government health institutions through District Drug Warehouses established in all the districts of the State.

13.12 Quality of drugs is ensured by testing drugs through empanelled drug testing laboratories. An expenditure of ₹ 14356.00 lakh has been incurred in 2013-14 against an outlay of ₹ 28000.00 lakh. An outlay of ₹ 8840.02 lakh is proposed for the Annual Plan 2014-15.

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

13.13 Approximately 15,169 Drug Distribution Centres have been established in the State. These Centres are operating during the OPD hours for OPD patients and round the clock for the indoor and emergency patients. An expenditure of ₹ 6457.59 lakh has been incurred in 2013-14 against an outlay of ₹ 6213.00 lakh. An outlay of ₹ 8796.03 lakh is proposed for the Annual Plan 2014-15.

#### **Nishulk Janch Yojana**

13.14 A large number of people in the State are not in a position to afford the expenditure of their checkup and treatment. The State Government launched a scheme of free investigation of patients on April 7, 2013. An expenditure of ₹ 10709.45 lakh has been incurred in 2013-14 against an outlay of ₹ 10000.49 lakh. An outlay of ₹ 11937.22 lakh is proposed for the Annual Plan 2014-15.

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

13.15 Development of Public Health Infrastructure facilities is covered under Thirteenth Finance Commission Grant. An expenditure of ₹ 3929.89 lakh has been incurred in 2013-14 on purchasing of equipments and construction of buildings against an outlay of ₹ 3955.98 lakh. An outlay of ₹ 3749.99 lakh is proposed for the Annual Plan 2014-15.

## **Centrally Sponsored Schemes (CSS)**

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

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

### **Integrated Disease Surveillance Project**

13.17 Integrated Disease Surveillance Project (IDSP) is a decentralized and State based surveillance program, being implementing in all the districts of the State since April, 2005. It aims to detect early warning signals of impending outbreak and helps to initiate an effective response in a timely manner. 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, 470 outbreaks of various diseases have been detected since the inception of the program till December, 2013. Intensive reporting and analysis of the occurrence of Influenza A H1N1 is being ensured continuously. Various trainings have been conducted for the strengthening and capacity building of the manpower throughout the State.

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

13.18 Malaria, Dengue and Chikanguniya are the three principal vector borne diseases prevalent in the State. Malaria is wide spread and present in all the districts but Dengue is limited to 20-25 districts and there is no significant difference between rural and urban areas. Chikanguniya, for the first time, was observed in the State in 2006. There were only 6 cases in 2006 and it was reliant in 2007 and 2008. In 2009, Jaipur alone was affected. In 2010, it had 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 per cent of Malaria diseases burden. The far-flung areas with low population density are the major cause responsible for hindrance in implementation of Vector Borne Disease Control Program in the Western Rajasthan.

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

13.19 The Program strives to detect and treat all the TB patients in the community under universal access and to achieve at least 90 per cent success rate. Uninterrupted supply of good quality of Anti TB Drugs, effective & patient friendly treatment with short course chemotherapy

under direct observation and accountability, proper recording & reporting and effective supervision is emphasized under the program. PMDT (DOTS-Plus Scheme) for the management of multi-drug resistant TB (MDR-TB) is being implemented in all the districts of the State. So far, 4470 MDR-TB patients have been put on treatment. A provision of ₹0.01 lakh is proposed under CSS for the Annual Plan 2014-15.

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

13.20 Iodine deficiency is a public health problem in India. The overall proportion of households consuming iodized salt in India was estimated at 37 per cent in 2003. The consumption of iodized salt is 81 per cent in 2013 whereas it was 40 per cent in 1999.

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

### **National Leprosy Eradication Program**

13.22 State has reached a level of elimination of leprosy i.e. prevalence rate below 1/10000 population. The current prevalence rate is 0.17/10000 population. The main objectives of the program are:

- Early detection of new cases and prompt treatment to avoid disfigurement and deformities.
- Awareness in the community regarding various myths & misconception by means of various methods of I.E.C. 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.

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

13.23 Balika Sambal Yojana aims for promoting girl child and provides economic support to her. Under the scheme, if any couple undergoes sterilization operations after one or two female child (no male child), the State Government deposits ₹10,000 in the name of each female child to the Unit Trust of India (UTI). UTI in turn releases the bond of the amount in the name of the female child under Children Care Plan (CCP) of UTI mutual fund. The maturity amount of the bond will be payable after the girl child attains age of 18 years. In case of couples having two girl children, the age of elder girl child should not be more than 5 years. During 2013-14, 600 CCP forms have been forwarded to UTI for issuing the bonds.

## **National Health Mission**

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

13.24 The main objective of the family welfare program is population stabilization and reduction in MMR and IMR. As per SRS-2011, the average number of children born to women in State has declined from 3.0 in 2011 to 2.9 in 2012. Rajasthan recorded the high decadal population growth of 21.44 per cent during 2001-11. The high rate of population growth is mostly due to high per cent of population in reproductive age and marriage at early age particularly in the rural areas. Although the rate of population growth has declined but still it has to be entered in the stage of rapid fertility transition.

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

13.26 Attention is being focused on improving access and availability of Non-Scalpel Vasectomy (NSV) services for increasing share of male sterilization. As per the guidelines of Central Government, the State has increased the monetary incentive for all sterilizations. ₹ 1100 is given for male sterilization & ₹ 600 for female sterilization. During 2013-14, 302667 sterilization cases have been performed.

13.27 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.

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

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

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



## **NATIONAL RURAL HEALTH MISSION**

13.30 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 State 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 NRHM was initiated with the following objectives:

- Reduction in Infant Mortality Rate & Maternal Mortality Ratio.
- Universal access to public health services such as women & child.
- Prevention & control of diseases including local endemic diseases.
- Access to integrated comprehensive primary health care.
- Population stabilization, gender and demographic balance.
- Revitalize local health traditions and mainstream AYUSH.
- Promotion of healthy life style.

13.31 From 2012-13, the NRHM activities are being funded in the ratio of 75:25 between the Government of India and the State Government. The State Government is trying to dovetail its health care activities of various schemes/programs with NRHM activities. In the first phase, Mission was started in the year 2005 and completed in 2012 and the next phase of NRHM has already been started and will continue till 2017.

### **Steps taken to Improve Maternal & Child Health Services**

#### **(A) Maternal Health**

13.32 There is reduction of 133 points in MMR from 388 (SRS, 2004-06) to 255 (SRS 2010-12) in Rajasthan and rise in institutional delivery from 28 per cent in 2005 to 80 per cent. Following interventions have been taken by the State Government to improve maternal health services.

#### **Rajasthan Janani Shishu Suraksha Yojana**

13.33 The scheme was launched on September 12, 2011 in the entire State. It entitles all pregnant women free deliveries including caesarian. Free of cost facility to pregnant women & neonatal for investigations, treatment, medicines and referral transport facility from home to facility and back home is being provided. In this year 11,86,320 pregnant women availed free medicines, 9,55,860 availed free lab tests and 8,06,121 availed free referral services under the scheme.

#### **Institutional Deliveries & Janani Suraksha Yojana (JSY)**

13.34 The scheme was launched in the year 2005 with the objective of increasing institutional deliveries. Under this scheme, cash incentive is given to the beneficiary on delivery at Government health institution and

JSY accredited private hospitals. In the year 2013-14, 13,73,419 institutional deliveries conducted and 11,07,115 women have been benefitted under JSY up to March, 2014.

### **Strengthening and Branding of Delivery Points**

13.35 So far, 1665 health institutions in the State have been identified to strengthen ensured comprehensive reproductive & child health services on 24x7 basis. These delivery points comprise 7 Medical Colleges, 31 District Hospitals, 359 CHCs, 475 PHCs and 793 Sub Centers. Gap analysis of these points has been done in terms of infrastructure, equipments, human resource, capacity building, electricity and water supply. Training on priority basis is being imparted to staff of these delivery points.

### **Janani Express**

13.36 For strengthening referral transport services, 400 Janani Express ambulances have been deployed at PHC level. 200 new Janani Express vehicles procured and delivered from State fund additionally. Priority is given to remote PHCs so that IMR and MMR can be reduced. The existing '104' facility is being used for making calls for utilizing the services of 'Janani Express'.

### **Weekly Iron and Folic Acid Supplementation (WIFS)**

13.37 The Weekly Iron and Folic Acid Supplementation (WIFS) scheme is a community-based intervention that addresses nutritional (iron deficiency) anemia amongst adolescents (boys and girls) in both rural and urban areas. Programme aims to cover 35 lakh students of class 6 to 12 studying in 34 thousands schools and 9 lakh out of school girls of the age between 10 to 19 years through 61,119 Anganwari Centers (AWC). Under the programme, weekly Iron Folic Acid tablet is given on Monday in the schools and on every Thursday at AWC by AWW.

### **Strengthening of Infrastructure**

13.38 Buildings of 526 PHCs, 224 CHCs, 732 SCs, 10 Swasth Bhawan, 27 Drug Controller Offices, and 2363 residential quarters at CHCs/PHCs have been constructed. Sanctions have also been issued for construction of Maternal & Child Health (MCH) Units in districts.

### **ASHA Sahyoginis**

13.39 At present 47027 AHSA Sahyoginis are performing their duties in the State.

### **Child Health**

13.40 A reduction of 14 points has been witnessed in IMR from 63 in SRS 2008 to 49 in SRS 2012. Following interventions have been adopted by the State for child health.

### **Facility Based Interventions**

13.41 Thirty six Sick Newborn Care Units named as 'Priyadarshini Units' to provide curative services to neonates, 40 Malnutrition Treatment Corners for management of severely malnourished children, 113 Newborn Stabilizing Units at selected CHCs to make the neonate stabilize and 1201 Newborn Corners to resuscitate newborn have been established in the State. Efforts are being made to functionalize 107 MTCs (6 bedded) at selected CHCs.

### **Community Based Interventions**

13.42 ASHA Sahyoginis have been trained to provide Home Based Neonatal Care Services (HBNC). At present, 41356 ASHA Sahyoginis are trained to provide HBNC services in the State. Mother and Child Health Nutrition (MCHN) days have also been fixed to provide maternal, child and nutrition services.

### **Routine Immunization**

13.43 The Annual Health Survey, 2011-12 reported 69.2 per cent coverage of complete immunization in the State. Hepatitis-B vaccination has also been added as routine Immunization since December, 2011. No polio case identified in the State since December, 2009. Pregnancy and Child Tracking System is being used to track left outs and drop outs.

### **Swasthya Sandesh Seva**

13.44 To inform the beneficiary as well as the health worker regarding the schedule date of vaccination and due date of ANC in advance, a unique scheme has been initiated in the State named as 'Swasthya Sandesh Seva'. Under the scheme, ANM and beneficiary receives a free SMS regarding the due date of health services in advance sent from the State Headquarter.

### **Efforts to Reduce Total Fertility Rate**

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

- a. Static Centre Operationalization
- b. Quality Sterilization
- c. Capacity Building
- d. Public Private Partnership
- e. Spacing Method of Contraception
- f. Felicitation & Prizes
- g. Promotion of Male Participation in Family Welfare Program
- h. Eligible Couple Tracking System
- i. Convergence of Various Departments

- j. Social Marketing of Contraceptives
- k. Postpartum Sterilization & IUDs
- l. Up scaling of Incentives of ASHA Sahyoginis
- m. Emergency Contraceptive in Unprotected and Unmarried Girls
- n. Utilization of services of ASHAs to ensure birth spacing

### **Addressing Declining Sex Ratio**

#### **Mukhya Mantri Shubh Lakshmi Yojana:**

13.46 This scheme was launched on April 1, 2013 to promote girl child birth and to reduce MMR under the scheme. An incentive of Rs. 2100/- is given at birth, ₹2100/- after one year of age on complete immunization and ₹3100/- is given after 5 year of age at the time of admission in school. Thus women get monetary benefit of ₹7300/- for her girl child. During 2013-14, 4,57,312 women have been benefitted up to March 2014.

13.47 To increase the child sex ratio (0-6 years) in the State from present level of 888, Pre-Conception Pre-Natal Diagnostic Techniques (PCPNDT) Act, 1994 is being implemented very effectively. Following steps have been taken by the State Government in this regard:

- a. Appropriate Authorities have been appointed at State, District and Sub-division
- b. State Inspection Teams have been constituted for sudden checking.
- c. PCPNDT Bureau of Investigation has been constituted under Medical & Health Department for effective implementation of PCPNDT Act, for which 120 new posts have been created.
- d. 342 NGOs have been identified for generation of public awareness
- e. For IEC activities, 4 'Hamaribeti Express' vans have been launched on April 11, 2012.
- f. A website namely [www.hamaribeti.nic.in](http://www.hamaribeti.nic.in) has been initiated for effective control on female foeticide.
- g. 'Mukhbir Yojana' has been initiated for gathering information regarding illegal sex determination. Reward of ₹ one lakh is being given to the informer.
- h. 7 Upper Chief Judicial Magistrates Courts had been established at the divisional headquarters for speedy disposal of cases registered under the Act.

### **Strengthening Emergency Referral Transport Services**

13.48 Toll free emergency services '108' was started in the State in the year 2008. In the 2013-14, a fleet of 603 ambulances is working in the State.

### **Out-Reach Medical Services**

13.49 There are many inaccessible areas in the State; especially tribal and desert where basic health infrastructure is not up to reach of poor. To overcome this problem, Rajiv Gandhi Rural Mobile Medical Unit (MMU) was launched in 2008. Each Mobile Medical Unit has a Staff, Vehicle and a Diagnostic Van having all essential equipments. In addition to MMUs State has procured 150 Medical Mobile Vans (MMVs) under NRHM. MMU is a single vehicle having basic diagnostic facilities. Presently, 52 MMUs and 150 MMVs are deployed across the State under this scheme.

### **GRIVANCE REDRESSAL**

#### **'104' toll Free Service**

13.50 Toll free '104' medical advice service was launched on 16<sup>th</sup> January, 2012 in the State. Under this service, general public of the State get medical advice free of cost on phone by dialing a toll free number '104' from any phone. Now this service is also being used for referral transport by 'Janani Express'.

#### **Inter-Sectoral Convergence**

13.51 The convergence is mainly with development departments like PRI, Rural Development, WCD, Education, PHED etc. and Non Governmental Organization 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 Committees were 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. Weekly iron folic acid supplementation programme is being implemented with WCD and Education Department.

#### **Other Activities under NRHM**

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

13.52 Under this scheme, free treatment facility is being provided to BPL families at all Government Health Institutions. The scheme also covers Aastha Card holders, HIV/AIDS patients, old age, handicapped and widow pensioners, Navjeevan Yojana, 'Sahariya' families, Antyodaya, Annapurna Yojana, 'Kathodi' tribal families etc. If required, free referral and free treatment at AIIMS, New Delhi and Post Graduate Institute of

Medical Education and Research (PGMER) Institute-Chandigarh may also be provided. In addition to this, 51 private hospitals have also been approved for free treatment of 5 BPL patients in each private hospital per month. Apart from this, land has been allotted to 69 private hospitals either on token amount or on concessional rate by the Government. These hospitals also provide free treatment to poor patients as per terms and conditions of MoU. 37.54 lakh patients have been benefitted in the year 2013-14 by incurring an expenditure of ₹ 5157.00 lakh against the same outlay in the year 2013-14. An outlay of ₹ 7000.03 lakh is proposed for the Annual Plan 2014-15, which includes central assistance of ₹ 2500.00 lakh.

### **Village Health & Sanitation Committees**

13.53 So far, 43,440 Village Health and Sanitation Committees (VHSC) have been constituted & made functional in the State. The convener of this committee is ASHA Sahayogini. She is convening the monthly meeting of VHSC's. There is a provision of untied fund for each Village Health Sanitation Committee which is used for addressing local health needs, making village health plans and also to facilitate implementation of various health activities in the village. The training program is initiated in the State to make VHSC vibrant and 37,155 members have been trained in the year 2013-14.

### **Innovation Proposed in the Year 2014-15**

13.54 Following innovations are proposed in the year 2014-15

- The services under JSSY will be extended upto 1 year for children.
- Launching of Rashtriya Kishori Swasthaya Karyakram in the state.
- Performance based incentives for medical and nursing staff.
- GPS tracking of Janani Express/MMU/MMV.
- Skill assessment along with skill up-gradation training for nursing staff and laboratory technicians in High Priority Districts.
- Establishment of Nursing Directorate.
- Strengthening of preschool and nursing education.
- Pilot project on Universal Health Coverage at Churu district.

### **National Urban Health Mission**

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

**The National Urban Health Mission would have high focus on:-**

- i. Urban poor population living in listed and unlisted slums
- ii. All other vulnerable population such as homeless, rag pickers, street children, construction workers and other temporary migrants.
- iii. Public health thrust on sanitation, clean drinking water & vector control etc.
- iv. Strengthening public health capacity of urban local bodies.

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

- i. For every 2.5 lac population : 1 urban CHC\*
- ii. For every 50000 population : 1 urban PHC
- iii. For every 10000 population : 1 ANM
- iv. For every 200-500 households : 1 ASHA (in Rajasthan 300)
- v. For every 50-100 households:1 Mahila Arogya Samiti (MAS) (in Rajasthan 100)

(\* for setting up Urban CHCs, Central Government would provide only a one time capital cost, and the recurrent cost including the salary of the staff would be borne by state government)

13.56 In Rajasthan state, 33 district headquarters (HQ) cities like 3 (million+cities), 20 cities (between 01 lakh to 10 lakhs population) & 10 cities (between 50000 to 01 lakh population) are selected for NUHM implementation in this year. Out of these 3 Districts (Dungarpur, Pratapgarh, Sirohi) have population less than 50000 but being District HQ they have taken up in this plan. Rs. 54.4 Crores are approved in Rajasthan State NUHM PIP of the year 2013-14 for the three months. 82 existing urban health facilities will be upgraded or renovated as Urban PHCs and 102 new Urban PHC buildings will be constructed under NUHM. An outlay of ₹ 29012.99 lakh is proposed for the Annual Plan 2014-15 which includes central assistance of ₹21760 lakh.

**National Programme for prevention and control of Cancer, Diabetes, Cardio-Vascular diseases, and Stroke (NPCDCS) and National Programme for Health Care of Elderly (NPHCE)**

- Non Communicable Disease control initiatives were started in the State of Rajasthan under two National health programmes; National Programme for prevention and control of Cancer, Diabetes, Cardio-Vascular diseases, and Stroke (NPCDCS) and National Programme for Health Care of Elderly (NPHCE) as pilot project in Bhilwara and Jaisalmer districts in 2010.
- Presently NPCDCS & NPHCE are being implemented in 7 districts i.e. Bhilwara, Jaisalmer, Jodhpur, Bikaner, Barmer, Shri Ganganagar & Nagaur .

- Programme is approved to be expanded by inclusion of 5 more districts in 2013-14 viz. Alwar, Tonk, Baran, Banswara, Bharatpur and inclusion of the remaining districts within the 12<sup>th</sup> Five Year Plan i.e. upto 2017.

#### **Activities and achievements in 2013-14 :**

- State NCD cell and District NCD cells for management of programme have been constituted and are manned by contractual staff as per guidelines.
- District NCD Clinic is established & functioning in all 7 programme districts.
- 2-4 bedded CCU wards and Day Care Cancer Centres are constructed in all 7 programme districts and is functioning in Jaisalmer and Bikaner. In Bhilwara construction is under process.
- 10 bedded Geriatric wards in all 7 districts are constructed in all programme districts and made functional in 5 districts. In Bhilwara it is handed over and in process of shifting in Nagaur
- Laboratory strengthening in DH and up to CHC is being taken up for up scaling diagnostics and to provide free services to NCD Patients. There is provision of outsourcing investigational in case of unavailability at the hospital laboratories.
- NCD clinic has been started at CHC level in 7 CHCs of Jaisalmer and 23 CHCs of Bhilwara and are to be started in 10 CHCs in every other programme District.
- Geriatric patients are being provided regular OPD services at district hospital and fixed day outdoor services at CHC and PHC. There is a provision of separate que and identification cards for providing prompt response to them.
- In all, numbers of patients benefitted under NPCDCS are 2111025 and NPHCE are 2380110 upto June 2014.
- Screening for Diabetes and Hypertension among population > 30 years of age and pregnant ladies has been done in all Program Districts. Screening of school children has been done at Bhilwara (Approximately 1 Lac children)
- Up to October 2013 total 4837426 persons were screened out of which 228251(4.72%) were found positive for Diabetes and 183358 (3.79%) were found positive for Hypertension.
- Procurement of Equipments and medicines would be done through RMSC. Budget has been transferred to RMSC for this purpose and supply of Equipments to districts has been initiated.
- Training of Chemotherapy, Colposcopy & Palliative care is given to Doctors and Other medical staff from program districts.



- PIP of the year 2013-14 has been approved and sanctioned but the funds are yet to be released for NPCDCS but the PIP for NPHCE is yet to be approved for 2013-14.
- A total of Rs. 32,88,22,200 have been received under the program till date, U.C. adjusted till 2012-13 is Rs. 3,30,08,340, Advances given for various activities are Rs. 21,98,58,662 and balance on 31.06.2014 is Rs. 3,92,67,664.

### **Proposed activities in 2014-15**

- The proposed PIP of 2014-15 is in process of submission to GOI through NHM under NCD Flexipool.
- As the PIP of 2013-14 has been approved in December 2014 and sanction is still due to be released so the activities in the new 5 districts will be carried forward in 2014-15
- The programme activities will be replicated in 5 newly approved districts and programme will be further strengthened in the existing districts.
- The CMHOs of the respective districts have been designated as In charge of NCD programmes and one medical officer has been given the responsibility of coordinating programme initiation in the districts
- Communication has been done with Chief Engineer for site identification process for construction of the CCUs and Cancer centres as well as Geriatric wards.

### **MOBILE SURGICAL UNIT**

13.57 Mobile Surgical Unit Rajasthan was established in the year 1956. Mobile Surgical Unit provides complete care in the remotest area of the State, free of cost, by organizing all types of Surgical & Eye camps for Poor & backward scheduled cast and scheduled tribes. The camps are organized at the door of needy people. At present, state unit is a 500 bedded mobile hospital and has the capacity to perform up to 1000 operations in a camp, if required. 100 bedded zonal units each at Jodhpur, Udaipur, Ajmer, Bharatpur, Kota and Bikaner are working under the Mobile Surgical Unit.

13.58 In the year 2013-14 a total number of 281269 patients were investigated out of which 7174 patients were operated. 66 general camps were organized. 244 one day's (OPD) camps were also organized during the year 2013-14. It is proposed to organize 168 major camps including 28 camps under SCSP and 24 camps under TSP during the Annual plan 2014-15.

13.59 A provision of ₹ 6500.00 lakh was kept for the Twelfth Plan. An expenditure of ₹ 622.04 lakh has been incurred in 2013-14 against an outlay of ₹ 1075.00 lakh. An outlay of ₹ 922.52 lakh is proposed for the Annual Plan 2014-15.

## **MEDICAL EDUCATION**

13.60 A separate department of Medical Education was established in the State in the year 2011-12 to monitor & supervise Medical Colleges and its attached hospitals. There are 10 Medical Colleges in the State, 6 in the Government Sector and 3 in Private Sector and one run through a society. In addition to this, there are 14 Dental Colleges in the State, one in Government Sector and other 13 in Private Sector. The Government Medical Colleges have annual intake capacities of 1300 Under Graduate, 690 Post Graduate and 81 Super-Specialty level students. The Rajasthan University of Health Science (RUHS)/ Government Dental Colleges has annual intake capacity of 40 Under Graduate and 12 Post Graduate level students. In order to improve the quality of medical education in the State and to provide more facilities for research in medical sector, Rajasthan University of Health Sciences was established in the State in April, 2006. All the Government Medical Colleges are affiliated to it.

13.61 With a view to take care of scarcity of human resources in the health sector; it was proposed to increase the intake capacity of each medical college to 250 during the Twelfth Plan. The number of PG seats will also be increased as per the revised norms of Medical Council of India (MCI). Most of the medical colleges have old building and equipments procured at the inception. Addition and alteration works of these buildings have been taken up and will continue during the Twelfth Plan period which is essential to improve the quality of health care. Following initiatives is being taken during 2014-15:

- State Cancer Institute will be established at Rajasthan University Health Science Medical College, Jaipur.
- Tertiary Cancer Care Centre will be established at Bikaner and Jhalwar.
- Super Specialty in medical colleges at Bikaner, Udaipur and Kota will be established.

### **Centrally Sponsored Scheme**

13.62 Seven district hospitals will be upgraded in Medical Colleges at Alwar, Bharatpur, Barmer, Bhilwara, Churu, Durgapur and Pali with intake of 100 students in each medical colleges during the year 2014-15 under CSS in which 75 % share of GOI and 25 % share of State.

13.63 An outlay of ₹ 176962.00 lakh was kept for the Twelfth Plan for Medical Education Sector. An expenditure of ₹ 55757.84 lakh has been incurred in 2013-14 against an outlay of ₹ 54954.83 lakh. An outlay of ₹ 113909.98 lakh is proposed for the Annual Plan 2014-15 which includes central assistance of ₹ 37018.83 lakh. Institution wise details are as follows:

**Table No. 13.8**  
**Proposed outlays**

(₹ in lakh)

S. N.	Sector	Outlay Twelfth Plan	Outlay 2013-14	Exp. During 2013-14	Proposed 2014-15
1.	Medical College, Ajmer	25657.00	5502.28	3423.54	6363.59
2.	Medical College, Bikaner	25135.00	5993.87	4577.77	12644.18
3.	Medical College, Udaipur	26500.00	7032.68	3659.75	9577.16
4.	Medical College, Jodhpur	29500.00	11442.01	11786.00	11026.37
5.	Medical College, Jaipur	32500.00	15977.95	13404.72	12427.79
6.	Medical College, Kota	28500.00	6544.90	4679.00	10328.60
7.	Rajasthan Health Science University including Dental College	8170.00	1852.37	13881.99	13689.45
8.	Medical Education Department	1000.00	608.77	345.07	37771.34
9.	B.D. Agarwal Medical College	-	-	0.00	81.50
	<b>Total</b>	<b>176962.00</b>	<b>54954.83</b>	<b>55757.84</b>	<b>113909.98</b>

13.64 The following important achievements have been made in medical education sector in 2013-14.

- More than 1200 bed capacity has been added including 224 in Intensive Care Unit.
- Under Graduate intake capacity has been increased by 350 seats.
- Twelve new operation theatres have been established in Dhanwantari Block of Medical College, Jaipur.
- Maternal & Child Institute at MDM Hospital, Jodhpur is being developed.
- Five new medical units have been established in Medical College, Kota.
- One more Government medical college at Sri Ganganagar is being established. A grant of ₹21.00 lakh is released in 2013-014.
- One medical college under the aegis of Rajasthan University Health Science, Jaipur is being established at Jaipur. A grant of ₹12700.00 lakh is sanctioned in 2013-14.
- Super Specialty Services in all Medical Colleges including Cardiac, and Cancer facilities have been provided.
- Strengthening of Psychiatry Department.
- Emergency Medicine & Geriatric Medicine in all Medical Colleges.
- Increasing of 150 bed strength in mother and child wings.
- Modernization in teaching and training including 'e' learning and library.

- Infectious Disease Hospital & Integrated OPD in all College attached Hospitals.

13.65 State is planning to develop infrastructure for medical education and tertiary care through PPP mode and outsourcing advanced and sophisticated modern diagnostic and treatment facilities.

### **Gender Budgeting**

13.66 Some Medical Colleges have separate hospitals for women like Mahila Chikitsalaya and Zanana Hospital in Jaipur and Mahila Chikitsalaya in Ajmer that provide medicinal care service exclusively to women education

### **AYURVED & INDIAN SYSTEM OF MEDICINE**

13.67 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 people. It was felt that the goal of "Health for All" cannot be achieved through the modern allopathic system alone and there is a need to involve the Indian System of Medicine & Health practitioners in the mainstream for achieving this goal.

13.68 Department of Ayurved has been working in the State since 1950. At present, there are 3701 Ayurvedic hospitals & dispensaries which include 3434 in rural areas and 267 in urban areas. A mobile surgical unit with 200 beds at Ajmer and 6 other mobile units are also providing facilities to the people.

13.69 An outlay of ₹ 12500.00 lakh was kept for Ayurved Department for the Twelfth Plan. An expenditure of ₹ 786.18 lakh has been incurred in 2013-14 against an outlay of ₹ 1448.65 lakh. An outlay of ₹ 3840.36 lakh is proposed for the Annual Plan 2014-15 for the activities of the department.

### **Madan Mohan Govt Ayurved College, Udaipur**

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

13.71 An outlay of ₹ 362.50 lakh was kept for Ayurved College, Udaipur for the Twelfth Plan. An expenditure of ₹ 118.13 lakh has been incurred in 2013-14 against an outlay of ₹ 262.84 lakh. An outlay of ₹ 444.73 lakh is proposed for the Annual Plan 2014-15, which includes central assistance of ₹ 179.80 lakh for the activities of the college.

### **Centrally Sponsored Schemes**

- National Mission on Ayush including Mission of Medicinal Plant. A provision of ₹ 170.00 lakh is kept under central assistance for procurement of equipment/ computerization/ furniture/ library books and other recurring expenditure.
- ₹ 9.80 lakh is kept under central assistance for “ Construction and Development of Herbarium in Charak Upvan”.

### **RAJASTHAN AYURVED UNIVERSITY, JODHPUR**

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

13.73 An outlay of ₹ 6118.80 lakh was kept for Ayurved University, Jodhpur for the Twelfth Plan. An expenditure of ₹ 2200.80 lakh has been incurred in 2013-14 against an outlay of ₹ 2158.05 lakh. An outlay of ₹ 2598.05 lakh is proposed for the Annual Plan 2014-15, which includes central assistance of ₹ 356.70 lakh.

### **HOMEOPATHIC SYSTEM OF MEDICINE**

13.74 Looking to the importance and popularity of the Homeopathic System of Medicine a separate department for Homeopathic system of medicine was established in the year 2010. At present there are 185 homeopathic dispensaries and 6 upgraded hospitals in the State. These dispensaries are serving health need of the communities in rural as well as urban areas. Each dispensary is headed by competent Homeopathic doctor.

13.75 The main objective of the department is to facilitate the highest standard in comprehensive development and awareness among all the sections of population especially in rural areas to promote preventive and curative health care facilities in the State. Department is working in the direction of creating a policy and social environment that enable poor communities to adopt homeopathy as complete system of medicine which aim at promoting general health by re-enforcing body's own natural capacity beyond doubt, safer, valuable, cost effective and ensure highest ideal of therapy to reach the health rapidly, gently and permanently.

13.76 An outlay of ₹ 4719.00 lakh was kept for Homeopathy Department for the Twelfth Plan. An expenditure of ₹ 171.04 lakh has been incurred

in 2013-14 against an outlay of ₹556.37 lakh. An outlay of ₹663.29 lakh is proposed for the Annual Plan 2014-15.

### **UNANI SYSTEM OF MEDICINE**

13.77 Looking to the importance and popularity of the Unani System of Medicine, the State Government established a separate department for Unani System of Medicine in the year 2010. At present, there are 132 Unani health institutions including 12 A-Class hospitals & 120 unani dispensaries in the State. These hospitals and dispensaries are serving health needs of the communities in rural as well as in urban areas. A Unani Medical College is being established at Tonk. Unani hospitals at 5 district headquarters have been sanctioned in 2012-13.

13.78 An outlay of ₹2211.80 lakh was kept for Unani Department for the Twelfth Plan. An expenditure of ₹120.56 lakh has been incurred in 2013-14 against an outlay of ₹385.01 lakh. An outlay of ₹484.25 lakh is proposed for the Annual Plan 2014-15 for the activities of the department.