

## CHAPTER -13

### MEDICAL & HEALTH

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

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

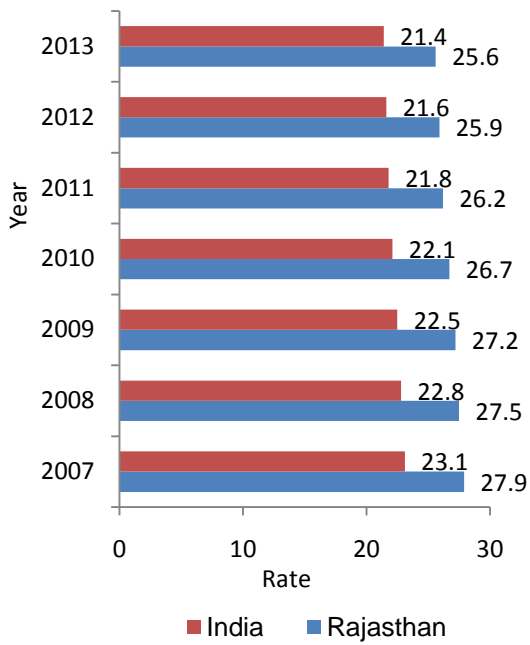
**Table No. 13.1**  
**Comparative Health Indicators of Rajasthan**

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

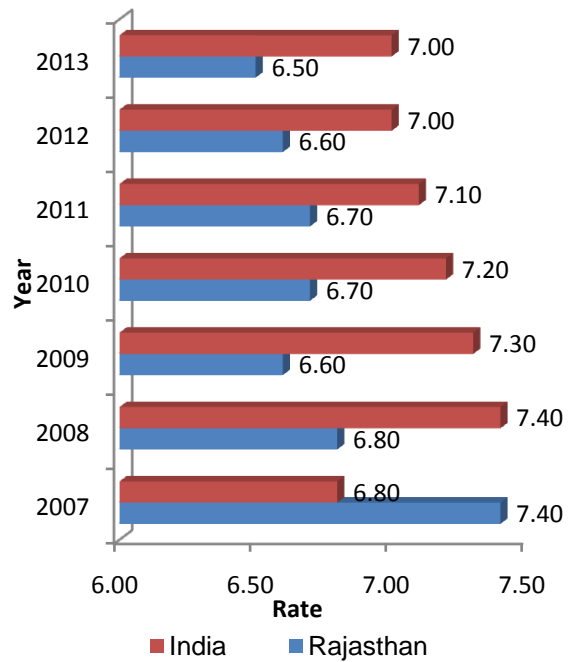
#### **Comparative Health Indicators of Rajasthan & India:-**

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

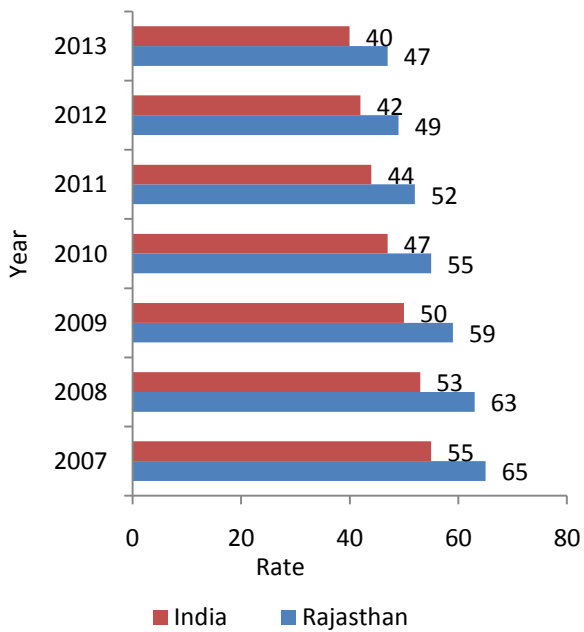
**Crude Birth Rate - CBR (SRS)**



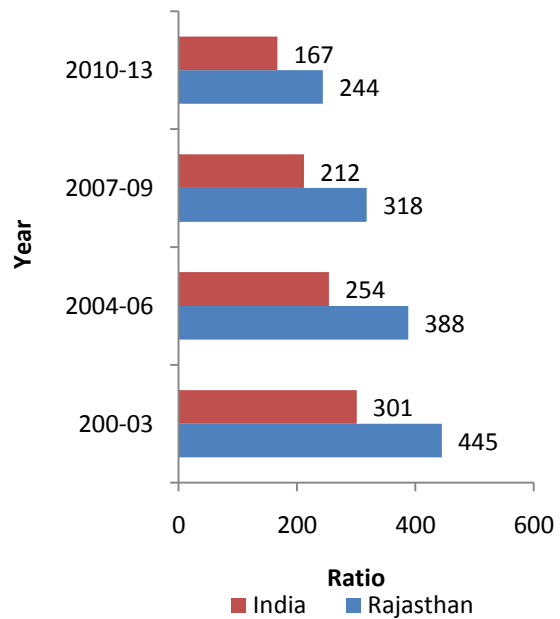
**Crude Death Rate - CDR (SRS)**



**Infant Mortality Rate - IMR (SRS)**



**Maternal Mortality Ratio (MMR)**



13.4 Status of health care infrastructure and availability of facilities in the State as on 31.3.2014 is summarized as follows:

**Table No. 13.2**  
**Health Infrastructure in Rajasthan as on 31.03.2014**

| S. No                            | Type of Health Institution   | Numbers      |
|----------------------------------|--|--------------|
| 1                                | Hospitals (excluding Medical College Hospitals)                            | 113          |
| 2                                | Community Health Centers (Rural)   | 568          |
| 3                                | Primary Health Centers (Rural)   | 2088         |
| 4                                | Primary Health Centers (Urban)   | 51           |
| 5                                | Health Sub Centers   | 14408        |
| 6                                | Dispensaries   | 194          |
| 7                                | Mother & Child Welfare Centers   | 118          |
| 8                                | Aid-Post (Urban)   | 13           |
| <b>Total Health Institutions</b> |  | <b>17553</b> |
| 9                                | Number of beds(excluding beds in attached hospitals with Medical Colleges) | 46669        |
| 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 by connecting of 6 medical college hospitals with 32 district hospitals and 1 block with the support of ISRO.

13.9 An outlay of ₹ 746699.11 lakh was kept for Medical & Health Sector for the Twelfth Plan. An expenditure of ₹ 435791.25 lakh is likely to be incurred in the year 2014-15 against an outlay of ₹ 502954.86 lakh. An outlay of ₹ 606413.98 lakh is proposed for the Annual Plan 2015-16, which includes central assistance of ₹ 256697.39 lakh. Scheme-wise details of outlays kept for Medical & Health Sector for the Twelfth Plan, likely expenditure during 2014-15 and the Annual Plan, 2015-16 are as follows:

**Table No. 13.3**  
**Proposed Financial Outlays**

(₹ in lakh)

| S. No. | Department/ Scheme                                  | Outlay Twelfth Plan | Outlay 2014-15   | Likely Exp. 2014-15 | Proposed Outlay 2015-16 |
|--------|---|---------------------|------------------|---------------------|-------------------------|
| 1      | Medical & Health                                    | 158000.00           | 83272.59         | 73623.13            | 114826.29               |
| 2      | Mukhyamantri Nishulk Dava Yojana ( subsidy to RMSC) | 37500.00            | 500.02           | 500.02              | 0.02                    |
| 3      | Nishulk Janch Yojana by DMHS                        | 0.00                | 11937.22         | 8384.47             | 11718.18                |
| 4      | Mukhyamantri Nishulk Dava Yojana (Through DMHS)     | 200000.00           | 38296.02         | 25889.31            | 36742.36                |
| 5      | Public Health Infrastructure Under-TFC              | 11250.00            | 3749.99          | 3144.69             | 0.13                    |
| 6      | Population Control & Family Welfare                 | 7075.00             | 67431.64         | 68652.64            | 74445.63                |
| 7      | Family Welfare-NRHM (BPL)                           | 19500.00            | 7000.00          | 7000.03             | 7000.06                 |
| 8      | Family Welfare-NRHM                                 | 85000.00            | 157803.28        | 157803.28           | 181000.00               |
| 9      | Family Welfare-Ambulance                            | 19000.00            | 8500.00          | 8500.03             | 8500.03                 |
| 10     | National Urban Health Mission                       |                     | 7555.00          | 7555.00             | 29013.00                |
| 11     | Mobile Surgical Unit                                | 6500.00             | 698.00           | 673.06              | 959.74                  |
| 12     | Medical Education                                   | 176962.00           | 108246.21        | 66270.28            | 134812.87               |
| 13     | Ayurved Department                                  | 12500.00            | 4360.77          | 4339.04             | 4116.08                 |
| 14     | Homeopathy Department                               | 4719.00             | 418.58           | 368.32              | 696.64                  |
| 15     | Unani Department                                    | 2211.80             | 328.77           | 231.18              | 472.04                  |
| 16     | Ayurved College, Udaipur                            | 362.50              | 273.72           | 273.72              | 240.37                  |
| 17     | Ayurved University, Jodhpur                         | 6118.80             | 2583.05          | 2583.05             | 1870.54                 |
|        | <b>Total</b>  | <b>746699.11</b>    | <b>502954.86</b> | <b>435791.25</b>    | <b>606413.98</b>        |

## **Medical & Health**

### **State schemes**

13.10 Construction of Health Centres buildings & staff quarters, development of health care facilities, opening of new Community Health Centres and Primary Health Centres in rural areas, construction of district hospital/ office building, renovation of urban health institutions, procurement of equipment, construction of residential complex, strengthening & up gradation of Urban Health Institutions and Drug Testing Labs are taken up under the Medical & Health programme. An expenditure of ₹ 111541.62 lakh is likely to be incurred on these activities in the year 2014-15 against an outlay of ₹ 137755.84 lakh. An outlay of ₹ 163286.98 lakh is proposed for the Annual Plan 2015-16 which includes central assistance of ₹ 6266.44 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 October 2, 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 ₹ 500.02 lakh is likely to be incurred in the year 2014-15 against an outlay of ₹ 500.02 lakh. An outlay of ₹ 0.02 lakh is proposed for the Annual Plan 2015-16.

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

13.13 Approximately 17,715 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 ₹ 25889.31 lakh is likely to be incurred in the year 2014-15 against an outlay of ₹ 38296.02 lakh. An outlay of ₹ 36742.36 lakh is proposed for the Annual Plan 2015-16.

### **Nishulk Janch Yojana**

13.14 A large number of people in the State are not in a position to afford the expenditure of their check up and treatment. The State Government launched a scheme of free investigation of patients on April 7, 2013. An expenditure of ₹ 8384.47 lakh is likely to be incurred in the year 2014-15 against an outlay of ₹ 11937.22 lakh. An outlay of ₹ 11718.18 lakh is proposed for the Annual Plan 2015-16.

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

13.15 Development of Public Health Infrastructure facilities is covered under Thirteenth Finance Commission Grant. An expenditure of ₹ 3144.69 lakh is likely to be incurred in the year 2014-15 on purchasing of equipments and construction of buildings against an outlay of ₹ 3749.99 lakh. An outlay of ₹ 0.13 lakh is proposed for the Annual Plan 2015-16.

### **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 63 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, 538 outbreaks of various diseases have been detected since the inception of the program till March, 2015. Intensive reporting and analysis of the occurrence of Influenza A1-H1-N1 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. But its magnitude remained low in preceding years. A Stephnsi, A Culicifacies and Aedes Aegypti are the common vectors responsible for transmission of these diseases in the State. The tribal and desert areas contribute 70 per cent of Malaria diseases burden. The far-flung areas with low, population density are the major cause responsible for hindrance in implementation of Vector Borne Disease Control Program in the Western Rajasthan.

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

13.19 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, 6538 MDR-TB and 99 XDR-TB patients have been put on treatment.

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

- Early detection of new cases and prompt treatment to avoid disfigurement and deformities.
- Awareness in the community regarding various myths & misconception by means of various methods of I.E.C (Flaxy Banner, Roadways Ticket, Nukkar Natak, TV Spot, Tinshed and Hordings etc.). Now, the program is integrated with General Health Care System and

involvement of ASHA Sahyogini's has been made to eradicate the Leprosy disease from the State.

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

13.23 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 2014-15 (up to March, 2015), 538 CCP forms have been forwarded to UTI for issuing the bonds.

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

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

13.25 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. ₹ 2000 is given for male sterilization & ₹ 1400 for female sterilization. During the year 2014-15, 3.18 lakh sterilization cases have been performed.

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



13.28 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 Sambal Yojana for those families which are adopting sterilization services without having male child.

13.30 An outlay of ₹ 7075.00 lakh was kept for the Twelfth Plan for Family Welfare. An expenditure of ₹ 68652.64 lakh is likely to be incurred in the year 2014-15 against an outlay of ₹ 67431.64 lakh. An outlay of ₹ 74445.63 lakh is proposed for the Annual Plan 2015-16 which includes central assistance of ₹ 54821.62 lakh.

### **NATIONAL RURAL HEALTH MISSION**

13.31 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 May 30, 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.

13.32 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.

13.33 A outlay of ₹ 1,23,500.00 lakh was kept for XII plan for NRHM. An expenditure of ₹ 180858.34 lakh is likely to be incurred on NRHM during Annual Plan 2014-15 against an outlay of ₹ 180858.28 lakh. An outlay of ₹ 225513.09 lakh is proposed for the Annual Plan 2015-16 with a Central Assistance of ₹ 188936.00 for NRHM. Scheme wise details of outlay kept for XII plan, likely expenditure during 2014-15 and outlay proposed for the Annual Plan 2015-16 are as follows:-

**Table No. 13.4**  
**Financial Outlay**

| S.No. | Name of Scheme              | Outlay XII Plan | Outlay 2014-15 | Likely Expenditure 2014-15 | Proposed Outlay 2015-16 |
|-------|-----------------------------|-----------------|----------------|----------------------------|-------------------------|
| 1.    | NRHM-MMJRK                  | 19500.00        | 7000.00        | 7000.03                    | 7000.06                 |
| 2.    | NRHM                        | 85000.00        | 157803.28      | 157803.28                  | 181000.00               |
| 3.    | NRHM-108<br>Ambulance Yojna | 19000.00        | 8500.00        | 8500.03                    | 8500.03                 |
| 4.    | NUHM                        | -               | 7555.00        | 7555.00                    | 29013.00                |
|       | <b>Total</b>                | 123500.00       | 180858.28      | 180858.34                  | 225513.09               |

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

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

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

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

13.35 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 10,80,583 pregnant women availed free medicines and 895639 availed free lab tests till Feb, 2015. Free referral services have been availed by 658191 women for Home to Hospital and 719918 women for Hospital to Home.

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

13.36 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 2014-15, 11,28,168

institutional deliveries conducted and 10,87,377 women have been benefitted under JSY up to March, 2015.

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

13.37 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 SDH & Satellite Hospitals and CHCs, 475 PHCs and 793 Sub Centres. 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**

13.38 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)**

13.39 The Weekly Iron and Folic Acid Supplementation (WIFS) scheme is a community-based intervention that addresses nutritional (iron deficiency) anaemia 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 Centres (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**

13.40 Buildings of 581 PHCs, 241 CHCs, 881 SCs, 10 Swasthya Bhawan, 27 Drug Controller Offices, and 2453 residential quarters at CHCs/PHCs have been constructed. Construction of Maternal & Child Health (MCH) Units at 8 places also completed.

### **ASHA Sahyoginis**

13.41 At present 46691 AHSA Sahyoginis are performing their duties in the State.

## **Child Health**

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

### **Facility Based Interventions**

13.43 Thirty-six Sick Newborn Care Units (SNCUs) at District Hospital and Medical College level for curative treatment of sick neonates, 305 New Born Stabilizing Units (NBSUs) at selected CHCs to stabilize newborn and treat complications, and 1665 Newborn Corners (NBCC) at all delivery points to resuscitate newborn are established. Out of 305 NBSUs 138 are functional, we are trying to make rest of them functional. Apart from this to treat severely malnourished children with complication we had established 40 Malnutrition Treatment Center (10 bedded) and 107 MTCs (6 bedded) total 147 MTCs. Again out of 107 Six bedded MTCs 48 are functional and we are trying to start remaining as soon as possible.

13.44 Apart from this certain guidelines were also issued to prevent infection Birth asphyxia in premature baby and bleeding disorder which are major cause of infant mortality.

### **Community Based Interventions**

13.45 ASHA Sahoginis 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. Through this ASHAs are instructed to identify danger sign in mother as well as in children up to age of 42 days. They are also responsible for shifting of these sick children to nearest facility through 104, again ASHAs are responsible for counselling of Mothers. Mother and Child Health Nutrition (MCHN) Day have also been fixed to provide maternal, child and nutrition services.

### **Routine Immunization**

13.46 The Annual Health Survey, 2012-13 reported 74.2 per cent coverage of full immunization in the State. Hepatitis-B vaccination has also been added as routine Immunization since December, 2011. No polio case identified in the State since December, 2009. Pregnancy and Child Tracking System is being used to track left outs and drop outs. Pentavalent vaccine has also been added since Nov 2014.

### **Swasthya Sandesh Seva**

13.47 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 form the State Headquarter.

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

13.48 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**

#### **Mukhaya Mantri Shubh Lakshmi Yojana:**

13.49 This scheme was launched on April 1, 2013 to promote girl child birth and to reduce MMR under the scheme. An incentive of ₹ 2100/- is given at birth, ₹ 2100/- after one year of age on complete immunization and ₹ 3100/- is given after 5 year of age at the time of admission in school. Thus women get monetary benefit of ₹ 7300/- for her girl child. 6,55,654 women (first instalment to 485652 and I<sup>st</sup> & II<sup>nd</sup> instalment to 170002 women) have been benefitted during the year 2014-15 (up to March, 2015).

13.50 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 level.

- 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 Rupees one lakh is being given to the informer.
- h. 7 Upper Chief Judicial Magistrate Courts had been established at the divisional headquarters for speedy disposal of cases registered under the Act.

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

13.51 Toll free emergency services '108' was started in the State in the year 2008. In the year 2014-15 (till March, 2015), a fleet of 741 ambulances is working in the State.

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

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

### **Grievance Redressal**

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

13.53 Toll free '104' medical advice service was launched on January 16, 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', complaint registration related to PCPNDT, information related to Malnutrition.

### **Inter-Sectoral Convergence**

13.54 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 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**

13.55 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, 'Saharia' 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, 54 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. During the year 2014-15, 37.52 lakh patients have been benefitted till March, 2015 by incurring an expenditure of ₹ 7000.03 lakh against the outlay of ₹ 7000.00 lakh. An outlay of ₹ 7000.06 lakh is proposed for the Annual Plan 2015-16, which includes central assistance of ₹ 2750.00 lakh.

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

13.56 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 37,611 members have been trained in the year 2014-15.

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

13.57 Following innovations are proposed in the year 2014-15

- The services under JSSY will be extended up to 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**

13.58 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 :<br>households) | 1 ASHA (in Rajasthan 300                                |
| v. For every 50-100 households :<br>(MAS)         | 1 Mahila Arogya Samiti<br>(In Rajasthan 100 households) |



13.59 The cabinet resolution regarding NUHM implementation in state was passed by No. Mh-206 @ Eka-Eka- @ 2013.

13.60 The state has identified 61 cities for implementing NUHM but in first phase 33 district headquarters (HQ) cities: 3 cities (million+), 20 cities (between 01 lakh to 10 lakhs population) & 10 cities (between 50000 to 01 lakh population) are selected for NUHM implementation in financial year 2014-15. Out of these 3 Districts (Dungarpur, Pratapgarh, Sirohi) have population less than 50000 but as they are District HQ hence they have been taken up in this plan. Total 10390526 people will be benefited with special focus on people living in urban slums in 33 districts.

- Total 75.55 Crore are approval in PIP 2014-15 under NUHM in Rajasthan. Out of which the central share will be of 75 per cent and remaining 25 per cent share will be borne by the State government.
- 82 Existing health facilities will be upgraded/renovated as urban PHCs @ ₹ 10 lakh/dispensary and 102 New Urban PHCs will be constructed @ ₹ 75 lakh/UPHC.
- The following manpower will be deputed to existing health facilities and new urban PHCs on contractual basis.

| S.No. | Name of the Post            | No. of Post Sanctioned |
|-------|-----------------------------|------------------------|
| 1     | Medical Officer (Full Time) | 102                    |
| 2     | Medical Officer (Part Time) | 206                    |
| 3     | Pharmacist                  | 102                    |
| 4     | Staff Nurse                 | 410                    |
| 5     | Lab Technician              | 102                    |
| 6     | ANM                         | 902                    |
| 7     | Accountant cum DEO          | 206                    |
| 8     | Grade D Support Staff       | 206                    |

- 1 State Programme Management, 4 City level and 30 District level units are proposed to be established for implementing NUHM in the State.
- 4034 Mahila Arogya Samitis are proposed to be constituted for community processes.

- 1400 Post of Urban ASHAs has been approved in PIP 2014-15. Total 4138 ASHAs would be providing Services including 2738 working ASHAs at present.

13.61 The NUHM was launched state wide on December 13, 2014 by Hon'ble Chief Minister, Government of Rajasthan at Smt. Godawari Devi Jajoo dispensary, Topkhana Desh, Jaipur.

**Status Note as per PIP FMR code:-**

**1. Planning & Mapping:**

- Listing and mapping of notified and un-notified urban poor settlements of 61 Cities having population more than 50000.
- The Government is in process to procure the GIS based mapping done by DoIT.

**2. Program Management:**

- Staff have been deployed at State, 30 Districts & 4 City level program management units. These units have been established for planning, monitoring and implementation of NUHM strategies.
- Technical support team has been constituted under the Chairmanship of Additional Mission Director, NHM to oversee and guide urban health interventions.
- The reproductive and child health officers are nominated as District Level Nodal Officer for NUHM.

**3. Training & Capacity Building**

- Training and Capacity Building of ULBs, PHED, ANM and MOs will be one of the major focus areas in the first year of NUHM implementation.
- Till date the orientation of Urban Local Bodies has been done in 25 Districts under the Chairmanship of District Collectors and presence of local Parshads. Officers from ULBs, PHEDs, Education and ICDS were registered.
- The ToTs for ANMs, ASHAs, MAS and Medical Officers have been completed.

**4. Strengthening of Health Services:**

**A. Human Resource**

- Recruitment of Technical Staff is under process.

## **B. Infrastructure**

- The list of 82 existing health facilities to be upgraded/renovated as urban PHCs has been approved and construction work for all have been initiated
- List of 102 places have been identified and approved for constructions of new urban PHCs. The list has been sent for tenders to be floated.

## **C. Untied Grants**

- The fund of ₹ 1.75 lakh per dispensary has been sent to all 82 dispensaries and 5 lakh each to 2 Urban CHCs along with guidelines.

## **D. Procurement (drugs and consumables)**

- The fund of ₹ 10 lakh per dispensary has been approved for 82 existing dispensaries the sanction order is in under process to send RMSC for procurement.

## **5. Community Processes**

- Till date formation of 326 MAS groups have been done in 32 cities and near about 300 bank accounts have been opened for the transferring fund of ₹ 5000/- to the concerning MAS account.

## **6. Innovations**

- The procurement & fabrication of 4 Mobile Medical units is being done by RMSCL. The fabrication of 6 Health Kiosks to be setup in Jaipur city is under process.
- “Beti Bachao Badhai Sandesh” cards have been printed and sent to the districts for girl child living in urban slum areas.

## **7. Monitoring & Evaluation**

- The process of urban health facilities to be put up in HMIS is under process.

## **MOBILE SURGICAL UNIT**

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

13.63 During the year 2014-15 a total number of 215622 patients were investigated out of which 7798 patients were operated up to Jan, 2015. A total number of 76 general and 155 one day camps were organised up to Jan, 2015. An expenditure of ₹ 673.06 lakh is likely to be incurred in the year 2014-15 against an outlay of ₹ 698.00 lakh.

13.64 An outlay of ₹ 959.74 lakh is proposed for the Annual Plan 2015-16 for organizing 168 major camps.

**Apart from the above following important activities are also proposed to be taken up during the Annual Plan 2015-16**

- Establishment of 8 new blood banks.
- Establishment of 7 new blood component separation units.
- Construction of 100 new mortuaries.
- Construction works in female hospital in Bikaner(₹ 10 crore).
- Development of 400 delivery centers.
- Community based management of acute malnutrition.
- Establishment of 10 new mother milk bank (₹ 10 crore).
- Tablets to all ANM in one district of each division on pilot basis.
- Inventory management system be prepared for care of equipments.
- Increase of Beds from 10 to 20 at malnourished treatment centers of Baran, Dungarpur, Dholpur, Sahabad & Udaipur district.
- Provide various medical facilities through PPP mode.

**MEDICAL EDUCATION**

13.65 Medical Education Department is the Administrative Department for all Medical/Dental Colleges and attached Hospitals. A separate Directorate of Medical Education was established in the State in the year 2011-12 to monitor & supervise Medical Colleges and its attached hospitals. The main objective of the Department is to provide tertiary level health care and taking care of human resource in health sector which is vital for achieving goals related to Health Indicators. As per recommendations of Mudaliar Committee, the State needs at least 14 medical colleges while at present we have only 12 medical colleges. There are 12 Medical Colleges in the State, 6 in the Government Sector and 4 in Private Sector, one run through a Government Society and one run by Rajasthan University of Health Science. In addition to this, there are 15 Dental Colleges in the State; one is run by Rajasthan University of Health Science and 14 in Private Sector. The Government Medical Colleges (including RUHS and Jhalawar) have annual intake capacity of 1400 Under Graduate, 769 Post Graduate and 91 Super-

Specialty level students. Private Medical Colleges have annual intake capacity of 550 under graduate. The Rajasthan University of Health Science Dental Colleges have annual intake capacity of 40 Under Graduate and 12 Post Graduate level students. 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 Government Medical and Dental Colleges are affiliated to it.

**State also needs strengthening in following areas under vision 2020.**

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

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

13.67 With a view to take care of scarcity of human resources in the health sector; it was proposed to increase the intake capacity of each medical college to 250 during the Twelfth Plan. The number of PG seats also needs to be increased accordingly as per the revised norms of MCI. Most of the medical colleges have old buildings and equipments procured at the inception. Addition and alteration works of these buildings have been taken up and will continue during the Twelfth Plan which is essential looking to the rapid growth in medical sciences and increasing population and the morbidity pattern and improving the quality of health care. The project of up

grading of 7 district hospitals having bed capacity of 300 beds to medical colleges is also under progress. In these 7 districts, hospitals will be upgraded to medical colleges (Alwar, Bharatpur, Barmer, Bhilwara, Churu, Dungarpur and Pali). DPR for these projects except Alwar has been prepared by PDCOR and sent to Government of India for approval. Super specialty blocks at Bikaner, Udaipur and Kota Medical College are under process of establishment under PMSSY scheme. State Cancer Centre at RUHS, two tertiary cancer care centre one in Bikaner and other at Jhalawar are under process of establishment in NPCDCS (National Program for Prevention and Control of Cancer, Diabetes, CVD and Stroke).

13.68 An outlay of ₹ 176962.00 lakh was kept for the Twelfth Plan for medical education sector. An expenditure of ₹ 66270.28 lakh is likely to be incurred on medical education during the Annual Plan 2014-15 against outlay of ₹ 108246.21lakh. An outlay of ₹ 134812.87 lakh is proposed for the Annual Plan 2015-16 for medical education sector. Institution wise details of outlays kept for the Twelfth Plan, likely expenditure during 2014-15 and outlays proposed for the Annual Plan 2015-16 are as follows.

**Table No. 13.5**  
**Proposed outlays**

(₹ in lakh)

| S. N. | Name of the Institution                                      | Outlay Twelfth Plan | Outlay 2014-15   | Likely Exp. 2014-15 | Proposed Outlay 2015-16 |
|-------|--|---------------------|------------------|---------------------|-------------------------|
| 1.    | Medical College, Ajmer                                       | 25657.00            | 4961.98          | 4296.15             | 6982.65                 |
| 2.    | Medical College, Bikaner                                     | 25135.00            | 8082.17          | 8075.17             | 9994.04                 |
| 3.    | Medical College, Udaipur                                     | 26500.00            | 8973.07          | 5876.52             | 7059.29                 |
| 4.    | Medical College, Jodhpur                                     | 29500.00            | 13293.35         | 12004.61            | 15178.67                |
| 5.    | Medical College, Jaipur                                      | 32500.00            | 12427.79         | 14843.05            | 14870.88                |
| 6.    | Medical College, Kota  | 28500.00            | 9175.81          | 5432.42             | 6875.55                 |
| 7.    | Medical College, Sriganganagar                               | 0.00                | 30.00            | 11.09               | 20.00                   |
| 8.    | Rajasthan Health Science University including Dental College | 8170.00             | 23689.45         | 13689.45            | 26598.19                |
| 9.    | Medical Education Directorate                                | 1000.00             | 27470.59         | 1899.82             | 40177.20                |
| 10.   | Medical College, Jhalawar                                    | -                   | -                | -                   | 6895.40                 |
| 11.   | Metro MAS Hospital (PPP)                                     |                     | 142.00           | 142.00              | 161.00                  |
|       | <b>Total</b>   | <b>176962.00</b>    | <b>108246.21</b> | <b>66270.28</b>     | <b>134812.87</b>        |

13.69 The following important achievements have been made in medical education sector during the year 2014-15.

- More than 1200 bed capacity has been added including 224 in Intensive Care Beds.
- Under Graduate intake capacity has been increased by 550 seats.
- Stem Cell Laboratory and Model Rural Health Research Centre has been established in Medical College, Jaipur for prompting research activities.
- Expansion of OPD block of SMS Hospital.
- Maternal & Child Health Institute at MDM Hospital, Jodhpur is being developed.
- Geriatric ward has been established in all Medical Colleges.
- Arogya online was started in SMS Hospital, Jaipur for ensuring access of people to investigation reports. Which is now being replicated for all medical colleges.
- Multi Disciplinary Research unit at Jodhpur and Bikaner are established.

13.70 The following important activities will be taken up in medical education sector during the year 2015-16.

- Nursing Colleges are proposed to be established on PPP mode by selecting private partners on preferential basis in selected districts as per the requirement of the Department.
- Bio medical academies are proposed to be established in all hospitals associated to Medical Colleges on PPP mode. Skill development program for dialysis will be run for nurses and young generation. Dialysis facilities will also be made available to patients on affordable price.
- Underground parking facility is proposed to be developed at super speciality wing at Medical College, Udaipur viewing the future needs.
- With a view to have improvement in cottage wards and take care of shortage of rooms in associated hospitals of Medical Colleges and also looking to the availability of land in these hospitals modern facilities will be made available on PPP basis to ensure high level quality facilities with multi storied cottage wards.
- With a view to expand facility of organ transplant it is proposed to Establish a Centre of Organ Transplant in associated hospitals of SMS Medical College.
- To promote research in medical colleges Multi Disciplinary Research Labs are proposed to be established in all Medical Colleges.

Laboratory of SMS Medical College will be up-graded according to the standards of National Accreditation Board for Testing and Calibration Laboratories.

- A master plan will be prepared for future expansion of associated hospitals of Medical Colleges.

### **Gender Budgeting**

13.71 Medical Education Department is engaged in providing graduate and postgraduate / specialized training to medical and dental doctors and nursing staff. Pharmacists and other paramedical staff hospitals attached to Medical Colleges are engaged in providing specialized, tertiary level care to patients. There is a 25 per cent reservation of women in UG and PG seat in Medical Colleges. Training and tertiary level care are provided to all irrespective of gender, and there are no special schemes to address the issues of gender. However, it is important to note that some Medical Colleges have separate hospitals for women like Mahila Chikitsalaya and Zanana Hospital in Jaipur, Mahila Chikitsalaya in Ajmer, Panna Dhay Govt. mahila Chikitsalaya in Udaipur and PBM Zanana Chikitsalaya in Bikaner that provide medical care services exclusively to women.

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

13.72 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 System offer a range of safe, sure, cost effective, preventive and curative therapies. The State Government has recognized the merits of each of the System of Medicine and homeopathy and made attempts to develop them as a viable system of medicines for health care needs of our people. It was felt that the goal of “Health for All” cannot be achieved through the modern allopathic system alone and there is a need to involve the Indian System of Medicine & Health practitioners in the mainstream for achieving this goal.

13.73 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. The National Institute of Ayurved is also located at Jaipur.

13.74 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. Department is working in the direction of creating a policy and social environment that enable poor



communities to adopt ayurvedic 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.

13.75 An outlay of 12500.00 lakh was kept for Ayurved Department for the Twelfth Plan. An expenditure of ₹ 4339.04 lakh is likely to be incurred during the Annual Plan 2014-15 against an outlay of ₹ 4360.77 lakh. An outlay of ₹ 4116.08 lakh is proposed for the Annual Plan 2015-16 for the activities of the department. 10 Yoga & Naturopathy centre buildings are proposed to be constructed during the Annual Plan 2015-16.

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

13.76 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.

#### **National Mission on Ayush including Mission of Medicinal Plant (CSS).**

13.77 An outlay of ₹ 3.87 lakh is proposed for the Annual Plan 2015-16 for "Construction & Development of Herbarium in Charak Upvan."

13.78 An outlay of ₹ 362.50 lakh was kept for Ayurved College, Udaipur for the Twelfth Plan. An expenditure of ₹ 273.72 lakh is likely to be incurred in the year 2014-15 against an outlay of ₹ 273.72 lakh. An outlay of ₹ 240.37 lakh is proposed for the Annual Plan 2015-16, which includes central assistance of ₹ 3.92 lakh.

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

13.79 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.

13.80 A Unani Medical College and Unani "A" class hospital are being established at Tonk. B.A.M.S. seats of University College of Ayurved, Jodhpur would be increased from 60 to 100 during the year 2015-16.

13.81 An outlay of ₹ 6118.80 lakh was kept for Ayurved University, Jodhpur for the Twelfth Plan. An expenditure of ₹ 2583.05 lakh is likely to be incurred in 2014-15 against an outlay of ₹ 2583.05 lakh. An outlay of ₹ 1870.54 lakh is proposed for the Annual Plan 2015-16, which includes central assistance of ₹ 236.02 lakh.

## **HOMEOPATHIC SYSTEM OF MEDICINE**

13.82 Looking to the importance and popularity of the Homeopathic System of Medicine a separate department for Homoeopathic system of medicine was established in the year 2010. At present there are 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.

13.83 An outlay of ₹ 4719.00 lakh was kept for Homeopathy Department for the Twelfth Plan. An expenditure of ₹ 368.32 lakh is likely to be incurred in 2014-15 against an outlay of ₹ 418.58 lakh. An outlay of ₹ 696.64 lakh is proposed for the Annual Plan 2015-16 .

## **UNANI SYSTEM OF MEDICINE**

13.84 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 131 Unani health institutions including 11 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.

13.85 An outlay of ₹ 2211.80 lakh was kept for Unani Department for the Twelfth Plan. An expenditure of ₹ 231.18 lakh is likely to be incurred in 2014-15 against an outlay of ₹ 328.77 lakh. An outlay of ₹ 472.04 lakh is proposed for the Annual Plan 2015-16.