

CHAPTER – 21

MEDICAL & HEALTH

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

21.2 Over the past six decades, health sector recorded impressive achievements. Smallpox and Guinea Worm have been eradicated from the country; Polio is on the verge of being eradicated; Leprosy, Kala Azar and Filariasis can be expected to be eliminated in the foreseeable future. There has been a substantial drop in the Total Fertility Rate and Infant Mortality Rate. The successes of the initiatives taken in the public health field are reflected in the progressive improvement of many demographic/epidemiological infrastructural indicators over time. This improvement in health indicators is the outcome of specific health initiatives as well as other complementary initiatives in the developmental sector.

21.3 Health is critical to human resource development and State Government is committed to ensure that Rajasthan's health indicators catch-up with the all India averages.

Table No. 21.1

S. N.	Indicators	India	Rajasthan
1.	Crude Birth Rate (SRS 2010)	22.1	26.7
2.	Crude Death Rate (SRS 2010)	7.2	6.7
3.	Infant Mortality Rate (SRS 2010)	47	55
4.	Maternal Mortality Ratio (SRS 2007-09)	212	318
5.	Total Fertility Rate (SRS 2009)	2.6	3.3
6.	Couple Protection Rate (Any method)	54.0 (DLHS-III)	57.0 (DLHS-III)

21.4 Status of health care infrastructure and availability of facilities in the State as on 31.03.2011 could be summarized as follows:

Table No. 21.2**Health Infrastructure in Rajasthan as on 31.03.2011**

S. No.	Particulars	Numbers
1.	Hospitals (including Medical College Hospitals)	132
2.	Community Health Centres (Rural)	376
3.	Primary Health Centres (Rural)	1517
4.	Primary Health Centres (Urban)	37
5.	Health Sub Centres	11487
6.	Dispensaries	198
7.	Mother & Child Welfare Centres	118
8.	Aid-Post (Urban)	13
Total Health Institutions		13878
9.	Number of beds (including attached hospitals under Medical Colleges)	46820
10.	Served Area Per Institution (in km)	25
11.	Served Population per Institution	4072
12.	Served Population per bed	1207

21.5 The Eleventh Five Year Plan approach emphasized 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 IPD and OPD health care for BPL families through a number of innovative schemes. The Mukhya Mantri BPL Jeevan Raksha Kosh Yojana is being implemented in all the districts of the State. Although a number of initiatives have been taken to bring the health status of the people of State in the mainstream of National averages but much still remains to be done.

21.6 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.

21.7 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.

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

21.9 An outlay of ₹ 1477.62 crore was kept for Medical & Health Sector kept in the XI Plan, against which an expenditure of ₹2627.92 crore is likely to be incurred. Sector wise details of outlays kept for the XI Plan and likely expenditures are as follows:

Table No. 21.3**(₹ In crore)**

S. N.	Sector	Outlay XI Plan	Actual Exp. 2007-11	Likely Exp. 2011-12	Likely Exp. XI Plan
1.	Minimum Needs Program	465.59	205.76	107.67	313.43
2.	Other than Minimum Needs Program	257.68	294.85	368.76	663.61
3.	Public Health Infrastructure Under-TFC	-	0.00	37.50	37.50
4.	Rajasthan Health System Dev. Project	327.00	296.17	50.02	346.19
5.	Population Control & Family Welfare	62.50	14.35	8.15	22.50
6.	Family Welfare-Population Mission	-	19.49	3.76	23.25
7.	Family Welfare-NRHM (BPL Family)	-	31.50	58.37	89.87
8.	Family Welfare-NRHM	-	315.00	227.06	542.06
9.	Family Welfare-Ambulance	-	35.00	28.94	63.94
10.	Mobile Surgical Unit	2.75	13.33	7.09	20.42
11.	Medical Education	274.50	160.49	218.07	378.56
12.	Employees State Insurance	3.50	0.06	0.00	0.06
13.	Ayurved Department	65.50	61.55	35.06	96.61
14.	Homeopathy Department	-	0.00	5.08	5.08
15.	Unani Department	-	0.00	1.85	1.85
16.	Ayurved College, Udaipur	0.60	0.60	0.36	0.96
17.	Ayurved University, Jodhpur	18.00	13.20	8.83	22.03
	Total	1477.62	1461.35	1166.57	2627.92

21.10 Outlays of ₹ 7466.99 crore and ₹ 956.61 crore are proposed for the XII Plan and the Annual Plan 2012-13 respectively for the medical & health sector. Scheme wise details are given in the following table:

Table No. 21.4**(₹ In crore)**

S. No.	Sector	Proposed Allocation for XII Plan	Proposed Allocation for 2012-13
1.	Minimum Needs Program	737.00	75.98
2.	Free Drug Distribution Scheme	2000.00	300.00
3.	Opening & Strengthening of Drug Distribution Centres	375.00	42.80
4.	Other than Minimum Needs Program	843.00	90.91

S. No.	Sector	Proposed Allocation for XII Plan	Proposed Allocation for 2012-13
5.	Public Health Infrastructure under TFC	112.50	37.50
6.	Population Control & Family Welfare	42.50	6.95
4.	Family Welfare – Population Mission	28.25	5.25
5.	Family Welfare-NRHM (BPL Family)	195.00	18.50
6.	Family Welfare-NRHM	850.00	120.00
7.	Family Welfare-Ambulance	190.00	30.00
8.	Mobile Surgical Unit	65.00	10.48
9.	Medical Education	1769.62	187.38
10.	Ayurved Department	125.00	14.39
11.	Homeopathy Department	47.19	4.45
12.	Unani Department	22.12	1.56
13.	Ayurved College, Udaipur	3.63	0.45
14.	Ayurved University, Jodhpur	61.19	10.00
	Total	7466.99	956.61

Minimum Needs Program

21.11 Rural health care services are covered under Minimum Needs Program. Likely expenditure under the program during the XI Plan is ₹ 313.43 crore against the outlay of ₹ 465.59 crore. Construction activities of health centres, building and staff quarters and developing health care facilities, opening of new Community Health Centres and Primary Health Centres are taken under the program. Outlays of ₹ 737 crore and ₹ 75.98 crore are proposed for the program for the XII Plan and the Annual Plan 2012-12 respectively.

Mukhya Mantri Nishulk Dava Yojana

21.12 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 of the common citizen and started the scheme of free drug distribution to all citizens from 2nd October, 2011. The scheme is providing qualitative medicines & surgical free of cost. Rajasthan Medical Services Corporation has been constituted for purchase of medicines, which is supplying medicines to all government health institutions through District Drug Warehouses established in all the districts of the State.

21.13 Commonly used essential medicines & surgical (approximately 300) are being provided free of cost to the patients visiting any type of Government health institution. Quality of drugs is ensured by testing drugs through empanelled drug testing laboratories. There is an overwhelming response among the people regarding the scheme. An expenditure of ₹ 200 crore is likely to be incurred during the year 2011-12. Outlays of ₹ 2000 crore and ₹ 300 crore are proposed for the XII Plan and the Annual Plan 2012-13 respectively

Opening & Strengthening of Drug Distribution Centres

21.14 Approximately 15000 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 ₹ 40.83 crore is likely to be incurred during the year 2011-12 and an outlay of ₹ 42.80 crore is proposed the Annual Plan 2012-13. Outlays of ₹ 375 crore and ₹ 42.80 crore are proposed for the XII Plan and the Annual Plan 2012-13 respectively

Other than Minimum Needs Program

21.15 Urban health care facilities are covered under Other than Minimum Needs Program. Likely expenditure under the program during the XI Plan period is ₹ 663.61 crore against the outlay of ₹ 257.68 crore. Construction activities of district hospital/office building, renovation of urban health institutions, equipment & residential complex, strengthening and upgradation of urban health institutions and Drug Testing Labs are taken up under the program. Outlays of ₹ 843.crore and ₹ 90.91 crore are proposed for the program for the XII Plan and the Annual Plan 2012-13 respectively

Grant of Thirteenth Finance Commission

21.16 Development of Public Health Infrastructure facilities are covered under the Grant of Thirteenth Finance Commission. An expenditure of ₹ 37.50 crore is likely to be incurred during the XI Plan on purchasing of equipments and construction of buildings. Outlays of ₹ 112.50 crore and ₹ 37.50 crore are proposed for the XII Plan and the Annual Plan 2012-13 respectively

Rajasthan Health System Development Project

21.17 In order to improve the effectiveness and quality of health care delivery system through strengthening secondary level medical institutions, Rajasthan Health Systems Development Project was implemented in all the 33 districts of the State with the financial assistance from the World Bank. The total cost of the project was ₹ 472.58 crore, of which World Bank loan is ₹396.85 crore. The execution period of the project was July, 2004 to September, 2009 but it was extended up to March, 2012.

21.18 Under the project, 28 district hospitals, 23 sub divisional hospitals, 113 CHCs located at sub-division head quarters, 72 other CHCs and 2 block PHCs have been identified for renovation/extension and providing additional facilities. To fill this gap at secondary level health institutions, provision were made for strengthening of the district hospitals with the establishment of additional ICU, Burn, Trauma and Rehabilitation Units. The total expenditure incurred on the project up to December, 2011 is ₹ 428.47 crore.

Population Control & Family Welfare

21.19 The main objective of the family welfare program is population stabilization and reduction in maternal and child deaths. Rajasthan recorded the high decadal population growth of 21.44 percent 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.

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

21.21 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 Union Government, the State has increased the monetary incentive for all sterilizations. Rs.1100 is given for male sterilization & Rs. 600 for female sterilization. During 2011-12, 187406 sterilization cases have been performed up to December, 2011.

21.22 212 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.

21.23 In case of spacing methods, conscious efforts are being made to improve quality of IUD insertion by enhancing skills of service providers and popularizing CuT-380 A, as a long acting reversible contraceptive device. The alternative methodology in the training related to IUD insertion is also provided to all the ANMs in the Sub centers to improve the IUD coverage.

- Jan Mangal Program is an innovative program which was initiated in 1992 in the State to promote spacing methods at the community level. For every village in the Rajasthan, one JMC couple is selected.
- The State has constituted a unique award scheme for outstanding performance for the districts, PRIs and health institutions in the area of family welfare. On the World Population Day, the awards are presented to the best performing districts, PRIs and institutions.
- Rajiv Gandhi Population and Health Mission has been reconstituted to provide qualitative health services to every citizen.

- To check declining sex ratio, UTI Bonds of Rs.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. The State has started Jyoti Yojana for empowering women. Assistance will be provided to those women who have adopted sterilization after birth of one or two girl child without having male child.

National Rural Health Mission

21.24 Rajasthan is one of the 18 high focused States selected under the National Rural Health Mission (NRHM) for focused attention. The Mission was launched in Rajasthan on 30th May, 2005 with the aim to carry out necessary architectural correction in basic health care delivery system particularly in the rural areas.

21.25 The NRHM activities were fully funded by Government of India during Tenth Plan period but the funding pattern has been changed from 2007-08; now State provides 15 percent share for the NRHM activities. The State Government is trying to dovetail its health care activities of various schemes/ programs with NRHM activities. An expenditure of 4755.41 crore has been incurred up to December, 2011 against the allocation of 5631.72 crore, which is 84.44 percent.

21.26 The component-wise expenditure under the NRHM program in Rajasthan is indicated as follows:

Table No. 21.6: Component-wise Expenditure

(Rs in crore)

Component	05-06	06-07	07-08	08-09	09-10	10-11	11-12 till Dec.
RCH II	11.27	55.74	187.94	289.45	279.94	279.95	255.25
NRHM Additionalities	2.20	42.35	132.02	324.78	370.64	497.97	201.99
Routine Immunization	0.98	3.83	6.40	12.66	9.92	10.66	15.31

21.27 The Mission adopts a synergetic approach by relating health to other determinates of good health viz. nutrition, sanitation, hygiene, safe drinking water. It also aims at mainstreaming the Indian System of Medicine to facilitate comprehensive health care. The NRHM has following five major components:

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

Steps taken to reduce the Infant Mortality Rate

21.28 Facility Based Newborn Care Units (Priyadarshini) are being initiated with the objective of strengthening Level II Newborn Care (treatment to sick new born) at the level of District Hospitals and Medical Colleges. At present 36 units have been made functional in the State.

21.29 Newborn Stabilizing Units are being established at 120 CHCs which are offering Level-3 MCH services (FRUs). 87 Units are functional till date. In this year, there is plan to start 40 more new NBSUs in the state.

21.30 Malnutrition Treatment Corners (MTCs) are being established in 40 health institutions (in 29 DH, 6 medical colleges, 1 SH and in 2 CHCs) with the aim of improving management of severely malnourished children.

21.31 Newborn Corners: The most common causes of neonatal death are Birth Asphyxia, hypothermia and these can be prevented by providing care immediately after birth. Currently 820 NBCs are established (412 in the year 2010-11; 408 in the year 2011-12) and we intend to establish newborn services at all level 3 and level 2 centers.

21.32 Under the **Navjaat Shishu Suraksha Karyakram**, the staff is for imparting basic care and taking resuscitation measures, considering the training of all labour room staff at District Hospitals, FRUs and 750 PHCs which are 24x7, 50% of the staff has been trained.

21.33 IMNCI (Integrated Management of Neonatal and Childhood Illnesses) is a strategy aiming to improve neo-natal and child survival through regular and timed home visits by the frontline workers mainly ASHAs and ANMs, timely identification and management of childhood illnesses, counselling of care givers and system strengthening. During these visits, post natal check-up is also made to control the maternal mortality.

21.34 Yashoda Intervention: Currently 556 YASHODAs, a paid performance linked voluntary support worker acts as a catalyst and supports the nursing staff, have been engaged in 28 district hospitals and 42 CHCs. The programme is running with the support of NIPI in Rajasthan.

21.35 Routine Immunization- To enhance Immunization Coverage, MCHN Days are being held regularly as an essential component of Routine Immunization. Joint Monitoring & supportive supervision of MCHN sessions are being carried out by the Health and ICDS Supervisory Staff. To track left outs & drop outs, tracking bags, due list and Pregnancy and Child Tracking System (PCTS) is being used. Capacity Building of Medical Officers, Health workers and cold chain handlers is being done. Recently, Hepatitis –B vaccine is also included in the RI

schedule. 63.32% (994531) children have been fully immunized in the State in this financial year till December, 2011.

Steps taken to reduce the Maternal Mortality Ratio

21.36 Janani Shishu Suraksha Karyakram (JSSK)- The Janani Shishu Suraksha Karyakram entitles all pregnant women free deliveries including caesarian section with zero out of pocket expenses, accessing public health institutions. The aim is to have all deliveries in the health facility so as to identify, treat or refer the complicated deliveries in time thereby minimizing maternal morbidity and mortality.

21.37 As the neonatal mortality contributes approximately 75% of IMR therefore, this group of children is being provided free of cost facility for investigations, treatment, medicines and any referral facility from home to facility and back home facility. The scheme has been launched on 12th Sep, 2011 in all districts of Rajasthan. Around 2, 40,028 deliveries have been registered and 73,202 sick newborns have been benefited under this scheme till December 2011.

21.38 Institutional Deliveries and Janani Suraksha Yojna (JSY) – Janani Suraksha Yojana has been launched in all districts of the State to provide cash incentives to the mothers by providing cash assistance after delivery. For home deliveries the benefit is given only to the BPL cardholders. Under this scheme, ASHA also gets monetary benefit for ensuring ANC, immunization and PNC & institutional delivery at hospital.

21.39 Rajasthan has witnessed an increase in institutional deliveries from 28 percent in 2005-06 to 55 percent in 2007-08 and 70.4 (as per the Coverage Evaluation Survey conducted by UNICEF) percent in 2009-10. This year up to December, 2011 9,63,753 Institutional deliveries conducted and 7,72,972 mothers have been benefited under the JSY scheme and expenditure of Rs. 179.63 crores have been incurred.

21.40 Strengthening of First Referral Units (FRUs)- 103 First Referral Units (FRUs) are functional where 43 specialists are working on a package of Rs. 60,000 per month. An honorarium package has also been designed for the specialists coming from the private sector (Gynecologists, anesthetists, surgeons, pediatricians etc.). One Medical Officer and one Lab Technician have received the Blood Storage Units (BSU) trainings at all operational FRUs. All FRUs are linked with mother blood banks.

21.41 State has identified 1665 delivery points to provide 24x7 maternal and child health services. It includes 793 sub centers, 460 (24x7) PHCs, 15 (non-24x7) PHCs, 220 FRU CHCs, 123 non-FRU CHCs, 16 other FRUs, 31 district hospitals, 7 medical college hospitals.

21.42 Model Sub-centers- The facility for electricity and water connection, equipment and drugs are made available in the labor rooms to conduct safe delivery and services for newborn care, where a woman in

rural area has opportunity to avail ANC, safe delivery, PNC and New born care in her own area and JSY benefit also. 1911 model sub-centers have been completed till December, 2011. 8346 ANM/Staff Nurse/LHV have been trained in skilled birth attendant training till December, 2011.

21.43 Five litre Deshi Ghee to BPL women is being provided at public health institution on their first delivery. This year till December 2011, 26246 ghee coupons of 5 litres of 'Saras Deshi ghee' have been issued.

21.44 The physical progress is as follows:

Table No. 21.7: Physical Progress

Activity	05-06	06-07	07-08	08-09	09-10	10-11	11-12 (up to Dec.11)
Institutional Delivery Nos.	536661	722746	1018842	1136597	790370	1207065	963753
JSY (No. of benef.)	4928	387648	774877	916674	670896	986508	772972
Sterilization No.	317307	288089	335029	356923	151258	338574	187406
Complete Immunization Nos.	1611788	1572896	1615685	1596156	954699	1368591	994531
Selection of ASHA No.	-	-	29000	42496	43288	47209	50780
Constitution of VHSCs	-	-	9188	40479	40479	43437	43440

Other activities under NRHM

21.45 108 Ambulance Service Scheme: The scheme has been launched for providing free Ambulance services through the "108" call facility. The whole concept of this scheme is based on the 'golden hour' which is the first hour in any emergency, as life can be saved if an emergency is properly taken care of in this hour. Any person in need of emergency help can dial a toll free number 108 from any landline or mobile set. The ambulance reaches the site and rushes the victim to the nearest hospital within 30 minutes in urban areas and 40 minutes in rural areas. During the trip, the victim is provided pre-hospital care by EMT. At present 411 ambulances are running across the State covering 33 districts and 248 Tehsils. At the end of financial year 2011-12, 464 Ambulances would be running across the State.

21.46 Mukhya Mantri Jeevan Raksha Kosh Yojana: 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 Yojna, 'Sahariya' families, Antyodaya, Annapurna Yojna and 'Kathodi' tribal families. If required, free Referral and Free treatment at AIIMS, New Delhi and PGMER Institute-Chandigarh may also be provided. In addition to this Finance Department has approved 32 private hospitals for free treatment of 5 BPL patients in each private hospital per month. From 1st January 2009 (since launch) to December

2011, 105.83 lacs patients (95.93 lacs outdoor and 9.90 lacs indoor) have been benefited under this scheme.

21.47 Medical Mobile Units: There are many areas in the State, especially the tribal, the desert and inaccessible areas of the districts where basic health care infrastructure is not up to the reach of poor especially the women and children. To overcome this problem, Rajiv Gandhi Rural Mobile Medical Unit (MMU) was launched in May 2008 throughout the state. 52 MMUs were proposed to be deployed, at least one for each district and two or more for desert, tribal and border districts. 32 Units have been made fully functional with both Staff Vehicles and diagnostic vehicles. Remaining 20 MMUs have been sent to 20 blocks out of the 50 identified backward blocks. Additionally, 150 MMVs have been procured and being sent to deserts and underserved blocks. Around 220745 patients have been benefitted so far through 2273 camps organized by these MMUs this year till December, 2011.

21.48 Village Health and Sanitation Committee (VHSC): 43440 Village Health and Sanitation Committees have been constituted & made functional up to December, 2011. 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 the state to make VHSC vibrant. 37155 members have been trained up to till December 2011.

21.49 RCH Camps are being organized at remote PHCs of the district on bi-monthly basis. The budget for one camp is Rs.12,000 for publicity, camp arrangements and mobility support to staff and medicines to the patients. 168 RCH Camp have been held till December 2011.

21.50 AYUSH: NRHM envisages convergence with AYUSH to provide different health systems under one roof. Involvement of AYUSH doctors is proposed for supporting RCH Camps, National programs and training of field level functionaries. At present 1013 AYUSH doctors and 401 AYUSH Nurse/ Compounder are posted in various health institutions. They have been also trained for SBA training for conducting normal deliveries at PHCs where there is no allopathic doctor.

21.51 To provide easy, accessible, affordable and friendly services for adolescents, the Adolescent Family Health Services (AFHS) are incorporated with the existing Public Health System in twelve districts (Dausa, Jaipur I, Jaipur II, Sikar, Tonk, Bharatpur Karouli, Udaipur, Chittorgarh, Rajsamand, Ajmer, Alwar). The services to be provided in the Public Health Institutions are general examination, nutrition advice, detection and treatment of anemia and RTI/STIs, antenatal care, HIV detection and counseling, treatment of psychosomatic problems etc.

21.52 Rajasthan has shown a declining trend in IMR and MMR in the last decade particularly since implementation of NRHM , however pace of decline is not at the expected level or to achieve the planned target of XI five year plan or Millennium Development Goals. The 12th Five Year Plan of the Department of Medical & Health, State of Rajasthan is based on the strengths and weaknesses of the 11th Five year Plan. Following strategies have been planned under the 12th Five Year Plan-

- To provide the essential health services to targeted beneficiary, improving health indicators like IMR, MMR and TFR and providing health to all.
- Decentralized planning will be done where district, block and village health plan will be made based on the area specific needs.
- The differential planning for 20 high focus districts have been done and 50 blocks have been identified having worst health indicators. These blocks would be prioritized in providing additional manpower, infrastructure, equipments, specialized trainings and assured referral transport for every single woman to provide EmOC services thereby reducing IMR and MMR.
- The State has benefited from the Common Review Mission Recommendations and NRHM review workshop. The recommendations of Common Review Mission and planning framework provided by Ministry have been incorporated in the Plan.

21.53 In terms of geographic area, Rajasthan is the largest State in the country with 10.4% of the country's total area. Demographically too, the State is significantly large with 5.5% of India's population. The programme of service delivery is compounded by vast desert and hilly areas. 60 percent of the state comprises of hot desert where the temperature generally is over 40 degrees for almost 8 months in a year. The entire southern part of the State is hilly having tribal pockets.

Innovations proposed for the year 2012-13

21.54 To improve in the indicator of maternal & child health, family welfare activities in the year 2012-13 State has planned following innovative activities-

- Quality assurance in RCH Services
- Strengthening of Supportive Supervision of Frontline Functionaries in the State
- Implementation of HBNC Scheme in entire State
- Tracking & follow up of high risk pregnancies with a thrust on anemia control

- Strengthening of ANM schools on Midwifery for effective health care service delivery
- Follow up of discharge cases of FBNC & MTCs to prevent recurrence and complications
- Technology Solutions for providing quality home based and outreach services and collecting data by providing AKASH PC to selective ANM & ASHAs: Innovative Approach
- Waiting room for pregnant women who needs a 2-3 days stay awaiting delivery

21.55 Major Thrust Areas for 2012-13 are as follows:

- Pregnancy & Child Tracking System Plus (PCTS+)
- Rajasthan Janani Shishu Suraksha Yojana
- Assured Referral Transport
- Tracking of High Risk Pregnancy and Anaemia Control
- Reducing Maternal Mortality & Increasing Access to safe abortion services
- Addressing Declining Sex Ratio
- Maternal Death Review
- Routine Immunization
- Infant and young feeding practices
- Home based postnatal care (HBPNC)
- FBNC/MTC discharge Follow ups
- Catchment of Malnourished Child
- Infant Death Review
- Post partum IUCD Insertion
- Monitoring Mechanism Strengthening
- Universal Access to Essential Generic Medicines & supplies to all Public Health Facilities
- Infrastructure Development
- Awareness Building (IEC Activities)

21.56 Public Health Institutions at District Hospital and CHC level in the State are among the most stressed Public Health Institutions in the country with high OPD and IPD cases. To achieve NRHM's goal of 100 percent institutional deliveries by 2011-12, the State needs to have a bed capacity for conducting 20 lac institutional deliveries. At current trends of growth it is envisaged that the State would need District Hospitals of 500 bed capacity and CHCs of 100 bed capacity by 2011-12. To cope with additional workloads, 30 bedded additional maternity wards have

been sanctioned in all District Hospitals and CHCs having more than 200 deliveries per month. A construction program of Rs. 143 crore has been taken for renovation of PHCs/CHCs and District Hospitals.

21.57 An independent Directorate of Hospital Administration was proposed to be established with an allocation of 5 crore as an institution of Medicare Relief Society (MRS) Management, ambulance management, data collection, monitoring and analysis and as the apex supervisory institution. Hospital Administrator would be provided under NRHM to every 150 bedded District Hospitals.

21.58 26 Health Managers have been provided in district hospital for management of health care activities.

National Program for Control of Blindness

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

Integrated Disease Surveillance Project

21.60 Integrated Disease Surveillance Project (IDSP) is a decentralized and state based surveillance program, being implemented in all the districts of the State since April, 2005. It aims to detect early warning signals of impending outbreak and helps to initiate an effective response in a timely manner. It is also expected to provide essential data to monitor progress of on-going disease control programs and help to allocate health resources more efficiently. Apart from routine monitoring of diseases, 257 outbreaks of various diseases have been detected since the inception of the program. Intensive reporting and analysis of the occurrence of Influenza A H1N1 is being ensured continuously since May, 2009. Various trainings have been conducted for the strengthening and capacity building of the manpower through out the State.

National Vector Borne Disease Control Program

21.61 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 rampant 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 percent of Malaria diseases burden. The far-flung areas

with low population density are the major cause responsible for hindrance in implementation of Vector Borne Disease Control Program in the Western Rajasthan.

Revised National Tuberculosis Control Program

21.62 The Program will strive to achieve at least 85 percent cure rate in new sputum positive cases and to achieve at least 70 percent case detection after achieving first objective. Uninterrupted supply of good quality of Anti TB Drugs, effective and patient friendly treatment with short course Chemotherapy under direct observation and accountability through proper recording and reporting and effective supervision will be emphasized. DOTS-Plus Scheme for the management of multi-drug resistant TB (MDR-TB) is being implemented in 21 districts of the State (Jaipur, Amjer, Bhilwara, Tonk, Dausa, Alwar, Siker, Jhunjhunu, Nagaur, Jodhpur, Pali, Barmer, Jaisalmer, Jalore, Sirohi, Udaipur, Dungarpur, Banswara, Rajsamand, Chittorgarh, Partapgarh).

Iodine Deficiency Disorder Control Program Action Plan

21.63 Iodine deficiency is a public health problem in India. The overall proportion of households consuming iodized salt in India was estimated at 49 percent in 1999. This figure has slipped down to 37 percent in 2003. The situation in Rajasthan, where reported proportion of households consuming adequately iodized salt was 40 percent in 1999, is lesser than the national average. The decline observed in the national average is also observed in Rajasthan. Now, it has been raised to 57 percent (according to coverage evaluation survey).

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

National Leprosy Eradication Program

21.65 Rajasthan has reached a level of elimination of leprosy i.e. prevalence rate below 1/10000. The current prevalence rate is 0.15/10000 population. The main objects 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.

Inter-Sectoral Convergence

21.66 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. All the convergence activities with these departments will be continued during 2011-12.

21.67 Under the AYUSH program, efforts have been undertaken to mainstream the Ayurveda into the public health system. Towards this, medical officers of Ayurveda are being recruited in 750 PHCs. At the program management level, an Assistant Director–AYUSH has also been appointed to spearhead the activities at the State level. In the year 2010-11, various interventions related to AYUSH had been planned which includes the provision of Ayurveda drugs at the health institutions.

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

Mukhya Mantri Balika Sambal Yojana

21.69 Balika Sambal Yojana aims for promoting girl child and provides economic support to her after she attains 18 years of age. Under the scheme, if any couple undergoes sterilization operations after one or two female child (no male child), the State Government deposits ₹ 10,000 in the name of each female child to the UTI. UTI in turn releases the bond of the amount in the name of the female child under CCP plan of UTI mutual fund. The maturity amount of the bond will be payable after the girl child attains age of 18 years. In case of couples having two girl children, the age of elder girl child should not be more than 5 years.

21.70 An expenditure of ₹ 150.00 lac is likely to be incurred during the XI Plan period and ₹ 40.00 lac for the Annual Plan 2012-13 and ₹ 200.00 lac is proposed for XII plan.

Mobile Surgical Unit

21.71 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 type of surgical & eye camps for weaker sections of the society. The camps are organized at the door of needy people. At present, this unit is a 500 bedded mobile hospital and has the capacity to extend up to 1000 operations in a camp. 100 bedded units each at Jodhpur, Udaipur, Ajmer, Bharatpur, Kota, Bikaner & Jaipur are working under the Mobile Surgical Unit. During the XI Plan period, 810 surgical camps are likely to be organized against a target of

160 camps. Out of the total camps, 96 camps under TSP area and 139 camps under SCSP are likely to be organized. So far, 5,75,519 patients have been investigated and 38,864 patients have been operated. An expenditure of ₹ 20.42 crore is likely to be incurred on Mobile Surgical Unit during the XI Plan period against the outlay of ₹2.75 crore.

21.72 Outlays of ₹ 65 crore and ₹ 10.48 crore are proposed for the XII Plan and the Annual Plan 2012-13 respectively. It is proposed to organize 840 camps during the XII Plan period including 105 camps under TSP and 145 camps under SCSP. During the Annual Plan 2012-13, 168 camps will be organized.

Medical Education

21.73 Medical Education Department is the Administrative Department for all Medical/Dental Colleges and 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. There are 10 Medical Colleges in the State, 6 in the Government sector and 3 in private sector and one is being run through a society. Similarly, there are 14 Dental Colleges in the State, one in Government sector and other 13 in private sector. The Government Medical Colleges have an annual intake capacity of 800 students of Under Graduate level and 624 of Post Graduate level and 75 super-specialty seats. The Government Dental Colleges has an annual intake capacity of 40 of Under Graduate level and 12 of Post Graduate level. In order to improve the quality of medical education being provided in the State and to provide more facilities for research in medical sector, Rajasthan University of Health Sciences has been established in the State in April, 2006. All the Medical Colleges have been affiliated to it. For looking after the activities of the medical education, a separate Directorate of Medical Education has been established in the year 2011-12.

21.74 An expenditure of ₹378.56 crore is likely to be incurred on medical education during the XI Plan against the outlay of ₹274.50 crore. Institution wise details of outlays kept for the XI Plan and likely expenditures are as follows.

Table No. 21.8

(₹ In crore)

S. No.	Sector	Outlay XI Plan	Actual Exp. 2007-11	Likely Exp. 2011-12	Likely Exp. XI Plan
1.	Medical College, Ajmer	20.50	11.61	21.13	32.74
2.	Medical College, Bikaner	21.00	13.93	27.70	41.63
3.	Medical College, Udaipur	22.50	10.12	25.44	35.56
4.	Medical College, Jodhpur	25.50	26.54	50.19	76.73
5.	Medical College, Jaipur	95.50	65.84	56.35	122.19
6.	Medical College, Kota	55.00	19.18	28.32	47.50
7.	Dental College, Jaipur	8.50	4.75	3.59	8.34

S. No.	Sector	Outlay XI Plan	Actual Exp. 2007-11	Likely Exp. 2011-12	Likely Exp. XI Plan
8	Raj. Health Science University	26.00	8.52	5.35	13.87
	Total	274.50	160.49	218.07	378.56

21.75 The following important achievements have been made in medical education sector:

- More than 1200 bed capacity has been added including 224 in Intensive Care Unit.
- RT PCR Virology Laboratories have been established in all Medical Colleges for quick treatment of influenza 'A'H1N1.
- Under Graduate intake capacity has been increased by 150 seats.
- Stem Cell Laboratory has been established in Medical College, Jaipur for prompting research activities.
- Twelve new operation theatres have been established in Dhanwantari Block of Medical College Jaipur.
- Concession Agreement has been signed with Metro Institute of Medical Science for providing international medical facilities in Manas Arogya Sadan, Jaipur.
- Maternal & Child Institute at MDM Hospital Jodhpur is being developed.
- Five new medical units have been established in Medical College, Kota.
- Leprosy Theatre, Plastic Surgery and Burn Units have been established in Medical College, Ajmer.

21.76 With a view to take care of scarcity in health human resources in State it is proposed for the XII Five Year Plan that the intake capacity of existing Government Medical colleges may be increased to 250 each to make the total capacity to the tune of 1500 in Government Medical colleges. The number of PG seats will also be increased accordingly as per the revised MCI norms for the existing facility. Most of the Medical Colleges in government sector have old buildings and old equipments those, procured during the inception most of the additions, alteration work has been taken during the last decade still looking rapid growth in Medical Sciences and increasing population and the morbidity pattern there is need to take up strengthening in terms of infrastructure development and modernization to improve the quality of care.

21.77 State presently has 10 medical colleges while considering the Mudaliar Committee's recommendations state needs at least 14 Medical colleges (for population as per 2011 census). We need to open 4 Medical Colleges in phased manner in coming years.

21.78 Apart from this State also need strengthening in following areas:-

- Super speciality Services in all Medical Colleges including Cardiac, and Cancer facilities.
- Strengthening of Psychiatry Department.
- Emergency Medicine & Geriatric Medicine in all Medical Colleges.
- Increasing 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.

21.79 Outlays of ₹1769.62 crore and ₹ 187.38 crore are proposed for the XII Plan and the Annual Plan 2012-13 respectively for the medical education sector. Institution wise details are given in the following table.

Table No. 21.9

(₹ In crore)

S. No.	Sector	Proposed for XII Plan	Proposed for 2012-13
1.	Medical College, Ajmer	256.57	25.00
2.	Medical College, Bikaner	251.35	22.00
3.	Medical College, Udaipur	265.00	28.83
4.	Medical College, Jodhpur	295.00	35.95
5.	Medical College, Jaipur	325.00	43.47
6.	Medical College, Kota	285.00	26.27
7.	Dental College, Jaipur	23.70	2.86
8	Raj. Health Science University	58.00	2.00
9.	Medical Education Department	10.00	1.00
	Total	1769.62	187.38

Ayurved & Indian System of Medicine

21.80 Indian system of medicines such as Ayurved, Unani therapies, Yoga & Naturopathy are of great antiquity and have been widely practiced in India for centuries. Homeopathy is relatively a new system of medicine, which originated in Germany, has also been widely accepted and practiced in India. These systems offer a range of safe, sure, cost effective, preventive and curative therapies. The State Government has recognized the merits of each of the Indian System of Medicine and Homeopathy and made attempts to develop them as a viable system of medicines for health care needs of our people. It was felt that the goal of "Health for All" cannot be achieved through the modern allopathic system alone and there is a need to involve the Indian System of Medicine & Health practitioners in the mainstream for achieving this goal.

21.81 Department of Ayurved has been working in the State since 1950. At present, there are 3695 Ayurvedic hospitals & dispensaries which include 3433 in rural areas and 262 in urban areas.. A mobile surgical

unit with 200 beds at Ajmer and 13 other mobile units are also providing facilities to the people. The National Institute of Ayurved is also located at Jaipur.

21.82 An expenditure of ₹ 96.62 crore is likely to be incurred during the XI Plan against the outlay of ₹ 65.50 crore. Outlays of ₹125 crore and ₹14.39 crore are proposed for the XII Plan and the Annual Plan 2012-13 respectively for the activities of the department.

Ayurved College, Udaipur

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

21.84 An expenditure of ₹ 96 lac is likely to be incurred during the XI Plan against the outlay of ₹ 60 lac. Outlays of ₹ 45.25 lac and ₹ 362.50 lac are proposed for the XII Plan and the Annual Plan 2012-13 respectively for the college.

Rajasthan Ayurved University, Jodhpur

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

21.86 An outlay of ₹ 18 crore was kept for the XI Plan, against which an expenditure of ₹ 22.03 crore is likely to be incurred. Grant-in-aid of ₹ 61.19 crore and ₹ 10 crore are proposed for the XII Plan and the Annual Plan 2012-13 respectively for the activities of the University

Homeopathic System of Medicine

21.87 Looking to the importance and popularity of the Homeopathic System of Medicine, the State Government in 2010 has decided to establish a separate department for Homoeopathic System of Medicine. Prior to establishing the separate department, Homeopathy was attached with the Ayurved Department located at Ajmer. At present there are 189 homeopathic dispensaries including 6 upgraded hospitals in the State. These dispensaries are serving health need of all the communities of the State both in rural as well as urban areas. Each dispensary is headed by competent Homeopathic doctor.

21.88 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,

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. The department continues its support and active participation in national health programs and its dedicated services for health care of the nation. An expenditure of ₹ 5.08 crore is likely to be incurred during the year 2011-12. Outlays of ₹47.19 crore and ₹ 4.45 crore are proposed for the XII Plan and the Annual Plan 2012-13 respectively.

21.89 Following activities are proposed to be taken up during the XII Plan period.

- Opening of new dispensaries at tehsil headquarters having no dispensaries.
- Establishing Government Homeopathic College with 50 bed hospital & Research Centre.
- Establishing Referral/Speciality Clinics with 50 bed hospital.
- Two Mobile units with well equipped mobile vans and professionals.

Unani System of Medicine

21.90 Looking to the importance and popularity of the Unani System of Medicine, the State Government, in 2010, has decided to establish a separate department for Unani System of Medicine. Prior to establishing the separate department, Unani System of Medicine was attached with the Ayurved Department located at Ajmer. An expenditure of ₹ 1.85 crore is likely to be incurred during the Annual Plan 2011-12. Outlays of ₹22.12 crore and ₹1.56 crore are proposed for the XII Plan and the Annual Plan 2012-13 respectively.

21.91 It is proposed to take up following activities during the XII Plan:

- Opening of Unani dispensaries at district headquarters having no dispensary.
- Up-grading 10 dispensaries.
- Opening of Specialized Hospitals at Division Headquarters.
- Establishing Mobile Medical Units at Jaipur, Udaipur and Bikaner.
- Opening of Government Unani College at Tonk.
- Establishing Unani Rasayanshala.
- Opening of new dispensaries and 5 Maternity Health Centres.