

RAJASTHAN STATE REPORT

Rajasthan

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RAJASTHAN

Summary of approvals

Financial Management under NRHM (Rs. in crore)

Years	Allocation	Release	Expenditure	% Release against Allocation	% Expenditure against Release
2005-06	264.27	325.22	189.96	123.06	58.41
2006-07	407.91	459.91	299.56	112.75	65.14
2007-08	548.18	692.35	589.21	126.30	85.10
2008-09	535.33	812.71	851.54	151.81	104.78
2009-10	527.25			0.00	
Total	2282.94	2290.19	1930.28	100.32	84.28

S. No.	Timeline Activities	Achievement	%	
1	ASHA	Selection	42000	97
		Training	39569	
2	VHSC	40478	98	
3	24X7 PHCs	285	19	
4	Mobile Medical Unit	33	100	
5	Rogi Kalyan Samiti	1923	96	

Budget Allocations (2005-09) (Amount in Crores)			
Rajasthan			
	Allocation	Releases	Expenditure
RCH Flexipool			
2005-06	86.48	40.01	19.31
2006-07	118.70	105.22	76.18
2007-08	111.82	157.07	200.86
2008-09	145.62	297.44	279.00
2009-10	148.73		
Total (A)	611.35	599.74	575.35
NRHM Flexipool			
2005-06	No separate allocation	70.56	1.05
2006-07	99.84	138.06	22.49
2007-08	174.54	266.36	145.44
2008-09	126.85	227.23	329.24
2009-10	131.24		
Total (B)	532.47	702.21	498.22
National Disease Control Programme			
2005-06	36.43	30.10	25.34
2006-07	29.56	23.02	17.22
2007-08	42.59	28.39	14.65
2008-09	54.47	27.64	8.36
2009-10	38.79	1.99	0.00
Total (C)	201.84	111.14	65.58
Grand Total (A + B + C)	1345.66	1413.09	1139.15

Record of Proceedings (2005-2009) for Mission Flexible Pool

Approval of Infrastructure (Rs. in Crore)						
S. No	Health Facilities	2005-06	2006-07	2007-08	2008-09	2009-10
1	Sub C	9.93		0.00	0.00	0.00
2	PHC			0.00	0.00	0.03
3	CHC	25.60		0.00	0.00	0.03
4	DH			57.02	99.90	144.50
5	Equipment			12.00	0.00	0.00
6	Transport			0.00		30.90
7	Others		28.33	2.01	40.80	9.08
	Total	35.53	28.33	71.03	140.70	184.54

Approval of Human Resources(Rs. in Crore)						
S. No	Personnel	2005-06	2006-07	2007-08	2008-09	2009-10
1	Doctors		11.49	0.00	0.00	9.16
2	Specialists			4.86	1.01	0.00
3	Staff Nurses			17.68	20.90	32.14
4	ANM			44.71	44.07	25.00
5	Others			14.30	9.23	17.49
	Total	0.00	11.49	81.55	75.21	83.79

Approval of other activities (2005-2009) in Rs. Lakh							
S.No	Initiative	2005-06	2006-07	2007-08	2008-09	2009-10	Remarks
		Released	Approved	Approved	Approved	Approved	
ASHAs							
1	ASHA	793	919	1910.00	1223.00	4150.00	Includes selection & training of ASHA-Sahyogins.
	TOTAL	793	919	1910.00	1223.00	4150.00	
Untied Funds, Annual Maintenance Grants and RKS fundsrelated matters							
2	Untied funds for SC	993	955.1	2087.00	1074.2	1095.1	
3	Untied funds for PHC		428.25		379.5	375.75	
4	Untied funds for CHC				375	183.5	
5	Untied funds for Satellite Hospitals				60		

6	Untied funds for District Hospitals				225		
7	Untied funds for Medical colleges				60		
8	RKS grants to DH/SDH/ Satellite Hospitals/ CHCs/PHCs		210	3217		2135	
9	Untied Fund for VHSC		919			4656	
10	AMG to SCs in Govt. Building		856.5	702.00		866.7	
11	AMG to PHCs in Govt. Building					751.5	
12	AMG s to CHCs, in Govt. Building					367	
	TOTAL	993	3368.85	6006.00	2173.7	10430.55	
Infrastructure related matters							
13	MMU		2233.4	1.00	700.00	1040.00	
15	Emergency & Referral Services		500		2500	2000	
	TOTAL		2733.4	1.00	3200.00	3040.00	

Status of Infrastructure 2005-2010

	As per RHS 2008	New Construction	Upgradation / Renovation
Number of Sub Centre	10742	549	3000
Number of PHC	1503	236	288
Number of CHC	349	1797	292
Number of DH	33 As per State Data Sheet, NRHM	0	29

Status of NRHM as on 15.05.2009

1	ASHA	Selection	42000
		Training	39569
2	VHSC		40478
3	Joint A/C		10742
4	24X7 Facility		928
5	FRU		100
6	Contractual Manpower	Doctors & Specialist	0
		AYUSH Doctors	601
		Staff Nurse	3704
		Paramedics	0
		ANM	2429
7	JSY Beneficiaries (in Lakhs)		20.84

National Disease Control Programme

Leprosy

Although state has reached elimination of the disease, still large number of new cases is being detected every year indicating active transmission in the community. An in-depth situational analysis with steps to complete treatment etc be started.

IDSP

It is a Phase III state. Data reporting has started all districts.

Blindness

Reporting of utilisation of GoI grants need to be accelerated. Cataract performance and IOL implantation percentage needs to be improved.

NVBDCP

Rajasthan is not reported to be endemic for Lymphatic Filariasis, Kala-azar and Japanese Encephalitis. The state should gear up surveillance so that Malaria cases are detected at the early stages to avert deaths.

RNTCP

Overall performance of the State is satisfactory.

Demographic, Socio-economic and Health profile

HEALTH INDICATORS OF RAJASTHAN

The Total Fertility Rate of the State is 3.4. The Infant Mortality Rate is 65 and Maternal Mortality Ratio is 388 (SRS 2004 - 06), which are higher than the National average. The Sex Ratio in the State is 921 (as compared to 933 for the country). Comparative figures of major health and demographic indicators are as follows:

Table I: Demographic, Socio-economic and Health profile of Rajasthan State as compared to India figures

S. No.	Item	Rajasthan	India
1	Total population (Census 2001) (in million)	56.51	1028.61
2	Decadal Growth (Census 2001) (%)	28.41	21.54
3	Crude Birth Rate (SRS 2007)	27.9	23.1
4	Crude Death Rate (SRS 2007)	6.8	7.4
5	Total Fertility Rate (SRS 2007)	3.4	2.7
6	Infant Mortality Rate (SRS 2007)	65	55
7	Maternal Mortality Ratio (SRS 2004 - 2006)	388	254
8	Sex Ratio (Census 2001)	921	933
9	Population below Poverty line (%)	15.28	26.10
10	Schedule Caste population (in million)	9.69	166.64
11	Schedule Tribe population (in million)	7.10	84.33
12	Female Literacy Rate (Census 2001) (%)	43.9	53.7

Table II: Health Infrastructure of Rajasthan

Particulars	Required	In position	shortfall
Sub-centre	9554	10742	-
Primary Health Centre	1555	1503	52
Community Health Centre	388	349	39
Multipurpose worker (Female)/ANM at Sub Centres & PHCs	12245	12271	-
Health Worker (Male) MPW (M) at Sub Centres	10742	2528	8214
Health Assistant (Female)/LHV at PHCs	1503	1358	145
Health Assistant (Male) at PHCs	1503	714	789
Doctor at PHCs	1503	1542	-
Obstetricians & Gynecologists at CHCs	349	110	239
Physicians at CHCs	349	241	108
Pediatricians at CHCs	349	71	278
Total specialists at CHCs	1396	651	745
Radiographers	349	269	80
Pharmacist	1852	2355	-
Laboratory Technicians	1852	2065	-
Nurse/Midwife	3946	8425	-

(Source: RHS Bulletin, March 2008, M/O Health & F.W., GOI)

The other Health Institution in the State are detailed as under:

Health Institution	Number
Medical College	8
District Hospitals	33
Referral Hospitals	
City Family Welfare Centre	
Rural Dispensaries	
Ayurvedic Hospitals	100
Ayurvedic Dispensaries	3539
Unani Hospitals	3
Unani Dispensaries	102
Homeopathic Hospitals	9
Homeopathic Dispensary	178

Note on Progress of NRHM in Rajasthan (June 2009)

The National Rural Health Mission in Rajasthan was launched in May 2005 with the objective of increasing availability and access to quality health services to all sections of the society, especially the vulnerable sections. A number of activities have been implemented efficiently and effectively which is helping the State to attain the core objectives of the mission. In this direction, substantial architectural correction has been undertaken by the state to help the health system effectively handle the increased allocations and promote strengthening public health management and service delivery. The decentralization, responsiveness to local needs and availability of untied funds has improved the service delivery/systems and their credibility among members of the public. A brief description of these activities is as follows:

Institutional Framework of NRHM

Meetings of State & District Health Mission have been held regularly. Merger of societies is completed in 33 districts. 40,478 VHSCs constituted & 10,742 Joint Accounts at sub centre level are operational. Rogi Kalyan Samitis are operational at 33 DH, 363 CHCs & 1509 PHCs. 26 districts have started developing their own IDHAP out of 33 districts.

Infrastructure Improvements

In total 285 PHC have been strengthened with three Staff Nurses each for 24x7 services. 367 CHC are functioning on 24X7 to provide quality care & facility survey completed in 292(including others health institution also). Overall 14 SDH, 53 CHC including others and 33 District Hospitals are functioning as FRUs. All districts have functional Mobile Medical Unit (MMU).

Human Resources

A total of 42,000 ASHAs have been selected & 29,000 are trained upto 4th Module. 30787 ASHAs have been provided with drug kits. A total number of 10612 Sub-centres are functional with an ANM and 2202 SCs are strengthened with 2nd ANM. 601 Contractual AYUSH Doctors have been appointed in health facilities. Contractual appointments of 3704 Staff Nurse and 2429 ANMs have been done under NRHM and need to strengthen the positioning of Specialists and MBBS doctors.

Services

Institutional deliveries have improved from 7.23 lakhs (06-07) to 10.19 lakhs (07-08). During the year 2008-09, total 11.36 lakhs Institutional deliveries have been reported. JSY beneficiaries increased from 3.88 lakhs (06-07) to 7.75 lakhs (07-08). In the year 08-09 the numbers of JSY beneficiaries were 9.17 lakh. Female sterilizations have increased from 2.88 lakh (06-07) to 3.22 lakh (07-08) and male sterilisation has increased from 6366 (06-07) to 12555 (07-08). In the year 2008-09, 344704 female & 12219 male sterilization have been performed. 18 districts are implementing IMNCI & 10838 people have been trained so far. 17, 95,942 VHND have held since the launch of NRHM. First Phase of Community Monitoring has been operationalised successfully in the state.

General

Overall improvements in health system since NRHM

Achievements made

- Progress at districts with regard to District Health Mission meetings is good. SPMU DPMU structure is well established.
- Good Number of ASHAs has been selected and trained upto 4th Module.
- There is an improvement in immunisation coverage.
- All districts have functional Mobile Medical Unit (MMU).
- Institutional deliveries have improved.
- Improved performance of female sterilisation.
- 2 ANMs have been provided at SCs in difficult areas.
- Most institutions have received a face lift with the untied funds of NRHM.
- First phase of community monitoring has been successfully implemented.

Areas for Further improvement.

- Shortage of critical health staff, need to strengthen the positioning of Specialists and MBBS doctor.
- Need to improve the performance of male sterilisation.
- It is necessary to implement AYUSH schemes at various levels
- Strengthening of Community Health Centre services.

Infrastructure

- ANMs and doctors not residing in the facilities located in difficult areas or located outside habitations.
- Emphasis on construction of residential quarters at PHCs/CHCs is a positive step.
- Most of the civil works at DH/SDH/CHC level handled by RHSDP civil wing and is proceeding according to the schedule.

Human Resources

- Shortage of Specialist at FRU/CHC.
- The shortage of critical health staff is faced more at the peripheral level, seriously affecting the quality of care, especially at the first referral level
- The Rural Medical Officer cadre has greatly increased availability of MOs at PHC level. Shortage of Lady MOs.
- Multi-skilling under progress. However, their utilisation and operationalisation is inadequate
- 2nd ANM in tribal areas is a very good development.

Service Delivery

- Most CHCs and PHCs have registered increase in institutional deliveries. While maternal health has received attention, child health needs more focused attention, especially neo natal mortality.
- Integrated HMIS is in pilot phase covering RCH, IDSP and NDCPs. Data validation build into the system.

An Analysis of Financial Monitoring Report for the year 2008-09

A. RCH Flexible Pool

Component wise expenditure & Utilization under RCH against the approved PIP for the year 2008-09

		Rs. In Lakhs		
Activities	SPIP	Expenditure	% Utilization against PIP	
A.1	Maternal Health	15584.74	15534.16	99.68%
A.2	Child Health	252.13	25.85	10.25%
A.3	Family Planning Services	4180.22	3688.04	88.23%
A.4	Adolescent Reproductive and Sexual Health/Arsh	133.00	83.00	62.41%
A.5	Urban RCH	1256.97	318.99	25.38%
A.6	Tribal RCH	196.43	1.99	1.01%
A.7	Vulnerable Groups	43.00	0.00	0.00%
A.8	Innovations/PPP/ NGO	450.70	250.75	55.64%
A.9	Infrastructure & Human Resources	7421.64	3060.23	41.23%
A.10	Institutional Strengthening	1780.22	1130.65	63.51%
A.11	Training	2191.75	709.56	32.37%
A.12	BCC / IEC	445.00	343.04	77.09%
A.13	Procurement	1765.00	2176.86	123.33%
A.14	Programme Management	846.42	576.87	68.15%
Total		36547.22	27899.99	76.34%

Based on table above and record available in FMG, observations are as under:-

General Observation:

1. The expenditure under MH, 99.68%, is a significant achievement.
2. The expenditure under Family Planning Service's, 88.23%, is a good achievement of state.
3. Out of total expenditure of Rs 278.99 Crore, 55% of total expenditure is incurred only on Maternal Health component.
4. Rs.279.00 Crore, i.e.76% of the PIP approved 365.47 Crore, has been utilized by the state of Rajasthan under RCH-II as compared to National level expenditure average of 71%
5. There is 50% increase in the expenditure as compared to 2007-08.
6. Since the launch of RCH-II programme, Rs.566.56 crore i.e. 94% amount has been utilized by the state against the release of Rs.599.74 Crore during the period of the year 2005-06 to 2008-09.

Areas of concern

1. Child Health component expenditure is very low.
2. The expenditure under Urban and Tribal RCH component is very low. No expenditure is booked under vulnerable Groups.
3. The expenditure of Procurement has crossed the limit of approved PIP, by over 23%. It should be looked into.
4. JSY expenditure is Rs.150 crore which included the home delivery and institutional delivery expenses, it needs to be classified separately.

B. Mission Flexible Pool

Component wise expenditure & Utilization under NRHM against the approved PIP for the year 2008-09

<i>Activities</i>		SPIP	Expenditure	% Utilization against PIP
B1	ASHA	1223.00	1288.33	105.34%
B2	Untied Funds	6309.00	8059.21	127.74%
B5	New Constructions/ Renovation and Setting up	9990.00	8519.45	85.28%
B7	District Action Plans (Including Block, Village)	60.00	66.92	111.53%
B9	Mainstreaming of AYUSH	0.00	920.71	0
B10	IEC-BCC NRHM	400.00	1195.21	298.80%
B11	Mobile Medical Units (Including recurring expenditures)	700.00	947.43	135.35%
B12	Referral Transport	2500.00	2326.00	93.04%
B14	Additional Contractual Staff (Selection, Training, Remuneration)	7521.00	3680.70	48.94%
B16	Training	30.00	30.00	100.00%
B18	Planning, Implementation and Monitoring	50.00	12.67	25.34%
B19	Procurements	700.00	1023.34	146.19%
B21	Regional drugs warehouses	858.00	36.66	4.27%
B22	New Initiatives/ Strategic Interventions (As per State health policy)	122.00	0.00	0.00%
B23	Health Insurance Scheme	3929.00	3623.87	92.23%
B27	NRHM Management Costs/ Contingencies	1581.00	1193.83	75.51%
Total		35973.00	32924.33	91.53%

Based on table above and record available in FMG, observations are as under:-

General Observation:

1. State incurred more than 100% expenditure in activities like ASHA, United funds, District Action plans, Mobile Medical Units , it is a good achievement.
2. Out of Rs.359.73 Crores approved by the NPCC and released Rs.227.23 Crores, state has utilised Rs.329.24 Crores i.e. 92% of approved PIP, it is a good achievement.
3. There is 146% increase in the expenditure as compared to 2007-08.
4. Since the start of the programme, Rs.702.21 Crores were released to the state, the utilization is Rs.486.74 Crores (69.32%) and Rs. 215.47 Crores (30.68%) remains unutilized.

Areas of Concern:

1. New initiatives planned but there is no expenditure booked under the head during the financial year.
2. The expenditure of Rs.11.95 crore incurred by the state under IEC / BCC under NRHM is three times more than the approved PIP of Rs.4 crore, which showed excess utilization against the approved PIP amount.
3. Procurements expenditure of Rs 10.23 crore incurred by the state against the PIP sanction of Rs.7 crore , is excess utilization of sanction funds.
4. Mission Flexible Pool part of FMR is not in the prescribed format.
5. Bifurcation of expenditure (Rs.85.19 Crore) under New Construction /Renovation is not provided in FMR.
6. A detail of expenditure of Rs.36.24 crores on Insurance Scheme is needed.
7. Details of expenditure, Rs. 23.26 Crore, on Dhanvantari Ambulance Service scheme on EMRI Hyderabad pattern are required (Could not make whether expenditure is on purchase of Ambulance or on operating cost).
8. There is an expenditure of Rs.12.66 crores on Immunization .It includes both RI & PPI. Therefore bifurcation of the same is needed.

BRIEFING NOTE ON RCH II: RAJASTHAN

A. Background/ current status

1. RCH II Goals

Rajasthan's MMR at 388 (SRS 04-06) has improved from 445 in SRS 01-03, but still way above the national average of 254. The IMR (SRS 2007) at 65 is fifth highest in the country after MP, Orissa, UP and Assam. TFR at 3.4 (SRS 2007) is higher than the national average of 2.7 and nowhere close to the target of 2.1 for the year 2012 (refer Annex 1).

2. RCH II Outcomes

Rajasthan has shown good progress during the four year period between DLHS 2 (2002-04) to DLHS 3 (2007-08) (refer Annex 1):

- Mothers having full ANC's marginally increased from 4.5% to 6.6%; however still very low.
- Institutional deliveries sharply increased from 30.3% to 45.5%.
- Full immunisation in children 12-23 months increased from 23.9% to 48.8%.
- Children with diarrhoea receiving ORS has marginally increased from 28.9% to 30.3%.
- Unmet need for family planning has reduced from 22.1% to 17.9%; however, still remains high. Further, use of modern contraceptives has increased from 41.4% to 54%.

3. Expenditure

Audited expenditure has increased sharply from Rs. 19.31 crores in 05-06 to Rs. 82.25 crores in 06-07 and Rs. 186.01 crores in 07-08; reported expenditure in 08-09 is Rs. 279.00 crores i.e. 76% of allocation (Rs. 365.47 crores). JSY accounted for 54% of the reported expenditure in 08-09.

B. Key achievements

1. Maternal Health, including JSY

- Number of JSY beneficiaries in the state increased from 0.10 lakh in 05-06 to 3.17 lakh in 06-07 and 7.75 lakh in 07-08. A total of 9.17 lakh beneficiaries have reportedly availed of the services in 08-09. State has accredited 106 private institutions under the scheme.
- JSY helpline has been initiated in the state.
- State has developed a mechanism to give cash incentive to Dai for referral of JSY deliveries, from state funds.
- 100 FRUs and 285 PHCs (24x7) have been operationalised so far (against corresponding targets of 377 and 857). To fill up the gap of availability of blood at FRUs, 66 Blood Storage Units' license has been issued so far. Further, state has initiated all the key multi skill training under maternal health.
- Training on Life Saving Anaesthesia Skills (LSAS): 6 medical colleges have been identified, 12 master trainers and 33 MBBS doctors have been trained in LSAS against a target of 377.
- Training in comprehensive Emergency Obstetric Care (EmOC): Jaipur medical college has been identified as a training site, 10 master trainers and 31 MBBS doctors have been trained in EmOC against a target of 377.
- Skilled Birth Attendant training (SBA): 32 districts have been identified, and 1080 SNs/ ANMs have been trained as SBA, against a target of 3256.
- An incentive package has been developed for ASHA to conduct post natal visits on 3rd, 7th, 24th and 42nd day. This is supported by the NIPI programme.
- A total of 17.96 lakh VHND's have been organized in the state so far. Nearly 79% of planned VHND's (482478 out of 612636) were held in 08-09.

2. Child Health

- Yashoda model for child care has been implemented in the state.
- IMNCI is underway in 18 districts and around 10,000 personnel have been trained so far.
- 38 Malnutrition Treatment Corners (MTCs) and 35 level-2 Facility Based New born Care Units (FBNCs) have been established in the state.

3. Other initiatives

- Considering lack of specialists in the system, state has made provision for on-call specialists as per requirement at the facility level.
- Recruitment of 165 Specialists has been carried out through in campus interviews at all 7 Medical colleges.
- Additional GNMs are being posted in the institutions (CHC/ PHC) where there is a high load of institutional deliveries.

C. Key issues

1. Maternal Health, including JSY

While number of institutional deliveries under JSY has increased sharply from 0.10 lakhs in 05-06 to 9.17 lakhs in 08-09, facilities have not adequately geared up to meet the load:

- State has operationalised only 285 PHCs as 24x7 so far against the target of 857 PHCs by 2010.
- Similarly FRU operationalisation is very slow, 100 FRUs have been operationalised so far against the target of 377 by 2010. Further, a large number of FRUs do not provide the stipulated range of services due to lack of access to blood storage facilities and lack of specialist staff.
- A rapid assessment of functionality of FRUs and 24x7 PHCs was carried out in the state through GoI/ Development Partner support. There is no indication that the state is utilising facility survey findings for comprehensive planning of operationalisation of FRU and PHCs, including linking the same with EmOC and LSAS trainings, placing anaesthetic drugs, SBA drugs, operationalising OTs, and establishing Blood Banks/ Blood Storage facilities at FRUs
- Only 33 doctors in Life saving anaesthesia skills (LSAS) and 31 in comprehensive Emergency Obstetric Care (EmOC) have been trained so far against the target of 377.
- There is irrational selection and placement of trained staff; as a result the existing staff is not used appropriately.

2. Child Health

- Neonatal mortality rate (NMR – infant deaths within 4 weeks of life per 1000 live births) at 44 (SRS 2007) accounts for 68% of the IMR, while early NMR (infant deaths within one week of life per 1000 live births) at 34 (SRS 2007) accounts for 77% of the NMR. An evaluation of JSY in the state in December 2008 highlighted that only 25% of the beneficiaries surveyed stayed for at least two days in the health facility after delivery. With the huge off take in JSY in the state (9.17 lakh beneficiaries in 2008-09), this is clearly a missed opportunity to address early neonatal mortality.
- During the recent review of the state, it was observed that pace of training under child health is slow: 10,838 persons have been trained under IMNCI so far.

A. Progress on Key Indicators

1. RCH II Goals

INDICATOR	RAJASTHAN		INDIA	
	Trend (year & source)		Current status	RCHII/NRHM (2012) goal
Maternal Mortality Ratio (MMR)	445 (SRS 01-03)	388 (SRS 04-06)	254 (SRS 04-06)	<100
Infant Mortality Rate (IMR)	75 (SRS 2003)	65 (SRS 2007)	55 (SRS 2007)	<30
Total Fertility Rate (TFR)	3.8 (SRS 2003)	3.4 (SRS 2007)	2.7 (SRS 2007)	2.1

2. RCH II Outcomes

S. No.	RCH OUTCOME INDICATOR	RAJASTHAN		INDIA*	
		DLHS-2 (2002-04)	DLHS-3 (2007-08)	DLHS-2 (2002-04)	DLHS-3 (2007-08)
1.	Mothers who received 3 or more antenatal care checkups (%)	28.8	28.2	50.4	51.0
2.	Mothers who had full antenatal check-up (%)	4.5	6.6	16.5	19.1
3.	Institutional deliveries (%)	30.3	45.5	40.9	47.0
4.	Children 12-23 months age fully immunised (%)	23.9	48.8	45.9	54.1
5.	Children age 6-35 months exclusively breastfed for at least 6 months (%)	5.3	25.4	22.7	24.9
6.	Children with diarrhoea in the last 2 weeks who received ORS (%)	28.9	30.6	30.3	33.7
7.	Use of any modern contraceptive method (%)	41.4	54.0	45.2	47.3
8.	Total unmet need for family planning - both spacing methods and terminal methods (%)	22.1	17.9	21.4	21.5

* - Provisional results for DLHS-3

B. Trends in Financial Expenditure

(Rs. crores)

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09
Release	40.01	105.22	157.07	297.44
Audited Expenditure	19.31	82.25	186.01	279.00*

* - Audited expenditure for 2008-09 is not yet available; reported expenditure is provided.

- Allocation for 2008-09: Rs. 365.47 crores.

C. Progress on Key Strategies

1. Demand side interventions

S. No.	Indicators	Achievement (no. of beneficiaries)			
		2005-06	2006-07	2007-08	2008-09
1.	Janani Suraksha Yojana	10,085	3,17,484	7,74,877	9,17,000
2.	Total Sterilisation	3,17,307	2,88,089	3,30,488	na
a.	IUD Insertions	3,05,346	3,03,358	3,37,979	na

(Source: M&E Division reports, and JSY reports from the states)

2. *Technical interventions*

S. No.	Indicators	Achievement upto March 2009	
		Number	%
1.	No. of First Referral Units (FRUs) operationalised	100	26.5 (against the target of 377 FRUs)
2.	No. of PHCs operationalised to provide 24-hour services	285	33.3 (against the target of 857 PHCs)
3.	No. of private institutions accredited under JSY	106	NA
4.	No. of districts implementing Integrated Management of Neonatal & Childhood Illness (IMNCI)	18	54.5 (out of 33 districts)
5.	No. of people trained in IMNCI	10,838	NA
6.	No. of Village Health & Nutrition Days (VHNDs) held	17,95,942	NA

(Source: NRHM MIS report, April 2009)

Immunization

Rajasthan

Evaluated Immunization Coverage

Survey Indicator	NFHS 1 (1992-93)	NFHS 2 (1998-99)	NFHS 3 (2005-06)	CES (2005)	CES (2006)	DLHS 2 (2002-04)	DLHS 3 (2007-08)
FI	21.1	17.3	26.5	49.9	47.8	23.9	48.8
BCG	45.6	53.9	68.5	70.4	81.1	60.0	82.8
Measles	31.3	27.1	42.7	68.2	62.4	35.1	67.5
DPT 3	29.6	26.1	38.7	63.9	56.4	35.0	55.6

Progress

- The FI coverage in the state has increased to 48.8% as per DLHS3 which is a significant improvement from 23.9% (DLHS2)
- The State has so far trained 9060 health workers out 14273 to be trained. Further the state has already started refresher trainings for medical officers.
- The AEFI committees have been constituted in all the districts.
- The microplans have been revised in the state.

Issues

- The State continues to have **high dropout from BCG to DPT 3** which is critical for further improvement in full immunization coverage. As per DLHS3 Survey there are 51.2 % unimmunized children (based on DPT3 Coverage) which translates to around 8 lakh children per year.
- The State also continues to have **wide disparity between the reported and evaluated coverage**. The identification of districts with inflated reported coverage data is a step in right direction. Some of the districts have been reporting higher DPT 3 coverage than DPT 1 and state may like to look into reasons behind this.
- **Better tracking of beneficiaries by ensuring availability of beneficiary/ due list with the ANM/AWW/ASHAs** at the session sites. Counterfoils with tracking bags also need to be used for reducing dropouts.

Brief on National TB Control Programme in State of Rajasthan

1. Infrastructure

Total Population	-	657 lakh
No. of districts	-	32
No. of Tuberculosis Units (TUs)	-	150
No. of Designated Microscopy Centres (DMCs)	-	815

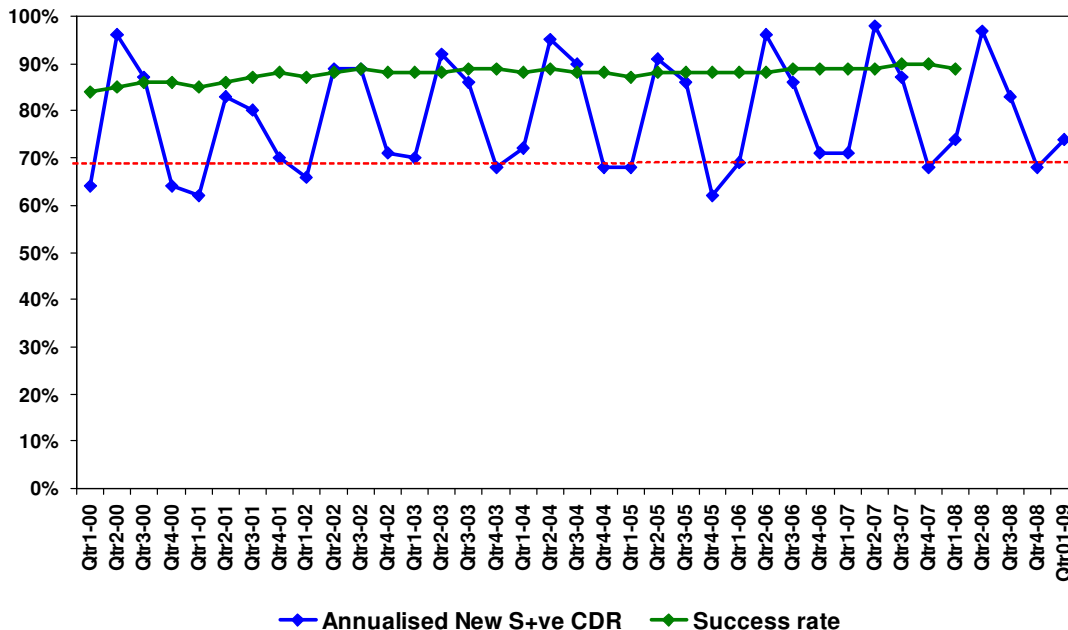
2. Status of Implementation

- Rajasthan has witnessed the fastest expansion in India and is one of the well performing State.

3. State Level Performance (Based on Quarterly reports for 1st Quarter of 2009)

- Overall performance of the state with total case detection rate of 165/lakh and new sputum positive case detection rate of 59/lakh population (74%) is satisfactory.
- Sputum conversion rate of 91% and cure rate of 87% in new sputum positive cases remain satisfactory. However, cure rate of 68% in retreatment sputum positive patients is low due to high default rate of 14%.
- Overall 146 TB suspects/lakh pop in 1st quarter 09 examined which is slightly low as compared to the national average of 152 TB suspects/lakh pop. Sputum positivity rate of 18% shows that perhaps all the TB suspects are not being referred for sputum examination.

Annualized New Smear-Positive Case Detection Rate and Treatment Success Rate in DOTS Areas, Rajasthan, 2000-2009*



•Population projected from 2001 census

•Estimated no. of NSP cases - 80/100,000 population per year (based on recent ARTI report)

4. **District wise performance : (Based on Quarterly reports for 1st quarter of 2009)**

- NSP case detection rate has significantly improved and is more than 70% in 22 of 32 districts
- Sputum conversion rate is below 90% only in 4 districts (Alwar, Barmer, Jhunjhunu and Rajsamand).
- Cure rate is more than 85% in all the districts except Bharatpur and Rajsamand.

Districts	TB Suspects examined/ lakh population	Annualised total case detection rate (against >151/lakh)	Annualised new sputum positive case detection rate (against >56/lakh)	Sputum conversion rate in new cases (against >90%)	Cure rate in new cases (against >85%)
Ajmer	163	209	59 74%	87%	89%
Alwar	126	156	60 75%	92%	87%
Banswara	97	186	77 96%	91%	87%
Baran	144	191	77 97%	91%	90%
Barmer	125	133	41 52%	86%	88%
Bharatpur	121	144	49 61%	92%	84%
Bhilwara	162	232	75 93%	93%	89%
Bikaner	176	132	56 70%	90%	86%
Bundi	131	171	63 79%	90%	87%
Chittaurgarh	131	158	64 79%	91%	85%
Churu	91	131	44 55%	93%	86%
Dausa	141	153	51 64%	92%	84%
Dhaulpur	160	187	72 90%	93%	89%
Dungarpur	109	200	90 113%	91%	86%
Ganganagar	157	167	61 77%	93%	88%
Hanumangarh	136	172	61 77%	92%	86%
Jaipur	220	170	55 69%	94%	92%
Jaisalmer	246	112	46 58%	90%	86%
Jalore	102	154	61 76%	91%	88%
Jhalawar	111	147	52 65%	90%	85%
Jhunjhunun	113	113	44 55%	88%	85%
Jodhpur	159	136	45 56%	92%	91%
Karauli	193	199	64 81%	94%	87%
Kota	139	181	62 78%	93%	90%
Nagaur	98	119	43 53%	91%	85%
Pali	109	157	58 73%	90%	86%
Rajsamand	99	145	56 70%	89%	83%
Sawai Madhopur	180	181	66 82%	92%	86%
Sikar	140	133	51 64%	90%	85%
Sirohi	157	185	68 85%	93%	92%
Tonk	192	283	106 132%	92%	87%
Udaipur	181	206	80 99%	92%	89%
Total	146	165	59 74%	91%	87%

5. **Funds Status as on 31st March 2009 (Rs. in lakh)**

C/F	Release	Other Income	Expenditure	Balance
158.84	673.46	27.44	727.62	132.12

6. **Drugs**

- Supply position of drugs is satisfactory.

7. **Issues**

- **Human Resource**
 - Posts of 3 DTOs, 11 MO-TCs, 4 STSs, 6 STLs and 37 LTs are vacant. Vacant posts of Key personnel need to be filled.
 - Only 3 of 6 communication facilities are in place. 3 more are required.
- **Supervision and Monitoring**
 - The state level internal evaluations are being held as per the norms of 2 districts/quarter. Regular quarterly DTOs review meetings are held at the state level and the supervision and monitoring from the state level is adequate.
- **Performance – Rajasthan is one of the well performing State.** Overall performance of the State with NSP case detection rate of 59/lakh (74%) and cure rate of 87% in new sputum positive patients is good.
- **Recording and Reporting** – 18 districts reporting quarterly reports in Windows based version. All 32 districts should follow the system.
- **TB-HIV Collaboration**
 - TB-HIV coordinator in place.
 - State Coordination Committee Constituted in 2005 and meetings are held regularly.
 - State Technical working group constituted in 2008.
 - District TB-HIV Coordination Committee constituted in all 32 districts.
 - 2 DTOs, 49 MO-TCs, 60 STSs are not yet trained in TB-HIV. Coordination activities.
- **Intermediate Reference Laboratory(IRL):**
 - IRL is functional at STDC Ajmer.
 - IRL Team visiting districts for OSE regularly.
- **DOTS Plus**
 - Laboratory accredited on 26.3.09.
 - 1st MDR-TB patients registered for Cat-IV Treatment on 14th May 09.
- **National Rural Health Mission**
 - RNTCP is having good coordination with NRHM in the State. RNTCP has been permitted by 'Executive Committee' of State Health Society to follow the RNTCP financial guidelines. Fund-flow under RNTCP is directly from CTD to the State Programme committee (TB) Rajasthan. The physical & financial expenditure is under control of NRHM and State Programme committee (TB) has to get prior approval from State Health Society (NRHM) for all expenditures.
 - NRHM division wants monthly performance report (Physical & Financial) under RNTCP but there is provision of only quarterly reports in RNTCP.
 - All programme staff under RNTCP want to have TA/DA as per NRHM FMG recommendations for the supervisory tours made under RNTCP.
- **NGO & Private Sector** – Private sector participation gradually improving and presently 76 NGOs and 330 Private Medical Practitioners are participating in RNTCP.
- **Medical Colleges Involvement:**
 - Presently, all 7 government medical colleges (excluding private colleges) of Rajasthan are involved in RNTCP and contributing nearly 25–30% of case detection.

Fact Sheet on NVBDCP- Rajasthan

Background Information

The State has 33 districts with a population of 56.51 million. There are 337 CHCs, 1499 PHCs, 10612 Sub-centres and 41353 villages. There are 12271 Multipurpose Workers (Female)/ANM, 2528 Health Worker (Male), 1358 Health Assistants (Female)/LHV, 714 Health Assistant (Male) and 2065 Laboratory Technician. In addition, the state has 1839 Fever Treatment Depots (FTDs) and 1596 Malaria Clinics.

Malaria

Epidemiological Situation

Year	B.S. Examined	Malaria cases	Pf cases	Deaths
2006	8682576	99529	9481	0
2007	7096694	55043	3447	46
2008	8041283	57482	3954	54
2009(Upto Mar.)	1130638	1387	109	0

- The state has recorded decrease in Pf cases during 2007 & 2008 as compared to 2006. However, malaria deaths have been reported during 2007(46) and 2008 (54).

Dengue/DHF: Epidemiological data for last three years are as under :

Year	Cases	Deaths
2006	1805	26
2007	540	10
2008	682	4
2009(till 29 th April)	28	3

Chikungunya

Total of 102 suspected Chikungunya fever cases and no death has been reported during 2006. Out of the total 44 samples tested, 24 (54.54%) were confirmed serologically for Chikungunya. In the year 2007, only 2 Chikungunya fever cases and no death was reported whereas in 2008, 3 Chikungunya fever cases were reported whereas in 2009 till 27th May, 59 Suspected Chikungunya fever case has been reported. For proactive surveillance 8 Sentinel Surveillance Hospitals with laboratory support have been identified in the state linked with Institute of PGI, Chandigarh, which has been identified as Apex Referral Laboratory. NIV Pune has been entrusted the supply of IgM ELISA test kits to the identified institutes.

Rajasthan state is not reported to be endemic for Lymphatic Filariasis, Kala-azar and Japanese Encephalitis.

Central Assistance

(Rs. In lakhs)

Year	Allocation			Release/Expenditure		
	Cash	Kind	Total	Cash	Kind	Total
2004-05	157.64	1043.75	1201.39	157.65	858.32	1015.97
2005-06	207.84	1382.10	1589.94	207.84	709.20	917.04
2006-07	370.00	814.22	1184.22	379.76	497.60	877.36
2007-08	495.00	1401.29	1896.29	247.50	1454.28	1701.78
2008-09	578.02	1407.40	1985.50	344.74	688.42	1033.16
2009-10(B.E.)	148.00	617.70	765.70			

Issues:

Malaria:

- The state should gear up surveillance so that cases are detected at the early stages to avert deaths.

STATUS OF NATIONAL LEPROSY ERADICATION PROGRAMME IN RAJASTHAN

- **Epidemiological scenario-**
The state has achieved the goal of elimination of leprosy (i.e. prevalence rate of less than 1 case /10000 population). There were 1233 leprosy cases on record as on March 2009.
- **New case detection and treatment completion-**
During 2008-09, a total of 1177 new leprosy cases were detected as compared to 1201 new cases detected during the corresponding period of previous year. Out of 1220 cases discharged during the year, 971 cases (79.6%) were released as cured after completing treatment.
- During 2008-09, NLEP action plan amounting to Rs.163.73 lakh has been approved for the State.

Issues -

1. Large numbers of new leprosy cases are being detected in the state every year which suggest active transmission of the disease in the community. The state is advised to carry out indepth situational analysis in districts/blocks reporting large number of new cases and take suitable actions like –
 - (i) Ensuring completion of treatment in each of the new cases detected.
 - (ii) Enhance awareness of the community to improve self reporting of suspected cases to health facility and
 - (iii) Carrying out family contact survey against all multibacillary and child cases.
2. The State has listed around 400 grade II disability cases in the last 5 years. There is no Govt. institutions/NGO providing reconstructive surgery services to leprosy affected persons with disability in the state. Hence RCS services are not been provided to disabled leprosy affected persons in the state. The state is advised to identify centres for conducting RCS and send the proposals to GOI for approval so that the backlog of leprosy cases with disability could be reduced in the state.
3. The state has reported low treatment completion. It needs to be ensured by repeated follow up and absentee retrieval that every case complete treatment.
4. There are about 30 leprosy colonies in the state. The state should ensure provision of proper health care facilities like ulcer care, provision of supportive drugs and dressing materials to the persons affected with leprosy residing in these colonies.

Integrated Disease Surveillance Project (IDSP) –Fact sheet as on 17 June 2009

The state of Rajasthan has an area of 342,239 sq. km. and a population of 56.51 million. There are 32 districts, 237 blocks and 41353 villages. There are 10612 Sub-Centers, 1499-PHC & 337CHC in the state (*source:www.mohfw.nic.in/nrhm.htm*)

Rajasthan is a Phase-II state under IDSP and has been inducted into the programme during 2006-07. Integrated Disease Surveillance Project is a decentralized and state based surveillance Programme, being implemented in all the 32 districts of Rajasthan

The component wise action points are as under:

1. Manpower

Surveillance Officer and RRT team at state and district Headquarter designated and incremental staff appointment completed at State Surveillance Unit. the status of the incremental staff for the state is as under:

Sr. No	Designation	Sanctioned	In position
I.	Epidemiologist	33	20
II.	Entomologist	1	1
III.	Microbiologist	3	1
IV.	Consultant(Training)	1	1
V.	Consultant(Finance)	1	1
VI.	Data Manager	33	33
VII.	Accountant	32	27
VIII.	Data Entry Operator	33	32
IX.	Administrative Assistant	33	29
X.	Helper	1	1

Medical Colleges

S.No.	Category	Sanctioned	In position	Remarks
1	Data Entry Operators	6	0*	*Jaipur, Jodhpur, Udaipur, Ajmer, Kota, Bikaner

***Appointments to be done by NIC, Rajasthan, Jaipur**

2. IT & EDUSAT

EDUSAT Connectivity: The EDUSAT have been installed at SSU, Medical College, Jaipur, Jodhpur, Bikaner and Udaipur. Installation of EDUSAT at other two Medical Colleges is also in progress. Broad band and VC Equipments are functional in all 32 DSUs and SSU. Data Centre equipments (Printer, Scanner, Computer, UPS) installed at all sites. Training Centre equipments installed in all districts except Ajmer, and Churu districts.

3. Training

S.No.	Category	Target	Achievement	%
I.	Medical Officer	1965	1917	97.55
II.	MPW/ANM	12139	11866	97.75
III.	Lab Technician	2014	1283	63.70
IV.	GNS/Pharmacist	2545	1563	61.45
V.	Health Supervisor	3972	963	22.24
VI.	SSPPs (Private sector)	845	177	20.94
VII.	Additional Medical Officer	737	594	84.86
VIII.	One day Orientation training of ANM's/ MPW's	12656	10858	85.79
IX.	One day orientation of DRRT	66	60	90.0
X.	Two Day orientation Training of Data Manager's & DEO*	64	44	68.75

*Training in progress (Last batch will be organized on 4th -5th June 2009)

4. Laboratory Strengthening

Two of district labs to be strengthened on priority bases at district Ajmer & Sikar
For that procurement of equipments required for strengthening is complete.

5. Data Reporting

Data reporting has started all districts .Data reporting on S,P,L forms and for outbreaks have to be initiated from all the reporting units of the 32 districts in Rajasthan by using IDSP portal (www.idsp.nic.in) which is one stop portal & has data entry, data analysis and resource sections

6. Outbreaks

Total 8 outbreaks reported during 2008

Outbreak in 2009

Diseases	No. of outbreaks
Hepatitis -E	1
Chicken Pox	2
Diarrhea-Vomiting	2
Malaria	1
Total	6

7. **Finance:** Total GIA Released Up to 31st March 2009 : 625.25 lakhs
Expenditure done Up to 31st March 2009: 604.10 lakhs
Balance: 21.15 lakhs
Audit report and utilisation certificate for the period of 2007-08 and FMR up to March, 09 were received.

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

STATUS NOTE ON RAJASTHAN

Magnitude:

Prevalence of blindness:	2001	1.55%
Estimated blind persons:		8.75 lakhs

Infrastructure developed

Upgraded Medical Colleges	6
Upgraded District Hospitals	28
District Blindness Control Societies	32
Mobile Eye Care Units	31
Eye Banks	16
Upgraded PHC's	1743
Upgraded CHC's	325
Sub Centers	10512

Cataract Performance

YEAR	TARGET	ACHIEVEMENT
2007-2008	325000	317279
2008-2009*	300000	223690

School Eye Screening

YEAR	TEACHER TRAINED IN SCREENING FOR REFRACTIVE ERRORS	SCHOOL GOING CHILDREN SCREENED	DETECTED WITH REFRACTIVE ERRORS	PROVIDED FREE GLASSES
2007-08	1763	534784	9537	5640
2008-09	0	0	583	7350

GIA released to Distt. Blindness Control Societies/State Blindness Control Society)

(Rs in lakhs)

YEAR	RELEASED	EXPENDITURE	BALANCE
2007-2008	1071.78	1010.22	61.56
2008-2009	1461.74		585.50

Issues

- Ucs for GIA released to State Blindness Control Society are not being received timely.
- SOE for Cash Grant are also not being received timely.
- Performance Report of School Eye Screening Programme are not being received regularly.

NIDDCP

Approval issued for the year 2009-10

S. No.	Activity	Amount Proposed (Rs. in lakh)	Amount Approved (Rs. in lakh)	Remarks
1	Establishment of IDD Control Cell	12.00	6.00	There is no provision for the establishment of 25 Idiometric Titration Labs , Lab maintenance and office expenses under NIDDCP. The state government may carry out activities as per the fund allocation of GOI.
2	Establishment of IDD Monitoring Lab	-	3.50	
3	Establishment of 25 Idiometric Titration Labs & Lab maintenance	16.81	-	
4	Health Education and Publicity	29.00	6.00	
5	IDD surveys	16.50	2.50	
6	Miscellaneous/office expenses	3.00	-	
	Total	77.31	18.00	

Mapping of Record of Proceedings of the NPCC of NRHM for 2005-06 to 2009-10

This has been prepared to indicate allocations to the State in the previous years for different activities as per the State Programme Implementation Plan. The mapping charts the NRHM Mission Flexipool approvals contained in the RoP in following broad thematic chapters.

1. ASHA (including selection, training, drug kits, mentoring, specific performance incentives and anything else associated with ASHA)
2. Infrastructure related matters (including construction, strengthening, renovation, new construction etc), equipments, transport (ambulances, EMRI, associated expenses) and others)
3. Human Resource related matters (including HR salary, contractual payments, incentives, etc)
4. Programme Management related matters (including PMUs, SHS/DHS, SHSRC, IDHAP, M&E, Mobility support to SHS etc)
5. Untied funds, AMG & RKS related matters
6. Training & Capacity Building related matters (including trainings, workshops, training institutions including their upgradation or new construction, courses, etc)
7. Innovations (including Procurement of medicines, School Health, Health Mela, Insurance, Accreditations, Monthly VHND etc)

NATIONAL RURAL HEALTH MISSION							
Rajasthan							
	Total MFP Approvals		14770.04	34352	35973	45590.11	
RoP Approvals for Various Years in Rs. Lakh							
S.No	Initiative	2005-06	2006-07	2007-08	2008-09	2009-10	Remarks
		Released	Approved	Approved	Approved	Approved	
ASHAs							
1	ASHA	793	919	1910.00	1223.00	4150.00	
	TOTAL	793	919	1910.00	1223.00	4150.00	
Infrastructure related matters							
2	Major Civil Work for Operationalisation of FRUs					829.5	
3	Improving physical infrasture of SHC/PHC/CHC/Taluk/District Hospital including construction of new Sub-Centres			5000	9990	13300	
4	Upgradation of CHC to IPHS	256	3960				
5	Upgradation of 105 PHC as per IPHS		1671				
6	Establishment of Central & District level Drug Warehouse with				858	808.37	

	Pharmacists & Computer operators						
7	MMU		2233.4	1.00	700.00	1040.00	
8	Emergency & Referral Services		500		2500	2000	
9	Procurement of IPHS friendly institutions sonography machines other equipments as per facility survey			1200.00			
	TOTAL	256	8364.4	6201.00	14048.00	17977.87	
Human Resources related matters							
10	Manpower Cost		1090.09				
11	Remuneration of Specialists @ CHC			486	101		
12	AYUSH Integration Remuneration of AYUSH Doctors and Nursing Staff			950.00			
13	Remuneration of Staff Nurses at CHC Level			364.00	300.00	376.92	
14	Remuneration of Staff Nurses at PHC Level			1404.00	1790.00	2298.00	
15	Selection , training and remuneration of ANMs/GNMs @ SC			4471	4407	2500	
16	Remuneration for technicians				289	368.16	
17	Additional allowances to Medical Officers @ PHC			480	634	864.00	
	TOTAL		1090.09	8155	7521	6407.08	
Programme Management related matters							
18	SHSRC		100			150	
19	Management Costs		49	1300	1556	2321.85	
20	Preparation of District/Block/Village Health Actipon Plans	16		1.00	60.00	60.00	
21	State and District Public Health Reports		2				
22	Community Monitoring of Health Services					100	
23	Monitoring and Evaluation Studies					200	
24	Logistics management/ Improvement					68	
25	Creation of Directorate of Hospital Administration					343	
26	Mobility support to BMO					602.28	

27	M/E			35.00			
	TOTAL	16	151	1336	1616	3845.13	
Untied Funds, Annual Maintenance Grants and RKS fundsrelated matters							
28	Untied funds for SC	993	955.1	2087.00	1074.2	1095.1	
29	Untied funds for PHC		428.25		379.5	375.75	
30	Untied funds for CHC				375	183.5	
31	Untied funds for Satellite Hospitals				60		
32	Untied funds for District Hospitals				225		
33	Untied funds for Medical colleges				60		
34	RKS grants to DH/SDH/ Satellite Hospitals/ CHCs/PHCs		210			2135	
35	Untied Fund for VHSC		919			4656	
36	AMG to SCs in Govt. Building		856.5	702.00		866.7	
37	AMG to PHCs in Govt. Building					751.5	
38	AMG s to CHCs, in Govt. Building					367	
	TOTAL	993	3368.85	2789.00	2173.7	10430.55	
Training & Capacity Building related matters							
39	Establishment / strengthening of Nursing Schools			200.00	30	100	
40	Workshops for National, State, District, And Block Level Mission Teams			25.00	25.00	28.00	
41	Constitution & orientaiton of all community leaders on village, SHC, PHC, CHC Committees		500				
42	Reviving ANMTC @ Zenana Hospital, Jaipur		50				
43	Other training					50	
	TOTAL		550	225.00	55	178	
Innovations related matters							
44	Health Melas		200				
45	Swasthya Chetna Yatra					500	
46	Support for IEC activities -Swasthya Chetna yatra			800.00	400.00		
47	Medicines for Swasthya Chetna yatra			600.00	700.00		
48	Swasthya Mitra Yojana					300	
49	Swastha Gram Yojana					400	
50	Drugs & supplies for CH					60	

51	maternal health- Other strategies/activities					77	
52	Integrated Comprehensive Health Management Information System (HMIS)				50	75	
53	Inter-sectoral Convergence					17.48	
54	Mainstreaming of AYUSH		126.7				
55	IEC Activities				400		
56	Health Insurance Scheme				3929		
57	Mukhya Mantri BPL Jeevan Raksha Kosh*					1000	
58	Adolescent Services at Health Facilities.					50	
59	Recurring Expenses for Telemedicine vans at Medical Colleges				122	122	
60	Drug supply for CHC/FRU	1761					
	TOTAL	1761	326.7	1400	5601	2601.48	

District wise Information on Rajasthan under some RCH indicators

Districts	Mother received at least one TT injection	Institutional Deliveries	Full Vaccination	Contraceptive Use
India	73.5	47	69.6	54.1
Rajasthan	55	45.5	67.5	57
Ajmer	78.3	47.5	72.2	46.4
Alwar	36.4	45.4	54.6	58
Banswara	54.3	46.2	91.1	61.2
Baran	70.6	58.4	63.7	52.6
Barmer	53.7	21.3	62.7	50.6
Bhartpur	23.9	43.9	37.7	43.1
Bhilwara	61	40.6	79.2	53
Bikaner	46.9	34.5	65.3	58.7
Bundi	63.8	53.4	65	45.1
Chittaurgarh	58.9	45.3	75.8	57.3
Churu	43.5	30.5	60.1	60.4
Dausa	47.1	60.2	66.4	53.1
Dhaulpur	26.5	48.3	53	44
Dungarpur	64.8	46.3	93.6	62.2
Ganganagar	64	41.5	80.5	70.8
Hanumangarh	55.4	33.1	72.6	72.7
Jaipur	52	62.3	73.5	58.8
Jaisalmer	51.9	26.4	62.6	49.4
Jalor	62.8	35.2	67.7	53.9
Jhalawar	38.8	44.9	66.5	56
Jhunjhunu	54.6	58.9	84.4	65.1
Jodhpur	55.7	40.1	69.7	49.4
Karauli	36.2	52.1	49.1	45
Kota	70.7	66.5	89.1	58.9
Nagaur	59.9	39.3	69.7	49.9
Pali	77	38	67.9	45.5
Rajsamand	60.3	41.1	78.9	56.4
Sawaimadhopur	40.7	47.7	45.5	47.9
Sikar	69.8	62.2	79.1	55.4
Sirohi	69	46.6	74.2	51.5
Tonk	71.4	47.3	65.8	45.1
Udaipur	55.8	37.6	81.1	62.7

source DLHS-III