



Government of Rajasthan

**Speech of Shri Aimaduddin Ahmad,
Health Minister Rajasthan
at the State Health Ministers Conference
to Review the National Rural Health Mission**

**Dated August 21, 2009
Vigyan Bhawan, New Delhi**

**Hon'ble Union Health Minister Janab Ghulam Nabi Azad Sahib,
my esteemed fellow Health Ministers of the States, Union
Health Secretary, Senior Health Officials of the Ministry of
Health and Family Welfare and distinguished delegates,**

1. At the outset I would like to thank the Hon'ble Union Health Minister for convening this conference, which is timely and extremely relevant to formulate a policy response to face the new contingency of H1N1 Influenza. I would also like to thank the Hon'ble Union Health Minister for deputing a central team to Jaipur twice in August and providing necessary technical and managerial advice to enable a resilient response from the State Government. Rajasthan remains at the outer periphery in the spread of H1N1 Influenza virus. Thus far only 8 positive cases have been reported in the State out of 131 suspected cases. Currently we have 5 hospitalised cases and all these cases are settled and no fatality has been reported. The situation is thus under control and there is no panic reported at any of the 7 divisional head quarters.
2. Rajasthan has embarked upon a series of preparatory steps to meet the pandemic challenge. Inter departmental coordination meetings have been convened at the Ministerial and bureaucratic levels; trainings of rapid action teams have been conducted, sample collection centres and isolation wards have been established in all the 7 medical colleges. An awareness campaign through pamphlets, posters, visual and print media has been taken up. Following the WHO and Central Team's advisories daily media briefings on the status of H1N1 Influenza are being held. The health care infrastructure has been adequately mobilised. We have received from the Union Government, adequate antiviral

drugs, N95 masks, three layer masks, Personal Protecting Equipments and Virus transfer Media. The latest influenza H1N1 virus protocol has been circulated to all District Hospitals and Medical Colleges.

3. Despite these preparatory steps, incipient challenges in coming months regarding H1N1 influenza remain. With the onset of monsoon and winter, the number of fever cases is likely to go up and positive cases are likely to increase. The State seeks to strengthen its existing laboratory facilities for virological investigation to provide timely and reliable results. The Hon'ble Chief Minister of Rajasthan has advised me to establish 7 such laboratories at each of the Medical Colleges of the State for which about Rs. 6 crores central assistance is requested from the Union Government. Immediate priority needs to be accorded to establish an Influenza H1N1 testing laboratory in SMS Medical College, Jaipur for which I seek a central assistance of Rs.45 lacs. An amount of Rs. 20 lacs has been loaned from NRHM funds for establishing a testing laboratory at SMS Medical College.
4. At the State level screening centre at SMS Medical College, Jaipur, doctors have been adequately briefed about the latest guidelines issued by the Ministry. We note the clarifications issued with regard to usage of masks and for administering tamiflu medication based on symptoms of H1N1 Influenza. The existing laboratory linkages and testing-tagging facility are being strengthened. This would be our first level of defence.
5. At the district level screening would be done by well trained doctors. The district health societies have been advised to provide moneys for IEC and trainings in all cases where moneys are needed.

6. The Chief Secretary would be reviewing administrative preparations on the H1N1 Influenza in the Governing Body meetings of NRHM. A meeting has been scheduled for September 2, 2009. The State is also looking at the Ayush interventions feasible for adoption in swine flu cases.
7. Our Government is resolved to provide health care to the poor, malnourished, and those suffering from chronic diseases with little access to health care. Let me reassure that we will mount a spirited response at this vulnerable juncture to the pandemic challenge. With the availability of additional manpower, adequate flexible funds under NRHM, public health challenges of this nature can be best addressed.
8. I would seek your consideration for the following two proposals:
 - (a) Constitution of an empowered committee of State Health Ministers under your chairmanship to address the pandemic challenge. Such a committee would provide the much needed inter State knowledge sharing and interventions being taken up across the country;
 - (b) Create a corpus fund of Rs. 100 crores for meeting the H1N1 Influenza challenge which can be drawn by any needy State.
9. The National Rural Health Mission with its focus on strengthening primary health care represents the most comprehensive health program to improve our State's health indicators in our pursuit of millennium development goals in health sector. It was only last week that the Planning Commission had convened a writers' conclave on achieving health sector MDGs at Neemrana in Rajasthan. The progress towards the 11th Five year Plan goals has been uneven across States. Rajasthan though faced with the challenge of expediting pace of program implementation in her path to achieve MDGs,

has in the last few months, achieved considerable momentum in this endeavour. While tackling the MDGs is critically important, the key challenge is to ensure that benefits accrue to those who need them most. The focus of governmental interventions should be the *Aam Aadmi* and my endeavour has been to ensure that the *Aam Aadmi's* health status and access to health services shows significant improvement. In this regard, it is important to formulate and execute policies to ensure that the increasing investments in health sector result in optimum utilisation of available resources.

10. NRHM represents the primary policy instrument bringing additional resources and manpower to high focus States. In my tenure over the past year, central assistance has been substantial and Rajasthan has implemented the program with considerable energy, resulting in substantial absorption and spending capacity. The State has scaled up program implementation from Rs. 334 crores in 2007-08 to Rs. 920 crores in 2008-09. In 2009-10 Rajasthan seeks to achieve an NRHM Program Implementation Plan of Rs. 1300 crores. Our supplementary demands for Rs. 235 crores have been submitted for consideration of the Health Ministry for which I seek your early consideration and approval. I would also seek timely central releases to ensure that the pace of program implementation is maintained.

11. Rajasthan has witnessed in the recent months an increase in institutional deliveries to 60 percent, Sterilisation cases to 3.57 lacs cases, deployment of 164 emergency ambulances, infrastructure development in 100 CHCs and 5000 additional manpower deployment. The significant success of the conditional cash benefit scheme, the JSY, in sharply increasing institutional deliveries has been felt across the State.

12. NGO collaboration has been strengthened with the launch of 53 Rajiv Gandhi Grameen Mobile Medical Units for providing health services in unserved villages and 43 urban RCH centres to provide RCH services to urban slums. The Hon'ble Chief Minister of Rajasthan had reviewed the progress of NRHM and advised me to further build up on the following initiatives in NGO sector:

- (a) Establish Mobile medical units at all 237 blocks of the State instead of 1 MMU per district currently deployed so that unserved areas can be better served;
- (b) Establish urban RCH centers in all district headquarters to cover the slum populations. Currently Urban RCH covers only 5 cities of Rajasthan and it was envisaged that the National Urban Health Mission would enable a wider coverage in 2009-10.

I have sought your consideration for scaling up both these successful interventions across a larger area of coverage.

13. I have also sought to promote indigenous systems of medicine under NRHM, by recruitment of 500 Ayush doctors, thereby covering all PHCs of the State with Ayush mainstreaming. All our Primary Health Centres are adequately covered by Ayush doctors and in several cases, Ayush doctors are functioning as Medical Officers in charge of PHCs. Care has been taken to deploy Unani doctors to Unani areas. I also notice that in several urban areas, Homeopathy is also extremely popular and have endeavoured to promote practitioners of homeopathy also under NRHM. All the Ayush doctors are being trained and provided with adequate drug kits and medicines. A supervisory cadre of post graduate ayush doctors has been created at the district level. Residential accommodation for female Ayush doctors is being provided at the PHCs.

14. There is a need to provide secure and stable health care financing mechanism to reduce the unacceptably large out of pocket health payments. In 2008, Rajasthan has implemented three health insurance schemes, all of which resulted in low claim settlement compared to the premium collected by the insurance company. The claim settlement under the Rajasthan Swasthya Bima Yojana, the Swasthya Bima Yojana and the Rashtriya Swasthya Bima Yojana was less than 30 percent. This compelled us to launch the *Mukhya Mantri Jeevan Raksha Kosh Yojana*, in 2009 which has benefited eight lacs fifty thousand BPL patients at a cost of Rs.12.5 crores. I seek your support for enhancing NRHM financing of this scheme from the current Rs. 10 crores to Rs. 35 crores from within our PIP envelope.
15. The MDGs related to child health can only be met by substantial reduction in neonatal mortality. The *Priyadarshini* FBNC scheme signifies a major step in this direction. Under NRHM in 2009, Rajasthan has established 38 *Priyadarshini* FBNCs at District Hospitals, an infrastructure that will enable considerable improvements in neonatal health care. One such state of the art FBNC was launched on August 15 at Alwar with NRHM and NIPI-UNOPS funding. For effective functioning of FBNCs we need to put in place two pediatricians at each FBNC in addition to the 12 GNMs already funded by NRHM, which I have sought in our supplementary PIP proposals.
16. NRHM envisages establishment of CHCs as First Referral Units. I recognize the need to enhance the pace of establishment of FRUs. But my efforts in this direction are constrained by the acute shortages in Training capacity. I have sought your intervention in this regard. Multiskilling training capacity of Rajasthan needs to be enhanced with linkages with other apex Institutions outside the State. There is also a continuing need to bring in a cadre of specialists who will make the community

health centres and district hospitals as vibrant functional health centres capable of handling large patient loads.

17. We have initiated measure to address the chronic shortages of doctors at Primary Health Centres. The Rajasthan Rural Health Service, which is quite unique in its conception, has provided the State with a large number of Medical officers and Nursing cadre exclusively devoted to rural areas. Hard duty allowances and rural duty allowances are being paid from NRHM funds to the doctors deployed in desert and tribal areas. The Health Ministry's 100 days program appropriately seeks to strengthen this linkage.
18. A sharp increase in in-patient loads has been seen across all public health institutions of Rajasthan. To cope with these high patient loads, the bed capacity of District Hospitals, CHCs and PHCs is being increased. It is envisaged that by the end of the XIth Five Year Plan the State would need District Hospitals of 500 bed capacity, CHCs of 100 bed capacity and PHCs of 15 bed capacity. NRHM, with its 33 percent infrastructure funding, provides us adequate resources for taking up a substantially large construction program. In 2009-10, 30 bedded maternity wards have been sanctioned in 100 CHCs witnessing more than 200 institutional deliveries per month. I have also emphasised on improved sanitation and upkeep of all public health institutions.
19. NRHM has also enabled a significant strengthening of the drug logistics and procurement system. Rs. 10 crores have been utilized for repairs of the drug warehouses in the State. The Store Procurement committee functioning has been streamlined and procurement audit has been undertaken for all NRHM procurement.
20. A significant emphasis is needed on focused IEC. Rajasthan has involved private media and advertising firms to bring in a

private professional's skill base to strengthen the IEC bureau. District IEC coordinators have been appointed and the State IEC bureau has been strengthened with hired professionals as consultants for print and visual media.

21. NRHM's thrust for improving maternal and child health indicators is the ASHA. Rajasthan has deployed 42000 Ashas in the State. These Ashas have been equipped with drug kits and 2 rounds of trainings have been completed for 28000 Ashas. The remaining trainings have been scheduled in the current year. For building greater ownership amongst Ashas, timely incentive payments, aprons for all Ashas, revolving cash funds for referral transport and supportive supervision have been adopted.

22. The Auxiliary Nurse Midwife is a critical input for skilled birth attendance. Rajasthan currently faces a shortage of 20,000 ANMs. The rigidities under NRHM have not enabled an early deployment of nursing cadres. This year we have created 2500 positions of 2nd ANMs and would thus be able to draw on NRHM's provision for a 3rd ANM. The benefits of 3 ANMs at Sub centre are immense for the health indicators in terms of skilled delivery and immunisation. Rajasthan's supplementary PIP proposals seek support for the salary component for 2500 3rd ANM positions.

23. Strengthening health systems necessitates deployment of a well trained and motivated work force. Government must also have the capacity to retain quality staff through provision of adequate salaries, incentive schemes, appropriate performance rewards and high quality professional education and trainings. Residential accommodation is being provided with NRHM funds at PHCs and CHCs. Thus far 1100 residential quarters have been completed under the program.

24. Our Government's focus has been the *Aam Aadmi*. We have

sought to target the vulnerable populations for providing them with quality health services. I am hopeful that in the coming months, NRHM will enable Rajasthan to significantly improve its health sector indicators. I would like to once again thank the Hon'ble Union Health Minister for convening this meeting and giving me an opportunity for sharing my thoughts with all of you on this occasion. I hope that the decisions in this meeting will go a long way in strengthening program implementation in the country.

25. *Jai Hind.*