ORIGINAL RESEARCH PAPER

Economics

# RAJASTHAN HEALTHCARE & INFRASTRUCTURE STATUS

**KEY WORDS:** Healthcare, Infrastructure Status, Health Spending

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**ABSTRACT**

"The success or failure of any government in the final analysis must be measured by the well-being of its citizens. Nothing can be more important to a state than its public health; the state's paramount concern should be the health of its people. "Franklin Delano Roosevelt (quoted in Gostin, 2000).

Despite the fact that the government of Rajasthan has define an objective of expanding government Health spending to 2-3 percent of total national output throughout the following five years, even with idealistic presumptions, it can't meet the stated objective. In the wake of poor health infra across the state, therefore researcher has tried to paint the clear and gloomy picture of health facilities across state.

Providing Quality health services to the poor and unprivileged is like making ivory tower and far away for the ground reality unless state of the art health facilities are not developed in the state, which will also help state to boost its economy in light of medical tourism.

## II. INTRODUCTION

A powerful public health framework that can guarantee the nation's health requires the collaborative endeavors of an intricate system of individuals and organizations in the public and private parts, just as an arrangement of strategy and practice of governmental public health offices at the national, state, and neighborhood levels. In the United States, governments at all levels (bureaucratic, state, and nearby) have a particular duty to endeavor to create the conditions in which individuals can be as healthy as could be expected under the circumstances. For governments to assume their job inside the public health framework, strategy creators must give the political and monetary help required for solid and successful governmental public health offices.

In Rajasthan, which has a population of around seven crore, escalating costs on healthcare are troubling poor families. The state has been progressively redistributing healthcare administrations to private hospitals. A few people whined of being denied convenient treatment as they had not taken the Bhamashah health insurance card to the medical clinic at the hour of treatment.

Under 2% of the state's GDP is allocated to healthcare administrations – this is terribly inadequate, public health authorities said. They introduced around 30 contextual investigations of individuals denied of auspicious clinical health.

Jan Swasthya Abhiyan said the reliance on private hospitals was "prompting preoccupation of tremendous public assets into private hands but on the other hand is bringing about extreme instances of exploitation and maltreatment of patients by the private healthcare suppliers."

Numerous ladies discussed experiencing operations to forestall pregnancy. In any case, regardless of the operation, many got pregnant. "Rajasthan records most elevated rate of sterilization disappointments in the nation, including that this brings up a colossal issue on the nature of conceptive health administrations conveyed in the state.

There were instances of maternal and youngster deaths which featured different elements of carelessness and lack of care with respect to healthcare suppliers.

## III. RAJASTHAN - HEALTHCARE PROFILE

### • LIFE EXPECTANCY AT BIRTH

As indicated by Sample Registration System (SRS) in the period 1991-95, life expectancy in Rajasthan was 59.1 years (58.3 for men and 59.4 years for ladies), 57 and 64.2 years in rustic and urban regions separately. During a similar timeframe, all India life expectancy figures (60.3 years - 59.7 years for men and 60.9 years for ladies; 58.9 in rustic territories and 65.9 in urban zones) were higher.

During the previous five decades, Rajasthan has seen some improvement in life expectancy and related measures. As per the Census of India's estimates, life expectancy in Rajasthan expanded from 46.8 years for the period 1951-61 to 53 years for the period 1971-81

### • INFANT MORTALITY RATE (IMR)

As per the Annual Health Survey (AHS) 2012-13 Rajasthan announced IMR at 55 at total. IMR was 59 and 38 in rustic segment and urban part individually for Rajasthan.

IMR recorded is least at 19 in Rudraprayag (Uttarkhand) while in Shrawasti (Uttar Pradesh) was most extreme at 103 showing a variation of multiple times. IMR in rustic zones of regions is essentially higher than in urban territories.

Additionally, neo-natal mortality rate and pre-natal mortality rate remained at 37 and 18 for Rajasthan according to the AHS 2012-13.

### • CRUDE BIRTH RATE (CBR)

CBR alludes to the quantity of live births per thousand mid-year populations. Rajasthan had 24.1 CBR according to the AHS 2012-13, of which the rustic division and Urban Sector established of 25.2 and 20.8 CBR. Bageshwar (Uttarakhand) detailed least Crude Birth Rate (CBR) of 14.7 and most extreme announced is at 40.9 in Shrawasti (Uttar Pradesh).

### • HUMAN DEVELOPMENT INDEX (HDI)

As indicated by the Annual Health Survey (AHS) 2012-13 Rajasthan had and HDI of 0.434, which was comparatively higher than HDI of 0.387 according to the HDR 1999. Furthermore, Rajasthan positioned (in India) 17 and 14 in HD 2007 update and HDR 1999 individually. India revealed HDI of 0.467 according to the HD report 2011 and as indicated by HDR (United Nations) 2014 India has HDI of 0.586.

### • CRUDE DEATH RATE (CDR)

Rajasthan had 6.4 CDR according to the AHS 2012-13, of which the country segment and urban area comprised of 6.7 and 5.4 CDR. As per the World Bank report India has CDR of 8. Dhemaji (Assam) has the base CDR of 4.5 and most extreme is in Shrawasti (Uttar Pradesh) at 12.6.

### • TOTAL FERTILITY RATE (TFR)

As indicated by the Sample Registration System (SRS) Report

2012, TFR for Rajasthan recorded is 2.9, which comprises 3.1 and 2.3 for the provincial and urban segment individually. Additionally, India has a TFR of 2.4 according to SRS 2012.

- **MATERNAL MORTALITY RATIO (MMR)**

According to AHS 2012-13 MMR announced in Rajasthan is 208 and the Maternal Mortality Rate is 20 with a lifetime danger of 0.68% though India has MMR at 190 (WHO Report 2013).

## IV. GOVERNMENT HEALTHCARE INFRASTRUCTURE

At present there are 35 district hospitals, 5 satellite hospitals, 16 sub-divisional hospitals, 551 community health centres, 2066 primary health centres and 13227 sub centres in the State. The healthcare delivery system in Rajasthan comprises of a mix of public and private providers. The public healthcare delivery system is mainly a three-tiered system comprising of a vast network of 14,408 Sub-centers and 2080 Primary Health Centers at the primary level, 571 Community Health Centers, 19 sub-district hospitals and 34 district hospitals at the secondary level, and 8 teaching hospitals and healthcare institutions at the tertiary level (Rural Health Statistics, 2016 and National Health Profile, 2016). The average population served per government hospital bed is 1521 for Rajasthan as compared to 1678 for India (National Health Profile, 2016). The private healthcare delivery system comprises of individual practitioners, small clinics and hospitals and is highly fragmented, with a vast majority of it being serviced by the unorganized sector.

| S. N. | Health Facility | Nos. |
|---|---|---|
| 1 | District Hospital | 34 |
| 2 | Satellite Hospital | 5 |
| 3 | Sub-Divisional Hospital (SDH) | 19 |
| 4 | Community Health Centres (CHC) | 571 |
| 5 | Primary Health Centres | 2080 |
| 6 | Sub Centres (SC) | 14408 |
| 7 | City Dispensaries | 195 |
| 8 | Block | 249 |
| 9 | High Focus Blocks | 50 |
| 10 | Government Blood Bank | 44 |
| 11 | Identified Delivery Point | 1665 |
| 12 | Trauma Centres | 58 |
| 13 | 108 Ambulances | 649 |

**State has total 8 governments medical colleges of which 2 are situated in Jaipur, 1 each at Jodhpur, Ajmer, Udaipur, Kota, Bikaner, and Jhalawar.**

| S. N. | Medical College / Institution | Location | Annual Intake (Seats) of MBBS Course |
|---|---|---|---|
| 1 | Dr. S. N. Medical College | Jodhpur | 250 |
| 2 | Sardar Patel Medical College | Bikaner | 250 |
| 3 | S. M. S. Medical College | Jaipur | 250 |
| 4 | Government Medical College | Kota | 150 |
| 5 | Jawaharlal Nehru Medical College | Ajmer | 150 |
| 6 | R. N. T. Medical College | Udaipur | 150 |
| 7 | Jhalawar Medical College | Jhalawar | 150 |
| 8 | RUHS College of Medical Sciences | RUHS | 100 |
| | Total | | 1450 |

**The following five medical colleges have been permitted each for 100 MBBS seats from tl academic year 2018-19:-**

| S. N. | Medical College / Institution | Location | Annual Intake (Seats) of MBBS Course |
|---|---|---|---|
| 1 | Medical College, Bharatpur | Bharatpur | 100 |
| 2 | Rajmata Vijaya RajeScindia Medical College, Bhilwara | Bhilwara | 100 |
| 3 | Pandit Deendayal Upadhyaya Medical College, Churu | Churu | 100 |
| 4 | Medical College, Dungarpur | Dungarpur | 100 |
| 5 | Medical College, Pali | Pali | 100 |
| | Total | | 500 |

## PROPOSED NEW MEDICAL COLLEGES UNDER RAJAS THAN MEDICAL EDUCATION SOCIETY (RAJMES)

| S. N. | Medical College / Institution | Location | Proposed Annual Intake (Seats) of MBBS Course |
|---|---|---|---|
| 1 | Medical College, Barmer | Barmer | 100 |
| 2 | Medical College, Sikar | Sikar | 100 |
| | Total | | 200 |

State has total 8 Private Medical colleges

| S. N. | Medical College / Institution | Location | Annual Intake (Seats) of MBBS Course |
|---|---|---|---|
| 1 | M.G.Medical College | Jaipur | 150 |
| 2 | NIMS Medical College | Jaipur | 100 |
| 3 | Geetanjali Medical College | Udaipur | 150 |
| 4 | Pacific Medical College | Udaipur | 150 |
| 5 | Jaipur National University Medical College Jaipur | Jaipur | 150 |
| 6 | Ananta Institute of Medical Sciences | Rajsamand | 150 |
| 7 | Pacific Institute of Medical Sciences | Udaipur | 150 |
| 8 | American Institute of Medical Sciences | Udaipur | 150 |
| | Total | | 1150 |

## V. SCOPE

State faces a test of a twofold weight of infections, where transmittable sickness trouble despite everything represents critical extent of malady trouble. In 2012 out of total number of DALYs lost 33% were attributed to this ailment. There is rising grimness and mortality cost attributable to non-transferable sicknesses. They are altogether answerable for an estimated 60% of premature deaths. The majority of treatment part is being managed at clinical school attached and private hospitals while anticipation is essentially related to State Health System (Medical and Health Department in Rajasthan)

The Department of Medical and Health will reinforce Primary and Secondary level health care offices in State and execute Vertical Health Programs adequately in field through locale level establishments and fringe health recipients.

The Department of Medical Education is fundamentally key office for giving Health Human Resource to the State Health System as far as specialists, nursing staff, paramedical and other partnered territories.

The Medical College attached hospitals are the Tertiary Health Care suppliers in the State Health System managing alluded and complicated cases.

The Department likewise have primary target of giving preparing, ability development to the health labor and furthermore work for innovative work in the field of medication and health.

## VI. SUGGESTIONS TO IMPROVISE HEALTH INFRASTR UCTURE IN RAJASTHAN

i. Collecting and disseminating information about health and health care conveyance frameworks.
ii. Direct the executives of administrations
iii. Efficient prioritization of going through with greater accentuation given to Preventive health care rather than the curative consideration.
iv. Adequate attention by the Government to the stewardship of arranging the health division completely without concentrating solely on the provisioning of health care.
v. Addressing challenges in human asset for health as far as numbers, appropriation, quality and expertise blend.
vi. Sufficient center around the union with programs tending to the key social determinants of health (nourishment, drinking water and sanitation)
vii. Adequate venture of Public money related assets in health
viii. Efficient prioritization of going through with greater accentuation given to Preventive health care rather than the curative consideration.
ix. New Medical College attached to region hospitals.
x. Running Medical Colleges on PPP Mode
xi. Increase in UG and PG seats and new certificate courses to deal with request of masters in fringe health framework:
xii. Strengthening Tertiary Care in Medical College attached Hospitals:
xiii. Integrated Hospital Management and Information System
xiv. Promoting Research: Multidisciplinary Research Units in every Medical school, Rural Health Research and re-

orientation of Medical Education.

xv. Fighting Non-Communicable Diseases-Super-claim to fame office in all hospitals

xvi. Strengthening of instructing and preparing in clinical universities for improving quality.

xvii. Collaboration with national and international found ations of notoriety for specialized help and information trade programs.

xviii. Development of paramedical sciences in every single clinical school.

xix. Use of present day devices and hardware for educating and preparing.

xx. Improve careful abilities and expanding nature of preparing

xxi. Establishment of State-of-The-Art e-study halls and e-library in every single Medical College.

xxii. Establishment of Multidisciplinary Research Units in every Medical College.

xxiii. Development of information and data focus in every clinical school.

## VII. CONCLUSION

While the context is complex, the vision of healthy State calls for re-prioritization of our objectives. We additionally need to re-deliberate the handiness of our long haul strategies. Through the span of next three years the health care framework in Rajasthan must organize the public health and move from being curative to preventive. Public health is the study of securing and improving health of families, networks through advancing healthy life-style, and research for malady and injury anticipation and recognition and control of irresistible illnesses. By and large the public health is worried about ensuring the health of whole population.

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