



## A REVIEW ON SWASTH SEVA YOJNA

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### **ABSTRACT:**

The purpose of this report is to highlight the importance of converging information communication technology (ICT) and e-Governance in the field of healthcare. This paper will examine how these two powerful platforms need to be utilised effectively to make changes in the field of healthcare, especially in the developing countries. Developing countries like ours do not have easily reachable technologies, nevertheless, technology can still be utilised in governing the e-health system ensuring health information is disseminated effectively and efficiently to the populations that require it. This paper is to discuss how Information Technology inclusion with health systems will give us a better foundation for effective governance by quoting ongoing efforts in Rajasthan state of India.

**Keywords:** *ICT, e-Governance, e-Health and IT.*

### **INTRODUCTION:**

SEWA is the union of self-employed women workers, and therefore a trade union, poor self-employed women workers are at the core of the SEWA. 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. The Government of Rajasthan is actively promoting Medical and Healthcare sector giving an opportunity for the private sector to invest in medical and healthcare institutions which includes medical, dental and paramedical. To facilitate the establishment of quality health institutions within the framework of set standards and norms. Government seeks participation from the private sector for quality healthcare delivery. The state has as well immense potential of extending its tourism into medical tourism with its Rajasthan Investment Promotion Scheme(2014)which offer concessions and tax benefits for such investments. The

“Aarogya Rajasthan Abhiyan“ a drive for healthy Rajasthan is approved by Chief Minister Vasundhara Raje on August 25, 2015, to collect and compile health data of rural population in the state. Rajasthan is the second state in the country after Kerala to launch such a campaign.

### **Schemes of Government of Rajasthan in Health**

#### **1. Kalewa Yojana**

- Funded by NRHM
- Implemented by DWCD
- Free warm and nutritious food
- At CHC level
- For 2 days to women who had delivered at CHC
- Food cooked by Self help groups
- Proposed to be extended to PHC level

#### **2. Deshi Ghee Scheme**

- 100% State Govt. sponsored scheme
- Implemented in all the districts from 01.03.2009
- 5 liter Desi Ghee
- Applicable
  - First delivery at govt. institution
- Includes
  - BPL
  - Identified families of Sahriya and Kathodi tribes under State BPL Antyodaya Anna Yojana

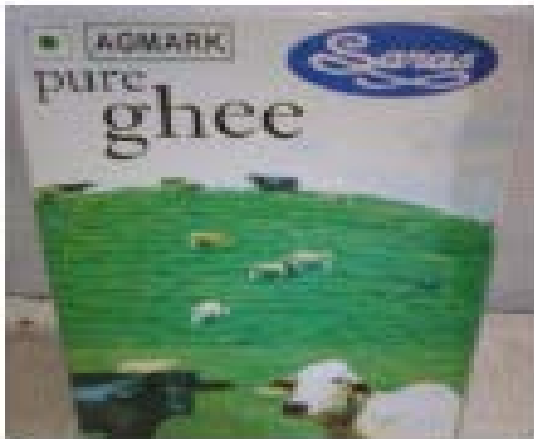


Fig. 1:

#### 1. Yashoda

- A paid performance linked voluntary support worker placed under NIPI at Health Facilities
- Support to nursing staff
- Intervention started in 3 NIPI Districts – Aug 2008
- Up-scaled in all Districts in July 2009.
- Objective
  - Provide special care and support to mother and newborn
  - Provides counseling during antenatal and postnatal period
    - Care of mother and newborn
    - Immunization, breastfeeding and family welfare



Fig:-2

#### 2. PCPNDT Act: Mukhbir Yojana

- Information regarding sex selection
  - Provision of reward of Rs. 50,000/-
- information about unregistered sonography machine
  - Reward of Rs. 25,000/-

#### 3. Mukhya Mantri Balika Sambal Yojana

Started - 1st April, 2007 to promote girl child and providing economic support to her.

##### • Eligibility-

Any couple undergoing sterilization operation after one or two female child (no male child)

##### • Objectives

- Govt.'s effort in contributing towards overall development and education of girl child
- Motivating parents to curb child marriage
- Restrain falling sex ratio and population growth

##### • Nature of scheme

- Rs. 10,000/- bond under CCP scheme of UTI Mutual Fund for each girl child
- Bond matures at the age of 18 years
- Certificate regarding no male child and total number of children to be submitted

#### 4. Swasthya Sandesh Sewa

- Also called SMS Alert Service
- Started on June 7, 2011

- Information given to ANM through SMS on her mobile

- Regarding due services to the beneficiary



Fig:3

### 5. Dati Sumangla Scheme

- Launched:10 Nov., 2010 in Pali
- Main features related to girl child
  - First child after two yrs of marriage –  
Kisan Vikas Patra of Rs. 2100/- for girl child  
–Rs. 1000/- cash to Mother
  - After 3 yrs second girl child  
Kisan Vikas Patra of Rs. 5100/- for girl child  
–Rs. 1000/- cash to Mother

### 6. Janani Express

- Launched: 2 Oct.,2012
- Main features:
  - To promote the Janani Suraksha Yojana
  - To promote institutional deliveries
  - To provide round-the-clock free transportation
  - To reducing the maternal mortality ratio
  - Free transportation facility for pregnant women to health centers for delivery
  - Available in emergencies in the pre & post-delivery periods
  - Service at those PHCs where there are no ambulances
  - Toll free number-104- for Janani Express service.



Fig:-4

### 7. Jyoti Scheme

- Launched on April 1, 2011
- Applicable for females with no male child & 1-2 female child & have undergone sterilization
- Give preference in health services, education and employment
- Objective
  - Promote
    - ✓ Females as role model for small families
    - ✓ Girl child
- **Eligibility** : 22 – 32 years
- **Benefits**
  - Felicitation at national and local functions
  - Help in education
  - Free health facilities in govt. hospitals
  - Participation in activities related to development in social sector
  - Learning visits in different states
  - Preference in selection as ASHA/AWW



Fig:- 5

TABLE:-1 Awards – State Level

S. No.	Detail of awards	Amount (in lakhs)
1	Best performing districts	
	First district	30.00
	Second district	20.00
	Third district	10.00
2	Best performing Panchayat Samitis	
	First Panchayat Samiti	10.00
	Second Panchayat Samiti	8.00
	Third Panchayat Samiti	6.00
3	Best performing Gram Panchayat	
	First Gram Panchayat	5.00
	Second Gram Panchayat	3.00
	Third Gram Panchayat	2.00
4	Best performing govt. health facility	2.00

TBALE:-2. Awards – NGO/Pvt. HF

S. No.	Detail of awards	Amount (in lakhs)
1	Institute performing 1000+ sterilization cases and 100 IUD insertion	2.00
2	Institute performing 500-999 sterilization cases and 100 IUD insertion	1.00

### 8. JSK Santusti Yojna

- Provide private sector gynaecologists & vasectomy surgeons an opportunity to conduct operations in PPP mode under the scheme already announced by MOHFW, Government of India in September 2007.
- Allows the accredited facility to receive an advance of Rs.15,000/- as a start up.
- On completion of 100 cases, within 60 – 90 days, the private facility gets Rs. 1, 50,000/- after adjusting the advances received.

### 9. Mukhya Mantri Nishulk Dawa Yojana

- Started on Oct 2, 2011
- Objective
  - Qualitative medical services at low cost
  - Reduce cost in treatment
- RMSCL established to purchase drugs

- Essential medicines made available free of cost to patients
- Free of cost Surgicals- Needles, Disposable syringes, IVA Blood Transfusion Set, Sutures etc.
- Drug distribution centers as per timings of OPD and 24 hrs for IPD.
- **Beneficiaries:**
  - OPD patients
  - IPD patients
  - Those included as beneficiaries of MMJRK



Fig:-6

### 10. 108 ambulance services

- Started in 2008 as Dhanwantari Ambulance Scheme
- 24x7 emergency service
- Toll Free number accessible from landline or mobile
- Emergency help will reach you in an average of 18 minutes
- Free of cost
- Handle medical, police and fire emergencies



Fig:-7

TABLE:-3

Medical Emergencies	Police Emergencies	Fire Emergencies
Serious Injuries	Robbery / Theft / Burglary	Burns
Cardiac arrests	Street Fights	Fire breakouts
Stroke	Property Conflicts	Industrial fire hazards
Respiratory	Self - inflicted injuries / Attempted suicides	
Diabetics	Theft	
Maternal/Neonatal/Pediatric	Fighting	
Epilepsy	Public Nuisance	
Unconsciousness	Missing	
Animal bites	Kidnappings	
High Fever	Traffic Problems ( Traffic Jams or Rallies, raastarokos etc )	
Infections	Forceful actions, riots etc	

### 11. Mobile Surgical Unit

- Established in 1956 in three divisions Jaipur, Jodhpur and Udaipur.
- Extended in all divisions since 2007-08
- Aim:-
  - To provide free medical and health services to the poor masses at their doorstep in remote area of Rajasthan Specially in desert and tribal area.
  - All facilities like admission, investigations, surgery, post operative care and proper follow up are provided at single camp.
  - Operations related to Eye, ENT, Ortho, Gyne, Appendicitis, Thyroid, Hernia, Dental etc.



Fig:-8



fig:-9

### 12. Rajiv Gandhi MMU

- Mobile health services in
  - Tribal
  - Desert

- Far off/ inaccessible areas
- Specially to cater poor, women and children
- Each MMU consists of 2 Vehicles
  - 1 – Mobility of medical team
  - 1 – Medical investigation
- (a) All medical equipments (X-ray machine, ECG etc.)
- (b) Provides medicines
  - Team: Doctor, Nurse, Lab. Technician, X-Ray Technician, Pharmacist, Driver and Helper.
  - Services provided
    - MCH services
    - First aid and prevention of infection
    - Family welfare services
    - Adolescent services
    - RCH services
    - Emergency services in drought, flood, epidemic, accidents and other natural calamities.



Fig:-10

TABLE:-4

Health Infrastructure in Rajasthan as on 31.03.2012

S. No.	Particulars	Numbers
1.	Hospitals (Excluding Medical College Hospitals)	108
2.	Community Health Centres (Rural)	428
3.	Primary Health Centres (Rural)	1612
4.	Primary Health Centres (Urban)	37
5.	Health Sub Centres	12696
6.	Dispensaries	196
7.	Mother & Child Welfare Centres	118
8.	Aid-Post (Urban)	13
<b>Total Health Institutions</b>		<b>15218</b>
9.	Number of beds (Excluding attached hospitals under Medical Colleges)	35467
10.	Served Area Per Institution (in sq. kms)	25
11.	Served Population per Institution	4948

### DISCUSSION

1. Looking on the results of study, the predictions are that there is an ongoing need to improve the poor health outcomes through improved access to health care system
2. Looking up to the interest of rural population towards private health centers, government along

with strengthening rural healthcare system, should also focus on strengthening of private set ups in the remote areas for reasonable cost and should increase the affordability for people for treatment from private health centers

3. During the whole study the research team also observed that respondents were ready to listen to the information provided by the team and they were keen to learn about new schemes and the benefits which can be availed.

4. The poor satisfaction with transport facilities suggests that there is lack of transport facilities available, especially in case of emergency transportation must be available to facilitate women to attend hospitals for deliveries or for referral of complicated cases. Policy on this issue needs to be framed.

### CONCLUSION

The main strength of the study deserves mention: the study is based on current information collected during visits to Health Centres, which requires less memory recall. The limitations also need to be noted. However the quantitative analysis can still be extended in the upcoming researches and more representative groups like Sarpanchs, Medical Practitioners, staff at health centres, ASHA Sahyoginis etc. also need to be taken into consideration before forming any policy or strategy in the field.

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