

**A STUDY OF THE IMPLEMENTATION IN JAPUR DISTRICT
OF THE MUKHYA MANTRI NISHULK DAWA YOJANA OF RAJASTHAN**

May 2012

BY PUCL, INTERNS

GUIDED BY PRAYAS

COORDINATED BY PUCL, RAJASTHAN

WORKING DRAFT (31st May, 2012)

Background

The PUCL addresses all dimensions of human rights. Not just the civil and political rights but also the socio economic and cultural rights. In order to ensure a comprehensive understanding of these rights we at the PUCL get the law interns to undertake research on diverse issues.

In the month of May the over 60 PUCL interns undertook the following survey's and studies in order to understand the:

- Situation of mahila desk in all the police stations of the city of Jaipur.
- The people's perception of mining in their region, the impact on the residents, the flora, the fauna, the water bodies, commons and also tried to understand the situation of mine workers in the Neem ka thana region.
- We undertook a rapid study of the Mukhya Mantri Nishulk Dawa Yojana in the district of Jaipur and
- are still surveying the functioning of the Anganwadis in the city of Jaipur

PART I

Universal and Free Public Provisioning of Medicines as a First Step to the Universal Guarantee to the Right to Health Care: A Study of the Mukhya Mantri Nishulk Dawa Yojana of Rajasthan

We decided to study the Mukhay Mantri Nishulk Dawa Yojana as this is a necessary first step in providing a universal guarantee to the right to health care in the country. Although to actualise a comprehensive right to health care, several other steps would have to be undertaken. From the point of view of the legal and constitutional framework, health and healthcare have not been accorded the status of rights. There are instances in case law where, the Right to Life, Article 21 of the Constitution or various Directive Principles have been used to demand access to healthcare, especially in emergency situations or references made to the International Covenants. This scheme very strongly connects to Article 21 the Right to Life and Articles 41, 42 and 47, which deal with social security, maternity benefits and health.

It is important to know that the World Health Organisation for India data states that 65 % of the patients are unable to access the essential medicines needed by them in order to recover from an illness. It has also been shown by WHO that 40% of all indebtedness is due to costs borne towards inpatient health care, the data for Rajasthan further shockingly shows that 24 percent of people who fall ill become BPL

due to the expenditure on health care. The WHO data also shows that 23 % of all those who are ill despite, the availability of medicines and doctors do not go for treatment.

About the Mukhya Mantri Nishulk Dawa Yojana in Rajasthan

The Mukhya Mantri Nishulk Dawa Yojana, was announced by the Chief Minister of the Government of Rajasthan Sh. Ashok Gehlot in 2011. Launched by the Health Department of the State Government from October 2, 2011, it has now been on the ground for the last seven months. The scheme ensures free generic medicines for all indoor and outdoor patients. The rationale for this scheme as stated in the Government of Rajasthan literature is that a large number of people in the State are not able to afford the expenditure on their treatment. High expenditure on health care is the major cause of rural indebtedness.

Thus the scheme is providing qualitative medicines & surgical free of cost. The Rajasthan Medical Services Corporation has been constituted and a centralised system of purchase of medicines has been developed, which is supplying medicines to all Government health institutions through District Drug Warehouses established in all the districts of the State. Commonly used essential (generic) 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 21.5

In a campaign mode approximately 15000 Drug Distribution Centres have been established in the State and have been strengthened. 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.

The Survey

Under the guidance of Dr Narendra Gupta, Chhaya Pacholi and the assistance of Kshitij Prayas all member of PRAYAS, a community and Policy Level Health Organisation, members of PUCL Rajasthan and Dr. Samit Sharma, MD RMSC (Department of Medical and Health) who also lectured us on this issue around 60 students from 11 Universities¹ across the country visited and surveyed various primary health centers, community health centers, city dispensaries, satellite and a few tertiary hospitals across Jaipur city and rural hinterland. Mr. BN Sharma the Principal Secretary, Medical and Health Department granted us the permission to conduct this survey and the CMHOs of Jaipur helped the interns whenever they were denied access at the health centres.

¹¹ (1) Symbiosis law college, (2) Pune; Nirma University, Ahmedabad; (3) National University of Juridical sciences, Kolkata; (4) Kalinga Institute of Industrial Technology (KIIT), Bhubaneswar, Orissa; (5) National Law University, Cuttack; (6) Hidayatullah National Law University, Raipur; (7) Amity University, Lucknow; (8) Dr. Ram Manohar Lohiya National Law University, Lucknow; (9) OP Jindal Global Law University, (10) Jai Narayan Vyas University Jodhpur and (11) Ram Jas College, Delhi University.

More than 55 centres were visited by us but data for 44 health centers is being used. **We carried out a questionnaire based survey and also made a note of our observations while conducting the survey.**

The key objective of the survey was to see

- 1) To see whether the number of patients coming to access health care services have increased.
- 2) To see whether the people are satisfied with the scheme or not and that they find these medicines effective.
- 3) To see whether there is improvement and maintenance of the health facilities.
- 4) To see whether the programme has been effectively implemented or not.
- 5) To see whether the Drug Distribution centres are easily accessible or not.
- 6) To see whether the doctors are now providing the generic medicines and not writing the expensive medicines.
- 7) To understand the people's complaints and the effectiveness of the mechanism of complaint and redressal provided in this scheme.

WE had three forms with us in order to develop an understanding of the above.

- 1) The first facilitated the demand side, whether the beneficiaries are getting the medicines for free and are satisfied with the medicines and the scheme as well as to examine their complaints.
- 2) Second was the supply side, to monitor the availability of medicines, check the proper storage facilities and the availability of staff including doctors and pharmacists.
- 3) Third from Summarised the data.

Steps of conducting the survey:-

The students were divided into 10 groups of 5 to 6 persons each and the survey was conducted in four days. During the first three days, hospitals and dispensaries were covered in Jaipur district and on the fourth day. Jaipur rural PHCs and HC'S were covered.

- 1) 2) On 14th may 2012 ,Satellite hospitals and hospitals attached to the SMS hospital were surveyed.
- 3) On 15th may and 16th may 2012, the Government city dispensaries were surveyed.
- 4) On 17th may 2012,CHC's and PHC's were covered in Jaipur rural area.

On each day of the survey, all the groups assembled and gave their feedback on their visit to the different health centers. The questionnaire was used as a tool for the survey. The groups recorded their individual observations with the help of which the report has been made.

Jaipur City Dispensaries Surveyed

Of the list of 38 city dispensaries in the city of Jaipur we could gather data for only 25 of them 6 were unable to locate although we made a lot of effort and five we were unable to go.

S. No.	Name of Dispensaries
1.	City dispensary Vaishali Nagar
2.	City Dispensary Gandhinagar

3.	City Dispensary Moti Katla
4.	City Dispensary Topkhanadesh
5.	City Dispensary Bani Park
6.	City Dispensary Adarsh Nagar
7.	City Dispensary Tilak Nagar
8.	City Dispensary Main Secretariat
9.	City Dispensary Raj Bhawan
10.	City Dispensary Nahari ka naka
11.	City Dispensary Jawahar Nagar
12.	City Dispensary Jhotwara
13.	City Dispensary Ganga Pol
14.	City Dispensary Vidhayak Nivas
15.	City Dispensary Barkat Nagar
16.	City Dispensary Vidhayak Nagar
17.	City Dispensary Reger Basti,Ghaat gate
18.	City Dispensary Malviya Nagar
19.	City Dispensary Durgapura
20.	City Dispensary O.T.S
21.	City Dispensary Mansarovar
22.	City Dispensary Govind Nagar
23.	City Dispensary Satyavatan Ashram
24.	City Dispensary Mini Secretariat
25.	City Dispensary Rajasthan High Court
26.	City Dispensary Sardar Patel Marg
27.	City Dispensary Jamdoli

Of the total list of 38 city dispensaries provided to us we were unable to locate six of the dispensaries, **Jhalana Dungri, Labour Welfare Centre, Tope Khaana Huzuri, TB Centre and Purani Basti** And we didnot reach five others the **Govind dev ji temple Dispensary, the Govind Garh Dispensary, Siyohdi, RAC 8th and RAC 9the Battalion.**

Jaipur District PHCs and CHCs surveyed

S.No	Name of Health Centres
1	PHC Goner
2	CHC Phagi
3	CHC Chomu
4	CHC Govindgarh2
5	CHC Bassi
6	PHC Achrol
7	PHC Kalwar
8	PHC Shahpura
9	CHC Dudu
10	CHC Chaksu
11	CHC Amer

2 CHC govindgarh could not be covered as we were caught in the riots on the 18th May and had to return. .

12	CHC Sanganer
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Jaipur City Satellite / District Hospitals and Tertiary Hospitals surveyed

s.no	City Hospital	Type
1	Jaykay Lon Hospital	Tertiary Hospital
4	Phychiatrist Centre	Tertiary Hospital
5	Mahila Chikatsalya	Tertiary Hospital
7	TB Hospital	Tertiary Hospital
3	Kanwatia Hospital	Satellite Hospital
6	Satellite Hospital Bani Park	Satellite Hospital
7	Sethi Colony	Satellite Hospital
8	Jaipuria Hospital	Satellite Hospital

PART II

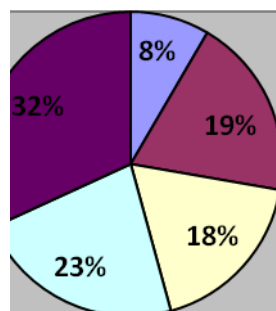
WHAT DOES THE DATA SAY

I Profile of the Respondent

I A. The number of People we surveyed

Type of health facility	Frequency	Percent
PHC	44	8.4
CHC	101	19.3
DH	94	18.0
Tertiary Care hospital	117	22.4
City Dispensary	166	31.8
Total	522	100.0

The above data carries the number of people probed in different health facilities. The beneficiaries were asked about different aspects of scheme while the survey was done

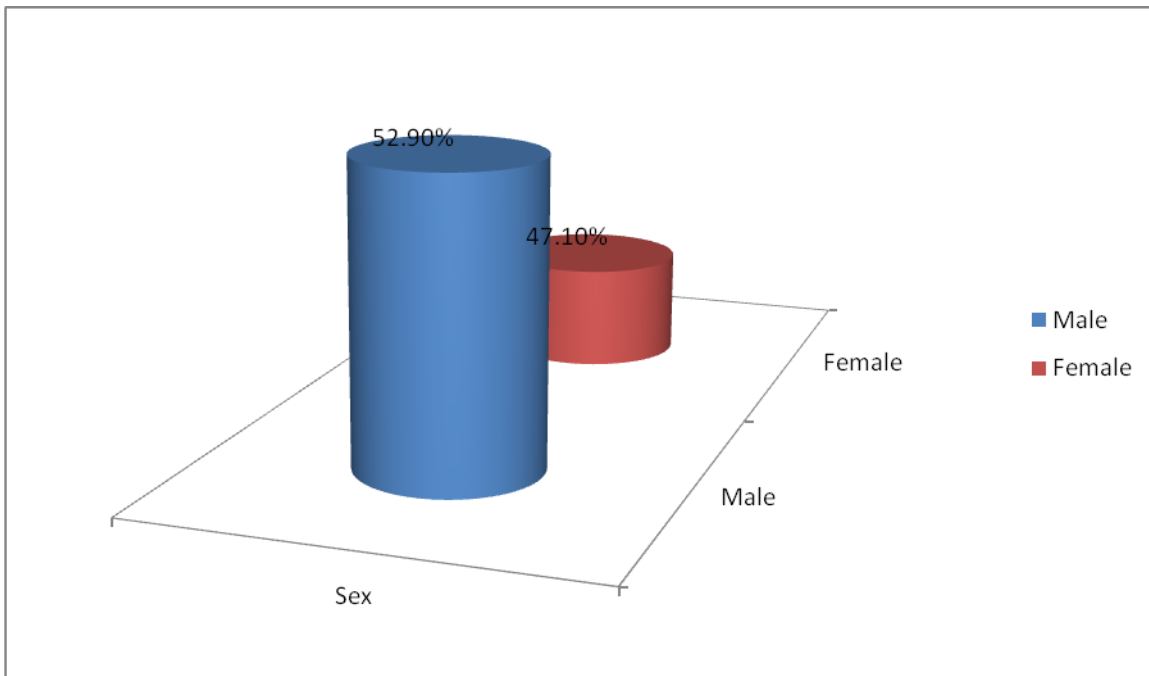


- PHC
- CHC
- DH
- Tertiary Care Hospital
- City Dispensary

I B. Sex

Sex	Frequency	Percent
MALE	276	52.9
FEMALE	246	47.1
Total	522	100.0

Above table gives the data about the number of males and females interviewed during the survey. Approximately 52.9% of males and 47.1% of females are interviewed, that's about to be the almost equal number.

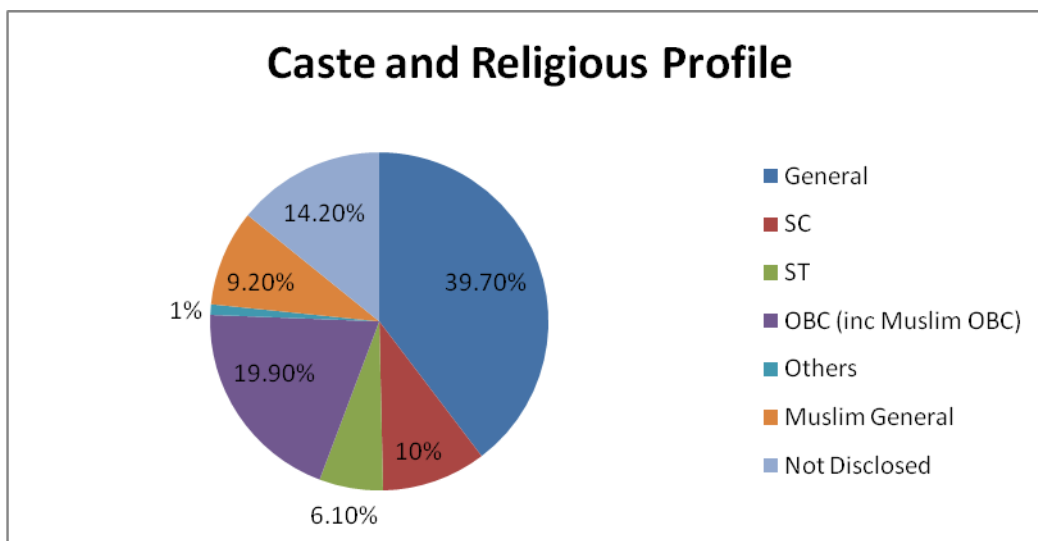


IC. Caste and Religious profile

	Frequency	Percent
GENERAL	207	39.7
SC	52	10.0
ST	32	6.1
OBC (inc Muslim OBCs)	104	19.9
OTHERS	5	1.0

Muslim General	48	9.2
not disclosed	74	14.2
Total	522	100.0

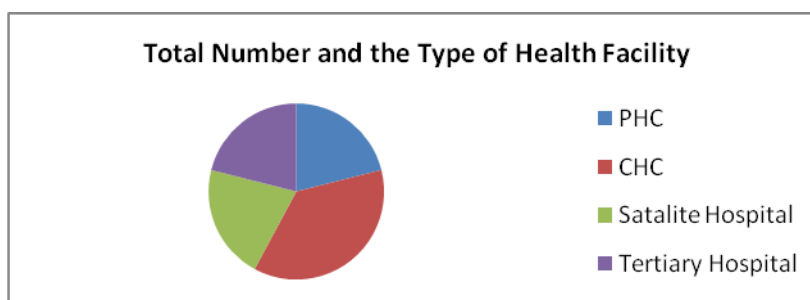
The table shows the category of the people in Jaipur accessing this scheme. Most of the people surveyed belonged to the general category followed by OBC category. There is a large number who have not disclosed their caste and religious identities which ofcourse could have changed teh above parametres.



2. Total Number and the Type of Health Facility

Type of Health Facility	Frequency	Percent
PHC	4	9.1
CHC	7	15.9
satellite Hospital	4	9.1
Tertiary Hospital	4	9.1
CITY DISPENSARY	25	56.58
Total	44	100.0

The table above shows that we surveyed 44 Health facilities. Among all of the health facilities, about 57 % of the city dispensaries were surveyed and therefore the inferences emerging maybe a little biased towards city dispensaries.

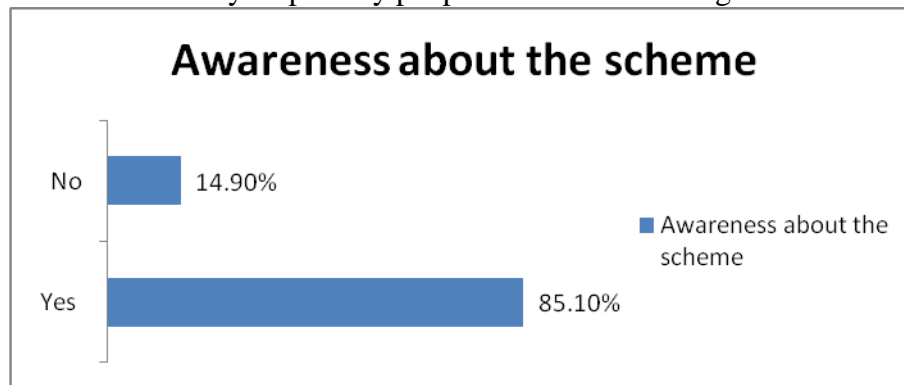


III Findings of the demand side

3. A. Awareness about the free medicine Scheme

Type of Health Facility							
Response	PHC	CHC	DH/ Sat Hospital	tertiary hospital	City Dispensary	Total	Percentage
NO	7	17	19	24	11	78	14.9
YES	37	84	75	93	155	444	85.1
Total	44	101	94	117	166	522	100

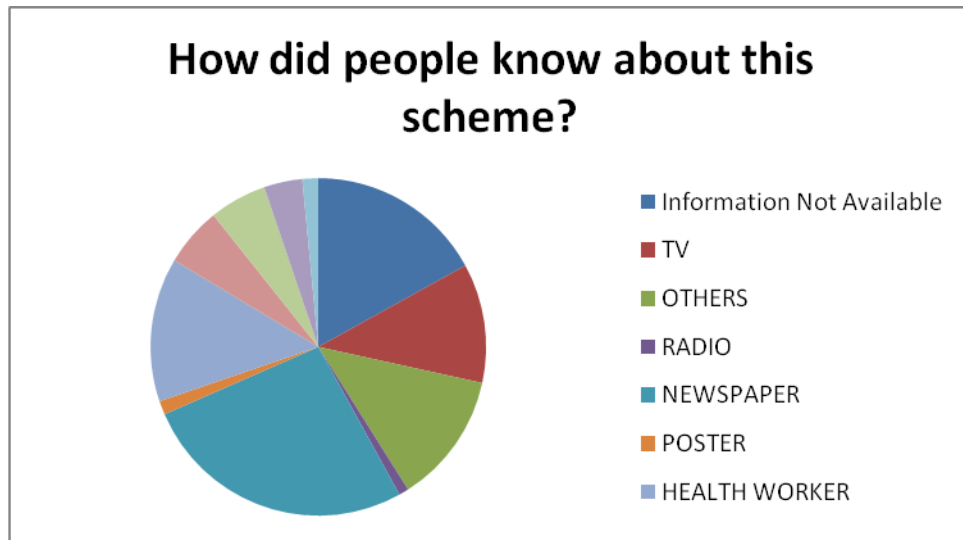
The table shows that by and large the general awareness of the people about the medical scheme exists. Most of the people have the knowledge of the scheme. Almost 85% people have knowledge about the medical scheme. In the areas of city dispensary people have the knowledge about the scheme.



3.A1 How did people know about this scheme?

Sources of media	Frequency	Percent
Information Not Available	92	17.9
TV	62	12.1
OTHERS	68	13.3
RADIO	5	1.0
NEWSPAPER	143	27.9
POSTER	7	1.4
HEALTH WORKER	75	14.6
Pamphlet	3	.6
FRIEND	30	5.8
FAMILY/RELATIVE	20	3.9
HOARDINGS/ BANNERS	8	1.6
Total	513	100.0

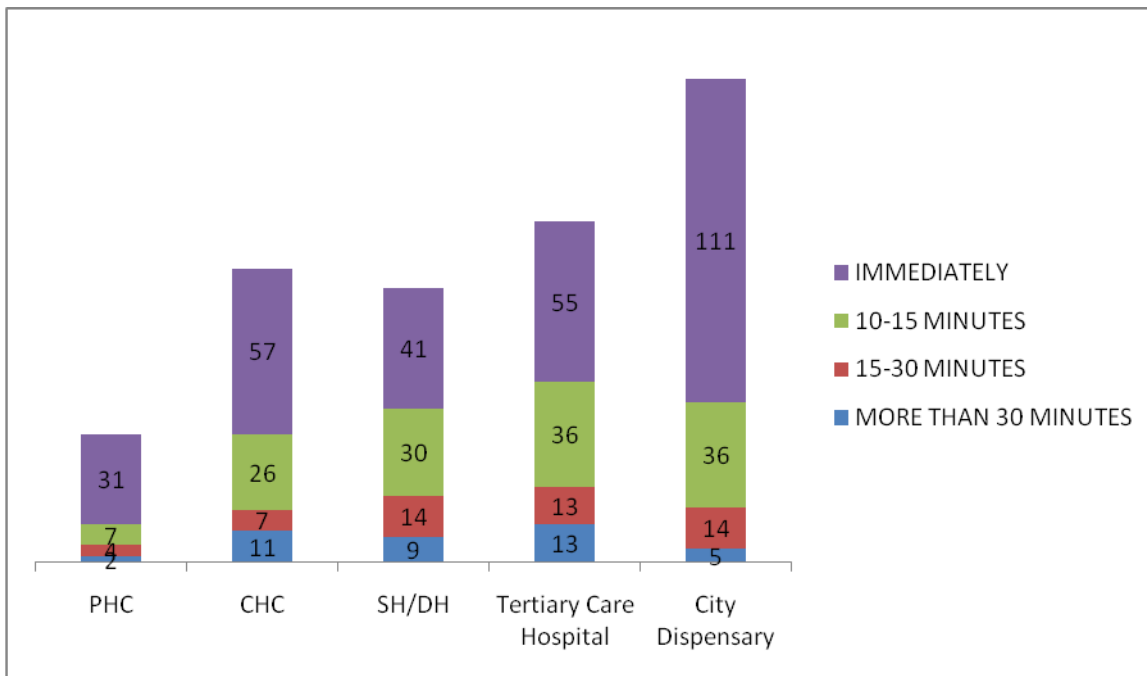
The above table implies that the most prominent source from where people learnt about the scheme was the Newspaper, followed by the role of the health worker. Medias for the dissemination of the schemes are Newspapers, TV and Health Workers.



3. B Time taken to get the Medicines from the Drug Centre at the Health Facility

Responses	Type of Health Facilities					Total	Percentage
	PHC	CHC	SH/DH	Tertiary hospital	City Dispensary		
MORE THAN 30 MINUTES	2	11	9	13	5	40	7.7
15-30 MINUTES	4	7	14	13	14	52	10
10-15 MINUTES	7	26	30	36	36	135	25.9
IMMEDIATELY	31	57	41	55	111	295	56.4
Total	44	101	94	117	166	522	100

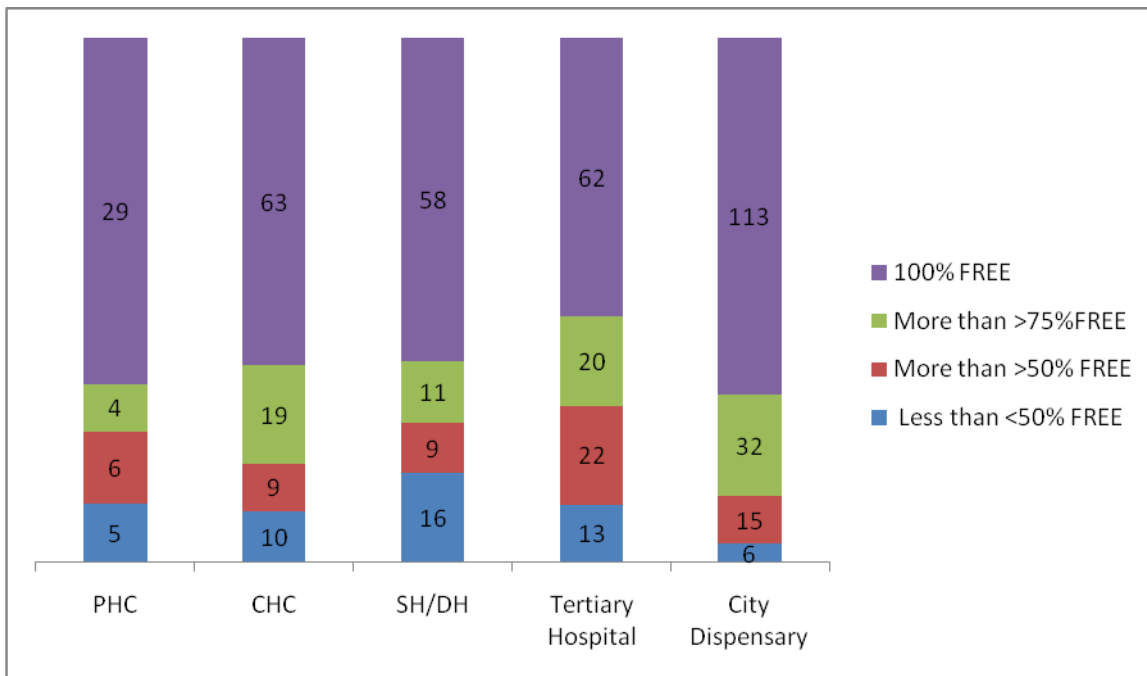
From the above table it can be implied that the larger percentage of people are getting medicines almost immediately. Lesser percentage of people is getting the medicines in more than 30 minutes that could even be improved further by computerizing the DDC. 56% of people are getting medicines almost immediately.



3. C. People Getting Free Medicines

Type of Health Facility							
Responses	Type of Health Facility					Total	Percentage
	PHC	CHC	SH/DH	Tertiary care hospital	City Dispensary		
Less than <50% FREE	5	10	16	13	6	50	9.6
More than >50% FREE	6	9	9	22	15	61	11.7
More than >75%FREE	4	19	11	20	32	86	16.5
100% FREE	29	63	58	62	113	325	62.2
Total	44	101	94	117	166	522	100

A large section of people are getting free medicines but still approximately 40% people are not getting medicines fully free. So there are still a large number of people who need to be provided 100% free medicines. Lack of availability, less number of prescriptions of generic drugs by the doctors, etc can be the reason behind it.



3. D. Generic medicines equally effective to Branded medicines

Tye of Health Facility

Responses	PHC	CHC	DH	Tertiary care hospital	City Dispensary	Total	Percentage
NO/DON'T KNOW	6	24	14	33	36	113	21.6
SOMEWHAT	13	19	17	24	41	114	21.8
YES OR FIRST TIME CONSUMED	25	58	63	60	89	295	56.6
Total	44	101	94	117	166	522	100

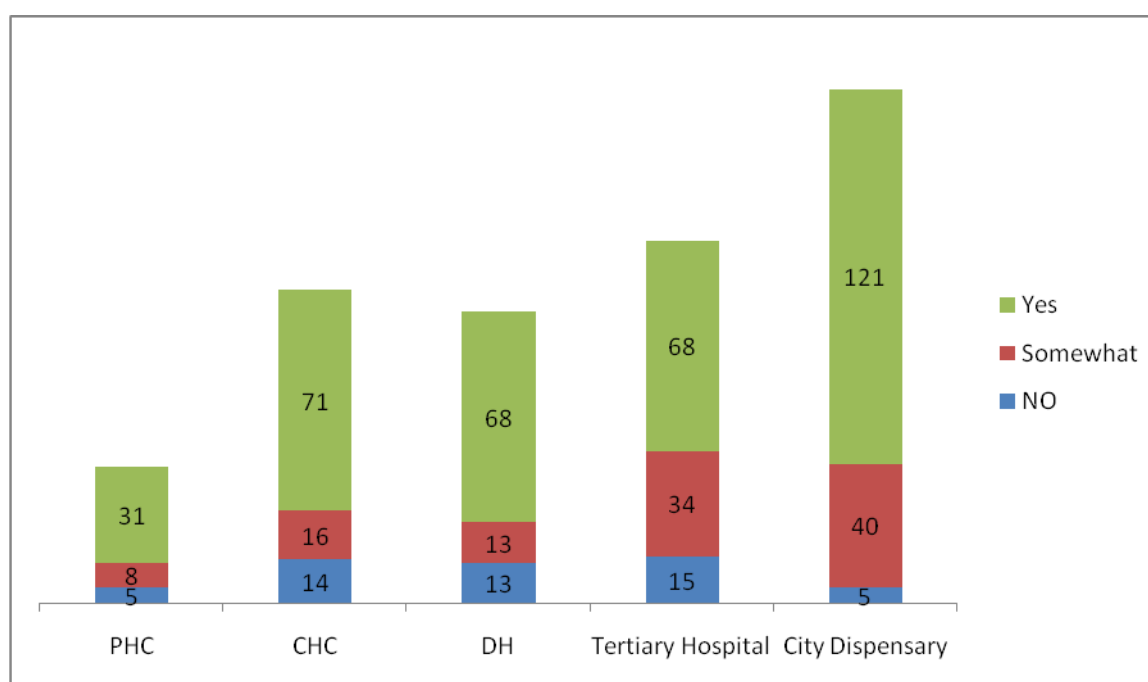
It can be inferred from the above data that about sixty percent people are convinced about the efficacy of generic drugs. It was quite a non-issue with them. About a fifth of the population surveyed did have misconceptions about the generic drugs not being effective. So this implies that still a lot of work needs to be done regarding spreading awareness among the people about the generic and branded medicines.

3 E People Satisfied with the Scheme

Type of Health Facility

Responses	PHC	CHC	DH	Territory care hospital	City Dispensary	Total	Percentage
NO	5	14	13	15	5	52	10
SOMEWHAT	8	16	13	34	40	111	21.3
YES	31	71	68	68	121	359	68.7
Total	44	101	94	117	166	522	100

Through the table we could analyse that there are less number of people who are not satisfied with the medical scheme. Some people feel that the scheme is just okay, it is not working in the way it should work. A majority of people are satisfied with the scheme.



3 F. About Complaints and Grievance Redressal

The people refused to talk about the complaints as they felt that they may not even get the medicine that they were getting. They feared that if they complained they would be victimised so we talked casually with them and made mental notes of what was happenign rather than fill the form, therefore we have not prepared the tables regarding this. **This aspect would require more of particpant observation and not through surveys. Some of our observation regarding complaints are in another section of the report.**

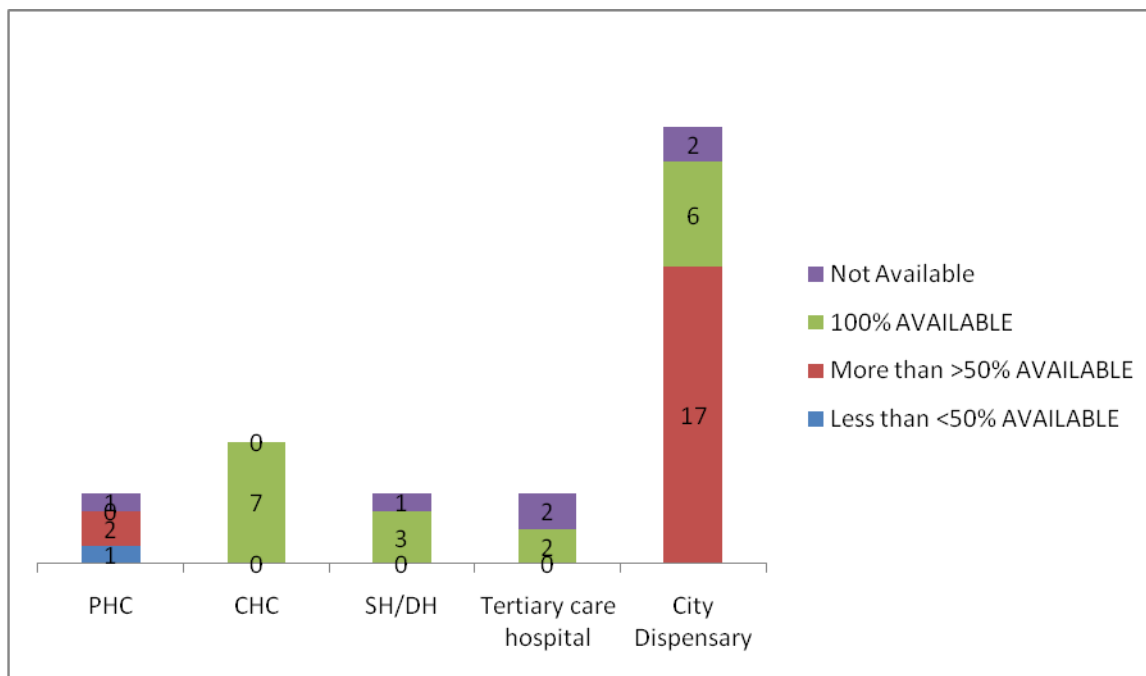
IV. Findings on Supply Side

4. A. Availability of staff in health facilities

Type of Health Facilities

Responses	PHC	CHC	DH	Tertiary hospital	CITY DISPENSARY	Total	Percentage
Not Available	1	0	1	2	2	6	13.6
Less than <50% AVAILABLE	1	0	0	0	0	1	2.3
More than >50% AVAILABLE	2	0	0	0	17	19	43.2
100% AVAILABLE	0	7	3	2	6	18	40.9
Total	4	7	4	4	25	44	100

The table shows that in the city dispensary there is a less availability of staff in the health facility. More number of doctors should be there in the dispensaries. CHC have sufficient number of staff in the health facility.



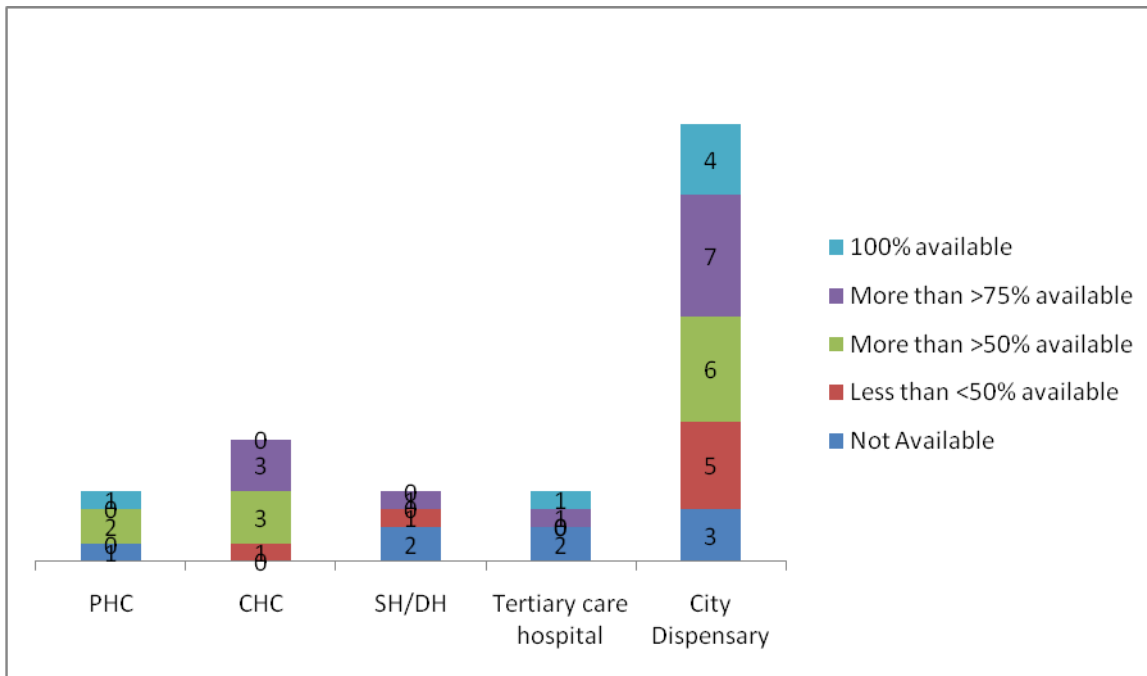
4. B. Availability of medicines in Health Facilities

Type of Health Facility

Responses	PHC	CHC	DH	Tertiary hospital	CITY DISPENSARY	Total	Percentage
Not Available	1	0	2	2	3	8	18.2
Less than <50% available	0	1	1	0	5	7	15.9

More than >50% available	2	3	0	0	6	11	25
More than >75% available	0	3	1	1	7	12	27.3
100% available	1	0	0	1	4	6	13.6
Total	4	7	4	4	25	44	100

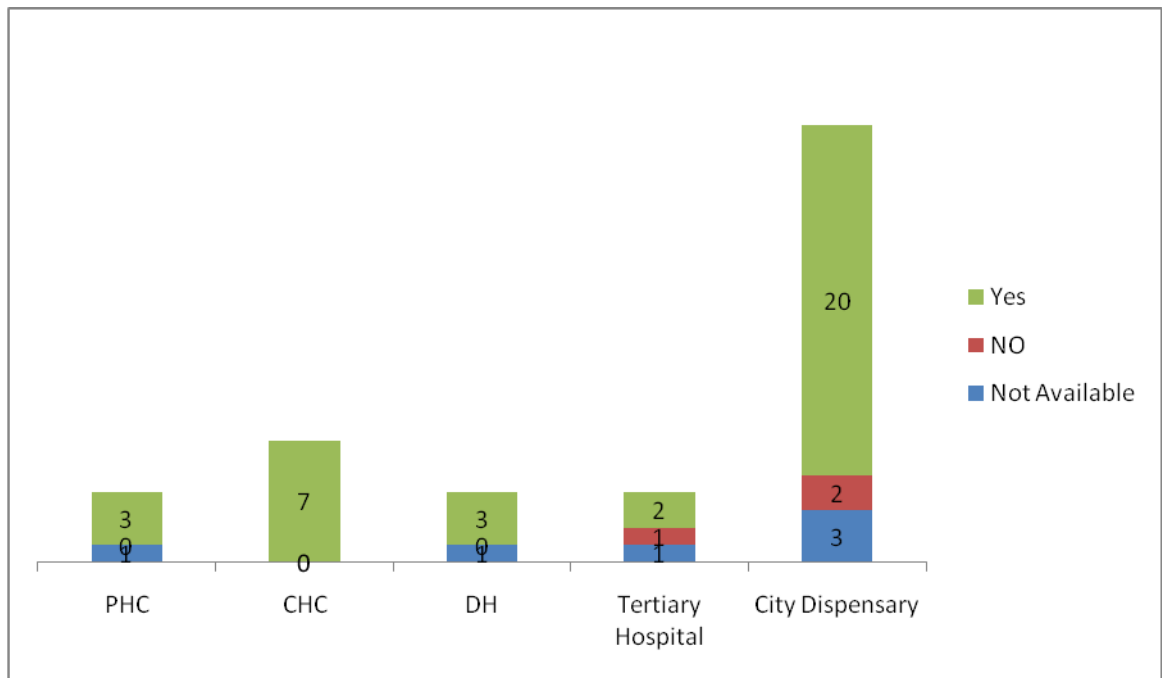
From the above table it is clearly evident that the medicines are not 100% available in so many health facilities, this may be the reason that people are not getting the medicines 100% free. So the medicines have to be made available by some efficient distribution system.



4. C Availability of Drug Warehouse

		Type of Health Facility						
Responses	PHC	CHC	DH	Tertiary hospital	CITY DISPENSARY	Total	Percentage	
Data Not Available	1	0	1	1	3	6	13.6	
No	0	0	0	1	2	3	6.8	
Yes	3	7	3	2	20	35	79.6	
Total	4	7	4	4	25	44	100	

Drug warehouse is the place where drugs are kept if there is no room for it, and then the medicines would not be made available to the beneficiaries. Most of the places have the drug warehouse.

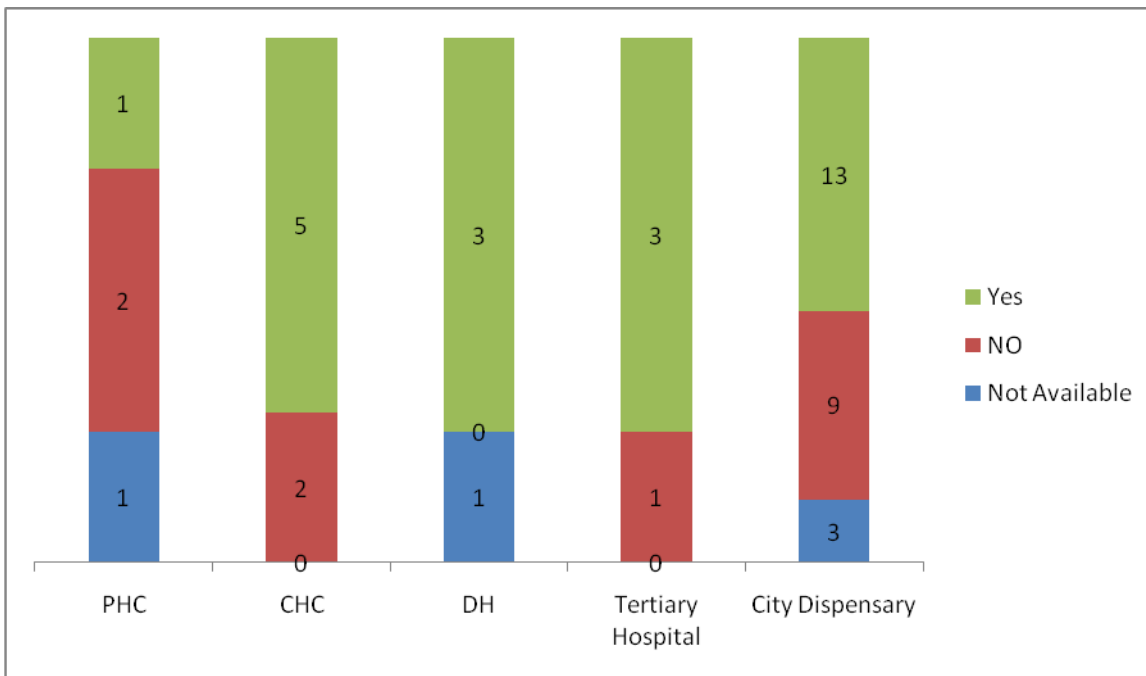


4. D Is Drug warehouse clean?

Type of Health Facilities

Responses	PHC	CHC	DH	Tertiary hospital	CITY DISPENSARY	Total	Percentage
Data Not Available	1	0	1	0	3	5	11.4
no	2	2	0	1	9	14	31.8
yes	1	5	3	3	13	25	56.8
Total	4	7	4	4	25	44	100

Drug warehouse is the place where the drugs are kept and stored. From the above table it can be implied that there are approximately 40% of drug warehouses are not clean, which is a very bad indicator of hygiene in the health facilities, dispensaries are the most of the health facilities which are not kept clean.

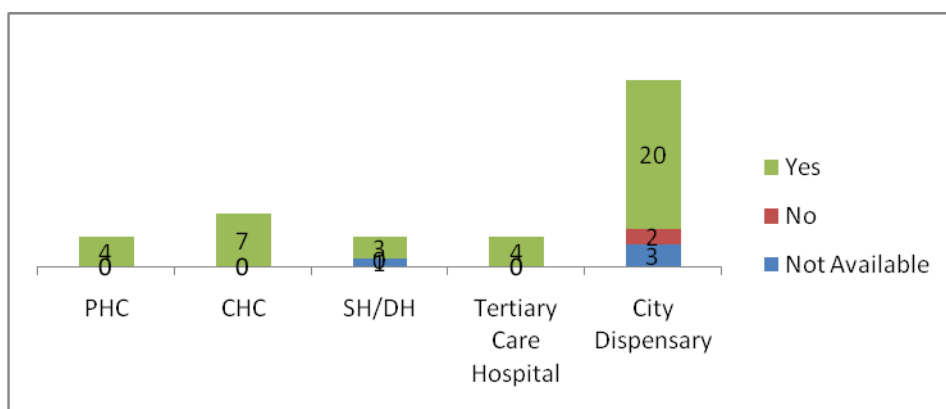


4. E Availability of Fridge in Health Facilities

Type of Health Facility

Responses	PHC	CHC	DH	Tertiary hospital	CITY DISPENSARY	Total	Percentage
Data Not Available	0	0	1	0	3	4	9.1
No	0	0	0	0	2	2	4.5
Yes	4	7	3	4	20	38	86.4
Total	4	7	4	4	25	44	100

Almost all the health facilities do have fridges to keep the medicine and syringes to the certain required temperature. But some of the health facilities do not have fridges which is one of the essential equipments to keep some medicines.

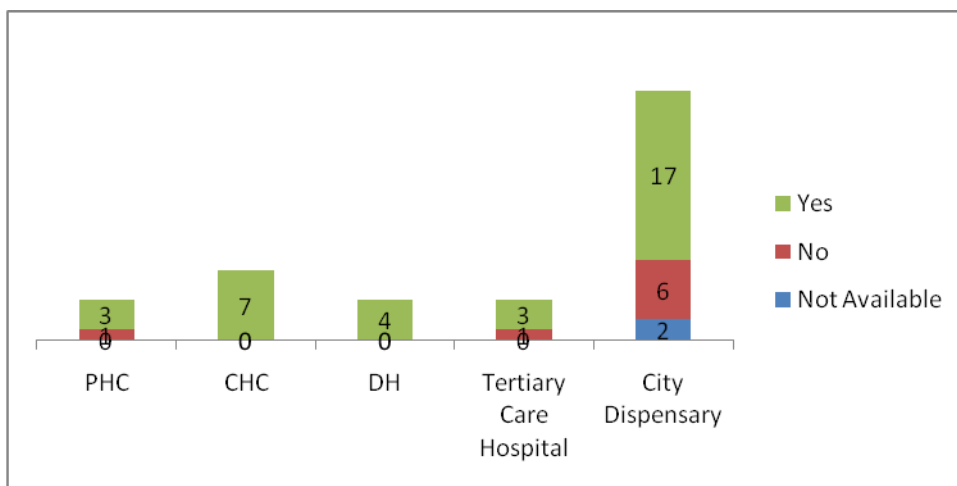


4F. Drug Distribution Centre (DDC) board outside the DDC room

Type of Health Facility

Responses	PHC	CHC	DH	Tertiary hospital	CITY DISPENSARY	Total	Percentage
Data Not Available	0	0	0	0	2	2	4.5
No	1	0	0	1	6	8	18.2
Yes	3	7	4	3	17	34	77.3
Total	4	7	4	4	25	44	100

The table above holds the data of having a Drug distribution centre board outside the DDC room and every DDC room has a board outside of it to make people informed about the DDC room, so that they can easily see and reach there to get the medicines without any trouble. Almost 85% health facilities have DDC board but still rest of the 15% does not have DDC board outside the DDC room.

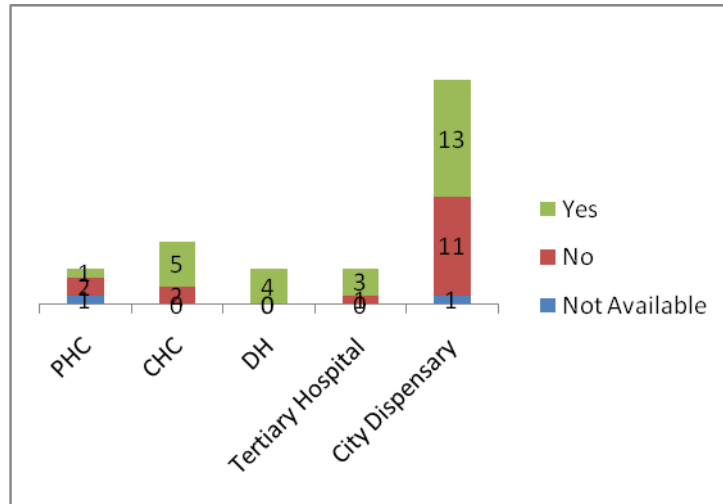


4. G Notice for free medicine outside the DDC room

Type of Health Facility

Responses	PHC	CHC	DH	Tertiary hospital	CITY DISPENSARY	Total	Percentage
Not Available	1	0	0	0	1	2	4.5
no	2	2	0	1	11	16	36.4
yes	1	5	4	3	13	26	59.1
Total	4	7	4	4	25	44	100

Above mentioned data is about the health facilities having a notice for free medicine outside the drug distribution centre. 38% of health facilities do not have notice for free medicine outside the DDC room that hinders the dissemination of scheme on the very first level.

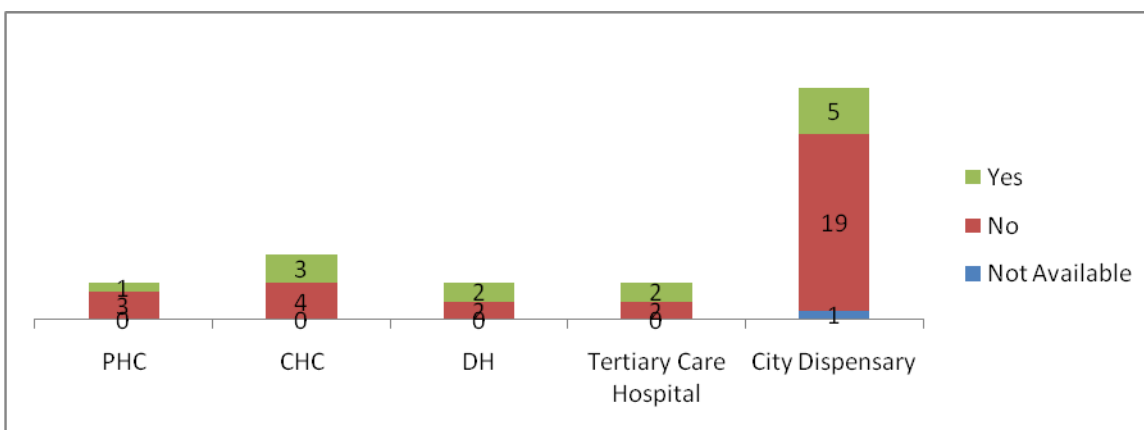


4. H Name and Phone Number of Complaint Officer Outside the DDC Room

Type of Health Facility

Responses	Type of Health Facility					Total	Percentage
	PHC	CHC	DH	Tertiary hospital	CITY DISPENSARY		
Data Not Available	0	0	0	0	1	1	2.3
no	3	4	2	2	19	30	68.2
yes	1	3	2	2	5	13	29.5
Total	4	7	4	4	25	44	100

The name and the phone number of the complaint officer should be there outside the DDC room, if the beneficiaries find any problem in getting the free medicines they should the number of the complaint officer so that they can file their grievance.

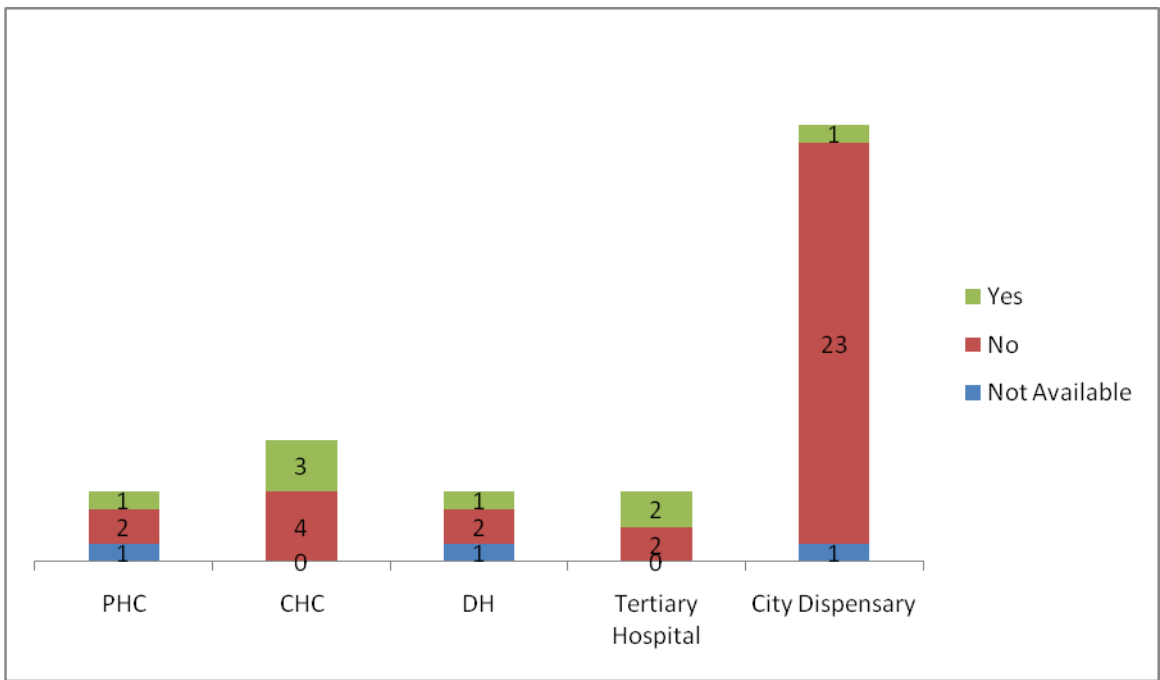


4 I. Is DDC computerized?

Type of Health Facility

Responses	PHC	CHC	DH	Tertiary Hospital	CITY DISPENSARY	Total	Percentage
Data Not Available	1	0	1	0	1	3	6.8
no	2	4	2	2	23	33	75
yes	1	3	1	2	1	8	18.2
Total	4	7	4	4	25	44	100

Almost no city dispensaries, PHC, Satellite hospitals don't have computerized DDC, which indicates that they are not using HMIS which is a very important tool to record and interpret data and it also saves time. A very few health facilities have computerized DDC but in a very small number which needs to be increased.



4 J Impact on the number of patients in the OPD

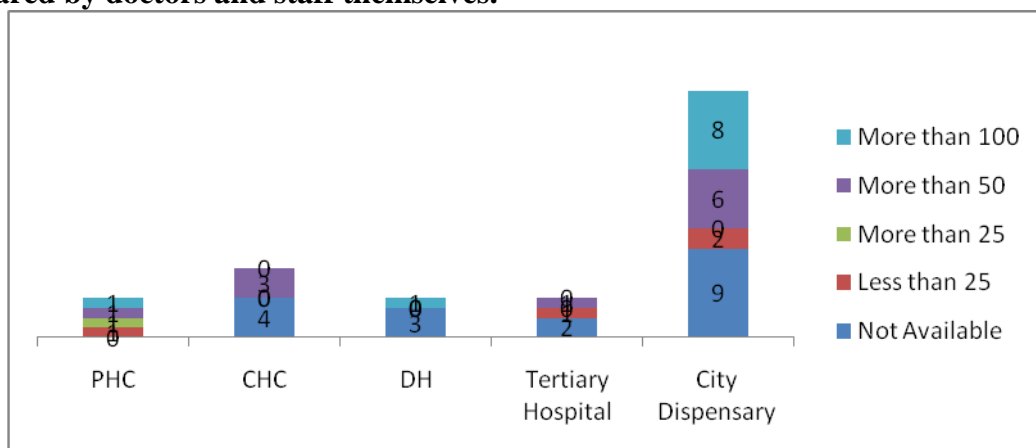
Type of Health Facilities

Responses	PHC	CHC	DH	Tertiary Hospital	CITY DISPENSARY	Total	Percentage
Data Not Available	0	4	3	2	9	18	40.9

Less than 25	1	0	0	1	2	4	9.1
More than 25	1	0	0	0	0	1	2.3
More than 50	1	3	0	1	6	11	25
More than 100	1	0	1	0	8	10	22.7
Total	4	7	4	4	25	44	100

The above table can be interpreted as change in OPD is substantial; approximately 25% of health facilities have more than 100% change and specifically 33% of City dispensaries have a change in their OPD more than 100%. This may be interpreted as that since the people are showing up even if they are not severely ill and they get cured so they don't have to go to the other health facilities.

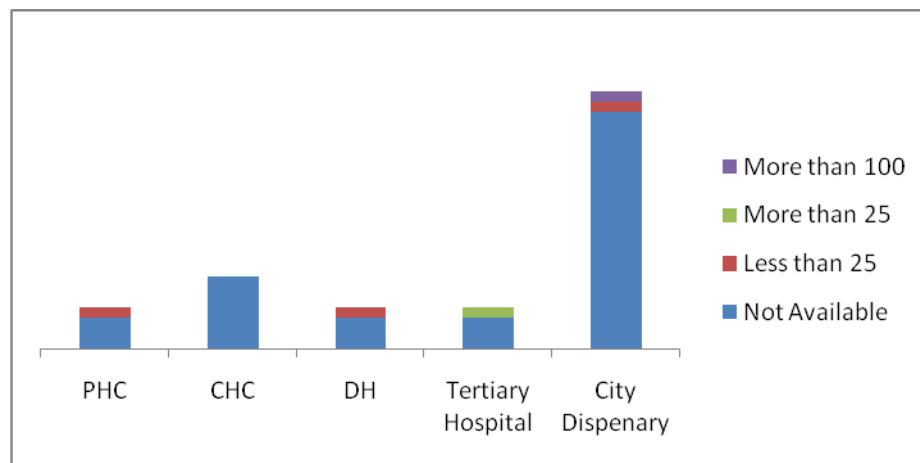
The table showing an **increase in the number of female patients has not been added as the data is still being analysed and therefore the table has not been made available to us, but everywhere where we allowed to examine the records,. This was not just our comparative data in many places but also shared by doctors and staff themselves.**



4. K. Change in In Door Patients

Type of Health Facilities

Responses	PHC	CHC	DH	Tertiary Hospital	CITY DISPENSARY	Total	Percentage
Not Available	3	7	3	3	23	39	88.6
<25	1	0	1	0	1	3	6.8
>25	0	0	0	1	0	1	2.3
>100	0	0	0	0	1	1	2.3
Total	4	7	4	4	25	44	100



The data was not available for more than 88 percent of the sample therefore we cannot interpret that the indoor patients do not have the access to the scheme.

PART III

This is a compilation of the observations of all the Health Facilities visited and examined by the students. The city Dispensaries, District/ Satellite Hospitals, Primary and Community Health Centres along with Tertiary hospitals run by the Rajasthan Government in Jaipur Urban and Rural.

Some of our observations are as follows:

It was observed that in the following places the **supply was insufficient**:

1. Barkat Nagar
2. Rajasthan High Court
3. Phagi dispensary,
4. Mini secretariat,
5. Main Secretariat,
6. CHC Dispensary,
7. Government dispensary,
8. Jhotwada, CHC
9. CHC Sanganer

Some of the required medicines were not available in the following dispensaries and Hospitals:

1. Goner Government Dispensary
2. Jaykaylon Hospital
3. Psychiatrist Centre
4. CHC Chaksu

PASSBOOK concept

It was increasingly noticed that though the **passbook concept** has been introduced by the government, still more most of the the dispensaries, PHCs, CHCs, District/ Satellite and Tertiary Hospitals are not aware about the concept. The under mentioned showed positive observations.

1. **Malviya Nagar Dispensary:** They had the pass book system while distributing the medicines.
2. **Government dispensary, Jhotwada:** Staff of the store were provided with pass books but was not given with the instructions for the use of the books.

No locker was available for special medicines.

1. Jawahar Nagar Dispensary
2. Mini Secretariat

There were the other important observations made at the time of the survey, as quoted by the internees from their observation reports What follows is a feedback from each health facility visited. :

City Dispensaries:

1. Jhotwara dispensary :

- Doctor prescribed only those medicines which were available in the store.
- There was no proper facility for glucose to be provided to the patients.
- There was scarce supply of antibiotic medicines for the patients.
- There was less supply of medicines in comparison to the demand.
- Proper facility for electricity and water was not there.
- Refrigerator was not there for the storage of medicines.
- Staff of the store were provided with pass books but was not given with the instructions for the use of the books.

2. Vidhayak Nagar Dispensary:

The dispensary wasn't easily accessible. The stock storage room was locked; stock manager was on leave and all the registers were kept in the stock room and were not available for us to see.

- Doctors who were supposed to be there were on leave and only compounder was there.
- There were no patients due to the absence of the doctors.
- During our interaction with the compounder we got to know that they faced a lot of problems concurring with the staff.
- According to him the area was such which require wider staff .
- they also said that tha dispensary was under 'D' category(which according to him was wrong) and thus they lacked few facilities.
- It was observed that the dispensary did not have deep freezer facility although normal refrigerator was there.
- Stock register was maintained properly.
- There was not any separate stock room for keeping the machines and medicines were also not kept in the room.
- Due to time restraint and absence of doctors patients were not surveyed.

3. **Tilak Nagar dispensary:** Some people were not satisfied with this scheme but as a whole more than 60% people were satisfied as without this initiative they wouldn't have been able to get

themselves cured. The problem with this scheme as mentioned by one of the patients is that the doctor is not allowed to prescribe a medicine outside the list which has been given to them. Even if they are not effective (medicines) the doctor cannot prescribe other medicines. As a result of this some people are not satisfied with this scheme but as a whole more than 60% people are satisfied as without this initiative they wouldn't have been able to get themselves cured.

4. Main Secretariat, City Dispensary : The people there were well satisfied with the medicines and the dispensary was functioning very well. And they believed the medicines to be as effective as the ones bought from the market as being from sacretriarte they knew about the scheme.. Moreover, the patients persuaded the doctor to right the medicines according to their wish like pain killers, cough drops and syrups etc. suggestions by dispensary staff for the improvement:

- ✓ RMSCL should regularly supply medicines.
- ✓ computerisation is needed .
- ✓ a separate room for the store is required as presently the medicines are stocked with several files, an inverter and some other equipment..
- ✓ No guide lines have been given for store management.
- ✓ There is a shortage of medicines in district warehouse itself and so medicines are not supplied.

5. Govind Nagar Dispensary:

- Patients were in very large number as they had real faith in the doctor, there was an estimate that there was almost hundred percent increase in the numbers of patients.
- However the staff was insufficient, present staff was overloaded with work.
- There were serious problems of payments that many a times the staff had to pay the electricity, water bills etc. from their own pockets and it is never repaid to them before three months (at times it takes six months).
- There was no post of lab technician.
- The store was not cleaned.
- Telephone Numbers for filing complaints not present.
- Hospital overcrowded with patients coming from places which already had CHCs and dispensaries which leads to shortage of medicines at times.
- Staff had to work overtime.
- Records not computerised and no prescription audit.
- Despite all this the doctors and the staff were kind to the people.

6. Vaishali nagar dispensary: The patients said that mostly all the medicines were free of cost except those prescribed by one Dr Radha Vyas who prescribed mostly the medicines which were not available on the Vitran Kendra. When we tried to talk to her she did not respond.

7. Tope Khaana Desh, City Dispensary :We called the CMHO Office, but our call was received first time at 10.15. Even after we got the permission from the incharge there , Mr. Khandelwal who was the Pharmacist at the Distribution Centre said that he didn't have the records and told us to wait. We told him that we wouldn't take much of his time but he was extremely disinterested in our questions and said that we were disturbing him. After we went out he came after us and again

took us inside after he heard us say that we would also send the report to surveying for the Medical Council Of India, we had to almost .

- 8. Jawahar Nagar Dispensary:**There was no chikitsa prabhari adhikari as well no Daawa Vitran Kendra prabhari.. Lack of pharmacists and consequently the remaining staff was overburdened
- 9. Barkat Nagar, City Dispensary:**The dispensary had no systems. The doctor got retired a month ago and he has not been replaced by any other doctor. The medicines were not kept in alphabetical order. The dispensary lacked discipline. Their was no co-ordination and the staff was lacking.

10. Satyatam Ashram (Jal Mahal) Dispensary :

We were firstly not allowed to conduct our survey because we did not have a written permission letter for the survey. The doctor even talked to the CMHO, but then also we were not given the permission. But we somehow managed to conduct our survey. The dispensary was very small as it was constructed in a donated building of an ahsram. There were less patients who visited that dispensary, approximately 25 patients visited the dispensary everyday. And as a result of it we were able to interview only 3 patients. In the meantime we interviewed the staff, which consisted of only 3 people other than the doctor. They treated us very nicely, and agreed to cooperate with us (unlike the doctor). The dispensary was clean and tidy. The "upbhog" register was maintained properly but they did not have the stock register neither the pass book. They had refrigerator and locker facility for special medicines. But there was nothing written on the outside of the dispensary about "nishul dava yojna". So the question arises that how will then people be attracted to visit the dispensary and avail the free medicine service. Therefore, publicity of this yojna has not been done properly and as a result of it not many people visited that dispensary. but nonetheless, it was a finely maintained dispensary and we were 70% satisfied with its condition. BPL system is continuing in Chomu, where there is no such provision. There is no way of restricting medicine distribution. Stamps were not provided on the prescriptions. There was an extreme shortage of medicines and the stock was not well maintained. In two cases, we witnessed tat medicines were available but they were not provided to the patients. The centre was really dirty and dinghy. Mr. Praveen said that the medicine was available and later on contradicted his own statement.

11. Mini Secretariat, City Dispensary:

- a. Only 20 out of the 45 medicines came when the dispensary demanded them i.e. less than 50 % which is not a good sign.
- b. There is also space problem in the dispensary as it is in mini secretariat building and it is interior in the mini secretariat.
- c. The medicine store was also given to the dispensary by the mini secretariat a few days ago.
- d. Dispensary is not computerised.

12. Sardar Patel Dispensary:

The store incharge who is Parineeta Hada and the Pharma incharge Anju khandelwal were both absent at that particular time and an helper was giving the medicines. Despite this, we also noticed that a proper board for “**nishulk dava kendra**” was not visible in front of dava vitran kendran. Hence most of the patient are deprived and not aware by these free services. In addition to this the A.N.M and G.N.M were also not present at that time.

On the part of the doctor, we noticed that a patient had come asking for abortion as she was pregnant over six weeks. She did not want to have a baby as her older child was only 10 months old who also she had brought with her.

The doctor straight away refused the women and told her to go to SMS hospital. She was hence denied the right to abortion and denied the right to space her children.

The main problem the doctor high lighted was that they require computerized system to update their records and that to with efficient technical staff. Otherwise if government don't provide technical staff it would be a matter of chaos for the workers only. The doctor were also raised the issue that unnecessary patients come for just to increase the crowd and to satisfy their themselves.

Though the dispensary is situated in the vicinity of highly educated and well maintain people with the financial status, the people from other areas also come in this dispensary because the facilities and the quality of medicines provided to the patients are far much better than any other dispensaries. The demand for the medicines was 400 and all the supply was completed with proper duration of the time, there were no as such problem raised by the doctor in this respect. The staff members as well as the patients are very much satisfied with the services provided by the dispensary.

13. Rajasthan High Court Dispensary:

- There was a lack of staff as there was only one head doctor and one compounder for other purposes.
- The patients were generally advocates and their clients.
- We encountered with very few complaints such as lack of provision for free medical check- ups, medical tests and homeopathic medicines.
- The data was not computerised and there was no passbook.
- There was no Problem Resolution Officer.
- The supply of medicines was lesser than the demand made.
- According to one patient, the condition of dispensaries located in main areas like Rajasthan High Court are good enough but the dispensaries located in small areas have short supply of medicines and the patients have to wait for very long to get the medicines.

14. Rager Basti Dispensary:

- Only one doctor was available so people had to wait for a long time to be diagnosed after which they had to wait for the medicine.
- The Dispensary was very small. It was extremely congested.

15. Mansarovar dispensary(Kiran Path):

- The doctors were not at all cooperative.
- At the first instance they did not allow us to conduct the survey as they were asking for the permission.

- There was less space inside the hospital.
- There were long queues and there was delay in distribution.

16. Durgapura Dispensary:

When we went to Durgapura we were not allowed to do the survey. But somehow we managed to do the survey. The dispensary was very clean and systematic. The drug store was also systematic and all the medicines were kept in shelves and were kept in an orderly manner. The patients were satisfied and they were getting the medicines for free. The doctor was helping the patients. The patients were satisfied. There was no problem as such.

17. Adarsh Nagar Dispensary:

- Observation for this dispensary were very positive. It was found out that the dispensary was well organised. There were two sitting doctors. And there were separate rooms for treating patients and keeping the stock.
- There was facility for deep freezing. All the required medicines were there in the stock.
- Medicines were kept in alphabetical order.
- Stock registers and various other registers were maintained and various documents were maintained properly.
- While interviewing patients it was observed that they all were satisfied with the services provided at the dispensary and also by the mahya mantra nishulk dawa yojna.
- They felt it was a good scheme for poor people and this scheme is like a support to them who can not afford their medication. During the interaction with the patients it also came out that they felt that the treatment given and medicines offered are effective and thus they visited this dispensary whenever they had any problem.

18. Motikatla Dispensary:

- Medicines stock could be increased as the people in that place completely depend on that government dispensary.
- The construction of that building must be improvised so that people the dispensary can function in an organized manner. Proper painting of the building needs to be done so that it can provide a better impact on the perspective of the patients.
- Pass book entry should be introduced so that things can be done in a further systematical manner.
- Computers should be provided to the dispensary.
- Decent cupboards should be provided which can be bolted and locked.
- Number of racks for medicines needs to increase. Racks were fewer as compared to the number of files needed. .

19. Vidhayak Niwas Dispensary

We reached the dispensary at around 10. There weren't many patients coming. The dispensary wasn't easily accessible. Only 5-6 patients visited the dispensary on an average day. The medicine store room

was locked; the stock manager was on leave and all the registers were kept in the stock room and therefore were not available for us to see. The number of medicines was sufficient but the medicines used to come almost a week after they were asked for.

20. Bani Park Dispensary:

The dispensary is entirely vacant from the patients, We hardly got 2 patients there. Overall the infrastructure was not up to the mark and everything is just not systematic because no proper facility was provided to the staff members. We interviewed one of the doctors who told us about their major problem and highlighted this issue that they themselves had to bear the charges of electricity and water. They had paid the last months bill that was 10,000 for electricity and 740 for water bill, that too the government doesn't give the amount back to them which shall be considered as the usage of the consumption of whole dispensary. It doesn't even come back in 4 months or so on, they themselves have to bear the cost from their salary which is totally unjust.

Due to the locality and an area which consists of highly educated and financially stable people, the overall OPD patients doesn't come in that much strength because they don't consider government dispensaries as a suitable mode for better treatment. Hence, only the people who reside near to Bani Park area which is not so developed and from slum area are coming to this dispensary. Hence all the patients have been asked to come once in a week i.e. every Thursday because hardly the people come in this dispensary. The condition of the dispensary is not at all suitable because there were also no notice board or written advices in any part of it, that too with no Nishulk Dava Vitan Kendra in the dispensary. Therefore, the poor illiterate people are unaware of those facilities provided to them by the government. The government should grant some kind of basic facility such as increase in the staff members, better infrastructure and allotment of budget to this dispensary for the betterment of the common people only.

21. Malviya Nagar Dispensary:

The doctor in charge was Mr. GS. Rathore. His behaviour to the patients was excellent. The things were well organized. It was opened till late evening. They had the pass book system while distributing the medicines. Stocks were well arranged. The dispensary was clean and tidy.

22. Rajasthan Police Academy Dispensary:

Out of the surveyed hospitals etc only **Rajasthan Police Academy Dispensary did not have any provision for the Chief Minister's Scheme**, Following were the recorded observations of the internees who visited the aforementioned place:

1. There was no provision for free medicines i.e., the Chief Minister Free Medicine Scheme has not been implemented here though it was introduced in the first month and the stock for only one month was provided. At the end of a month, it was discontinued.
2. The Medical Officer had placed demand for the free medicines but they were never supplied with any stock. She also wrote two letters of complaint to Chief Medical Health officer (C.M.H.O) regarding non-granting of free medicines. He also met the C.M.H.O personally but then also the situation is same till date.
3. There was a huge discrimination between the male and female wards. It is because there were well maintained beds with comfortable mattresses along with coolers in the male ward whereas there were hardly any beds in the female ward. In fact, they seemed to be quite unhygienic and filthy.

But when we asked the compounder about the reason behind such discrimination, she told us that they keep both male and female patients in the male ward that is why it is more maintained than the female ward.

23. Gangapol Dispensary:

We observed that the building was in very bad condition. The doctor was also not satisfied with that place. There was no cleanliness as there was no sweeper to do all these works. There was no proper tank for the storage of water. They were storing the water in underground. They were buying drinking water from outside, the water cooler was lying useless there.

There was only one male doctor. There was no female doctor which is necessary because female patients have some personal problems which they can share more comfortably with female doctors. Even there was no nurse; the position was vacant since last 1-2 years. They had no permanent staff. A single doctor had to look after patients. He was the only one who was managing all the things.

The warehouse of medicine was not well maintained as the medicines are not kept in order. There were rats in that room. There was refrigerator which is needed for some medicines. There were a few patients also who were not fully satisfied with this scheme.

Hospitals

24. Satellite hospital, Bani Park: Interesting is that the No. Of OPD patients has definitely increased. But the security Guard told us that the situation is still dismal. He told us that most of the patients still don't get the required amount of medicines from the Vitran Kendra. We observed that a private dispensary which is situated right inside the hospital was flooded with patients which signalled towards the fact that medicines are still not being received by the patients properly.

25. Kanvatia Hospital, Shastri Nagar: (satellite)

- The hospital was very smelly and stinky.
- The toilets were really very dirty & unhygienic
- The coolers were there in a broken state and they did not worked.
- Same was the case with the exhaust fans.
- Patients had to wait in long queues to fetch their medicines.
- Inferior quality medicines were provided to the patients.
- Khidchi served to the patients was sub-standard & tasteless.
- Patients were left alone in the corridors.

28. Jaipuria Hospital:

- The behaviour of the staff was not up to the mark as they were very rude in their behaviour.
- The staff was not aware of the positioning of the doctors that is they were not able to tell us that which doctor sits where.

The wards were not as clean as they should have been

27. Mahila chikitsalaya

- The Nishulk dawa vitran Kendra was clearly visible from a far distance.

•The store room of the hospital is in the basement so it is more cooler than outside. The store is spacious and there is no termite on the shelves.

•They maintain two registers one for RMSS and other Janni related.

They had also arranged the medicines in the alphabetical order

28. Jaykaylon Hospital:

•Patients were waiting for long hours because the doctor was not available.

•Some of the required medicines were not available.

• Patients were not satisfied with the quantity of medicines provided to them.

• “The NishulakDawa Kendra Adhikari” was not present.

• Patients were quite scared while giving us the answer of asked questions.

• There was no proper cleanliness around the water cooler.

• The store was very large and was clean. While the medicine distribution center was well structured.

• The inchargeMr. Krishna Avtarjhanwar was very cooperative and active and on knowing that it is necessary to put the chart of no. of related officers he abruptly ordering ed to stick a print out of the same.

• The staff was very good at there work and were treating the patients very humbly.

• Most of the medicines were available on the store while the other once were available at life line store at very less prices.

29. Psychiatrist Centre, Transport Nagar:

- The hospital walls were in bad shape and the construction work was going and due to upcoming visit of C.M the doctors were refusing to talk to the OPD patients and were running hither, thither. Although the inpatients seemed looked after, facilities seemed proper. The people at the OPD really had to wait that day.

- The Doctor incharge refused to give us permission to talk to the patients, despite us telling him that we had been granted permission from the Principal Secretary Health. We also tld them that they were the pioneers in this scheme, as they have been providing universal free medicines to patients for long, however, they refused to let us interact. Despite that we managed to get some members of the staff to talk to us.

- There were no telephone numbers written on walls or boards, so that people could complain if they wanted to.

- The store was very small and the lockers were lying outside the room. There was moisture in the room. All the medicines were not available at all the Nishulk Dava Vitran Kendra and people were roaming for medicines from one Kendra to other.

- There was Lack of pharmacists and other helping staff.

- We came across two dilemmas of patients., one who wanted to return medicine and other who wanted medicines for a month.

- There was one man at the counter who wanted to return the free medicines as the doctor had changed the drug. He kept telling the drug store chap that please take these back and give this to others, but the man was rude and said you keep it, it is for free. It is yours now. The man kept saying that it will be wasted give hte medicines to somebody else. We went to store chap and told him that he must take it back as there was no point wasting the medicine, he agreed.

- One person wanted medicine for a month as he had come from a rural area and could not return after fifteen days, however, the doctor and DDC incharge told him No, so he told us that he would go to the drug store outside and buy the medicines.

30. T.B. Hospital, Shastri Nagar:

- The hospital was very big and it covers a great area and a huge population, so there was shortage of doctors.
- No proper sitting facility was available.
- Lack of pharmacists and consequently the remaining staff was overburdened.
- Patients complain that they were not treated properly.

31. Satellite Hospital, Sethi Colony:

Dava Vitran Kendra Prabhari and Bhandaran Prabhari were absent. The area was congested and it was very crowded. Some patients also told us that one Dr. D. P. Gupta generally prescribes medicines etc which were unavailable at the store. Through survey it was observed that patients seemed quite satisfied with the scheme, we examined the prescription by doctors and services provided at Dava Vitran Kendra. Patients got medicines easily. But one of the patient complained of not getting injections at Vitran Kendra even after having stock. The group faced difficulty in getting the facility form filled as the concerned authority was not present. The group stayed at the hospital for about 3 and half hours and still there was not anyone to provide us with the information.

PHCs

32. PHC Goner :

- The doctor was popular and patients had come from the north of Jaipur to get him to diagnose their illness and collect their medicines. WE noticed was that patients from Khatipura and Jhotwara were at the Goner health centre. When we asked them they said that Goner was accessible and the centre was very good better than the satellite centres.
- But there were some Patients who were not satisfied with the management of Nishulk dawa kendra, but almost all were getting almost all medicines for free.
- The Store Incharge was on leave so the store was locked and the Records were not shown to us so the supply side data could not be analysed .
- Although there was a lot of resistance initially to let us survey as we didnot have written orders but then the doctors and staff eased..
- The list of free medicines was not displayed to the public.
- The beds for indoor patients were unused from long time as there were no indoor patients.

33. PHC Kalwar: No pharmacist had been appointed since the time the chief minister's scheme was implimented, this put a lot of pressure on the compounder since he was supposed to do all the work. The beds were very dirty , they claimed that there were no patients so there was no reason to maintain it. There were rats in the distribution centre and it was not properly maintained .They made us delete the pictures that we had clicked in the store house which was again a dingy room and had there was not even a single bulb in it

34. PHC Achrol

- It was conveniently located and easily accessible by the people.
- The records were maintained properly .
- List of available free medicines was put outside the dawakhaana.
- Monthly around 2000 patients visited the hospital but there was only one doctor present which would result in a lot of rush at the hospital.
- The hospital was built properly, it had labour rooms and proper toilet facilities.
- But the nearby medical shopkeeper said that the doctor is corrupt and is not committed to his duty.
- The group observed that some people were directly buying medicines from the outside medical shop rather than going to the doctor and availing the free medical service,reason given the shopkeeper gave better medicines.

CHCs

35. CHC, Chaksu:

When we interviewed the patients most of them told us that there was lack of staff and most of them were not aware about the Nishulk Dawa Yojna.

There was insufficient supply as a result of which people had to buy medicines from outside . the women in the delivery ward told us that they were not taken care of by the doctors.the In Charge never comes on a round.

36. CHC, Amer:

There were two free medicine counters which were situated at the entrance of the health centre. We also wanted to see the store room in which the free medicine were kept but the store room in charge was on leave and the person who was supposed to work in his absence was also not present there. So we couldn't observe the store room. There were proper name plates mentioning the name of the doctors.

The problem which we could observe there was that the ratio of female staff is quite low as compared to the male staff. There was no proper female in charge and also there was a need of female gynaecologist.

37. CHC Shahpura:

- There were many cases where one or two of the medicines prescribed to the patients were not available in the hospital (although in each case the patient said that this was the first time it was happening to them and it was not a thing that happened frequently).
- There was a cash counter present within the hospital where there was already a counter present which ran the free medicine scheme.
- The hospital had frequent power cuts and the hospital did not have a separate power line or source which could provide constant electricity to the premises.
- Medicines were not properly arranged in the storage room.
- Contact numbers of the Problems Resolution Officer was not provided in the medicine distribution counter.
- Records were not computerized.

- The in-patient register was not shown.

38. CHC Sanganer:

- The doctors at first had denied us to survey the records and observe the storage room; it was only after we had them talk to the CMHO, that they gave us permission.
- The hospital was not anywhere nears the main road and that might prove to be a difficulty for people looking for treatment in it to find the place.
- The store in charge wasn't present so no records could be accessed.
- There wasn't enough medicine available for the children.
- The store room was subjected to a bit of damage due to moisture.
- The hospital was not able to provide us with the full records of the storage.

On asking the patients we found that there were some cases where some of the medicines prescribed to the patients were not available in the hospital and they had to go outside to buy them.

39. CHC Bassi:

- The hospital was in bad shape because of the construction work going on
- Pigs were roaming inside the hospital premises.
- Storage area was in bad condition, cigarette and tobacco packets were found inside
- Beds and bed sheets were not kept clean.
- Lack of pharmacists and consequently the remaining staff was overburdened

40. CHC Phagi:

. The hospital had two Dava Vitaran Kendras, one at the entrance and one in the hind part of the CHC. but out of these only the latter was in use. Most were satisfied with the scheme, although there was one who vehemently spoke against the scheme. later we learnt that he was from the private drug store across the road. The people spoke of this scheme as their right and felt that it was the duty of the state and the government to provide them free medicine smoothly without any hitches.

.The best part about the hospital was that it had separate wards for everything and cleanliness was maintained Even the hospital had a chart of all those medicines given by government under the scheme for free to the people .the only and big complaints of the people were that they were not getting injections for free .

41. CHC Dudu :

- Mismanaged, chaotic . A lot of people were there apart from the patients. People did not know what to do and where to go.
- Staff wasn't supportive. They would not respond properly to any of the patients queries.
- Level of awareness among the patients was very low. They did not know about the scheme and were not even bothered where the medicines were coming from.
- No doctor was available at night.
- The storage room for medicines was in a different building

CHC Chomu: The infrastructure in the Chomu health centre was good but its utilization was nil. The Staff distributing the medicine was very rude and short tempered. The patients were afraid to approach them, One Mr. Praveen was behaving very badly, talking rudely to women. When we entered the PHC we saw that one woman was angry and screaming at the staff there as they were

refusing to give her the medicines which were available. She told us that the drug distribution centre person was refusing to give her despite it being available. They kept telling her that she was not BPL so would not give her. When we intervened and told them that it was a Universal Free Medicine Scheme, they told us that they had been given orders from above only to give BPL card holders. They were categorical that they would not give it. This was the main bone of contention and they were sending people to the private store outside. Clearly they were behaving like agents of the private drug store. There were two counters which provided the medicines. Patients were harassed in collecting the medicines and had to rush from one counter to another continuously. Private medicine centers have really flourished in Chomu and the shops are near the hospital

Contradictory information was provided by the people incharge in the hospital. The staff was unified in protecting each other in their wrongdoings.

PART IV

CONCLUSIONS

Overall we feel that this scheme has struck roots in Jaipur rural and urban. Already there is a large increase in the number of patients in the health facilities surveyed. The number of women patients have also increased everywhere, including that of the female children. The time taken to get medicine is being reduced further and efficiency is increasing. Regarding availability of the number of medicines at the drug store this too is improving. The drug facilities are also mostly there and the cold chain is being maintained mostly. But it can be improved further. The myth about generic medicines not being effective seemed to be there in a small population. There was also general and a very strong perception of the doctors, staff and the patients that several private drug stores outside the health facilities have closed.

However, we strongly feel that now that the systems are more or less in place, **putting in place mechanism for monitoring and grievance redressal ought to be the top priority** to make the free medicine a universal right of the people of Rajasthan and as a first step towards guaranteeing health care. Even telephone numbers have not been put up in almost half the Drug Distribution centres. This can be done at the earliest.

We would also like to state that since this scheme is not a part of **Rajasthan Public Services Guarantee Act, 2011** it should be made a part of Act at the earliest so that when the right of free medicine is denied to an individual then he can be compensated as well the person responsible for making the medicine available can also be made accountable and punished. We would also demand that the scheme now be converted into an Act so that the people get the free medicines as a right.

Thus the quality of services remains a serious issue today. Infrastructural issues also need to be addressed urgently. We feel that there is an acute lack of staff which needs to be addressed along with the behaviour at some places of the Doctors and staff towards the patients.

Names of the students who surveyed the Mukhya Mantri Nishulk Dawa Yojana

S.No	Name	Name of the college
1	manisha sharma	NUJS
2	vasudha misra	NLU LUCKNOW
3	pritti sharma	NIRMA UNIVERSITY
4	kirti tiwari	NIRMA UNIVERSITY
5	Jaya Sahu	NIRMA UNIVERSITY
6	Shakha Jha	SYMBIOSIS PUNE
7	Agrima Awasthi	SYMBIOSIS PUNE
8	Roshan Awasthi	JNVU JODHPUR
9	Saurabh Kumar	NUJS
10	Vishvesh Kasat	NIRMA UNIVERSITY
11	Akshit Jain	NIRMA UNIVERSITY
12	Saransh Kothari	NIRMA UNIVERSITY
13	Vartika Mehra	NIRMA UNIVERSITY
14	Astha Agarwal	NIRMA UNIVERSITY
15	Swapnil Jain	NIRMA UNIVERSITY
16	Nupur khanna	NIRMA UNIVERSITY
17	Gauri jasana	NIRMA UNIVERSITY
18	Yash mehta	NIRMA UNIVERSITY
19	Siddharth jain	NIRMA UNIVERSITY
20	Prabudh vidyarthi	NIRMA UNIVERSITY
21	Vaibhav goyal	NIRMA UNIVERSITY
22	Munmun sharma	NIRMA UNIVERSITY
23	Shilpa tyagi	NIRMA UNIVERSITY
24	Apeksha tiwari	NIRMA UNIVERSITY
25	Ishita rawat	NIRMA UNIVERSITY
26	Nandani bhowan	NIRMA UNIVERSITY
27	Sarvesh maloo	NIRMA UNIVERSITY
28	Nishant pal	NIRMA UNIVERSITY
29	Yuvraj nain	NIRMA UNIVERSITY
30	Priyanka bissa	NIRMA UNIVERSITY
31	Prachi jain	NIRMA UNIVERSITY
32	Vinayak kapur	NIRMA UNIVERSITY
33	Naveen singh gurjar	NIRMA UNIVERSITY
34	Mandeep singh saluja	NIRMA UNIVERSITY
35	Adhiraj singh chandela	NIRMA UNIVERSITY
36	Kanishk agarwal	NIRMA UNIVERSITY
37	Jaya Verma	NIRMA UNIVERSITY
38	Sachin Mishra	HNLU RAIPUR
39	Sachin Chaudhary	HNLU RAIPUR
40	Ashi Gupta	NUJS
41	Parth Shukla	NLU CUTTAK

42	Kanak Shree Chauhan	NIRMA UNIVERSITY
43	Himadri Soni	NIRMA UNIVERSITY
44	Aditi Dwivedi	NIRMA UNIVERSITY
45	Shielly Parwal	NIRMA UNIVERSITY
46	Soumya Singh	NIRMA UNIVERSITY
47	Mrinalini Banerjee	KIIT
48	jaypal meena	NLU CUTTAK
49	gandarav gautam	AMITY LUCKNOW
50	surabhi singh	AMITY LUCKNOW
51	surabhi baijal	AMITY LUCKNOW
52	shivam sharma	AMITY LUCKNOW
53	ankit kumar	NIRMA UNIVERSITY
54	chandni vishnoi	OP JINDAL GLOBAL LAW UNI
55	abhyajeet	O P JINDAL GLOBA LAW UNI
56	misha	RAMJAS COLLEGE
57	anurag Daga	NIRMA UNIVERSITY
58	Chirag Jain	NIRMA UNIVERSITY
59	Krishna	PUCL

c/ o Kavita Srivastava, PUCL, Rajasthan, General Secretary, 76Shanti Niketan, Kisan Marg, Jaipur 302015, phone number : 01412594131, 09351562965 and 9460118463