



MANAGEMENT OF STATE GOVERNMENT SPONSORED HEALTH SCHEMES IN MADHYA PRADESH

Dr. Parul Mishra

Jiwaji University, Gwalior

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Introduction

Many health schemes has been sponsored by the state government of Madhya Pradesh for the upliftment, and welfare of the people of Madhya Pradesh. Some of the schemes sponsored by the state government of Madhya Pradesh are:

1- Deendayal Antyoday Upchar Yojna

The Government of Madhya Pradesh has made and implemented an innovative scheme for the society and financially disadvantaged people of the State. This Scheme, known as Deendayal Antyodaya Upchar Yojana was implemented on 25th September 2004 which was further modified in the month July, 2006. This modification was made to extend the coverage to all below poverty line (BPL) people in the state.¹

Purpose of Deendayal Antyoday Upchar Yojna

The scheme aims for providing access to quality health care to the needy people like SC, ST and BPL families

Salient features of the scheme

Under this scheme free of charge health services upto the maximum limit of Rs. 20000/- in a financial year in government health institutions is provided to all BPL families of the state. Under this scheme, one family health card is issued to each BPL family. This unique card consists of a photograph of the head of household with details of all the other family members. The registration of Hospitalization and medical checkup details are made in the card.

So far about 2.85 lakh persons have availed the benefits of this scheme.

2- Deendayal Mobile Hospital Scheme (Deendayal Chalit Aspatal Yojna)

Deendayal Mobile Hospital Scheme is a Mobile Health Clinic Scheme in Partnership with NGOs in Madhya Pradesh.

The Madhya Pradesh Government launched a mobile health clinic scheme popularly known as Deen Dayal Arogya Rath on 29th may 2006 to provide health services in remote tribal areas. In management of the mobile health clinic private service providers are engaged.

Purpose of Deendayal Mobile Hospital Scheme

The mobile health clinics serve the remote tribal areas across the selected 11 blocks to render free of cost services for medical examination, treatment, consultation and necessary medicines.

Salient Features

As per the prescribed programme, the mobile clinics function in their respective jurisdiction for six days a week. Each mobile health unit includes a doctor, a nurse and a compounder. The timings of these mobile clinics are from 10 am to 6 pm. Each vehicle is equipped with

facilities for antenatal and post-partum tests, malaria test, TB detection etc.

The eleven blocks selected under the scheme are those where only one or two doctors are available. These blocks (districts) are Bhimpur (Betul), Karahal (Sheopur), Mawai (Mandla), Sondwa (Jhabua), Bajag (Dondi), Budhar (Shahdol), Pushprajgarh (Anoopur), Birsa (Balaghat), Pali (Umariya), Kundam (Jabalpur) and Kusmi (Sidhi).²

The clinics had benefitted 2.53 lakh people by 30 November 2006. Each day 125 to 150 patients turned up at the mobile clinic to avail the medical care services. The scheme was well received in 11 districts during last months of its completion. The government has been successful in implementation of the second phase of the scheme in which 79 tribal blocks were selected.

3- Rogi Kalyan Samiti

Rogi Kalyan Samiti (RKS) are the registered societies constituted in the hospitals as a new mechanism to involve the people's representatives in the management of the hospital with a view to improve its functioning through levying user charges. The first RKS was constituted in 1997 at Indore. Other



districts followed subsequently. The success of the early initiatives created a ripple effect.³

Purpose of the Rogi Kalyan Samiti

The Rogi Kalyan Samiti bring in the community ownership in running of rural hospitals and health centers, which in turn make them accountable and responsible. It ensures compliance to minimal standard for facility and hospital care and protocols of treatment as issued by the Government

Salient Features

Rogi Kalyan Samitis are proposed to be established in 585 rural hospitals, 3222 community health centres and 23109 primary health centres in India. In Madhya Pradesh the hospitals covered are all District, Civil Hospitals & Community Health Centres and 830 PHCs. A large number of Primary Health Centres too have now adopted the system. Hospitals have used these funds for renovations of buildings, repair and maintenance of equipments, construction of additional wards and to install newer and better equipment, and furniture.

The RKS initiated with an amount of Rs.59 Lakhs in the year 1995-96 and by November 2005 it has an amount of Rs.

5.91 crores. Out of this amount a major part of the expenditure is incurred on maintenance, minor civil works, development of facilities, equipments, provision of medicine, etc.

4- Prasav Hetu Parivahan Evam Upchar Yojna

The Government of Madhya Pradesh in order to reduce the Maternal Mortality Rate (MMR), Infant Mortality Rate (IMR) and to promote the institutional deliveries, had started a scheme namely Prasav Hetu Parivahan Evam Upchar Yojana on 25 sept.2004.⁴

Purpose of the Scheme

The scheme meets the need of transportation for SC/ST women to enable them to avail institutional deliveries.

Salient Features of the Scheme

The scheme provides for payment of Rs. 300/- to pregnant women and Rs. 200/-to the person who has motivated the women for institutional delivery. Beneficiary get free services related to pregnancy such as normal delivery, Cesarean section and other pregnancy related cases. The beneficiary get free services including free investigations and free medicines. Normally the beneficiary under the scheme

is allowed to stay for 3 days and during the stay, free treatment and care is provided to the pregnant woman and new born. The facility In-charge makes the payment to the beneficiary. Since its inception a total number of 2.64 lakh women have been benefitted from the scheme. After the changes in Janani suraksha yojna, the scheme has been abolished from first April, 07.

5- Dhanwantari Block Development Scheme

It is one of the most ambitious schemes of the state launched on 15th August 2005 to make it as a 'model 'of services in health sector. The vision of this scheme was attaining the best management practices and effective implementation of existing different activities to ensure better health care to the women, children and marginalized people of the society.

Purpose of Dhanwantari Block Development Scheme

- To ensure best quality care health services to the women, children and under privileged section.
- To put sincere efforts to improve the healthy status for the children, women and needy.

- Make available all the medical requirement/ services and make it reach to the last stakeholder.

Salient Features of Dhanwantari Block Development Scheme

As an innovative initiation, it was started in 50 blocks of the state on a pilot basis. A need was felt to integrate major activities in the form of package for under-served and under-privileged groups of society. High performing teams are placed in the blocks and justifiable steps are taken to make them comfortable at their place of postings. Capacity building and orientation of Normal delivery MTP/Spontaneous Abortion C - Section Blood Transfusion Newborn Care Services, Baby Warmer, Phototherapy, Pediatrician care, LB W/pre-term newborn the personnel for commitment and positive attitude is ensured. To fill up the vacancies, a special recruitment drive is initiated. For strengthening the referral units, deputation system is adopted. Functionaries are fully equipped with upgraded study materials and literature, modern equipments etc.

The following 13 major health services are clubbed together- Full immunization, full ante natal care (anc), all deliveries in institutions, full care of all malnourished

children under bal sahkti yojana, deendayal cards for eligible families, extend full benefits of janani suraksha yojana (jsy) and prasav hetu parivahan evam upcharyojna to all target facilities, ensuring of availability permanent and temporary methods of family planning to all qualified couples, making of depot holders for essential drugs and family planning methods, explain the usage of ors to all families of the block, knowledge to identify the symptoms of pneumonia and due referral, health checkup for all school children, ensuring minimum age of 18 yrs for marriage of girl children, ensuring all the benefits availability to the poor patients in public health facilities.

6- Janani Suraksha Yojana (JSY)

JSY under NRHM is being proposed by the way of modifying the existing National Maternity Benefit Scheme. JSY integrates the cash assistance with antenatal care during the pregnancy period, institutional care during delivery and immediate post partum period in a health centre by establishing a system of coordinated care by field level health worker. The JSY is a 100 per cent centrally sponsored scheme.⁵

Purpose of Janani Suraksha Yojana

The scheme requires that all deliveries/ Emergency Obstetric care be provided in public health institutions.

Salient Features of Janani Suraksha Yojana

The scheme relies on a trained village worker, the ASHA (accredited social health activist) who is required to motivate "Below poverty line " (BLP) women to register their pregnancies, receive antenatal care and deliver in an institution – the ASHA also receives incentives under JSY for her services.⁶

Cash Assistance Provided Under JSY

The benefit under the scheme would be linked to availing of antenatal checkups, delivery in health centre/hospital.

Assistance up to Rs. 1500/- per case will be provided for hiring service of private experts where government specialists are not available in health institutions. An additional amount is payable if there is complications in surgery.

The Table No.1. shows the amount given to mothers and ASHA's both from rural and urban areas in low performing and high performing states.

Table No. 1

Amount Given to Mothers and ASHA's

| Category | Rural Area | | Total | Urban Area | | Total |
|----------|------------|--------|-------|------------|--------|-------|
| | Mother's | ASHA's | | Mother's | ASHA's | |
| LPS | 500+200 | 600 | 1300 | 500+100 | 200 | 800 |
| HP | 500+200 | | 700 | | | |

Source : Government of India, "Janani suraksha Yojana. NRHM Ministry of Health and Family Welfare", Government of India

LPS: Low performing States

HPS: High performing States

States/UTs have been classified into 2 categories. The 10 states namely the 8 Empowered Action Group (EAG) states and the states of Assam and Jammu & Kashmir would consist LPS and the rest HPS. In LPS rural areas mother's gets Rs.700/- and ASHA's get Rs.600/- while in urban areas mother's get Rs.600/- and ASHA's get Rs. 200/-. In HPS rural areas the mother's gets Rs. 700/- only

Large scale demand side financing under the Janani Suraksha Yojana (JSY) has brought poor households to public sector health facilities on a scale never witnessed before.

7- Janani Express Yojna

Purpose of Janani Express Yojna

Provision of 24 hours transport availability at field level in order to bring the pregnant women to CEmONC & BEmONC facility.

Salient Features of Janani Express Yojna

- Transport is hired locally on contractual basis for a period of one year on the basis of outsource criteria.
- Transports which are hired must possess all the pre-decided technical criteria (such as vehicles should not be of more than two year old, must have all the relevant papers, and should have the



availability of comprehensive insurance).

- Transport is made available in the concerned area of Govt. Hospital, CHC, PHC or to some other appropriate place.
- Amount paid for rent-Up to 25 KM amount paid @ Rs.150/-, More than 25 KM, amount paid @ Rs. 250/-
- The contractual Driver should have Mobile Phone to establish effective communication.
- Regular maintenance of contractual vehicle is done and in case of any

accident, the vehicle should be repaired within 48 hours.

- Rogi Kalyan Samitis play the key role in the all issues related with contractual vehicle.
- There is also the provision of performance based incentives to the transport agency,
- Monthly supervision is done by the ANM in their respective area to make it sure that the vehicle is made available one day prior to the date of delivery

The report of Janani Express Yojna from Jan-March 2013 is given in the following Table No.2.

Table No. 2

Janani Express Report, Jan-March 2013

| | |
|--|--------|
| Total no. of Vehicles | 893 |
| Total Pregnant women transported to Health Facility | 124688 |
| Total Mother transported to Home | 4326 |
| Total Babies transported to Health Facility | 78219 |
| Total Babies transported to Home | 1367 |

Source: Directorate of Health Services, National Health Mission, Madhya Pradesh, Janani Express – Monthly Report- 2013.(<http://www.health.mp.gov.in/nrhm/Janani%20Express-Report-13.pdf>)

The above given table of Janani Express report, Jan-March 2013 shows the total number of vehicle 893, total number of women transported to health facility 124688, total mother transported to home 4326, total babies transported to health facility 78219, total babies transported to home 1367.

8- Other Schemes

(i). Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)

The scheme was approved in March 2006

Purpose of Pradhan Mantri Swasthya Suraksha Yojana

The Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) aims at correcting the imbalances in the availability of affordable healthcare facilities in the different parts of the country in general, and augmenting facilities for quality medical education in the under-served States in particular.⁷

Salient Feature of Pradhan Mantri Swasthya Suraksha Yojana

The first phase in the PMSSY has two components –

- **Setting up of six institutions in the line of AIIMS** - one each in the States of Bihar (Patna), Chattisgarh (Raipur), Madhya Pradesh (Bhopal), Orissa (Bhubaneswar), Rajasthan (Jodhpur) and Uttaranchal (Rishikesh) at an estimated cost of Rs 840 crores per institution. Each institution will have a 960 bedded hospital (500 beds for the medical college hospital; 300 beds for Speciality/Super Speciality; 100 beds for ICU/Accident trauma; 30 beds for Physical Medicine & Rehabilitation and 30 beds for Ayush) intended to provide healthcare facilities in 42 Speciality/Super-Speciality disciplines.
- **Up gradation of 13 existing Government medical college institutions**-Medical College will have 100 UG intake besides facilities for imparting PG/doctoral



courses in various disciplines, largely based on Medical Council of India (MCI) norms and also nursing college conforming to Nursing Council norms.

(ii). Sankramak Rogon Ki Roktham

Every year at the end of the summer season and before the monsoons, there is a shortage of water and then due to rains, the water becomes polluted. As a result of this many contagious diseases increases at this time. These diseases are various types of motions (Diarrhea, Amibiosys, and Cholera), Jaundice and Brain fever.

Purpose of Sankramak Rogon Ki Roktham

For the prevention of contagious diseases- motions (Diarrhea, Amibiosys, and Cholera), Jaundice and Brain fever.

Salient Feature of Sankramak Rogon Ki Roktham

In Madhya Pradesh (2010) there were 6226 affected village areas from these diseases which were 15% of the total village areas. These areas are more prone for the spread of these contagious diseases. For their prevention the district and development department level have formed combat groups. State has 415 working combat teams. As per information of any such disease, the combat team reaches in the affected area for their treatment and prevention. The state has depot holder in every village area which has been provided with following medicine shows in Table No.3.

Table No. 3.

Medicine Provided to Depot Holder

| No. | Medicine | Quantity |
|-----|------------------------------|------------|
| 1 | Bleaching Powder | 2 KG |
| 2 | Jeevan Rakshak Ghol (O.R.S.) | 20 Packets |
| 3 | Chlorine Tablets | 500 |



| | | |
|---|---------------------|-----|
| 4 | Chloroquine Tablets | 100 |
| 5 | Paracetamol Tablets | 20 |
| 6 | Metrogyl Tablets | 200 |

Source: Public Health and Family Welfare Department, M.P., Administrative Report 2009-10

All the 61772 Depot holders have given the training of use of these medicines

The death ratio has been decreased by the use of these medicines which are availed by Depot holder. The knowledge of O.R.S (Jeevan Rakshk Ghol) has been increased by the effective health education among the common people. By the effective effort of the health department and awareness in the public a good achievement in health has been obtained.

(iii). State Illness Assistance Fund

Purpose of State Illness Assistance Fund

The scheme targets the people living below poverty line and cannot afford the cost of the treatment on identified 13 diseases.

Salient Feature of State Illness Assistance Fund

Under the scheme, a grants ranging from Rs25000/- to 1,50000/- is provided for the treatment within or outside the State in

identified hospitals. The State Illness Fund has been created with a corpus of Rs.10 crores.

More than 1341 patients have been benefited under the scheme till January 2002 against 5150 applications. This scheme has been decentralized at district level and in modified form District level committee is authorized to sanction assistance up to Rs 75,000.

(iv). 108 Emergency Response Service

108 Emergency Response Service is a 24x7 emergency service. The service is available for the entire state of Andhra Pradesh ,Gujarat, Uttarakhand, Goa, Tamil Nadu, Karnataka, Assam, Meghalaya, Madhya Pradesh, Himachal Pradesh, Chhattisgarh, Uttar Pradesh, Rajasthan, Kerala and 2 Union Territories Dadra & Nagar Haveli and Daman & Diu

Purpose of 108 Emergency Response Service



108 Emergency Response Service is a 24X7 emergency service for medical, police and fire emergencies.

Salient Features of 108 Emergency Response Service

Toll Free number accessible from landline or mobile Emergency help reach the required person in an average of 18 minutes. 108 is dialed for the following types of medical emergencies- medical emergencies, serious injuries, cardiac arrests, stroke, severe respiratory problems, diabetics emergency, epilepsy, unconsciousness, animal bites, high fever, infections, maternal/neonatal/pediatric emergency etc.

In Madhya Pradesh mostly people requiring emergency services are being benefited by 108 Emergency Response Service.

CONCLUSION

Many schemes have been started by the State Government which are very helpful for the people specially the 108 and Janani suraksha yojna. Some draw backs are still there like infrastructure problems, service providing problems, there implementation is not up to the mark, so the government should make efforts of proper monitoring

of these schemes so that the draw backs can be removed and the people of the state can be properly benefited and can avail them when required. More schemes should be started for the Rural areas and for the weaker section of society.

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