

## Experiences of RSBY beneficiaries in a district of Western India – A Qualitative study

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### Abstract

According to national health accounts data 2004-05, more than 75% of health spends in India is from out of pocket expenditures and only 20% health expenditure accounts from governments. Government of India has introduced a national health insurance scheme known as Rashtriya Swasthya Bima Yojana (RSBY) for vulnerable sections of society to provide financial security. The present study was conducted with objective to understand the various issues with the RSBY scheme.

The study method was the community based personnel interview with the beneficiaries. The study was conducted in 6 villages of Vadodara district, Gujarat, located in Western India. The total 220 families were contacted. The village selection was purposive and they were selected from near by to the medical college.

On asking about the benefits of RSBY scheme it was revealed that most of the study participants did not have much knowledge about RSBY benefits. They did not have benefits list of card and list of hospitals to visit. Almost 10% BPL families found, who did not have RSBY card. The reason was that the card issue process was not client friendly. The most important positive voices for the RSBY scheme were that the all villagers were very positive about the aim of the scheme. The study findings suggest that the RSBY scheme is good for the poor people and the intention is to help the poor. But same time, there are issues which need to rectify so poor people can utilize the benefits.

Keywords – Rashtriya Swasthya Bima Yojana, RSBY, BPL families, health scheme

## Introduction

In India, health care is financed through various sources like public sector i.e state and central government, panchayat and municipal local governments, private sectors which include out of pocket expenditure, and social insurance. According to national health accounts data 2004-05 more than 75% of health spends are from unpooled, out of pocket expenditures and only 20% health expenditure in India accounts from central, state and local governments. Thus in India, the individual out of pocket payments is one of the highest in the world. It was reported that about 25-40% patients have to borrow or sell their assets to meet their medical expenses and 6% who needs hospitalization can't seek treatment because they can not afford it.<sup>1</sup> In India total health expenditure formed 4.25% of gross domestic product (GDP), of which 3.32% private and 0.84% for public. In Gujarat health expenditure by private sector is 79.19% and public sector is 20.81%.<sup>2</sup>

Due to inequities in the health delivery and financial infrastructure, Government of India introduced many schemes to provide financial protection to vulnerable populations like universal health insurance scheme, sanjeevni scheme, chief minister health insurance scheme in different states but due to poor policy design, lack of efforts in implementation and weak monitoring and evaluation; they have been dissolved.<sup>3</sup>

Learning from experiences of various government and non government insurance schemes, Government of India has introduced a national health insurance scheme known as Rashtriya Swasthya Bima Yojana (RSBY) for vulnerable sections of society to provide financial security. Target for the scheme is Below Poverty Line (BPL) population. The objectives of RSBY scheme are to provide financial protection from health care expenses on hospitalization, to improve access to quality health care and to provide beneficiaries the power of choice to select a health care provider.<sup>4</sup> The key features are; first, it is cashless, as population cannot pay cash up front and takes reimbursement later; Second, as the majority of population is illiterate, they can't fill the forms so it is paperless; And thirdly population is commonly migratory in nature, so it provides transportable benefits anywhere in India.<sup>1</sup> The beneficiaries under RSBY are entitled to hospitalization coverage up to Rs 30,000 for most diseases that require hospitalization with no age limit and cover five members of a family with registration fee of Rs 30 per year. Central (75%) and state (25%) governments pay premium to the insurers selected by state government.<sup>3</sup>

RSBY scheme reached to more than 8 million families in just eighteen months of implementation, and the scheme plans to cover the entire BPL population in India (approx 300 million) people by 2012-2013. The scheme was implemented in Gujarat during 2008-09, and was implemented in Vadodara district from July 2010. Till 2011, 164853 families enrolled out of 232262 BPL families in Vadodara district.<sup>5</sup>

Thus it is an ambitious scheme of government of India for BPL families. It is more than one year of implementation in district Vadodara. So it is high time to understand the various issues faced by the RSBY beneficiaries and voice of the community to improve the scheme in future, as government spending lots of amount behind premium. Also there were no studies found in this context so the present study was initiated with objective to find out the problems faced by community while utilization of the scheme and to find out the community solutions for such operational problems.

## Methods

The present study was conducted in one of the western district of India, Vadodara district. The district Vadodara is located in central Gujarat. The population of district is 4157568 as per census 2011. The total BPL families in districts are 23226 as per 2011 census.

The present study was the community based cross sectional qualitative study. The six villages of Vadodara districts, which were near to the medical college, were selected as convenient sampling method. The selected villages are Piparia, Limda, Chapad, Bil, Amodar and Chani. There were 610 BPL families in these six villages. It was decided to take one third population for the present study. Thus for the present study it was need to interview of 203 families. With considering 10% non – response rate, the total sample size arrived at 220 from six villages.

After taking permission of Institutional Ethics Committee of University, the study was conducted during October – November 2011. The pilot pre-tested structured interview questions were used for the data collection. The investigators had conducted in depth personal interview with one of the family members of study population. After taking written informed consent from the adult family member of the population, the interview was initiated. Interview was almost 1 hour on an average from each family member. The key information collected in interview were socio-demographic information of family like number of member, literacy of interviewed person, occupation etc and specific questions about the RSBY scheme like knowledge about the scheme, source of information about scheme, various benefits covered by scheme, utilization of scheme, various problems faced with the scheme, experiences with the scheme and future of the scheme. All the information was recorded in detail as hand written note. The anonymity and confidentiality were assured to all study participants.

Thus collected all information was analyzed with thematic analysis method of qualitative study. All the answers of the structured interview were coded in theme and organized in to key theme for analysis. Thus analyzed results discussed here

## RESULTS

In the socio-demographic distribution of the study participants, almost 75% of interviewed study participants were male. The literacy status suggests that only 23% of study participants were literate rest all were illiterate. All the six villages were under one insurance company for the RSBY scheme.

### **Do you have RSBY card?**

Out of total 220 BPL beneficiaries, 198 (90%) had RSBY card at the time of interview. Ideally all BPL card holders should have RSBY card.

On asking from the BPL card holders who were not having the RSBY card, why did not they apply? One beneficiary from Limda village said, “I don’t have knowledge that the card issuing people are coming to the village and we were out of station on the day of enrolment, thus we missed the card.” Other from Amodar said, “I was not at home on day of enrolment and now I don’t know when I will get the card?” Other beneficiary said, “My name was not in the BPL list,

in spite of having BPL card; so I did not get the card.” One beneficiary from Limda village said “I lost my BPL card, but had my name in the list; still I did not get the card.”

### **Time taken to issue cards:**

It was also revealed that most of the beneficiaries did not get their RSBY card on day of enrolment. One beneficiary from Limda village said, “I got the card after one month of the enrolment.” Other said, “I received card after one week.” Other from Amodar `said, “I got the card after 15 days.” Some of them even after applying for card, and paying the enrolment fees of Rs 30 did not receive the cards till date of interview, which was more than a year. A beneficiary told, “I paid Rs 30 and got photographed to the agency but did not receive the card till date.” Other beneficiary told, “I paid Rs 30 and got photographed but my enrolment stopped in between due to failure of power supply. The agency left the village with assuring they will come next day, but till date they did not turn up”.

### **Source of information**

Almost 95% of the enrollees reported to have obtained information on RSBY enrolment activity from Panchayat, 4% from friends & neighborhood, while 2% each from ration shopkeeper and Anganwadi respectively. This reflects that the role of the insurance agency in publicizing the enrolment schedule was observed almost negligible.

### **Knowledge about the benefits of the RSBY scheme -**

On asking about RSBY card, most of the beneficiaries described RSBY card as “dawakhana card” in local language, means the hospital card. On asking and discussing with the beneficiaries about benefits of RSBY scheme it was revealed that most of them did not have knowledge about RSBY benefits. When asked if they knew any benefit of scheme, a participant express, “No there is no benefit of the scheme, they just took Rs 30 and this card doesn’t work anywhere in hospitals.” Other participant told, “I didn’t know any benefits of scheme, except it provide free treatment.” Participants were then asked in detail about benefits.

Interviewer: Do you know other benefits of scheme like free medicines, free medical test, transport allowance provided to patients, insurance coverage given per year, can be utilize in other states /districts also and treatment of pre existing disease?

Participants:

‘I just know that it can be used if somebody got ill in the family.’

“I didn’t know about other benefits but an anganwadi told me that it gives coverage of Rs 30,000 per year if someone from family falls ill.”

“I was told that I will get free treatment if someone from my family get ill, but don’t know where to use this card.”

“They just took Rs 30 saying it will provide free treatment but don’t know where to give this card as all hospitals didn’t accept this card”.

“No I just knew I can use this card for free treatment.”

“They told us that you will get free treatment if there is any health problem, but did not tell how to use the card.”

It was also revealed that due to poor awareness, beneficiaries visited hospitals for OPD facility. One beneficiary said, “I took RSBY card with me when my father suffered from stomach pain but it was not accepted in the hospital, as hospital said they only provide free treatment on hospitalization and I have to spend from my pocket.” Other said, “I went to hospital for fever which was empanelled but they didn’t accept the card, saying this can be utilize only for hospitalization”. This reveals that they were not aware that it doesn’t provide OPD facility.

Thus it was revealed that the scheme was implemented and cards were distributed without proper dissemination about the benefits of the scheme in detail.

#### **List of hospitals:**

When asked, did they get the list of hospitals with the cards? None of the beneficiaries stated that they got the list of hospitals with the cards in study villages. A beneficiary said, “No they didn’t provide any list of hospitals and I don’t know in which hospitals I can avail the benefits; neither know where to go and get the information.” Other beneficiary told, “I went to a hospital with the card but as the hospital was not empanelled so it was not accepted there, so I asked the Panchayat about the hospitals but they did not have the information about the hospitals. So I feel helpless.” Other said, “No they didn’t give any list of hospitals.”

#### **Utilization**

On asking, is there any hospitalization or operation done in the family last year? Almost 21 % (47) study participants had hospitalization but they did not utilize the RSBY cards. Only two (4.2%) study participants out of 47 utilized the RSBY card. This is very minimal use of the scheme. The participants who took treatment and utilized the card, told:

“I took free of cost treatment when I got fracture of leg, and they did not take money even for x-ray and drugs.”

“I got admitted in hospital for 3 days for asthma but did not pay for any medicines.”

However, on asking did they get the transport allowance, while used the card? They replied, “No, they did not get the transport allowance nor they are aware of same.”

Few participants tried to utilize the cards but the card was not accepted, as those hospitals were not empanelled under RSBY. On asking the reasons, who had morbidities but not utilized RSBY scheme, they answered:

Interviewer: Why didn't utilize the RSBY card?

Participants:

"I do not know where to give this card in hospital."

"Hospital said it cannot be used here as hospital is not empanelled."

"I took the card to hospital when my mother in law got ill and it was accepted in the hospital but the fingerprints did not match, and we have to spend from our pockets."

"I didn't know in which hospital to go for and the hospital I visited said that card is not valid here as it was not empanelled under RSBY."

### **Suggestions from beneficiaries:**

Interviewer: Do you like to give any suggestions, to improve the scheme?

Participants:

A beneficiary who utilizes the RSBY card said 'If hospitals list is provided then it will be useful for us and amount of Rs 30,000 per year give satisfaction to me.'

Other beneficiaries said,

"If the problems are taken care, the scheme is very good for the poor people".

"Information about scheme benefits and how to use it should be given at time of issuing card".

"List of hospitals should be provided so we don't have to go here and there at time of need."

"Just giving cards is of no useful, if we can't utilize it; so they should provide list of hospitals and benefits of scheme."

Thus it was observed the small operational issues in implementation of scheme.

### **Discussion**

RSBY is meant for the poor families to relieve them from the burden of health care, but study found that patients still incurred out of pocket expenses. The most important reason for this is the poor awareness about the various benefits under the scheme in community and second major issue is the poor coordination at district level.

It was observed that 10% of study population did not have RSBY card, the one of the reason was that their names were not in BPL list accompanied by the enrollers. Thus there was a gap between BPL list and BPL card holder's. Because of which target population were not able to avail benefits of RSBY scheme. Second reason was observed that few RSBY cards were not delivered to BPL families, after enrolling process. So such operational issues should be corrected fast at district level.

It was observed that main source of information was Panchayats (about 90%) regarding RSBY scheme. But actually it is the responsibility of the insurance agencies for creating awareness among the beneficiaries. The similar observation was noticed by a pilot post enrolment survey of RSBY programme in Gujarat in March 2011<sup>6</sup> by Ministry of Labour and Employment shows that major source of information includes Panchayats (45.9%). Another evaluation study of RSBY in Shimla and Kangra districts in Himachal Pradesh<sup>7</sup> shows that major source of information about RSBY is panchayats (61%).

It was observed in present study that the lists of hospital were not provided to beneficiaries at the time of recruitment in RSBY scheme which is also the responsibility of insurance company and third party administrator (TPA). This was the main voice coming out of the all study participants. It was the main reason for poor utilization of scheme. Similar observation was marked by Amicus Advisory Private Limited on 'Rashtriya Swasthya Bima Yojana- Studying Jaunpur (Uttar Pradesh)<sup>8</sup> that only 14% of users and 7% of non-users of card told that they have received benefit details & the list of hospitals along with the RSBY card.

The awareness level of scheme related benefits was found very low. Almost all did not know that the transport allowance and medicines are available free under the scheme. Another post enrolment survey of RSBY programme in Haryana in March 2011<sup>9</sup> reveals that about 14% of the participants knew that the transportation allowances are being paid and 27.7% knew that they do not have to pay for medicines and drugs. Another pilot post enrolment survey of RSBY programme in Gujarat in March 2011<sup>6</sup> by Ministry of Labour and Employment shows that 33.7% of the respondents knew that the transportation allowances are paid to the beneficiaries followed by 11.6% who knew that they do not have to pay for medicines and drugs. Another evaluation study of RSBY in Shimla and Kangra districts in Himachal Pradesh<sup>7</sup> showed that 75% of respondents were not aware of insurance coverage given by RSBY per year to a family.

## CONCLUSION:

- The study revealed that major problems are issue of RSBY cards; poor knowledge of how and where to use the RSBY card; not providing list of hospitals; poor awareness regarding benefits and poor liaison for the utilization of RSBY scheme. The scheme per says that these are all responsibilities of insurance company and third party administrator. The state government should keep a check on the working pattern of insurance agencies

and TPA. The state government should involve Panchayat of each village as liaison agent so the RSBY card holders properly utilize the scheme.

- Thus, challenge is information dissemination which can be improved by providing adequate information to the community with use of communication media. In addition to information the state health department should work as problem solver for the clients and to keep a check on insurance and TPA companies. All beneficiaries should have some toll free helpline number, list of hospitals empanelled with addresses and benefits of scheme can be provided in form of pamphlets in local language. This can increase the utilization rate.

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