e-Bulletin

October - December 2014 (Vol. No. 7 Issue No. 4)

20 years of Cehat

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Publically financed health Insurance schemes in Maharashtra

INSIDE THE ISSUE

INTRODUCTION

This e-bulletin gives an overview of the ongoing research by CEHAT on the RGJAY (Rajiv Gandhi Jeevandayi Aarogya Yojana) scheme functioning in Maharashtra.

Lately, a new crop of health insurance schemes funded by both Central and State Governments have come into existence throughout India. Significantly high amount of public money is pumped to make these schemes operational. These schemes are designed for the poor masses and have resulted in increase of insured population from 5% in 2008-09 to a whopping 22% in 2010-11. Given the background, present study aims to understand the implementation of the publicly financed health insurance scheme in Maharashtra.

CEHAT PROJECT: PUBLICALLY FINANCED HEALTH INSURANCE SCHEMES IN MAHARASHTRA

The State of Maharashtra launched the 'Rajiv Gandhi Jeevandayee Arogya Yojana' (RGJAY) on 2 July 2012 With an objective of improving access of Below Poverty Line (BPL) and Above Poverty Line (APL) families to quality medical care for identified specialty services requiring hospitalization. It also included the Antyodaya and Annapurna cardholders in the cadre of beneficiaries. Launching of the RGJAY scheme saw an unexpected withdrawal of the then running central government Rashtriya Swasthya Bima Yojana (RSBY) scheme.

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RGJAY has been promoted as an insurance scheme for the poor based on the Public Private Partnership (PPP) model, & claims to make the geographical distribution of health care facilities more equitable vis-à-vis the rural-urban divide.

There have been studies done in past nationally and internationally to gauge the functionality, coverage and overall impact of the scheme. Present research will look at the nature of implementation of the scheme along with understanding various trajectories associated with the public private partnerships with respect to the role of stakeholders involved. The scheme has been functioning in Maharashtra since two years which is an adequate period in order to assess its functionality. With the absence of any research done in Maharashtra on the presently running scheme, such a study would prove to be beneficial from the perspective of policy research, and also emerging at a conjecture about the reality of the government insurance schemes and their effectiveness in the claims made by them. It will also critically look at both the RGJAY & RSBY schemes in terms of the guidelines and MOUs to validate & Comment on their assertion of improving access of the vulnerable population. Click here for more details

Aims and Objectives of the Project

- To critically analyze various MOUs and policy documents of RGJAY & Other past health insurance schemes running in Maharashtra.
- To understand the service availability in the district and its geographical distribution
- To understand the pattern of enrollment.

The study will thus enquire into healthcare availability in the district and its geographical distribution, type of procedures performed at public and private hospitals, utilization pattern and experiences of the beneficiaries. It will also look at the private sector participation in the scheme since it is a PPP model.

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Project activities Undertaken

1. Formative research Phase:

As a part of a formative research strategy, District coordinators were identified as the key informants who will be able to shed light on the ground realities of the scheme. The formative research approach would help for not only building the study proposal but also identifying the stakeholders in the scheme to be interviewed.

2. Primary data collection:

- Interviews were conducted with the stakeholders at different levels of the scheme including the program officers, the Medical coordinators to the Aarogyamitras and data entry operators.
- One of the public hospitals was studied in order to understand ground reality in terms of implementation of the scheme. In-depth Patient case studies were carried out
- Role of TPA (Third Party Administration) was understood in detail by interviewing the TPA doctors & administrators

3. Secondary data collection:

Secondary data was collected from the RGJAY website and was entered into SPSS software for further analysis. The data comprised of variables including the districts, geographical location, type of hospital, phase of enrollment, number of specialties etc. Data have been procured across districts and across public, private hospital.

4. Analysis:

Most of the interviews were in-depth, which prompted us to use the content analysis method for data analysis. All the interviews were first documented manually, and later on the computer. Thematic content analysis technique was used to arrange the reposes according to various themes which were emerging from the interviews. The quantitative data was converted from Excel to SPSS format and preliminary level of analysis has been carried out.

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OTHER GOVERNMENT FUNDED HEALTH INSURANCE SCHEMES IN INDIA.

Past few years saw a surge of government funded insurance schemes in the health sector. These are either state funded or Central government funded schemes with varying objectives and targeting different beneficiary groups. Below is a description of few of the existing schemes being implemented in India**.**

∞ **Rashtriya Swasthya Bima Yojna (Central Government)**

RSBY has been launched by Ministry of Labor and Employment, Government of India to provide health insurance coverage for Below Poverty Line (BPL) families. The objective of RSBY is to provide protection to BPL households from financial liabilities arising out of health shocks that involve hospitalization. Beneficiaries under RSBY are entitled to hospitalization coverage up to Rs. 30,000/- for most of the diseases that require hospitalization. Government has even fixed the package rates for the hospitals for a large number of interventions. Pre-existing conditions are covered from day one and there is no age limit. Coverage extends to five members of the family which includes the head of household, spouse and up to three dependents. Beneficiaries need to pay only Rs. 30/- as registration fee while Central and State Government pays the premium to the insurer selected by the State Government on the basis of a competitive bidding. Click here for more Details.

∞ **Vajpayee Arogyashree, Karnataka**

Government of Karnataka has taken the initiative to provide Health protection to families living below poverty line for the treatment of major ailments, requiring hospitalization and surgery. In order to bridge the gap in provision of Tertiary care facility and the specialist pool of doctors to meet the statewide requirement for the treatment of such diseases particularly in rural areas of Karnataka. Health assurance could be a way of removing the financial barriers and improving accessibility to quality medical care by the poor. Government of Karnataka intends to implement Health assurance Scheme by name Vajpayee Arogyashree for the BPL families of Karnataka.
Click here for more Details.

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∞ **Chiranjeevi Yojna, Gujarat**

The Chiranjeevi Yojana implemented by the Government of Gujarat is aimed to encourage the BPL families to improve access to Institutional delivery. Financial assistance is provided for protection to the BPL families, covering their out-of-pocket costs incurred on travel to reach the healthcare facility centre. Assistance of Rs.200/- for transportation expenses with Rs.50/- for the attendant is provided. Approximately, 1,63,609 women have availed the benefit of this scheme. Click here for more Details

∞ **Chief Minister's Comprehensive Health Insurance Scheme, Tamilnadu**

This is a lofty Insurance Scheme launched by the Tamil Nadu State Government through the United India Insurance Company Ltd (a Public Sector Insurer headquartered at Chennai) to provide free medical and surgical treatment in Government and Private hospitals to the members of any family whose annual family income is less than Rs.72,000/- (as certified by the Village Administrative Officers) .The Scheme provides coverage for meeting all expenses relating to hospitalization of beneficiary as defined in the Scope of the Scheme. Click here for more Details

∞ **Megha Health Insurance Scheme (RSBY+UHIS), Meghalaya**

Megha Health Insurance Scheme(MHIS) is a universal health insurance scheme (UHIS) in the State of Meghalaya, utilizing the existing RSBY framework to provide health insurance to all persons that are resident in the State, including existing categories of RSBY beneficiaries but excluding state and central government employees. Click here for more Details

∞ **CM's Universal Health Insurance Scheme, Arunachal Pradesh**

The Arunachal Pradesh Chief Minister's Universal Health Insurance Scheme has been activated vide Government order No. APCMUHIS-01/2014 dated 16 September 2014. Informing this official of the director of health services said possession of biometric embedded smart card is prerequisite to avail the benefit of this scheme. Click here For more Details

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ONLINE RESOURCES ON HEALTH INSURANCE SCHEMES IN INDIA

- Fan, Y Victoria; Karan, Anup and Mahal, Ajay (2011). The Impacts of Aarogyasri Health Insurance in Andhra Pradesh, India", paper presented at "Global Health Metrics and Evaluation Conference" held at Seattle between 13-17 June, abstract published in the Lancet 2011.

- Ghosh, Soumitra. (2014). Publicly-Financed Health Insurance for the Poor Understanding RSBY in Maharashtra. Economic & Political Weekly, XLIX (43-44): 93 – 99. For Summery click

- Karan, Anup K. and Selvaraj, Sakthivel. (2012). Why Publicly-Financed Health Insurance Schemes Are Ineffective in Providing Financial Risk Protection. Economic and Political weekly, XLVII(11). For Summery click

- Purendra, Prasad, N. & Raghavendra, P. (2012). Health care models in the era of medical Neo-liberalism: A study of Aarogyasri in Andhra Pradesh. Economic Political Weekly, XLVII(43): 118–26. For Summery click

- Rathi, Prateek; Mukherji, Arnab and Sen, Gita. (2012). RSBY- Evaluating Utilisation, Roll-out and perceptions in Amravati District, Maharashtra. Economic Political Weekly, XLVII (39):, For Summery click

- Reddy S. and Immaculate, Mary. (2013). Aarogyasri Scheme in Andhra Pradesh, India: Some Critical Reflections. Social Change, 43(2) 245–261. Retrieved from,

- Shoree, Shantanu; Ruchismita, Rupalee and Desai, Kinnary R. (2014). Evaluation of RSBY's Key Performance Indicators- A Biennial Study, Research Paper No. 42. Microinsurance Innovation Facility .

- Thakur, Harshad and Ghosh, Soumitra. (2013). Case study report on social Exclusion and RSBY in Maharashtra. School of Health Services Studies Tata Institute of Social Sciences.

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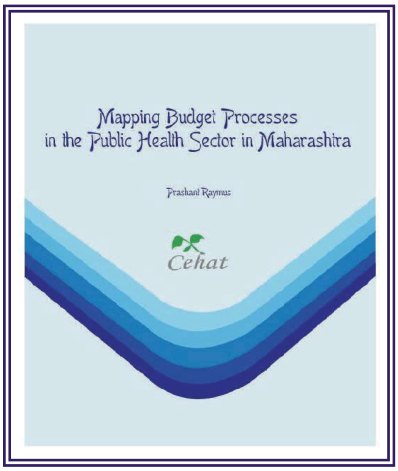
- Indian Institute of Public Health (2009). A rapid evaluation of the rajiv aarogyasri community health insurance scheme- Andhra Pradesh. Hydrabad: Indian Institute of Public Health

- La Forgia, Gerard and Nagpal, Somil. (2012). Government-sponsored health insurance in India : are you covered? (English). Washington: World Bank.

CEHAT RESOURCES ON HEALTH

Books & Reports:



Raymus, Prashant. **Mapping Budget Processes in the Public Health Sector in Maharashtra.** Mumbai: CEHAT, 163 p., 2012 [ISBN: 978-81-89042-62-2]

The Budget is an official policy document, which is indicative of the expenditure incurred and reflective of the policy priorities of the government. The budgetary processes in India are opaque and remain behind the extreme confidentiality of bureaucratic exercises. Even when accessed, the documents are not presented in a language and format that is user-friendly; the language used is too technical to understand making it difficult to comprehend. People, in general, consider the budget highly technical and very difficult, and only a miniscule proportion of the population understands the technicalities involved. Besides, the most crucial stage of the budget process, that of budget preparation does not allow any kind of participation by civil society organisations. In order to be conducive to public involvement, public understanding and involvement in the budget process is critical for ensuring that the Government is accountable to the public. This Public Expenditure Tracking Survey, conducted in two districts in Maharashtra, explores the budget process through its various stages. The findings of the study outline budgetary processes; the range of issues discussed will help the reader understand all four stages of the budget process (formulation, approval, implementation and auditing).This information on the key actors in the system will not only hold them accountable, but will also help civil society organizations identify opportunities for civic participation. Download full report:

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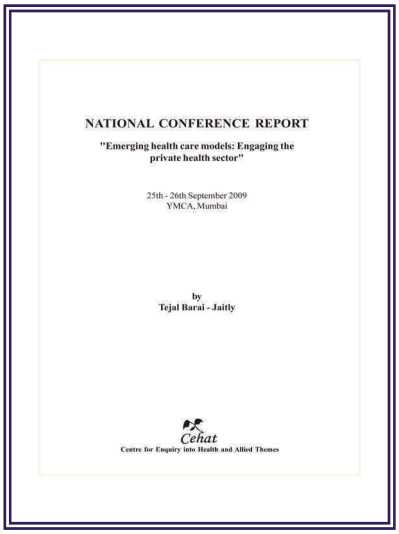

Barai – Jaitly, Tejal. **National conference report: Emerging Health Care Models: Engaging the Private Health Sector, 25th – 26th September 2009** YMCA. Mumbai: CEHAT, vi, 42 p., 2010.

The national conference organised by CEHAT in September 2009 was an attempt to create a forum for debate on PPPs based on evidence from the ground. With 70 participants at the conference that comprised of research scholars, health activists and government officials, the discussion was indeed useful. The papers highlighted various problems with PPPs from lack of conceptual clarity on the issue to state governments jumping into PPPs without any strategic planning or feasibility study. One of the most critical issues that came up was lumping of for profit and not for-profit organisations as the private sector as the values and modes of operation are very different for this. Download full report:

Articles & Papers:

Duggal, Ravi. **Financing Strategies for Universal Access to Healthcare.** *Paper presented at Medico Friend Circle Conference,* January 2005.

Duggal, Ravi. **The out of pocket burden of healthcare.** *Infochange Agenda,* April 2005.

Duggal, Ravi. **Financing healthcare in India: Prospects for health insurance.** *Express Healthcare Management,* 5(4), 1-15 March 2004, pp.10-16.

Duggal, Ravi. **Health financing for primary healthcare in rural India: Prospects and options.** *Paper presented at IRMA National conference,* December 2004.

Duggal, Ravi. **The budget is a continuum of the erstwhile Government's policy.** *Express Healthcare Management,* 1-15 August 2004.

Duggal, Ravi. **Declining trends in public health expenditure in Maharashtra.** July 2003, 11p.

Duggal, Ravi. **Reducing inequities in financing healthcare: From self-financing to single payer mechanisms**. *Health Action,* 16(3), March 2003, pp.4-7.

Duggal, Ravi. **Reforming Health Policy for Universal Health Care**, *MFC Bulletin*, No. 278-279, November-December 2000, pp. 10-18.

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LIBRARY COLLECTION ON HEALTH AND RELATED SUBJECTS

Cehat Library has very informative collection on Health & Health Related topics such as:

Health, Public Health, Health Insurance, Health Legislation, Health and Human Rights, Health Care, Health Care Services, Health Economics, Health Expenditure, Health Financing, Health Policy, etc.

Library collection includes all types of resources such as books, Journals, articles, films, CD's, Posters, Documentaries, Re-prints, other print & Non-print materials etc.

It also includes other institute reports, Government publications, reports, unpublished documents. Statistical data, Training materials, Health database etc.

Online Public Access Catalogue

Arrivals of the October to December 2014

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WHAT'S NEW?

NEW PUBLISHED ARTICLES

THE LANCET

∞ Garcia-Moreno, Claudia; Hegarty,Kelsey; d'Oliveira, Ana Flavia Lucas; Koziol-MacLain,Jane; Colombini,Manuela and Feder, Gene (2014).The health-systems response to violence against women. The Lancet - Violence against women and girls series. November 21, 2014. pp. 1 - 13 + appendix.

This Series paper, review the evidence for clinical interventions and discuss components of a comprehensive health-system approach that helps health-care providers to identify and support women subjected to intimate partner or sexual violence. It Covers Dilaasa work.

Economic&PoliticalWEEKLY

∞ Rege, Sangeeta; Bhate-Deosthali, Padma; Reddy, Jagadeesh Narayana and Contractor, Sana (2014). Responding to Sexual Violence: Evidence-based Model for the Health Sector. Economic and Political Weekly, 49(48) November 29, 2014, pp. 96 - 101.

This paper is based on the results of establishing a comprehensive health-sector response to sexual violence.

UPCOMING PUBLICATIONS OF THE CEHAT

* **Exploring Religion based Discrimination in Health Facilities in Mumbai**
* **Health of Muslims in Maharashtra**
* **Policy Paper on Maternal Health in Bihar**
* **Policy Brief on Maternal Health in Bihar**
* **Policy Paper on Maternal Health in Odisha**
* **Policy Brief on Maternal Health in Odisha**
* **Policy Paper on Maternal Health in Jharkhand**
* **Policy Brief on Maternal Health in Jharkhand**
* **Right To Maternal Health in India: are we there yet? A Report**

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HIGHLIGHT OF THE MONTH

MONTH: DECEMBER

Three Days Training Workshop to Sensitize the Health Care Providers on the issue of Violence Against Women (VAW).

Organized By : Direct Action for Women Now (DAWN) Worldwide and CEHAT.
Date: 12th to 14th December, 2014.

A 3-day training workshop was organised by Direct Action for Women Now (DAWN) Worldwide and Cehat to sensitize the health care providers on the issue of violence against women (VAW). It was a step taken in the direction of enabling the public peripheral hospitals to equip their staff to respond to violence against women and children. Participants comprised of fifteen doctors, ten nurses, three counselors, four community development officers and one registration assistant who attended the programme across 10 hospitals amongst which one hospital was from Goa. All these hospitals are in the process of replicating Dilaasa hospital based crisis centre in their own hospitals. For More Information

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HIGHLIGHT OF THE MONTH

MONTH: NOVEMBER

Short Training of Trainers Programme on Integrating Gender in Medical Education

Organized By : CEHAT
Date: 14th to 15th November, 2014

CEHAT conducted a short training of trainers programme for inducting new participants in the Integrating Gender in Medical Education project. This training was held on 14th and 15th Nov, 2014, at YMCA, Mumbai Central. CEHAT is implementing this project for a period of 3 years (2013-2015) along with seven medical colleges in Maharashtra (six state govt. medical colleges viz. Aurangabad, Nagpur, Miraj, Dhule, Kolhapur and Ambejogai, and one private medical college viz. Mahatma Gandhi Memorial Medical College, Kamothe). This project is in collaboration with the Directorate of Medical Education and Research, Govt. of Maharashtra, Maharashtra University of Health Sciences, Nasik, and United Nations Population Fund. This project aims to sensitize and train medical teachers to incorporate a gender perspective in their teaching and practice with a focus on issues of gender-based violence, abortion and sex selection.

The first training was held in February 2014 for five days in Mumbai and saw participation of 27 medical teachers of the seven selected colleges from various departments including Obstetrics and Gynaecology, Forensic Medicine, Preventive and Social Medicine, Psychiatry and General Medicine. However, nearly half of the participants dropped out of the project as they were not permanent faculty members in their colleges, and had to be replaced. This short training was necessitated in order to train the new participants so that they could join the older continuing team for the second five days training in Mumbai, planned for February, 2015.

This training had a total of 13 participants from five of the selected colleges. The training was conducted by resource persons including Prof. Vindhya Undhurti (TISS, Hyderabad), Dr. Kamaxi Bhate (KEM, Mumbai), Padma Deosthali (CEHAT), Dr. Suchitra Dalvie (Asia Safe Abortion Partnership) and Dr. Seema Malik (Former Project Director of Dilaasa and Former Chief Medical Superintendent (Peripheral Hospitals), MCGM). For More Information

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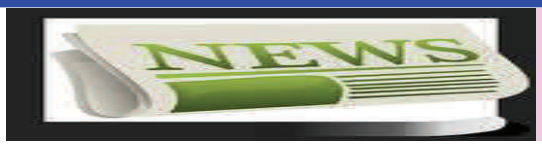

CEHAT IN NEWS

December

* **From next week, 3 one-stop centres for rape survivors.**

The Times of India, 3oth December 2014.

In the first week of January, three civic hospitals will start their one-stop crisis centers for survivors of sexual assault…..

November

* **Victims of abuse should be aware of their rights in hospital.**

The Hindu, 28th November 2014.

'No doctor can declare if a person has or has not been sexually assaulted'

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* **Violence against women needs priority in India's health policy**

By Anuradha Mascarenhas

The Indian Express, 21st November 2014

"Violence against women needs priority in India's health policy" According to new series that published online in 'The Lancet'

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Cehat

Website

www.cehat.org

ABOUT CEHAT

CEHAT, is the research centre of Anusandhan Trust. CEHAT was established twenty years ago when a group of researchers and healthcare professionals decided to create an alternative health research institution which is at the interface of activism and academics. CEHAT comprises of a multi-disciplinary team such as doctors, lawyers, social workers, public health experts and counselors.

CEHAT through its research, intervention, education and advocacy, has been addressing issues of right to health care to all as well as preventing violence and caring for survivors. All projects are periodically reviewed for scientific rigor and ethical compliance by external review committees. Democratic mode of decision-making is the cornerstone of CEHAT's functioning.

OFFICE ADDRESS

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Road Map Santacruz East To CEHAT, Aram Society Road, Vakola (1.6 KM.)