

POST UTILIZATION SURVEY OF RSBY BENEFICIARIES IN CIVIL HOSPITAL, AHMEDABAD: A CROSS SECTIONAL STUDY

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ABSTRACT

Background: Poverty is a multi-faced wretched state of deprivation of basic need and facilities. There are different levels to its adverse influence on the individual, family and the community. Thus a Rashtriya Swasthaya Bima Yojana (RSBY) was launched to help these poverty stricken individuals. This study explores into the utilization of Rashtriya Swasthaya Bima Yojana card and their satisfaction.

Aims & Objective: Our study explore the awareness level of RSBY beneficiaries with the aims and objective, (1) To analyze the socio-demographic profile and services utilized by beneficiaries; (2) To identify the problems experienced by the beneficiaries and measure the satisfaction level; and (3) Out of pocket expenditure of beneficiaries.

Material and Methods: 198 patients were registered between the periods of 01/11/2012 to 28/02/2013 due to some reason 180 beneficiaries were telephonically interviewed about their experience by a pre-tested and pre-designed Performa. The data was collected and analyzed in epi info 7.

Results: Male: Female ratio of beneficiaries is 1.4:1. Mean age of beneficiary was around 36 years. 80% beneficiaries were fully satisfied with the services. All the beneficiaries reported that they got the card easily without any hassle. They were not aware about all the benefits of RSBY so they had to spend out of pocket money for some services.

Conclusion: RSBY beneficiaries were mostly satisfied with the services provided but there was a major lag in their knowledge regarding the benefits provided under RSBY. They were unaware regarding all benefits under RSBY which they can avail from the scheme. Thus IEC activities should be enhanced to increase the awareness among the RSBY card holders so that they can use better service for themselves and their families.

Key-Words: Rashtriya Swasthaya Bima Yojana (RSBY); Out of Pocket Expense; Post Utilization Survey; Service Satisfaction

Introduction

In the recent past India has witnessed a stupendous growth in what is called "health tourism" but, what about the other side of India, the unhealthy poor, unfortunately larger side. After 60 years of planned development, there is a serious mismatch in India between the declared objectives of universal healthcare through the public health system on the one hand, and the actual level of public health expenditure on the other hand.^[1] India ranks 171 out of the 175 countries in the world in public health spending.^[2] This is less than some of the sub-Saharan African countries, a World Health Organization (WHO) study of 2007-08 has revealed.^[3] The World Bank report has cited health as the most significant challenge that India will face on her way to becoming an economic superpower.^[4]

For people living below poverty line, an illness not only represents a permanent threat to their

income earning capacity, in many cases it could result in the family falling into a debt trap. When the need to get the treatment arises for poor families they often ignore it because of lack of resources, fearing wage loss, or wait till the last moment when it's too late. Even if they do decide to get the desired health care it consumes their savings, forces them to sell their assets and property or cut other important spending like children's education. Ignoring the treatment may lead to unnecessary suffering and death while sometime this out of pocket expenses may lead to 65% of India's poor get into debt and 1% fall below the poverty line because of sickness.^[5]

Health and poverty are interwoven. As the poor person has low living standards, poor surrounding environment, improper nutrition, overcrowding and lack of health awareness this leads to diseases during disease treatment they have to spend money. We have huge working population about 400 million. Almost 93% of this

workforce is in unorganized sector.^[6] RSBY cover unorganized sector and aimed at providing health insurance cover to below poverty line workers in unorganized sector and their family. Rashtriya Swasthaya Bima Yojana (RSBY) was designed and initiated on 1st April 2008 by the Ministry of Labor and Employment, Government of India to provide health insurance coverage for Below Poverty Line (BPL) families. The objective is to improve access to health care during illness and hospitalization for workers and their families protecting them from exorbitant out of pocket expenses. The RSBY card holder BPL family gets benefit of Rs.30,000 per family (a unit of five) per annum on family floater basis with a cashless attendance to all ailment. Majority of the financing, about 75 per cent is provided by the Government of India (GOI), while the remainder is paid by the respective state government. Government of India's contribution is 90 per cent in case of North Eastern states and Jammu and Kashmir and respective state Governments need to pay only 10% of the premium. 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.^[7]

The treatment can be availed from the empanelled Government/ESI/Private hospitals based on the package rates fixed. 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 the households, spouse and up to three dependants. The central government has prepared a list of 725 medical and surgical interventions procedure along with suggested rates for the RSBY.

The success of any scheme/program depends on the utilization of the same and the satisfaction of the customers. Government of India also emphasis on quality of services.^[6] Hence, the study has also made an attempt to understand the experiences of the people with the RSBY, their out of pocket expenditure for health services, awareness of the RSBY benefits along with an assessment of their satisfaction with the utilization of the scheme.

Materials and Methods

A Cross-sectional study was carried out from November 2012 to February 2013 in civil hospital, Ahmedabad. During this period 198 beneficiaries had taken treatment from civil hospital, Ahmedabad and their contact details were received from RSBY desk, PRO Office civil hospital, Ahmedabad. Out of these 198 beneficiaries some phone numbers are wrong some do not exist so finally we able to talk to 180 beneficiaries or their family member. All beneficiaries or their family member are telephonically interviewed by predesigned, preformed and pretested Performa. The data gathered in this regard were analyzed under the heads: Patients profile, medical and other support services, details about hospitalization, their awareness about benefits of scheme their extra expenditure, satisfaction on the experience and problems encountered by the beneficiaries. The data was compiled in epi info 7 and subsequently analyzed. Statistical test like computation of frequency and percentage were found and results were subsequently represented.

Results

Total sample size was 180 out of which 102 (57%) were male and 72 (43%) were female. Only 3.3% of beneficiaries found difficulties during enrolment process. Most of the beneficiaries (85%) got information about registration from authority and rest other got information from friends (10%) and advertisement (5%). More than half (68%) beneficiaries answered that all family members are covered under RSBY. Highest beneficiaries were in the age group of 20-30 years and mean age was 36 (13.67). [Table 1]. 50% of beneficiaries had taken treatment from medicine department [Table 2]. Knowledge about utilization of RSBY card at government hospital (90.5%) is good but utilization of RSBY card at private hospital (44.2%) was found to be poor [Table 3]. 80% of the patients were fully satisfied while 13% were partially satisfied with services and behavior of staff members of Civil Hospital, Ahmedabad. More than two third of the patients (73.30%) were referred from other hospitals and they spent average ₹ 1500 before admitting to Civil Hospital, Ahmedabad which was mostly for transport, diagnostic services and medical care at

private hospital. During stay at civil hospital 68.4% patient spent average ₹ 200 for food or medication. Out of 180 beneficiaries only 55 (30.55%) were ready to self-pay, 54 (30%) answered that they won't have taken treatment if they don't have RSBY card and 54 (30%) answered that they would have borrowed money for treatment. [Figure 1]

Table-1: Socio-Demographic Analysis of Beneficiaries

Characteristic		N	%
Sex	Male	102	57
	Female	72	43
Religion	Hindu	133	73.88
	Muslim	42	23.33
	Other	5	2.77
Age Group	0-10	9	5
	10-20	12	6.7
	20-30	45	25
	30-40	39	21.7
	40-50	42	23.3
Residence	50-60	33	18.3
	Ahmedabad city	69	38.33
	Ahmedabad district other than city area	12	6.66
	Other district	99	55

Table-2: Department wise Distribution of RSBY Beneficiaries

Department	N	%
Medicine	90	50
General Surgery	45	25
Neurosurgery	21	11.67
Paediatrics	6	3.33
Obstetrics & Gynaecology	9	5
Other	9	5
Total	180	100

Table-3: Knowledge of Beneficiaries about Benefits of RSBY

Knowledge Regarding	Yes N (%)	No N (%)
Card can be used for health services at government hospital before admission	163 (90.5)	17 (9.5)
Card can be used at private hospital	76 (44.2)	104 (55.8)
Not to pay anything for any services	58 (32.2)	122 (67.5)
Transport allowance	46 (25.5)	134 (74.5)
Service of Post discharge medication up to 5 days	35 (19.4)	145 (80.6)

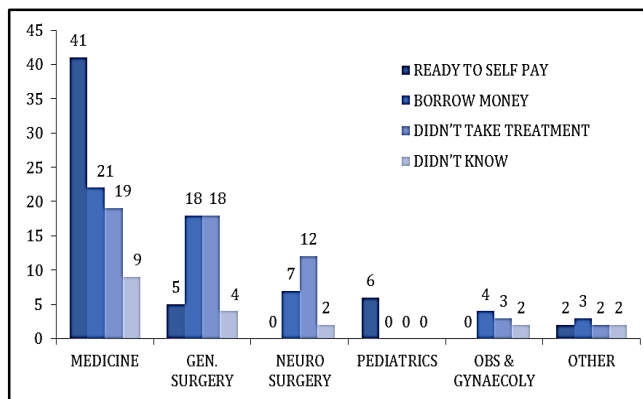


Figure-1: Opinion of patient/family person what they would have done if they didn't have RSBY card

Discussion

This study found that the process of implementation was broadly quite smooth while another study conducted in three state speaks about the same.^[8] Our study showed that 32% of respondents had more than five members in their family which is more or less same as study in durg district done by Sulakshana et al.^[9] One of the main objectives of the scheme is to improve access and reduce out of pocket expenditure on health. Our study reveals that even though expense during hospital stay was less but due to unawareness or due to some other reason they have to do out of pocket expenditure before admitting in to the hospital or after discharge. 55% of the RSBY beneficiaries belongs to other districts of Gujarat which implies lack of services in their respective areas, which needs serious consideration. A positive finding of the study was that beneficiary satisfaction with RSBY was almost 90% which was more than other studies.^[7,10] Such a high level of satisfaction could probably be the highest for any Government funded scheme in India . Main reasons for this high level of satisfaction were cashless nature of the scheme, friendly and polite behaviour of the staff etc.

Conclusion

Government may relook at the five member family size as 32% of families have already five member enrolled and they could not enrol more members due to size restriction. Awareness levels regarding all the benefits of RSBY need to be increased by intensive IEC activities and better publicity about the scheme. Satisfaction level in study is high but there is a chance of improvement. Government should empanel good hospital in every district so out of pocket expense for transport should be decreased.

References

1. Nilekani N. Imagining India: Ideas for the news century. Penguin Group, New Delhi. 2008. p. 384.
2. The Funds the government earmarked for health care have been budget leftovers, hovering around 1% of GDP through the post-independence years. Ibid. p. 388.
3. Nagaraj NM. India ranks 171 out of 175 in public health spending, says WHO study. Times of India. 2009. August 11.
4. Ways to Boost Health Insurance Sector in India, Journal

- Medical Insurance Online. April 2010.
5. National Sample Survey Office. The NSS Survey report - 2004. Ministry of Statistics and Programme Implementation.
 6. Lal A, Adarsh, Pankaj. Textbook of community medicine. New Delhi: CBS Publishers & Distributors. 2011. p. 643.
 7. Palacios R. A New Approach to Providing Health Insurance to the Poor in India: The Early Experience of Rashtriya Swasthya Bima Yojana. Draft document. RSBY Working Paper. 2010. p. 1-25.
 8. Schmachtenberg R. RSBY Working Paper. Evaluation of Implementation Process of Rashtriya Swasthya Bima Yojana in Select Districts of Bihar, Uttarakhand and Karnataka. The Indo German Social Security Programme (IGSSP). December 2012.
 9. Nandi S, Dasgupta R, Nundy M, Murugan G, Kanungo K. The Emerging Experience of RSBY in Chhattisgarh: What can the Informal Sector Workers Expect? Background paper for MFC Annual Meet 2012. Available from: URL: <http://www.mfcindia.org/main/bgpapers/bgpapers2013/am/bgpap2013A.pdf>
 10. McDonald M. Pilot Post-enrolment Survey of the RSBY Program in Gujarat. RSBY Working Paper. March 2011.

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