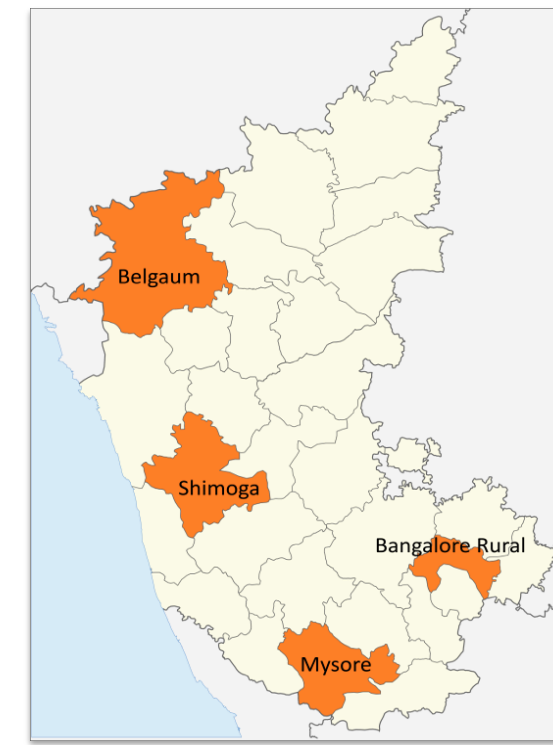


BACKGROUND

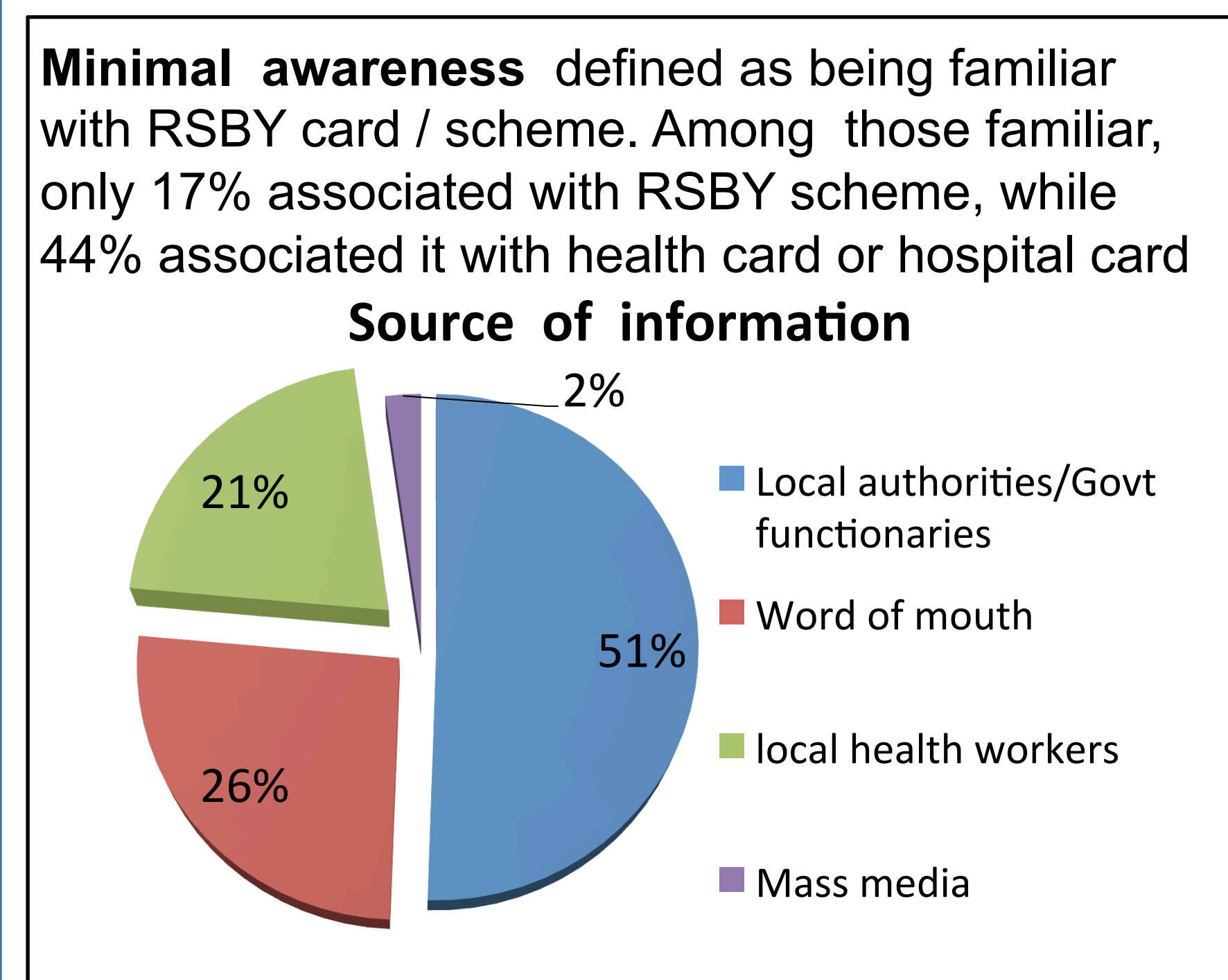
Rashtriya Swasthya Bima Yojana (RSBY) is a government funded health insurance scheme targeting households living below the poverty line (BPL) in India. It aims to provide financial protection from catastrophic health expenditure for BPL households¹. Government schemes tend to give low priority to creating awareness. The inadequate awareness and little comprehension of benefits may prevent the target population from accessing the services¹. In this paper we explore the concept of awareness among the households eligible to benefit from RSBY in Karnataka, India.



METHODS

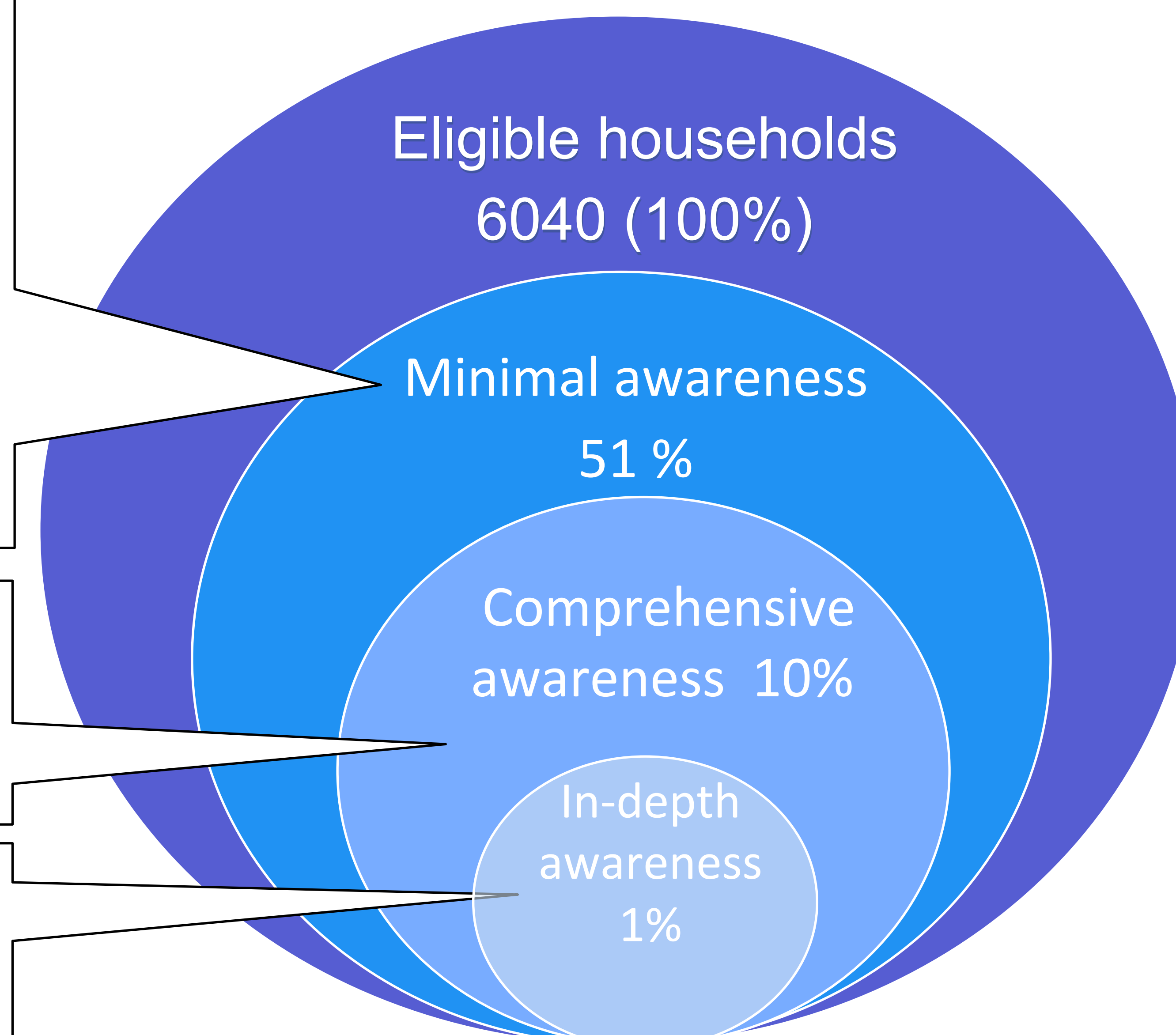
The study was conducted in four districts of Karnataka, India, where the RSBY scheme was in the second year of implementation. The study used a prospective design which included a baseline survey of 6040 eligible households and 3 follow up surveys, between July 2012 – January 2013. The study also used in-depth interviews and focus group discussions with communities and different stakeholders involved in RSBY implementation.

“We were told where to come and when to come; more than that they didn’t tell anything about RSBY scheme” (FGD participant, Mysore)



Comprehensive awareness defined as being familiar with RSBY card / scheme and three important criteria of RSBY (who can enrol, how many members per household are covered and what is covered).

In depth awareness defined as being comprehensive awareness with additional two details of RSBY (what type of treatment is covered and what amount is covered under RSBY).



- How was awareness created**
- ❖ The local authorities (government functionaries/local health worker) created awareness by contacting individuals by house-to-house visit / calling individual households.
 - ❖ The insurance company shifted its responsibility of creating awareness to local authorities (government functionaries/local health worker) without giving adequate information and tools.
 - ❖ At most places awareness was created just few days before enrollment camp was held with more emphasis on enrolling larger number of households rather than creating in-depth awareness about scheme.
 - ❖ Among aware not knowing about enrolment camp (46%) was major reason for not enrolling under RSBY

- Influence of Awareness**
- ❖ Enrolment rate was high among participants with comprehensive or in-depth awareness (z score -4.196, (p < 0.05))
 - ❖ 269 hospitalisation among enrolled members, 62% of the hospitalised approached non empanelled hospitalised under RSBY

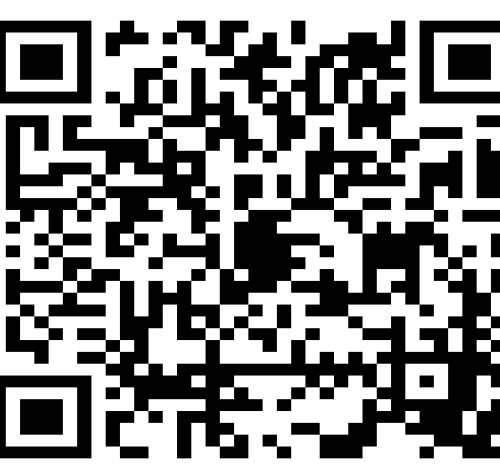
Characteristics of households less likely to be aware of RSBY (p value < 0.05):
scheduled tribes, households-headed by female, widows, and elderly and households does not have any local political participation

KEY MESSAGES

- ❖ Awareness by itself is a complex, multi-layered concept.
- ❖ Although RSBY was launched in 2009, nearly half of the study households were not aware of it.
- ❖ 83% of minimal awareness households could not associate the scheme with RSBY Card.
- ❖ Current strategies for creating awareness, delivery and implementation of the scheme reflects its ad-hoc nature and incompleteness.
- ❖ Comprehensive aware household had higher enrolment rate: Poor awareness remains a significant barrier in accessing the services.

RECOMMENDATIONS

- ❖ The approach for awareness creation should aim at creating in-depth awareness rather than familiarity with the welfare scheme.
- ❖ Given the diversity of the audience the campaign for creating awareness need to be more creative, multiple strategy and dynamic in nature through out year.
- ❖ Social welfare schemes should invest more time and resource in creating in depth awareness as it leads to better access and utilization of services.



Reference: Rajasekhar D, Berg E, Ghatak M, Manjula R, Roy S. Implementing health insurance for the poor: the rollout of RSBY in Karnataka. Polit. Sci. 2011

