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Enrolment in health financing schemes: the role of social exclusion. Lessons from India's National Health Insurance (RSBY) scheme

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Social protection scheme through the lens of social exclusion

What we wanted to know

Rashtriya Swasthya Bima Yojana (RSBY) aims to provide financial protection from catastrophic health expenditure for the poor in India. Although RSBY's overall success in enrolment is widely acknowledged, there are widespread disparities in enrolment.¹

In India, poor and social groups such as Scheduled Castes (SC), Scheduled Tribes (ST) and religious minorities continue to be excluded from accessing various social protection schemes due to existing structural discrimination².

In this paper, we examine the influence of social exclusion during enrollment in RSBY in

Karnataka, India, focusing on who is excluded, and how and why this occurs

What we did

A mixed methods study was conducted between July 2012 – January 2013 across four districts in Karnataka, a southern state in India.

It involved repeated household surveys of 6040 eligible households along with focus group discussions (23) and in-depth interviews (32) with different stakeholders involved in implementation of the scheme.

The study utilises Social, Political, Economic and Cultural dimensions to understand social exclusion.³



What we found

Excluded groups		Odds ratio (P < 0.05)
Families headed by	Women	2
	Elderly	2
Daily/monthly/irregular wage labourer		1.82
Scheduled Tribes		4
Scheduled Castes		2
Having access to other welfare schemes		1.5

Why do they get excluded?

Drivers of social exclusion

Social:

Lack of social networks, residing in remote areas, belonging ST/SC families & illiteracy

Political:

Lack of political networks & participation, infrequent visits to administrative headquarters

Economic:

Daily wage a priority, physical appearance a proxy for education & wealth, migration for work

Cultural:

Their caste is a minority in the community

These drivers overlap each other



Acknowledge existing social inequities in the population targeted

- Identify those who are getting excluded and prioritize them as high focus areas/groups
- Develop additional sensitive strategies that overcome exclusionary barriers and reach out to the excluded
- Involve local stakeholders, esp. representatives from excluded groups in designing, implementing and monitoring these strategies
- Government should incentivise inclusion of these vulnerable groups
- Strengthening grievance redressal mechanisms at the grass roots level and monitoring of high focus areas needs to be prioritized

What can be done?

Who gets excluded ?

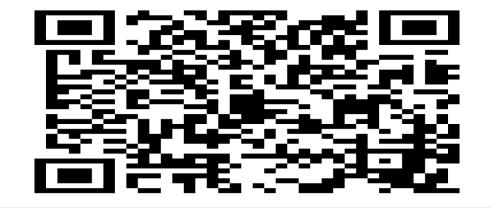
What do we learn

- Affirmative action of government to reach out to the poor is a positive move but not acknowledging the other social inequities excludes the most vulnerable groups
- Hence it is essential to acknowledge and address existing inequities by developing multiple strategies so as to reach out and create a safety net so that no one gets excluded
- With the Government of India's move towards achieving Universal Health Coverage, there is a need to view social health protection schemes through the lens of social exclusion to reach out to the most vulnerable groups

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