Documentation of implementation processes

Creating awareness on RSBY OP pilot- Beneficiaries and Providers

Pilot project - Providing out patient healthcare to complement Rashtriya Swasthya Bima Yojana (RSBY)

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This document presents the process involved in creation of awareness among the beneficiaries and empanelled providers in the RSBY OP pilot project. It specifies the role of stakeholders in the process and implementation engagements as recorded in the pilot districts.

This report was accomplished by Triumph Health Enhancing Systems (documentation agency contracted by ICICI Foundation to document the RSBY OP pilot project) after conducting interviews with implementing partners (ICICI Foundation, ICICI Lombard, RSBY State Nodal Agencies in Gujarat and Odisha. The entire excersise spanned from February 2012 to June 2012.

It is advised that the document must be read with an understanding of the context and design of the pilot project and be used/shared judiciously only to interpret findings/learning’s if any with in such context. This report neither reflects a generalized view of implementation or impact of the established system.

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Introduction

ICICI Foundation for Inclusive Growth (ICICI Foundation), Rashtriya Swasthya Bima Yojana (RSBY) and International Labour Organisation (ILO) are experimenting new mechanisms to provide outpatient health care to the poor. A pilot project to provide out patient healthcare is being implemented in two districts in India - Puri district in Odisha and Mehsana district in Gujarat beginning June 2011. Provision of out patient health services is based on expanding the current RSBY inpatient benefit package to include outpatient healthcare services to complement the existing RSBY scheme with the primary objectives of

- To improve the health seeking behavior among BPL population.
- To ensure delivery of quality outpatient services by healthcare providers (both public and private) nearer to the community.
- To provide financial access to out patient healthcare among BPL population.

The out patient benefit package was designed to be delivered by both public and private empanelled providers. It included the following benefits –

- Out patient health services - free doctor's consultation and drugs (as per WHO essential drug list) for 10 outpatient visits per year per enrolled household in the empanelled outpatient clinics.
- Each out patient visit allows the enrolled household members to access the outpatient services for a period of 7 consecutive days, should there be a need for follow up within the 7 day duration.

The OP benefit package specially included provision of medicine free of cost along with free doctor's consultation at each visit acknowledging that majority of out patient expenditure in India is on medicines. Only those providers were empanelled that had the facility to dispense medicines or ensured to provide them by mutual agreements with pharmacies in the vicinity (within the rates agreed for delivering the out patient package).

Creating awareness among the beneficiaries about the benefits package and empanelled providers was the key to ensure beneficiaries utilize the benefits without any hinderances. It was planned that awareness campaign would be conducted during enrollment as in the pilot outpatient healthcare benefits package is offered to the same BPL households eligible and have registered for RSBY’s inpatient scheme. Further, during the enrollment drive the beneficiary comes into direct contact with the insurance company and state representative (Field Key Officer) giving a chance to ensure that beneficiary is given all the information on the working of the scheme, benefits package and utilization of benefits.
Establishing role of stakeholders involved

**Insurer (ICICI Lombard)**

The insurer is responsible for creating awareness about the RSBY OP product, the benefits package, empanelled hospitals and functioning of the smart card. He does this directly or by hiring intermediaries to provide grassroot level outreach in the coverage area.

**State Nodal Agency (SNA)**

The SNA supports the insurer in developing strategies for conducting IEC activities, develop and design the material for awareness campaign, establish co-ordination among the public administration if need be. It also monitors the awareness campaign undertaken in the districts and reviews if it has been rolled out as planned.

**Implementation engagements**

The insurer carried out awareness campaign/ IEC activities during enrollment in both Puri and Mehsana. There were no established criteria for creating awareness campaigns as it was agreed that the issue to be dealt with was new and complex. The insurer’s marketing department had a full-fledged team working on strategies and methods to create awareness through IEC activities. The insurer devised its own strategy and tried few methods to test it out. The insurer has devised IEC activities that would cater to both the supply side and demand side. The provider’s knowledge on the benefit package and how effectively he can cater to majority of the cardholders is as valuable as the beneficiaries’ knowledge on the benefits package, empanelled facilities and how the card can be optimally utilized.

The awareness activities have been unique in their design and care had been taken to choose methods that are suitable to the local communities. Separate awareness material was created for communities in both the districts according to culture, tradition, type of available providers (allopathic/ homeopathy, public / private, clinic/ hospital) etc. The insurer had undertaken the awareness activities on a trail basis and tested the methods individually in both the districts. In each district an IEC activity was conducted and the impact of such activity was observed, this has allowed the insurer to adopt the best possible approach to create awareness.

Later as the pilot progressed it was observed that the utilization was low in Puri and lower in Mehsana than expected. The implementing partners realized the need to rethink the awareness creation strategy. In Mehsana, newer methods of
creating awareness were introduced. However the partners are of the opinion that they are unable to observe the direct positive impact of awareness campaign on utilization levels. Multiple factors are at play impacting utilization and they think it is too soon to even understand what went wrong and what are the perfect strategies, but the Insurer is confident that they would strike the right chord by utilizing the pilot period on experimenting various methods.

**Awareness campaign during enrolment**

**In Puri,** the beneficiaries were informed about the scheme mainly through dance and folk art forms of the region, conducted in village centers and market areas. Das kattiya, Pala, Street plays were used to gather people and inform them about the OP benefits package and its uses.

Displays – banners, posters, wall paintings and hoardings were created and displayed at important places in villages and at all the empanelled providers.

**In Mehsana,**
- The campaign included use of radio jingles with information on both the IP and OP schemes.
- Garbha dance nights (during Navratri festival season) with hoardings, banners informing about the OP benefits package were arranged by the insurer in the communities.
- Kites with RSBY visuals were widely distributed in the community by the insurer during the Kite flying festival.
- A campaign vehicle branded with RSBY OP banners travelled for 3-4 days in each village/town (where there were low utilization levels). The vehicle announced the OP benefits and the empanelled facilities near by to create awareness.
- Newspaper advertisements in local media were also used, as majority of the population is literate.
- Posters and banners where erected at markets/crowded areas in Mehsana and wall paintings were done at empaneled facilities (Public).

**Intermediary awareness campaign in Mehsana, Gujarat**

Considering that the utilization was too low when compared to expectations, the insurer introduced new initiatives to create awareness on the OP benefits package.

- OPD celebrations at empanelled health facilities

The health facilities with high number of utilizations in a particular month were selected and celebrations were held to generate interest among the neighbouring
communities as well take corrective measures at the clinic in any of the operational issues with the intervention. The facilities were decorated with bannerts, standees. Information material on the OP services was made available. Campign Vehicle also travelled around the locality announcing about the cecakebration and as well as the RSBY OP benefits.

Miking by using a campaign vehicle - Once again a vehicle with RSBY banners was created that promoted the OP scheme by announcements for 3-4 days in each village/town.

- Gram sabhas

These were targtted at informing the beneficaries directly on benefits package and functionalities of the scheme( use of card, services received, empanelled providers). Gramsabhias sspcially for this purpose were conducted for 1-2 hours in the morning in each village every day under the guidance of the gram panchyat leaders and the sarpanch. The BPL households met at a fixed place and time. The represetative from the insurer side and an empanelled doctor from nearest facility were invited. Information was shared with the households and they were invited to discuss any issues they encountered. Llist of providers, benefit details were also given. The households could also interact with the doctor on issues and the working of the OP scheme.

- Health meetings are being conducted regularly every month by the chief district medical officer (CDMO) with the public doctors and Lombard is also present to discuss the challenges and improvements that need to be done.

**Challenges**

- Awareness campaigns were not as well planned, as they should have been in such complex interventions. But a lot has been learnt during the first few moths and corrective measures are being taken.

- The information to be given to beneficiaries on the RSBY OP project was complex. The information used initially to create awareness though was successful in creating a buzz about RSBY OP, it had negative repurcuasions on understanding of the RSBY OP benefit package among both the providers and beneficiaries.

The initial information on OP benefits package was designed to make the beneficiary aware that the enrolled household is entitled to receive treatment (free consultation and drugs worth Rs.75/Rs50/Rs.150 per OP visit.. This led to confusion on the OP benefits package among the beneficiaries as well as
the providers. The beneficiaries understood that they will receive Rs.75/Rs.50/Rs.150 worth of free drugs at every OP visit.

The providers were not clear on how to divide the payment per OP visit for drugs and consultation. While some providers gave Rs.75/Rs.50 worth of drugs for free from the prescription some providers divided that Rs.10/Rs.20 would be for consultation and the rest for drugs (some providers in Mehsana).

Though beneficiaries demanded the providers that they should receive the free drugs worth Rs.75/Rs.50/Rs.150 (definitely a positive sign), they were still at a loss as they were actually not availing the entire benefit according to design of the OP project. The design entitles that the provider at each OP visit should give the beneficiary, all the drugs required for treatment of the particular illness, not bound by any monetary limit. Because of promoting the benefits on monetary terms, the providers were not fulfilling their complete obligation. Majority of beneficiaries either availed only part prescription for free (within Rs.75/Rs.50 or Rs.150 in case of specialist consultation) and paid the rest out of pocket.

- There was also a misconception among some providers and beneficiaries that the money per RSBY OP visit would be deducted from their RSBY IP benefit of Rs.30000 a year per family as they were given only one smartcard.

- Word of mouth awareness as expected could not happen as there was low utilization. Also due to lack of proper understanding of RSBY OP benefits providers could not communicate the benefits properly to the visiting patients/beneficiaries (mainly the public providers).

- Public providers also were also not proactively asking about RSBY card for OP services in Mehsana, as the doctors thought it is waste of a visit for the beneficiary to use the card at public facilities as they are already receive free consultation and all the necessary drugs for free at public facilities. They believed using the card at private provider would be useful for the beneficiary.

- Beneficiaries also did not find an absolute value in using their RSBY cards for OP as providers often asked patients to wait due to technological delays with RSBY hardware and software (lack of internet connectivity, inability to use the technology platform when the operator is absent, non matching finger prints, lack of electricity etc.). In Mehsana the RSBY IP and OP scheme in public facilities is driven by the Department of health which already has its own programmes. The staff at facilities is burdened with lot of work and RSBY OP pilot was not the highest priority, may also be a reason.
- Poor accessibility to reach the village to conduct awareness activities is one of the challenges especially in remote Mehsana and most of Puri. The life in rural communities is also not so media centric (radio/TV) as they have to work in the farm. Thus to get an impression of which media source would be the best to send the message across is an issue. Use of radio and newspaper advertisements might have receive by a limited number of house holds.

- Women in the households especially in Mehsana are unapproachable and recultant to listen or talk to local campaigner/announcements.

**Learnings**

- Puri and Mehsana are two regions with high variations in demographic and socio economic status. Puri is highly conservative society where as Mehsana is relatively modern and well literate.

- Access through transport and media peneration is good in Mehsana where as its poor in Puri.

- Understanding of the product and its details was different among the providers in both the districts, while it was easily acceptable in Puri, Mehsana’s providers did not take it well in the first instance.

- RSBY OP benefits cannot be defined only by the monetary benefit the enrolled household is entitled to as done in RSBY IP scheme. In RSBY IP scheme it can be conveyed that the benefit received is treatment worth Rs.30000 per year per family.

- Wall paintings were used and later it was found that securing the wall paintings has been difficult task. They were painted over by some other information or not well received due to unsuitable locations.

- The awareness campaign should concentrate on strategies to inform the difference between the benefit packages of RSBY IP and OP

- The information material (booklet- benefit details, facility list etc) provided during enrollment was misplaced by most of the card holders. An alternative method needs to be adopted to address this issue.

- Awareness should be an ongoing process and efforts should be put towards conducting the IEC activities periodically.