

CHHATTISGARH

ONE YEAR INTO PM-JAY IMPLEMENTATION (DEMAND-SIDE)



POLICY BRIEF 2022



BACKGROUND

This policy brief presents findings from research commissioned in April 2018 to the Indo-German Social Security Programme (IGSSP), predecessor of the Indo-German Programme on Universal Health Coverage (IGUHC). The research evaluated the PM-JAY implementation from the demand-side, thereby providing performance evidence to India's National Health Authority (NHA).

A consortium of institutions, led by the Heidelberg Institute of Global Health, Medical Faculty, Heidelberg University Hospital, including the cooperating institutions of City, University of London, the Deutsches Institut für Entwicklungspolitik/German Development Institute and Nielsen India Private Limited, did the evaluation from January 2019 to July 2020. It provides insights on how households across seven Indian states, including Chhattisgarh, experienced the state-funded social health insurance scheme, Pradhan Mantri Jan Arogya Yojana (PM-JAY), approximately 14-16 months after its implementation in September 2018.

The study areas were:

- The extent to which households defined as eligible for PM-JAY still met the 2011 Socio-Economic Case Census (SECC) eligibility criteria
- Knowledge and awareness of the scheme
- Experiences with the registration process
- Hospital utilization and out-of-pocket expenditure
- Experiences with health care utilization and PM-JAY grievance redressal process



APPROACH

Cross-sectional data was collected in a single round across seven states, namely Bihar, Chhattisgarh, Gujarat, Kerala, Meghalaya, Tamil Nadu and Uttar Pradesh in 2019. A mixed-methods approach was applied, combining a quantitative household survey with a series of qualitative, In-Depth Interviews (IDIs), Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs). For Chhattisgarh, two districts were sampled: Raigarh and Bilaspur. The household survey included a total of 9,546 individuals distributed in 2,117 households, all selected among households defined as eligible for PM-JAY according to the 2011 SECC. The sampling strategy relied on a combination of households randomly selected among all PM-JAY eligible households and households randomly selected among all households having presented a claim under PM-JAY.

This strategy was intended to secure that a sufficient number of hospitalization cases is included in the final sample. The qualitative study included a total of 4 KIIs with Mitamin, 4 FGDs (2 with only female participants and 2 with only male participants) and 8 IDIs (4 female and 4 male).



KEY FINDINGS

Eligibility:

SECC Criteria:

Amongst the households under study, **three out of four households met at least one inclusion criterion** to be eligible for PM-JAY:

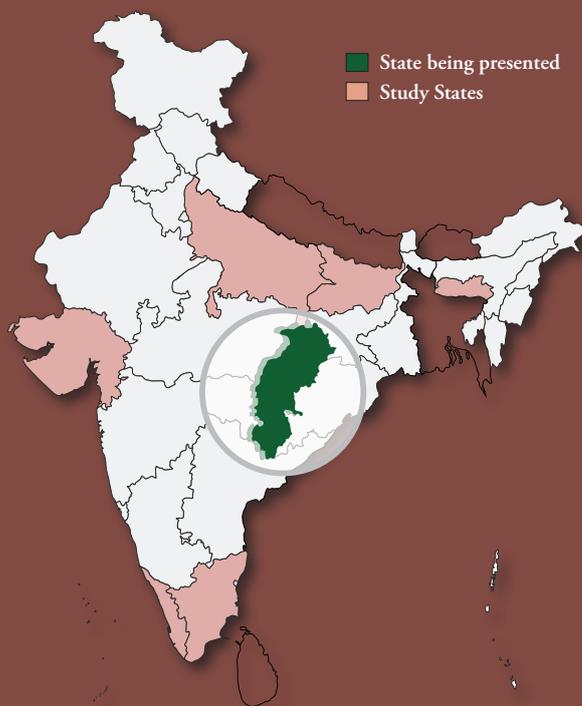
Table 1. Eligibility Criteria, rural and urban areas

Eligibility Criteria	Rural (%)	Urban (%)
Only one room with kucha walls and kucha roof (D1)	4.0	5.8
No adult member between age 16 to 59 (D2)	10.6	3.9
Female headed households with no adult male member between age 16 to 59 (D3)	6.5	1.9
Disabled member and no able-bodied adult member (D4)	8.6	5.8
Schedules Caste/Scheduled Tribe households (D5)	55.4	63.5
Landless households deriving major part of their income from manual casual labor (D7)	17.5	50.0
Automatically included*	1.2	73.1
Mean number of dimensions per household	1.0	2.0
Households that met at least one dimension	72.7	96.2
N (households)	2,065	52

*In rural areas these households included destitute/living on alms (not part of our sample), manual scavenger families, primitive tribal groups and legally released bonded labor; in urban areas these households included identified occupational categories of workers.

STATE BACKGROUND

CHHATTISGARH



To improve access to healthcare services in Chhattisgarh, the Rashtriya Swasthya Bima Yojana (RSBY) was introduced for BPL households in 2009 and in 2012, the Mukhyamantri Swasthya Bima Yojana (MSBY) extended coverage to non-BPL households, therefore covering everyone in the state.

Since 2018, RSBY and MSBY have been subsumed under the Pradhan Mantri Jan Arogya Yojana (PM-JAY). PM-JAY aims to provide social health protection to the most vulnerable households and as such, increase their access to good quality secondary and tertiary services while also avoiding high and catastrophic spending due to illness and care seeking. At the time of study conceptualization, Chhattisgarh was implementing PM-JAY through a mixed-mode, involving both state agencies and insurance companies, but later wholly shifted to implementation through a state agency. It has been estimated that as many as 3 million households qualify for PM-JAY coverage in Chhattisgarh, based on the Socio-Economic Caste Census (SECC) of 2011. By April 2020, 871,143 households were covered by MSBY and an additional 1.9 million households by PM-JAY; 1,341 hospitals had been empanelled under PM-JAY.

Nearly all met at least two exclusion criteria, most frequently having one household member earning more than INR 10,000 per month or owning more than 5 acres of irrigated land.

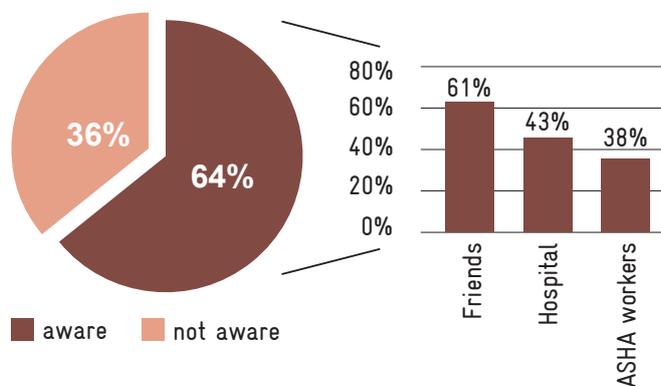
Table 2. Exclusion Criteria, entire sample from Chhattisgarh (rural and urban)

Exclusion criteria	%
Owens Motorcycle/Scooter/3 wheeler	42.5
Owens Car/Truck/4-wheeler/Jeep/Van	1.7
Household member is a government employee	4.5
Household with non-agricultural registered enterprise	0.8
Any member of household earning \geq INR 10,000 per month	99.8
Household paying income or professional taxes	3.1
House with \geq 3 rooms pucca walls & roof	23.3
Owens a refrigerator	8.4
Owens a landline phone	0.1
Owens \geq 2.5 acres of irrigated land & 1 irrigated equipment	4.4
Owens \geq 5 acres of irrigated land	38.6
Owning \geq 7.5 acres of land & one irrigated equipment	0.9
Mean number of exclusion dimension per household	2.3
N (households)	2,117

Knowledge and awareness:

Only one year into scheme implementation, the majority of the study households were already aware of the scheme, mainly having learnt about the scheme through friends and neighbours:

Figure 1. PM-JAY awareness and source of awareness



*For source of awareness respondents could select multiple options; the top three selected options are presented.

Awareness on key scheme features was expandable among beneficiaries, with variation by district and village; for example:

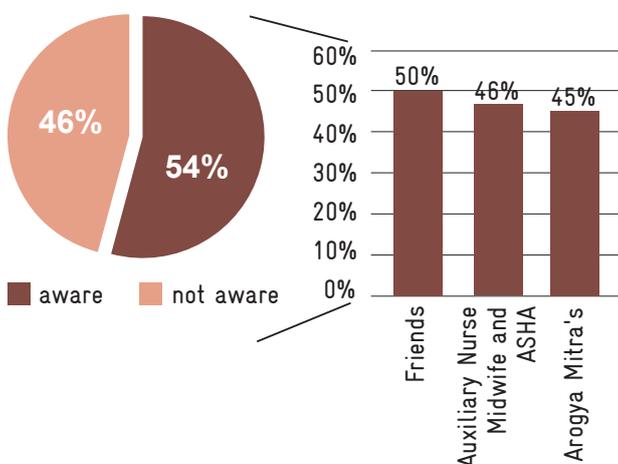
- ▶ **69%** of respondents recalled hospitalization to be included in the service package.
- ▶ **48%** of respondents recalled the ceiling for the scheme coverage (5 lakhs per family per year).

There was some confusion, lack of information and misinformation regarding which services PM-JAY covers and which facilities accept the card. There was also mixed understanding of eligibility criteria for PM-JAY.

Experiences with registration process:

Approximately half of the respondents knew about their eligibility for PM-JAY coverage:

Figure 2. PM-JAY eligibility awareness and source of awareness



*For source of awareness respondents could select multiple options; the top three selected options are presented.

Half of the households were familiar with the registration process. Satisfaction among respondents undergoing the registration process was high (on a scale of 7, 5.6 was the average score).

Most PM-JAY eligible persons and beneficiaries in Chhattisgarh reported having heard of PM-JAY. Many respondents got information about PM-JAY by the “Haka” [local/village doctor] or the “Kotwar” [local police or local administrator], while others had heard about the scheme in the Anganwadi, from the TV, newspaper, local Mitranin, friends, family, or neighbours.

Hospital utilization and out-of-pocket expenditure:

Overall, 9% of the entire sample reported having incurred a hospitalization. Of those who were hospitalized, about three out of five eligible individuals experiencing hospitalization made use of any state-funded social health insurance scheme (SHIS) to cover their cost of treatment.

69% of all hospitalized individuals incurred out-of-pocket expenditures (OOPE) (including pre- and post-hospitalization treatment).

Satisfaction with PM-JAY hospitalization services was high (on a scale of 7, 5.6 was the average score).

The amounts paid for SHIS-covered and non-SHIS-covered hospitalization episodes in Chhattisgarh were similar to the average amounts paid across all our study states:

Figure 3. Out-of-pocket expenditure during hospitalization process



Mean OOPE for non-SHIS covered hospitalization episodes was similar to the average observed among all study states (29% of the total annual per capita expenditure).

Main costs were:

- **Pre-hospitalization phase:** medicines
- **During-hospitalization phase:** surgery costs, followed by bed charges and medicines
- **Post-hospitalization phase:** other medical expenses, followed by diagnostics

Experiences with healthcare utilization and PM-JAY grievance redressal process:

Experiences with healthcare utilization under PM-JAY were mostly positive:

- Many respondents were satisfied with the scheme and were pleased with the high-quality medical treatment and food.
- Some also believed that PM-JAY pays for transportation and baby kits.

Knowledge on the grievance redressal process was still expandable: No eligible person, beneficiary or ASHA had any information on the grievance redressal mechanism, and no one had information on where to complain or whom to complain to.



RECOMMENDATIONS

“Many respondents feel relieved to not have to borrow money to pay for expensive medical services and a few among them think that this may be causing people to seek care earlier than they would have before the launch of the scheme.”



RAISE AWARENESS

While awareness of PM-JAY and own household eligibility was relatively high, knowledge of specific scheme features and knowledge of its specific features can be further expanded. To increase awareness of PM-JAY and entitlement to insurance coverage, strategies could be:

- Considering alongside mass media campaigns, engaging community health workers and other trusted community leaders to conduct small-scale IEC campaigns.
- Strengthening the role of Ayushman Mitras at the facility level and promoting the implementation of additional insurance navigators at the community level (i.e., people deployed exclusively to guide PM-JAY eligible households throughout the process from registration to care seeking).

What people think about PM-JAY:

- Nearly all respondents want more information about the scheme.
- Most respondents who have used their cards are happy with the scheme and feel that health care provided is of high quality.
- Many respondents feel relieved to not have to borrow money to pay for expensive medical services and a few among them think that this may be causing people to seek care earlier than they would have before the launch of the scheme.
- Some respondents don't understand why they are being charged money up front at the point of service by private facilities and then also being made to pay with their card.
- Some respondents are concerned that local doctors are abusing/defrauding PM-JAY patients and the scheme.

ASHAs (Mitanins) and beneficiaries' suggestions for improving PM-JAY:

- The coverage amount should be increased (above INR 500,000).
- PM-JAY should be expanded to aim at Universal Health Coverage for all Indians, not just those of BPL status.
- The scheme should cover all forms of medical treatment, not just in-patient care.
- Baby kits provided by PM-JAY should cost less.
- The government should invest more time and resources into protecting beneficiaries and the scheme from fraud and abuse by health care providers.



EASE REGISTRATION PROCEDURES

It is necessary to incorporate more households to undergo the registration processes. For this, strategies could be:

- Further simplifying procedures and ensuring that with increased awareness, PM-JAY eligible households effectively make use of the services they are entitled to.



INVEST IN FURTHER RESEARCH

Although only indirectly linked to the PM-JAY insurance scheme, the observed high OOPe for hospitalization services for non-insured but also insured individuals, could be addressed:

- Investigating why OOPe for hospitalization services in Chhattisgarh was high.
- Investing in further research to understand what motivates providers to continue to charge patients, even when hospitalization is covered by SHIS/PM-JAY.
- Investing in further research specifically focused on understanding what motivates providers to charge patients when costs are covered by the insurance.

ACKNOWLEDGEMENT

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