UNDERSTANDING THE AWARENESS AND SOURCES OF AWARENESS OF RASTRIYA SWASTHYA BIMA YOJNA (RSBY)/STATE SCHEME AND ITS IMPLICATION FOR PM-JAY FINDINGS FROM A HOUSEHOLD SURVEY ACROSS SEVEN STATES IN INDIA

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BACKGROUND

- India is committed to the goal of achieving Universal Health Coverage (UHC). India recently announced an ambitious health insurance scheme (ICMR, PHFI and IHME, 2017)
- The new health insurance, PM-JAY, builds upon its predecessor insurance scheme RSBY (RSBY, 2008-2018) (Government of India, n.d)
- IGSSP provided technical support to NHA for conducting an evaluation of RSBY, which will serve as a baseline for PMJAY
- Awareness about health insurance is key for a better utilization of services
- This poster describes the awareness level of RSBY among the households as well as sources of awareness

Table 1: Overview of the study districts in each study state

State	Study districts	Population (2011)	Sampled households
Bihar	Patna	5838465	1009
	Muzaffarpur	4801062	1013
Chhattisgarh	Bilaspur	2663629	1019
	Raigarh	1493984	1040
Gujarat	Ahmedabad	7214225	1003
	Surat	6081322	1018
Meghalaya	South Garo hills	142334	763
	East Khasi hills	825922	1253
Tamil Nadu	Coimbatore	3458045	1003
	Sivagangai	1339101	1077
Karnataka	Tumkur	2678980	996
	Raichur	1928812	1015
Karnataka	Allahabad	5954391	1003
	Ghazipur	3620268	1014

Source: Population data from the Office of the Registrar General & Census Commissioner India, 2011

STUDY AREA

Uttar Pradesh Allahabad, Ghazipur
Bihar Patna, Muzaffarpur
Meghalaya East Khasi Hills, South West Garo Hills
Gujarat Surat, Ahmedabad
Chhatisgarh Raigarh, Bilaspur
Karnataka Tumkur, Raichur
Tamil Nadu Coimbatore, Sivagangai

7 states	**2** districts per state	**Urban Sample 5** wards in each district	**Rural sample 8** blocks in each district and 5 PSU's in each block

DESIGN AND METHODS

Survey among Sample of 2020 households has been spread across urban and rural areas in the ratio of (25: 75) in each state. It was a counterfactual design including insured and not-insured household from same socio-economic background

- In each household, we have conducted a household level interview with the head of the household

RESULTS

BACKGROUND CHARACTERISTICS

- Both the insured and not insured belonged to poor households, headed by mostly males
- Households head's education level was low across all the states among both insured and not insured
- Average household size was five, with variations in northern and southern states

Table 2: Overview of the study districts in each study state

Variables	Bihar		Chhattisgarh		Gujarat		Meghalaya		Tamil Nadu		Karnataka		Uttar Pradesh	
	I	NI	I	NI	I	NI	I	NI	I	NI	I	NI	I	NI
Male headed households	-	95.3	91.5	89.4	82.1	81.3	55.1	64.8	84.4	86.1	79.2	77.5	-	91.1
Mean age Of HH head	-	40.6	47.8	41.6	50.9	48.4	45.2	39.3	52.0	44.9	48.8	47.4	-	44.4
Mean year of schooling	-	4.3	5.7	6.1	4.4	4.1	6.0	6.6	5.5	6.8	3.4	3.5	-	5.3
Mean HH size	-	5.5	5.1	4.5	5.2	5.1	4.3	3.6	3.6	3.4	4.4	4.1	-	5.7
SC/ST%	-	56.2	42.4	43.3	64.5	58.7	98.2	98.8	53.3	50.1	65.4	68.3	-	65.0

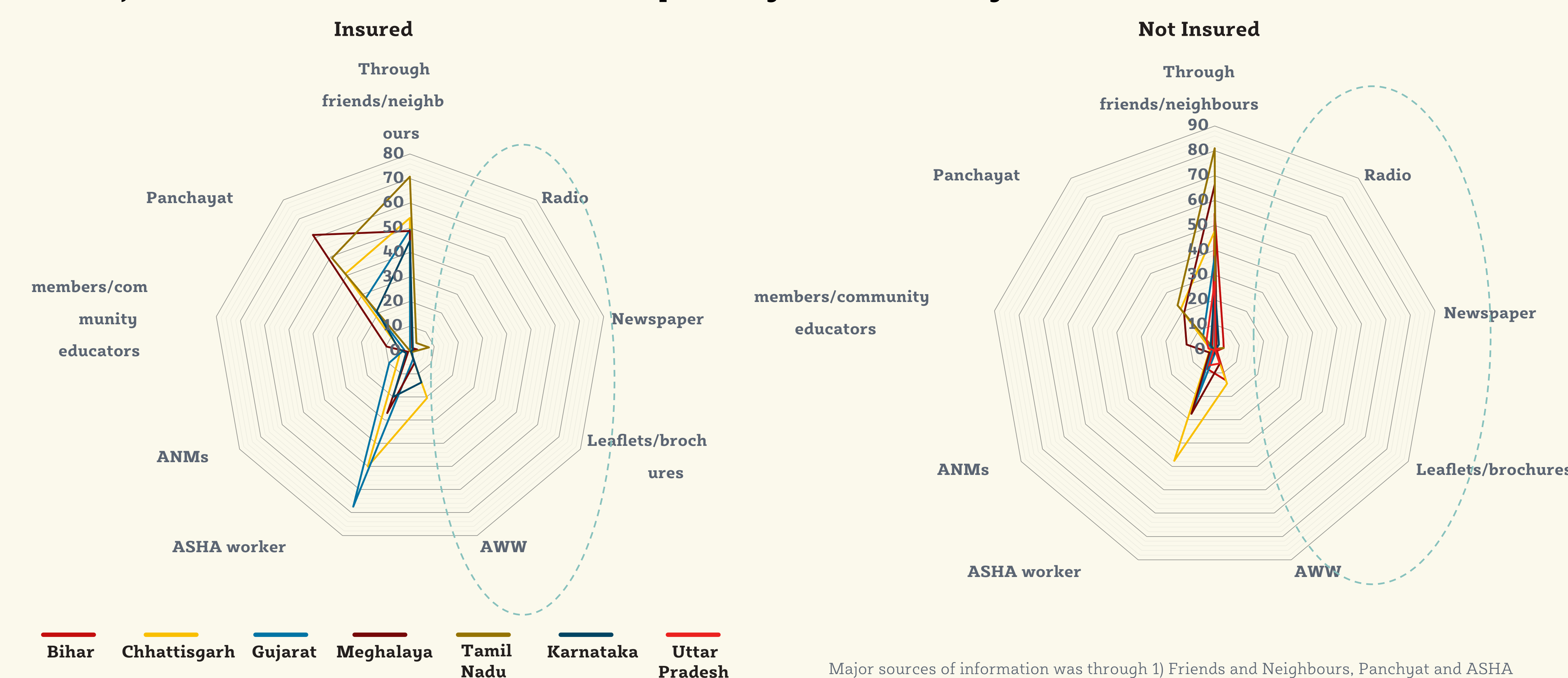**Household awareness about RSBY/State scheme by type of insurance**
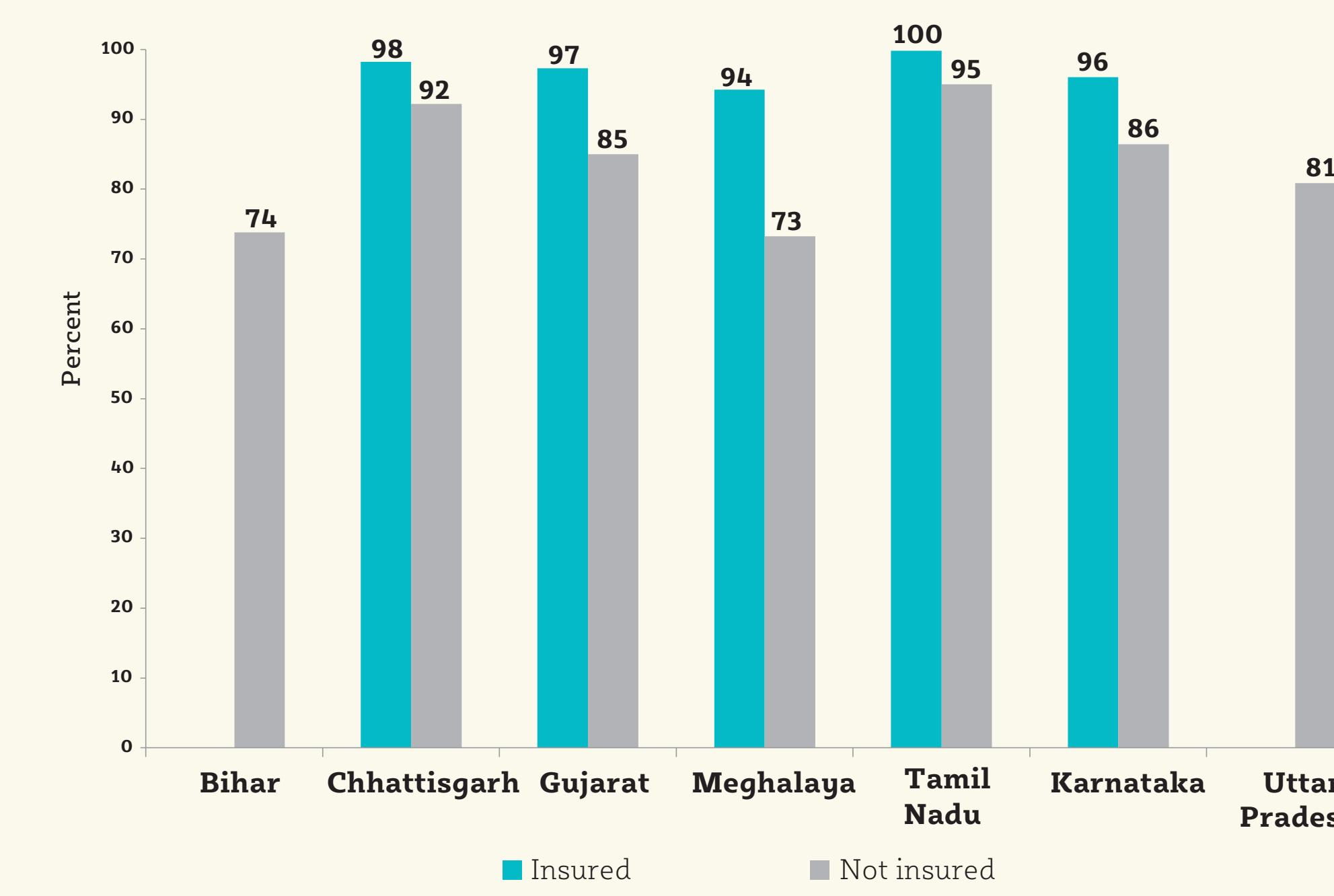
N: Bihar – 2022, Chhattisgarh – 2059, Gujarat – 2021, Meghalaya – 2016, Tamil Nadu – 2080, Karnataka – 2011, UP - 2017

- We created an awareness indicator based on various questions asked
- If the respondent gave correct response to any one of the following five indicators : 1.Cost of enrolment, 2.coverage amount, 3.renewal fee, 4.medicine and 5.diagnostic costs it was considered he/she was aware
- Awareness levels were quite high among both insured and non-insured, but insured were higher than non-insured
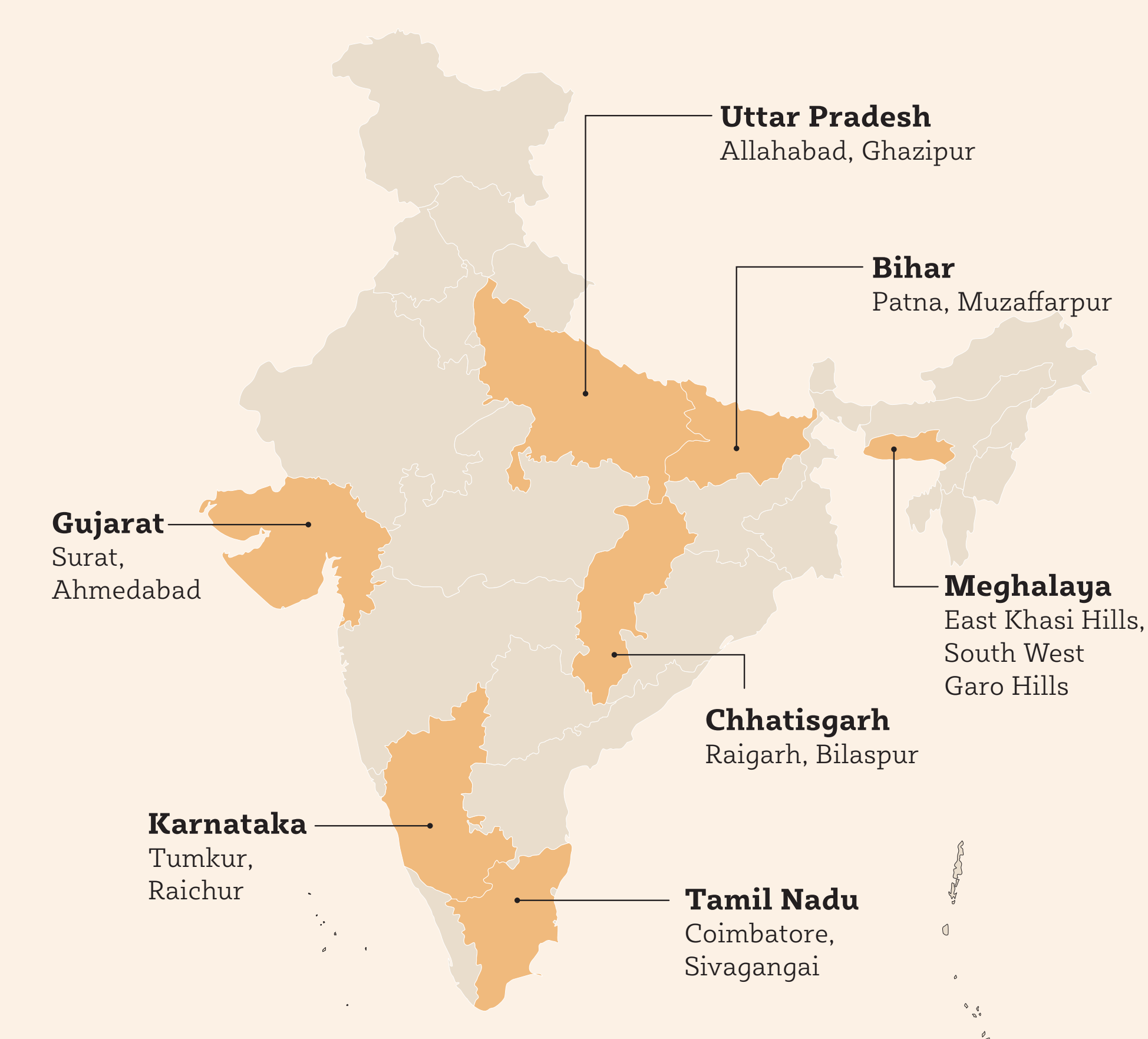- Not much male-female variation in awareness levels across states

Table 3: Awareness among male and female head of the HH among insured HHs

Sex of HH head	Chhattisgarh	Gujarat	Meghalaya	Tamil Nadu	Karnataka
Male	98.3	97.6	92.8	99.8	95.5
Female	97.7	96.2	96.0	100.0	98.1

Major sources of awareness about the scheme – percentage of households by health insurance status & state

Insured

Not Insured

Legend: Bihar, Chhattisgarh, Gujarat, Meghalaya, Tamil Nadu, Karnataka, Uttar Pradesh

Major sources of information was through 1) Friends and Neighbours, Panchyat and ASHA workers for insured and 1) Friends and Neighbours and ASHA workers for nont- insured

CONCLUSIONS AND RECOMMENDATIONS FOR PM-JAY

- In order to strengthen the IEC of PM-JAY, it is important to understand the RSBY awareness strategies
- Awareness is the backbone of a scheme
- Findings from RSBY suggest that PM- JAY enrolment should be removed
- PM-JAY should develop a robust awareness strategy where beneficiaries are aware about the various aspects of the scheme
- IEC vehicle for PM-JAY needs to focus on reach and impact
- PM-JAY should focus on untapped formal platforms of communication for example radio, newspaper, leaflets/ brochure and AWW

REFERENCES:

1. Indian Council of Medical Research, Public Health Foundation of India, and Institute for Health Metrics and Evaluation. 2017. India: Health of the Nation's States — The India State-Level Disease Burden Initiative. New Delhi, India: ICMR, PHFI, and IHME; Available from: http://www.indiaenvironmentportal.org.in/files/file/India_Health_of_the_Nation's_States_Report_2017.pdf. Accessed: 20th July 2019.

2. Government of India.n.d.National Health Authority, Pradhan Mantri-Jan Arogya Yojna (PM-JAY); https://www.pmjay.gov.in/

FOR MORE INFORMATION

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