

STUDY OF RSBY ENROLMENT IN SHIMOGA AND BANGALORE RURAL

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INTRODUCTION

Rashtriya Swasthya Bima Yojana (RSBY) is a health insurance scheme for the poor operated by the Ministry of Labour and Employment, Government of India. All Below Poverty Line (BPL) families are eligible for the scheme. Beneficiaries are entitled to benefits of up to Rs. 30,000/- per year in a cashless transaction system. Beneficiaries pay Rs. 30/- for a family of up to 5 members and receive a

company will then settle the claims within a period of 30 days. Enrolment for RSBY is done every year by organizing enrolment camps over a 4-5 month period.

RSBY was initiated on 01 April, 2008 and as of 30 April, 2014 there are 37,191,843 active users, with 71,63,935 hospitalizations¹. All 30 districts were included in the second round of enrolment that began in 2012. The working of RSBY can be broadly divided into two parts i.e. the enrolment process, which is followed by the claims process. During the enrolment, the beneficiaries are educated about the scheme and provided with a smart card to access their benefits. In the claims process the beneficiary obtains cashless treatment at an empanelled hospitals which are then reimbursed by the insurance company. Enrolment provides the means for the beneficiary to access his benefit. Few studies have detailed the enrolment process for RSBY. Studies in Karnataka have shown that the enrolment process was plagued with outdated BPL lists and a lack of knowledge about the scheme among the beneficiaries in the first two rounds of enrolment (D, Erlend, Maitreesh, R, & Roy, 2011; GIZ, 2012). In the Centre for Budget and Policy Studies (CBPS) impact evaluation of RSBY in Shimoga and Bangalore-Rural of 600 BPL households, the average score on the Knowledge Index was 39.59, which implies that most

of the beneficiaries answered only one of the three questions about the scheme correctly (Aiyar et al., 2013). Low knowledge is reflected in the low utilization of the scheme as people cannot use the scheme if they do not know how to use it, especially when we note that RSBY had completed 2 rounds in these two districts. In the same year, another study on the enrolment process in Mandya district showed that lack of sufficient power back-ups, FKO² absenteeism, and sub-contracting to different vendors also affected enrolment (Bhaskar, NS, & Jain, 2012).

Now in its third round of implementation, the GoK armed with an updated BPL list hopes to improve the enrolment process and hence the utilization. The process of enrolment has been documented to study the changes since the last enrolment in 2012-13.

The average score on the Knowledge Index was 39.59, which implies that most of the beneficiaries answered only one of the three questions about the scheme correctly.

smart card. The Government then pays the premium to the insurance company (selected by the state through a tender process). The premium is shared between the central and state governments, the ratio being 3:1. The beneficiaries can then go with their smart cards to any empanelled hospital for treatment. The insurance

¹ <http://www.rsby.gov.in/> accessed on 20/2/2015

² Field Key Officers

METHODOLOGY

In-depth interviews of various stakeholders involved in the process of enrolment of RSBY were conducted. 2 talukas each of Shimoga and Bangalore-Rural districts were visited, where CBPS had conducted an impact evaluation of RSBY

in 2013. The selection of taluks was dictated by the areas where the enrolment was in progress during the period of field visit. In Shimoga, rural areas of Shikaripura and Shorba Taluks were visited while in Bangalore-Rural the rural areas in Devanahalli Taluk and urban areas in Hoskote Taluk were visited. A minimum of 2 camps in each taluk were covered. In all, 12 camps in Bangalore-Rural and 4 camps in Shimoga were covered³.

Table 1: Particulars for the Sample districts

District	Bangalore-Rural	Shimoga
Insurance Company	New India Assurance	ICICI Lombard
TPA	Family Health Plan Limited	ICICI Lombard (internal team)
SCSP	Sai Infotech	FINO
District workshop	January 2014	Early 2014
Enrolment began	November 2014	January 2015

ADMINISTRATION OF RSBY IN KARNATAKA

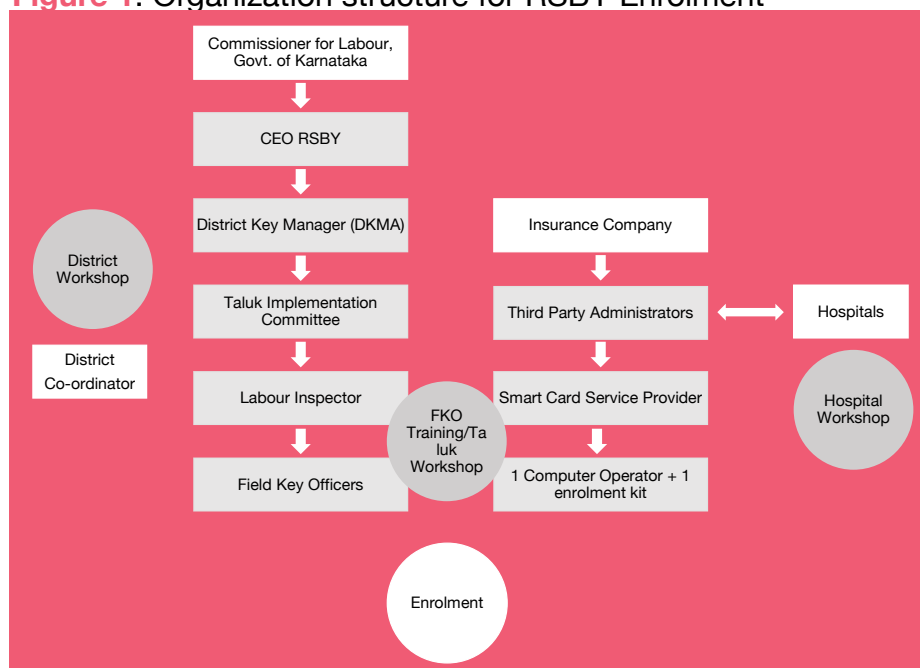
The administrative organization begins with the Commissioner for Labour at the state level and the District Key Manager (DKM) at the district level. Under the Labour Commissioner is the CEO for RSBY at the state level. There is a District Key Manager for each district, who is in charge of the implementation at that level. Under him is the Labour Inspector for each taluk and the District Co-Ordinator who serves as a liaison between the district and its taluks.

The New India Assurance, Iffco-Tokio and the ICICI Lombard are the three insurance companies involved with RSBY in this policy year in Karnataka. Each of these companies has its own set of Third Party Administrators (TPAs) who hold

the responsibility of carrying out enrolment and claims management for RSBY. The TPAs in turn are responsible for hiring the Smart Card Service Providers (SCSP), who are in

charge of the enrolment while the TPAs supervise them. The insurance companies monitor the enrolment and the claims process.

Figure 1: Organization structure for RSBY Enrolment



Working with the SCSP and the TPAs at the ground level is the Taluk Implementation Committee which is chaired by the Tehsildar, where the Labour Inspector is the member secretary. The enrolment

process also involves the Gram Panchayat and its President⁴. The lowest rungs of personnel are the Field Key Officers (FKOs) who are charged with identification of enrolees and providing authorization for

printing the smart card.

The other arm of RSBY, the claims process, is managed by the TPA in collaboration with the hospitals empanelled under the scheme.

PLANNING

The process for RSBY enrolment began in early 2014 with the district workshops being conducted for each district to make all the stakeholders involved aware of their roles in the implementation.. It was attended by the respective District Key Managers (DKM), officials from the District Labour Department, the Education Department, the District Health Department, representatives from the Insurance Companies, TPAs, SCSPs. The insurance company for Bangalore-Rural is New India Assurance while it is ICICI Lombard for Shimoga. The TPAs involved were Family Health Plan Limited in Bangalore-Rural and ICICI Lombard for Shimoga. The SCSPs were Sai-Infotech for Bangalore-Rural and FINO for Shimoga.

1. Planning involved, obtaining the list of beneficiaries, scheduling the routes and locations for enrolment, publicity for RSBY, making provisions for the number of kits and computer operators, training of field level staff (FKOs) and empanelment of the hospitals.
2. The Labour department obtained the list of BPL ration card holders from

Department of Food, Civil supplies and Consumer Affairs . The list was updated until January 2014, i.e any new BPL card enrolee after January 2014 will not be included in the list. Enrolment is organised village wise in rural areas and ward wise in urban areas. Route plan is prepared by the enrolment team in every district which comprises of the TPA, the SCSPs, Labour inspectors, PDOs in consultation with other members of the taluk implementation committee. Within each route, the number of enrolment kits, the number of FKOs and number of days for enrolment is decided based on the population of BPL in that village. Eg: In Gobbaragunte village, Devanahalli, Bangalore-Rural had 1 enrolment kit and 1 FKO for 2 days to enrol 217 beneficiaries.

3. The Field Key Officers (FKOs) and computer operators form the lowest rung of the implementation set-up. Each enrolment station consists of an FKO to authenticate the beneficiary's identity and the computer operator to

process and print the smart card. The FKOs were trained in the Taluk Workshops that were organised ten-fifteen days prior to enrolment. In Bangalore-Rural (B-R), the FKOs were all Angan Wadi Workers (AWW), while in Shimoga the village line-man, water-man, etc were also included as FKOs.

4. Two days before the enrolment advertising on RSBY were organised by the SCSPs in the districts.
 5. The main role of FKO is to identify and distribute token slips used for enrolment to the BPL card holder in the village. They also have to educate the beneficiary about the scheme. On the day of enrolment, FKOs authenticate enrolment of a beneficiary in the camp using FKO cards. The FKO's fingerprint is registered on the DKMA server on an earlier occasion.
- Token distribution for beneficiaries occurs only in rural areas and**

⁴ Although guidelines talk of involvement of Gram Panchayat in the enrolment process, it was found that GP members were not directly linked with the enrolment process. This is in contrast to the enrolment in 2012-13 in which the GP was involved in all stages of enrolment.

Box 1: A Typical day at an enrolment station

A typical day at an enrolment station begins at 9.30am and continues till around 6 pm in the evening. Frequently the enrolment continues late in the night even up to 11pm as most beneficiaries are able to come only in the evening after work hours. The location for the enrolment was most commonly the Anganwadi centre or the closest government school (B-R) or the GP office (Shimoga)

An enrolment kit consists of a laptop, a small camera, a smart card reader, the card printer and the battery backup. A computer operator mans the kit. He is accompanied by the FKO whose authorization i.e. fingerprint is required to print every card. The beneficiary comes in with his family and brings along his token slip and BPL card. The FKO records a beneficiary's presence by asking him/her to sign in a register that she updates every time a beneficiary visits the camp. This register as well as the number of tokens distributed is used to pay the FKOs their incentives at the end of each day. The operator checks the beneficiary's BPL card number and token number with his master list on the laptop. Once the beneficiary's record is pulled out, the operator confirms the names of the Head of the household and all the family members and adds or deletes names as required. He then takes the fingerprints of all the members who are to be enrolled as well as their photographs. He then takes the FKO's authorization and prints the beneficiary smart cards, i.e. RSBY card. The whole process takes about 5 to 7 minutes, including the printing of smart card which takes the most time, about 3 minutes. The card is then handed over to the family. More often, the cards could not be printed at the same time due to power cuts or non-working FKO cards. The family was asked to collect the card either the same evening or the next day. The enrolment stations are frequently monitored by the TPA and the labour inspectors. Ideally, during the enrolment in the camps, beneficiaries are provided with information pamphlets about the scheme. Beneficiary list should be displayed in the enrolment camp venue along with awareness materials on RSBY. Distribution of hospitals lists is mandated while issuing the RSBY smart cards to the beneficiaries

urban areas. Upon completion of enrolment in one village the FKO cards were collected by the SCSP. The beneficiary

details from the cards are then uploaded into the DKM server. The FKO card is then free to be used for enrolment at another

centre. The FKO card has the capacity to retain data of upto 450 families.

KEY FUNCTIONARIES AND THEIR EXPERIENCES

SMART CARD SERVICE PROVIDERS (SCSP):

The role of the SCSP is multi-fold during enrolment. They are not only responsible for every individual enrolment they also oversee the campaigning for the scheme.

Pre-enrolment:

1. Campaigning: *Auto-rickshaws:* Advertisement for RSBY enrolment was done by use of an auto rickshaw

with a loud speaker (locally referred to as the "munadi") that gave information about RSBY. In Shimoga, additionally, drum beating and information sharing during the GP meetings were also used for campaigning. This was done 1-2 days before start of enrolment. The beneficiaries pointed out that

the auto should go around either in the morning or evening as many people are not available during the day. *Information pamphlets:* There were no pamphlets available to the beneficiaries at most stations visited. Most frequently the vendors said "there are more pamphlets at the base camp

Box 2: Devanahalli Taluk, Bangalore-Rural: Case Study

It was the first day of enrolment in the village which has 403 beneficiaries. The card operator arrived at the site for enrolment at 11.30 am. There were 2 AWWs at the centre; they were just getting ready to distribute tokens to the beneficiaries as they had received the tokens just at 7 pm last evening. Of the 2 AWW, one stayed in the village, the other stayed far away. As it happened on the day of training, the local AWW could not attend and hence the other AWW was chosen as the FKO and she got her FKO card. Unfortunately there was no power and the back-up batteries could not be charged as there was not enough time to charge them due to frequent power cuts. Another kit and operator along with the battery backup came half hour later. There were now 2 kits available but only one FKO card at this camp. Few copies of pamphlets having hospital information were available with the computer operator. But these quickly got exhausted and were no more copies available with them to give the people; however the operator had pasted a copy of the pamphlet outside the AWC. There was no other banner or information outside the centre that suggested that there was enrolment happening at the centre. The enrolment began slowly as people slowly trickled in when the AWW distributed her tokens but by the end of the day at 6 pm only 15 beneficiaries of 403 were enrolled and were given their cards. Many people came alone and had to be sent back and were asked to come with family. 2 gram Panchayat members of the village came to check the camp out; they were not aware of the RSBY enrolment and were sure that the Gram Panchayat president was not aware either. A crowd gathered outside the AWC after 5.30pm as people could come to the centre only after coming back from work and protested when the AWW said she will close at 6 pm. To avoid further problems, the computer operator said he would continue enrolling offline and that AWW could come early morning and issue the cards. She would then distribute the cards or the villagers would come and collect them the next day.

and I have forgotten to bring them with me” or “the pamphlets we had brought are over, I have asked for more”. It is to be noted that the operators were fairly knowledgeable about the RSBY scheme, in fact more aware than the FKOs, and were able to answer queries raised by the enrolees. *Banners:* In Bangalore-Rural of the 12 enrolment stations visited, the RSBY banner was found in only one station. On the other hand, all four camps in Shimoga had one banner at the entrance to enrolment station and one inside too.

- 2. Providing Beneficiary Token slips to FKOs:** Tokens were provided to the FKOs 1-2 days prior and the FKOs were able to dis-

tribute these slips in time for enrolment with the help of their family members, ASHAs or other AWWs in the centre. In some of the camps the token slips were given the evening before due to which there were very few beneficiaries at the first day of enrolment resulting in extension of the camp by a day. In a camp in Soraba Taluk, Shimoga, the FKOs distributed the slips on the morning of enrolment day as beneficiaries were not available due to the festival in the village. In another camp in Shikaripura taluk, Shimoga, the FKO had complained of repeated/blank token slips, which meant that her incentives would take a beating. In Devanahalli Taluk, the token slips were given to the

FKOs the evening before. So the slips could only be distributed on the day of the enrolment resulting in very few people coming for enrolment on the first day. In urban areas of Hoskote, only a ward wise beneficiary list was available as opposed to a village-wise list in the rural areas. Given the higher density of population in towns, distribution of tokens was not feasible and hence it was limited only to villages.

During Enrolment

- 1. Enrolment kits:** The SCSPs were in charge of providing the enrolment kits along with the power backup required for continuous enrolment. No problems were noticed in the computer equipments required for

enrolment. In Devanahalli, there were instances of inadequate planning in kit placements. Three AWWs were chosen as FKO for 3 centres in a village with 641 beneficiaries. However, there was just one kit on the day of enrolment that too without power backup. All enrollees were asked to come by after 6pm when the power resumed.

2. The absence of charged power backups was a major hindrance to enrolment in almost all rural enrolment centres visited. Power cuts lasted 6-8 hours during the day. According to the SCSP representative (B-R) the long power cuts prevented them from fully charging the power backups which ran out during the day. Fully charged, the backups lasted only for a maximum of 6 hours which resulted in offline enrolment. Usually there was one power backup per kit. In some cases backups were borrowed from the village school or temple which enabled online enrolment. In one in-

stance in Soraba Taluk, Shimoga, the battery source was replaced thrice within 2.5 hours when the CBPS team was there. Power cuts were not a problem in the urban areas of Hoskote which resulted in on the spot printing of cards.

- 3. The enrolments took place as per schedule.** Frequently the computer operators stayed late in the night to complete enrolments. This happened because most people came only after finishing their jobs for the day which meant that the enrolment stations became crowded after 6 pm. To prevent unpleasant incidents from the crowd, the operators continued offline enrolment, when the FKOs had to leave early. Where FKOs could stay back, the enrolment continued online.
- 4. The hospital workshops to train the empanelled hospitals in using the relevant software and pertinent processes to be followed were also organised by SCSP with the TPA.**

Post enrolment

1. Payment of Rs.7 as incentive: The SCSP paid Rs.2 per token slip distributed in rural areas only. Rs.5 per enrolled household was paid to all FKOs urban or rural. All FKOs in Shimoga were paid Rs.7 in total because they distributed slips and also managed the enrolment in the stations

2. District Kiosk Operator: District Kiosk Centre (DKC) for Shimoga was situated in the District Labour Office itself and was manned by a person employed by FINO (technical partner who has entered into a contract with the Insurance Company to play this role). While no enrolment or issue of new cards takes place in this centre, the main function here was the addition of names in the RSBY cards already issued in the enrolment camps. The DKC also issues split cards in case of a family member living in another town. The DKC was not operational during field visits in B-R.

THE FIELD KEY OFFICERS:

Selection: In B-R, AnganWadi workers were chosen as FKOs because there is one AWW for every village. In Shimoga, the ASHAs were the first preference for the work of FKOs. In case ASHAs were not unavailable, AWWs, GP attenders, Data Entry Operators from the GP office were considered. None of the FKOs interviewed in B-R had been a part of the earlier enrolment process which had

been done with the involvement of the GP. Three of the five FKOs interviewed in Shimoga had been a part of the previous enrolment drives. One of the FKOs pointed out that as opposed to the last enrolment round, more cards were given out this time. The increase in the number of days for enrolment helped in crowd management. This time, cards were issued with a cover that had the

toll free helpline number on the rear⁵.

Function: The FKO distributes token slips to the beneficiaries explaining the purpose of the token and gives them information on RSBY. Most of the

⁵ In Shimoga, hospitals lists were given only in Guggataluk in Shikaripura. The hospital list was published by ICICI Lombard, listing out empanelled hospitals in the six districts where this insurance company administered RSBY implementation.

Table 2: Roles, responsibilities & field observations for SCSF

Enrolment Stage	Roles/Expectations	Observations
Pre-Enrolment	Information/Awareness <ol style="list-style-type: none"> 1. Announcement about RSBY enrolment 2. Hospital lists & names of beneficiaries should be displayed 3. Pamphlets with information about the scheme & hospitals empanelled should be given to all 	<ol style="list-style-type: none"> a. Auto rickshaws plied 1-2 days before enrolment, Information banners were seen in Shimoga but not in BR. b. There was no display of beneficiary names or hospital names c. Pamphlets: In most camps, pamphlets were not available for distribution
Pre-Enrolment	Planning of routes and schedules <ol style="list-style-type: none"> 1. Completion of enrolment within 60 days with grace period of 30 days. 2. Distribution of token slips and FKO cards 	<ol style="list-style-type: none"> a. The enrolment camps were conducted according to schedule, although the number of days allotted for bigger villages at some places seemed inadequate. b. The token slips were given to the FKOs only 1-2 days before enrolment, sometime just the evening before
Enrolment	Provision of enrolment kits	<ol style="list-style-type: none"> a. Kits available at the enrolment stations were functional b. The number of FKOs and number of kits did not match in some camps c. There were cases of shortage of smart cards in one centre in Hoskote d. Provision for Power-backup was not adequate in many stations, resulting in stalled enrolment
Post-Enrolment	<ol style="list-style-type: none"> 1. Setting up District Kiosk 2. Conducting Mop-up rounds 	<ol style="list-style-type: none"> a. District Kiosk, operational only in Shimoga had not been set up at BR yet. b. Mop up rounds were scheduled to be conducted to improve enrolment

FKOs received their FKO cards and token slips 1-2 days prior to the enrolment which gave them sufficient time for distribution. However, there were cases where, the FKO received the slips the evening before or on the day of the enrolment making it difficult for them to distribute the tokens before enrolment. This led to a waste of manpower on the first day of enrolment as many people come only in the late evening or the next day to enrol. There were also cases in Devanahalli where the FKOs cards were

non-functional causing offline enrolment. Most FKOs believed the scheme was useful and were aware of its benefits but none of the FKOs interviewed were aware of the validity period of the smart cards issued. They were also not aware of the treatment/procedures for which the card could be used. In fact, one of the beneficiaries who had come for enrolment at a camp in Shimoga noted that, "ASHA told us that we must come and take photos. This is something like Yeshasvini". As the FKOs are known to most

villagers, they are very critical as the only source of first-hand information about RSBY that people can access before and after enrolment. Therefore, their awareness of the scheme emerges as crucial to the success of the scheme's utilization. All of the FKOs' understanding of their role was limited to distribution of slips and organising the camp during enrolment. They had no thought of what their roles could mean post enrolment.

Table 3: Roles, responsibilities & field observations for Field Key Officers(FKOs)

Enrolment Stage	Roles/Expectations	Observations
Pre-Enrolment	<ol style="list-style-type: none"> 1. Distribution of token slips to beneficiaries 2. b. Generate awareness about the enrolment 3. c. Generate awareness regarding RSBY among beneficiaries 	<ol style="list-style-type: none"> a. Tokens were distributed to beneficiaries b. The beneficiaries were informed of the date and time of enrolment, as well as documents required c. The beneficiaries were not informed regarding the scheme details. The FKO frequently was unaware of the scheme validity period as well as the name of hospitals empanelled.
Enrolment	<ol style="list-style-type: none"> 1. Identification of the beneficiaries 2. Ensure scheme information was given to the beneficiaries. 3. Write down names of beneficiaries whose name was not in the list 4. Information regarding district kiosk 	<ol style="list-style-type: none"> a. In the villages the FKO recognized most of the beneficiaries; in the town, the BPL card was used for identification. b. No pamphlets were available at most camps and FKOs did not demand pamphlets. c. No such list was maintained by the FKO d. The FKOs were unaware of the district kiosk and its purpose
Post-Enrolment	<ol style="list-style-type: none"> 1. Return FKO card 2. Collection of incentives 	<ol style="list-style-type: none"> a. FKO cards were returned to the SCSP post enrolment b. Incentives were given to FKOs at the end of each day of enrolment

THIRD PARTY ADMINISTRATORS:

They have no direct role in enrolment except that for supervision. They are in-charge of empanelment of hospitals and currently 15 hospitals were empanelled in Bangalore-Rural of which 9 were public and 6 were private hospitals. In Shimoga, 27 hospitals have been empanelled this time. Low package rates were often cited as the reason by private hospitals for not being a part of RSBY. When asked about RSBY as a business model, the TPA representative said that RSBY is not profitable for the TPA. But they were part of this because it is

a prestigious one. When asked about the workings of the TPA, he said their main job was the

processing of claims and forwarding them to the insurance company for payment.

Box 3: Bangalore –Rural FKOs

One of the problems faced by the AWWs in B-R during enrolment, was when she did not reside in the same village, She then left the enrolment station at 6 pm which was the time that most beneficiaries came for enrolment. This was one of the causes of offline enrolment which was done to pacify waiting crowds.

In Hoskote town, the AWWs went on strike for the two days of the field visit demanding the increase in their pay. Of the 6 centres visited only 3 had FKOs, who were convinced by the Labour Inspector to remain at the enrolment stations. In the other 3 centres enrolment was done offline or not at all. No such problems with FKOs were seen in Shimoga.

Table 4: Roles, responsibilities & field observations for Third Party Administrator(TPA)

Enrolment Stage	Roles/Expectations	Observations
Pre-Enrolment	<ol style="list-style-type: none"> 1. Employ SCSP for enrolment 2. Empanelment of hospitals 	<ol style="list-style-type: none"> a. 1 SCSP was chosen for each district who handled the entire enrolment b. 15 hospitals in BR and 27 hospitals in Shimoga were enrolled. Difficulty in enrolling private hospitals
Enrolment	<ol style="list-style-type: none"> 1. Supervision of enrolment process 	<ol style="list-style-type: none"> a. The TPA representatives regularly monitored the enrolment process in both districts
Post-Enrolment	<ol style="list-style-type: none"> 1. Processing of claims 	<ol style="list-style-type: none"> a. 4-5 claims were already being processed in BR, however this was been done offline

GRAM PANCHAYAT MEMBERS:

The GP was conspicuous by its absence at the enrolment stations and the members interviewed in B-R were unaware of the on-going enrolment. Most had been part of the enrolment in 2012-13 and were selected to undertake the enrolment and campaigning. One of the members came to know about enrolment from his wife who was the FKO at the enrolment cen-

tre. He had since then informed people of the on-going enrolment and even provided the village temple's power backup to ensure continuous enrolment. The members were confident that inclusion of the Gram Panchayat would have ensured better advertisement of the scheme. Both the GP members interviewed in Devanahalli felt that the limit of 5 members per

family for enrolment was not sufficient and that this number should be extended to 10, especially since joint families in the villages usually possessed only one BPL card belonging to the head of household. One member in Devanahalli also mentioned that many BPL were categorized as APL and therefore became ineligible to enroll.

Table 5: Roles, responsibilities & field observations for GP members/Ward Councillors

Enrolment Stage	Roles/Expectations	Observations
Pre-Enrolment	<ol style="list-style-type: none"> 1. Campaigning 2. Assistance in planning for enrolment 	<ol style="list-style-type: none"> a. Most GP members were not aware or involved in any IEC activities in both districts. Ward councillors in Hoskote town advertised the scheme in their wards b. Where GP were aware they helped by providing power backups or suggesting alternate locations. Ward councillors also suggested the best locations to hold enrolment
Enrolment	<ol style="list-style-type: none"> 1. Supervision of enrolment process 	<ol style="list-style-type: none"> a. No GP members were present to monitor the enrolment processes in their villages except for one. Councillors kept regular tabs on the enrolment in Hoskote town
Post-Enrolment	<ol style="list-style-type: none"> 1. Encouraging beneficiaries to utilize the scheme/impart information 	<ol style="list-style-type: none"> a. No observations made

COUNCILLORS:

Ward Councillors were present in Hoskote town, the only urban locality that was included for the field visit. As opposed to GP members, the ward councillors in Hoskote were involved in advertising the RSBY scheme. The councillors or their representatives informed the people their respective

wards and about the scheme and asked them to pass on the message to their neighbours. This was an effective tool for communication as most of the beneficiaries who came for enrolment said they had heard about the scheme from their neighbours or from the councillor/representative. The coun-

cillors also decided that sites that had voting booths during election should be used for enrolment. They also kept regular tabs on the enrolment in Hoskote town and even made demands to increase the number of kits at certain locations.

LABOUR INSPECTORS:

One labour inspector for each taluk was in charge of RSBY operations. The labour inspector, as a representative of the SNA was part of all important decisions at the Taluk level. He undertook training for the

FKOs along with the DKMA. He was involved in the decision making of the route plan and deciding the enrolment sites. The labour inspectors were available on the field to resolve issues emerging, issue FKO

cards (and appointment letters), monitor the process especially adequacy of cards and kits so that he or she can notify the enrolment team of that taluk to restock.

Table 6: Roles, responsibilities & field observations for Functionaries from the Labour Department

Enrolment Stage	Roles/Expectations	Observations
Pre-Enrolment	<ol style="list-style-type: none"> 1. Training of FKOs 2. Assistance in planning for enrolment 	<ol style="list-style-type: none"> a. Labour Inspectors along with the DKMA were involved in the training of the FKOs. Most FKOs had partial knowledge of the scheme. b. The Labour Inspector suggested locations and planned enrolment stations
Enrolment	<ol style="list-style-type: none"> 1. Supervision of enrolment process 2. Regular updates to DKM 	<ol style="list-style-type: none"> a. LI supervised all sites of enrolment and solved issues related to FKOs in Hoskote. b. District co-ordinators were with DKM and were responsible for the DKM software in the field
Post-Enrolment	<ol style="list-style-type: none"> 1. Monitoring claims process 	<ol style="list-style-type: none"> a. LI expected to visit empanelled hospital for checks. DC expected to monitor claims process and prevent misuse of cards.

DISTRICT CO-ORDINATORS:

District Coordinators are appointed by the SNA in every district, whose primary role begins only after enrolment is complete and enrollees be-

gin using the RSBY cards to access treatment in the empanelled hospitals. Their role entailed the supervision of the claims process and prevention

of misuse of cards. They serve as the liaison between the enrolment team and the DKM.

BENEFICIARIES

AWARENESS/KNOWLEDGE OF THE SCHEME:

The beneficiaries in both districts were characterized by low awareness of the RSBY scheme. Out of a sample size of 81 beneficiaries interviewed, only 19 (23.5%) people had a partial knowledge of the RSBY scheme. Most answered that they were aware that it could be used in a hospital and that it reduced costs.. 37 (45.68%) people knew that they could avail treatment of up to Rs. 30,000/- at a hospital under the scheme. However, not many knew what diseases were covered under the RSBY scheme. Only 10 (7.41%) knew that the enrolment for this round was valid for 1 year.

PREVIOUS EXPERIENCES WITH RSBY:

Only 26 (32%) of the 81 interviewed had enrolled during one of the previous rounds and felt that the enrolment process had improved. One beneficiary in B-R had tried to use the card after enrolling for the first round. His card had lapsed and he was directed to the labour office in Bangalore to renew his card. After renewal, he was able to use his card for his son's

hospitalization. The RSBY card was frequently confused with Yeshasvini, and of the 81 interviewed, 18 (22%) had the Yeshasvini card.

OPINION REGARDING ENROLMENT EXPERIENCE:

64 (79.01%) and 62 (76.54%) of the people rated the enrolment venue and the time taken to issue cards as "Good". 70 (87.65%) rated the entire enrolment process as "Good". On the whole the beneficiaries were satisfied with the time taken to enrol and print every card. One woman in Hoskote town who received her card after 2 days (due to various reasons) said, "It is not a problem for us to come and collect the card later, this scheme is for our good only so it is no trouble." 47 (58.02%) felt that they did not have problems with the length of the enrolment camps.

DISTRICT KIOSK: No one knew about the presence of the District Kiosk Centre. All the sampled beneficiaries were unaware that they could add a family member's name at the centre or avail the split card facility.

NAME NOT ON LIST:

There were many beneficiaries who could not be enrolled in this round as their BPL cards were obtained after January 2014. This was especially troublesome for people who were daily wage labourers and had to take leave and come for enrolment. In some cases the names of beneficiaries was not on the token slips but they could enroll due to their BPL cards.

OTHER PROBLEMS OBSERVED IN THE FIELD:

In Shimoga, the team witnessed an incident where two beneficiaries got furious about the fact that only five members from their families were covered under the scheme. The head of the household came to lock the door with FKOs, technical operators, enrollees and others stranded inside. Two days before, as an insurance company representative recounted, people damaged the enrolment kits and locked the door. Similar incidents were recounted by computer operators in Devanahalli too.

Figure 2: Issues Faced by Beneficiaries during enrolment

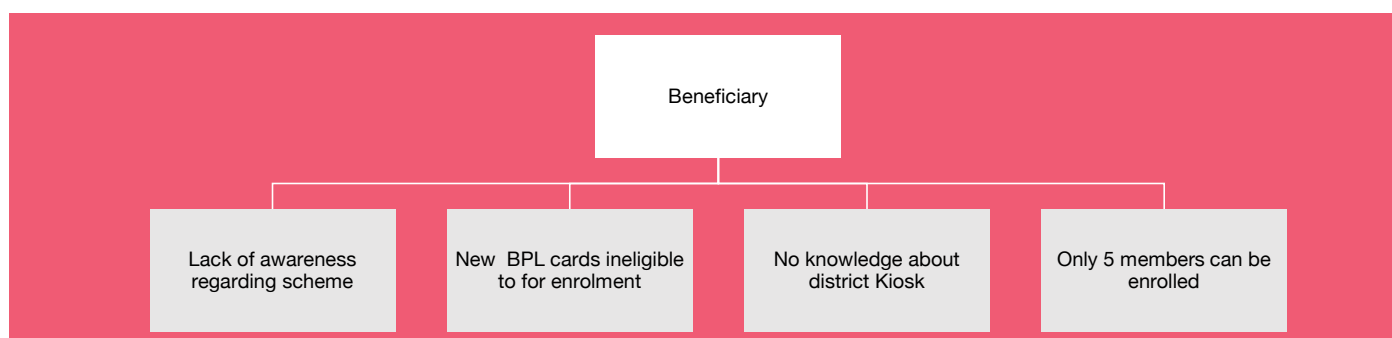
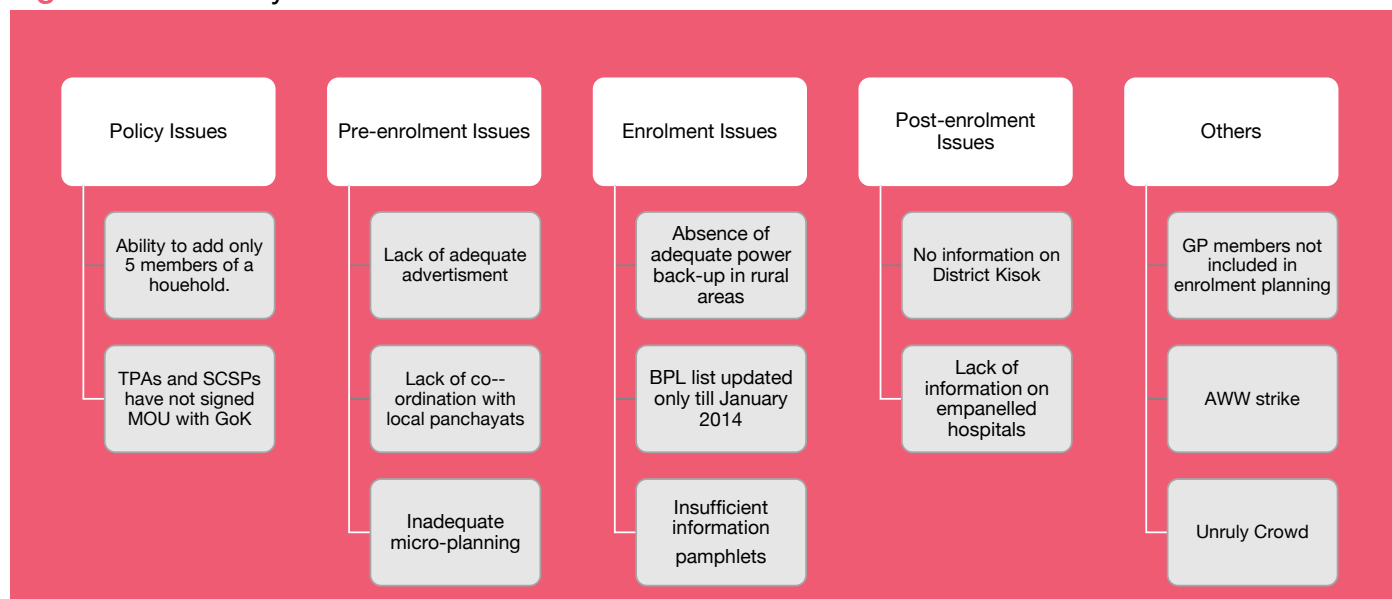


Figure 3: Summary of Issues with RSBY Enrolment 2014-15

CONCLUSIONS AND RECOMMENDATIONS

A. Involvement of Gram Panchayat: GP presence during enrolment was minimal and in many cases they had not been informed of the on-going enrolment. GP members could play a pivotal role in enrolment be it for campaigning or providing power back-up. As having been involved in earlier rounds for enrolment, they have better knowledge of RSBY. Hence involvement of the GP members would have ensured a smoother enrolment. Gram Panchayat members could also be roped in to carry out monitoring or supervision of the individual camps.

B. Provision for battery back-up or alternate source of power in rural areas: Increasing Provision of continuous power during

enrolment is important; site visits often showed that the enrolment was not happening or was delayed due to lack of power in rural areas. The lower number of charged power-backups did not help. The number of back-ups should be increased; additionally each village can be roped in, where possible, to provide an additional power source to facilitate enrolment.

C. Improving Awareness: This is a persistent problem of all three rounds of enrolment. Shortage/absence of pamphlets, no information imparted on validity/treatments that can be availed, empanelled hospitals and inappropriate timings chosen for mike announcements and others hindered promoting

awareness that was critical to enrolment and thence its usage. In the process there is a lot of inconvenience caused to the beneficiary especially to understand the type of hospitalizations covered. This is exacerbated by the non- engagement of village sub-centres or PHCs in promoting the scheme. Most efforts are made towards enrolling the highest number of beneficiaries, giving less emphasis on improving the number of claims. Increased involvement of the government is required to propagate the scheme through GP, PHC, ASHAs, ANM, etc. RSBY banners including information on the hospitals as well as procedures covered should be put up at all prominent locations in the village e.g.

Anganwadi centre, GP office, PHC, etc.

D. Developing FKO as a spokesperson for RSBY:

As mentioned earlier, the FKO are known to everyone in the village and will be the only representative of the RSBY scheme long after the enrolment is complete. The FKO have already received training about the RSBY and so they are ideally placed to motivate and create awareness among the villagers to understand and utilize the scheme through the year until the next round of enrolment. Additionally, the PHC staff or ASHAs can be mobilized to promote the scheme.

E. Improved Micro-planning:

A lack of micro-planning has been observed in the field. Simple measures like ensuring that the token slips are distributed one week before; using a GP member's guidance to find a central location for enrolment as well as making



arrangements for battery backups beforehand knowing that power outages are timed during the day would have made

the enrolment process far smoother. Prior checking of the FKO cards would have prevented offline enrolments.

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