Engaging CSOs to promote health insurance

Intermediary organizations are engaged by RSBY insurance companies and the state government to ensure effective outreach to beneficiaries and facilitate their enrollment and utilization of benefits.

Basic Facts

<table>
<thead>
<tr>
<th>Place of Operation</th>
<th>India</th>
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<tbody>
<tr>
<td>Year Launched</td>
<td>2008</td>
</tr>
<tr>
<td>Stage</td>
<td>Existing and/or expansion stage</td>
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</tbody>
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Program Highlights

<table>
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<tr>
<th>Challenge Addressed</th>
<th>Targeting and enrolling the informal sector</th>
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<tr>
<td>Focus of the Program</td>
<td>Leveraging external organizations for targeting and enrollment</td>
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<tr>
<td>Reported Results</td>
<td>Effective pro-poor targeting, increased utilization of a health intervention, evidence of user satisfaction</td>
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Context

Greater than 75% of health spending in India is comprised of un-pooled, out-of-pocket expenditures. To address such inequities in India’s health delivery and financing infrastructure, the government introduced demand-side financing mechanisms to provide financial protection for vulnerable populations. Many of the earlier government-sponsored schemes did not work well due to design and implementation constraints. Learning from these experiences, RSBY was launched in 2008 to provide health insurance coverage for inpatient services focused on Below Poverty Line (BPL) people and informal sector workers. RSBY takes into account three main characteristics of their target population. First, the population is poor and therefore cannot pay upfront and take reimbursement later. Second, the population is largely illiterate so they cannot fill out registration forms. And third, some of the population is migrant, requiring a scheme which can provide transportable benefits. With these considerations in mind, RSBY intentionally included the involvement of grassroots organizations to promote scheme enrollment and utilization.

Key Components

- Community-based organizations and Civil Society Organizations (CSOs) play a very important role in RSBY operations. To communicate and market the RSBY scheme and enrollment camps, insurance companies are required to hire local organizations to ensure effective outreach at the grassroots level prior to enrollment. CSOs are intentionally included as intermediaries for the RSBY scheme as they typically have a greater stake in assisting vulnerable households. In particular, they have a strong network of field workers with a consistent presence in RSBY villages. The insurer selects intermediaries based on local presence in order to utilize organizations that can successfully provide grassroots outreach to the respective village, and is responsible for compensating intermediary organizations. These organizations are generally only hired for the duration of the enrollment process.

Workshop Session:

Promising Operating Practices 1: Leveraging external organizations for targeting and enrollment
Wednesday, June 8
9:00 AM – 12:30 PM

Implementation

<table>
<thead>
<tr>
<th>Target Population</th>
<th>All informal sector</th>
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<tr>
<td>Implementing Organization</td>
<td>Ministry of Labor and Employment (MoLE), State Nodal Agencies</td>
</tr>
<tr>
<td>Implementing Partners</td>
<td>GIZ, World Bank</td>
</tr>
</tbody>
</table>

Reported Results

- Effective pro-poor targeting
- Increased utilization of a health intervention
- Evidence of user satisfaction

Focus of the Program

- Leveraging external organizations for targeting and enrollment

Challenge Addressed

- Targeting and enrolling the informal sector
in a particular village.

• Responsibilities for these organizations as related to enrollment can include, but are not limited to, mobilizing households in participating districts to enroll, distributing notes in advance to households regarding enrollment, facilitating the enrollment and re-enrollment process, ensuring that the enrollment schedule is displayed, supporting the enrollment team in each village, providing assistance to members in utilizing services after enrollment, and publicizing results of RSBY performance indicators. These activities are built into the insurers’ contracts with each intermediary organization.

• Post-enrollment, State Nodal Agencies may also hire local organizations to support RSBY utilization. Responsibilities can include undertaking campaigns to increase awareness of RSBY and its key features, providing assistance to members in utilizing services after enrollment, publicizing results of RSBY performance indicators, and collecting beneficiary feedback after they have utilized serves at the hospital. The government selects these organizations through an open bidding process or through the recommendation of development partners with existing relationships with the organizations.

• Intermediary organizations are present during the enrollment process to guide enrollees. Mobile enrollment stations are established at local centers at each village at least once a year. These stations are equipped by the insurer with hardware to collect fingerprints and photographs of household members to be covered, as well as a printer to generate Smart Cards. The Smart Card is provided to all enrollees once they have paid the Rs. 30/- registration fee, in addition to an information packet describing benefits, hospitals in network, and other relevant information. This process normally takes less than 10 minutes.

• The intermediary organizations have been effective in designing appropriate strategies to reach people per local conditions. In addition to traditional methods, like wall paintings, pamphlets, and banners, these organizations have also used other innovative methods ranging from street plays to folk dance and musical plays. They also utilize other public events to disseminate information on RSBY, and target children via schools.

Results

RSBY has resulted in significant growth in coverage of India’s BPL population. In three years, the scheme has increased enrollment to over 90 million poor people (23.4M families). This can be partly attributed to the success of CSO involvement, as these organizations have leveraged their standing relationship with the community and existing infrastructure to facilitate regular interactions with potential and enrolled scheme members.

Additionally, third party evaluations, conducted as household surveys annually from the first year of implementation, have revealed high participant satisfaction with nearly 90% of respondents stating they would re-enroll next year. Given the role of intermediary organizations in supporting beneficiary utilization of RSBY services, CSOs arguably play a large role in patient satisfaction with the scheme. Furthermore, over 90% of respondents did not pay out of pocket for their care, with RSBY card holders spending six times less than that of poor non-card holders.

Looking Ahead

RSBY has set a goal of expanding coverage to a total 300 million BPL people in the next three years. As RSBY grows in scale, it will increasingly rely on intermediary organizations to assist with enrolment and support of BPL households. While the program is scalable, it is also reliant on the presence and willingness of local CSOs to serve in the intermediary role. These organizations will also play an increasingly important role in collecting the feedback of the beneficiaries for the government, which can improve the effectiveness of scheme design and implementation.

References

- JLN RSBY case study
- Interview with GIZ India representative

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