ROLE OF ASHA WORKERS IN PUBLIC HEALTH INSURANCE (RASHTRIYA SWASTHYA BHIMA YOJANA)

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Abstract

Good health is the most valuable gift available to the mankind on this planet. It is an essential pre- requisite for the persistent and adequate functioning of an individual and society. Health care services are demanded to be consumed but they also represent an investment. Health insurance is a growing segment of India's economy. In India the health system mixes public and private providers. Public health services differ greatly from one federated state to another. Rashtriya Swasthya Bima Yojana is a government run health insurance programme for the Indian poor. The scheme aims to provide health insurance coverage to unorganised sector workers belonging to poor category and their family members. ASHA (Accredited Social Health Activists) is a health activist in the community who will create awareness on the health and its social determinants and increased utilization and accountability of the existing health services. The present study is an attempt to assess the role of ASHA workers in public health system especially in Rashtriya Swasthya Bima Yojana.

Key Words: ASHA; Healthcare; Insurance; RSBY; Public Health

Introduction

Good health is not something we can buy. However, it can be extremely valuable saving assets. Health care services are demanded to be consumed but thy also represent an investment. Public health insurance plans are plans provided by the government for low income individual or families, the elderly, and other individuals that qualify for special subsidies. Buying a health insurance policy for the family is important because medical care is expensive one. A good health insurance policy would usually cover expenses made towards doctor consultation fees, costs towards medical test, ambulance charges, hospitalization cost and even post hospitalization recovery cost to a certain extent.

Without a health insurance policy can burn a hole in our pocket and derail our finance. To avoid this there should have a good health insurance policy. Public health insurance is surely more affordable than its private counterpart, as it often requires no co- pays or deductibles, and has lower administrative costs than the private health insurance. Public health insurance is at the same time less flexible; as policy holders are often given a limited selection of medical establishment still refuses to accept government sponsored health insurance plans.

Statement of the problem

ASHA is a health activist in the community who will create awareness on health and its social determinants and mobilize the community towards local health planning and increased utilization and accountability of existing health services. ASHA will take a step to provide information on existing health services the need for timely utilization of health and family welfare services. In this study it is attempt to assess the role and responsibilities of ASHA workers in public health insurance (RSBY) scheme.

Objectives of the study

- To analyse the relationship between enrolled beneficiaries based on Gender
- To find out the role and responsibilities of ASHA workers in Public Health Insurance scheme (RSBY).

Review of literature

Rajesh Kumar Sinha (2018) RSBY appear to be an unviable policy for providing financial security to the enrolled households and increasing care- seeking. The policy perhaps would not help in achieving the goal of universal health coverage. Hence it is important for the government to strongly consider strengthening public health delivery system, which provides equitable health care services- preventives, promotion, and curative to all at a lesser cost with better health outcomes. The study findings also show that care seeking at the government facilities was less expensive when compared to private facilities.

Anup Karan and Ajay Mahal (2019) The researcher is estimates the effect of RSBY a government sponsored health insurance scheme for poor India, on women's labour force participation rates, employment and non- labour market activities. RSBY increased labour force participation and employment among poor rural women by 5-9 percentage points; in contrast effect on male labour force participation was insignificant.

Mayadhar Panda et.al (2019) Service like strengthening the role of ASHA on promotive and preventive health care particularly age at marriage, nutrition, home based care, delay in first child birth and spacing between first and second child birth. Joint training of ASHA and ICDS workers should be done as a part of all national programme. Aspirant ASHA for higher learning should be given opportunity for career building ie, ANM and GNM courses and with support of PIP (age relaxation). Training modules should be more on demonstration rather than theory, so that they get a deep insight on the motivation factors to improve ASHA's performance.

Tissy Eruthickal (2016) with the introduction of ASHA, there has an evident development in health of rural people. ASHA has been successful with its activities like immunization schedule of new born babies, sanitization and various health care programmes. The rural peoples are more aware about health like nutrition. Basic sanitation and hygienic practices with the commencement of ASHA. Keeping this mind these facts ASHA was developed and is successful in its endeavors. So long it remains successful in the future in its activities of women and child empowerment.

Hypothesis

There is no significant difference between Enrolled beneficiaries and Gender

Research methodology

The data used for this study is primary and secondary in nature. Primary data are collected directly from ASHA workers from selected panchayath in Neyyatinkara Taluk. The secondary data has been collected from journals, annual reports and websites of RSBY and health departments through various search engines. The respondents are selected according to the Convenience Sampling method. Chi-square test and Weighted Average Method were used to analyse the data.

RASHTRIYA SWASTHYA BHIMA YOJANA AND ASHA WORKERS

Rashtriya Swasthya Bhima Yojana

Rashtriya Swasthya Bima Yojana is a government sponsored health insurance scheme for Indian citizens that belong to the low income strata or poor. This scheme can be categorized as a family floater health insurance plan where the policy holder and their family can avail benefits under the programme. It provides for cashless insurance for hospitalization in public as well as private hospitals. The annual

insurance cover is for a maximum amount of ₹30,000 for a family of five including the worker, spouse, children and dependent parents. The beneficiaries have to pay an annual registration charge of ₹ 30 per family and the state government is to pay the rest of the premium together with the administrative cost. Kerala has taken up the Rashtriya Swasthya Bima Yojana Scheme of government of India along with Comprehensive Health Insurance scheme. In Kerala, the coverage under the scheme would be provided for not only for Below Poverty Line, but also give to other poor workers and their families.

- **Features of the scheme**
  - Coverage and Benefits: RSBY provide hospitalization coverage for up to ₹ 30,000 for a family of five on relaxation basis. Transportation charges are also covered up to a maximum of ₹1,000 with a limit of ₹100 per hospitalization. Pre and post hospitalization expenses up to first day prior to hospitalization and up to 5 days from the date of discharge from the hospitals are also provided. All pre-existing diseases are covered from first day. No age limit on the enrollment of beneficiaries.
  - Target Population: RSBY aims to cover All the Below Poverty Line families, estimated approximately 300 million.
  - Geographical Coverage: All the states and Union Territories are covered.
  - Service Delivery System: A network of health care providers is created across India through defined criteria. Providers are empanelled by the state selected insurance company based on the prescribed criteria. A health care providers empanelled by any of the insurer in RSBY gets automatically empanelled by all other insurer. For empanelment, hospitals have to agree to install necessary hardware and software to be able to process beneficiaries Smart Card Transactions. They have also set up a dedicated RSBY desk with trained staff. Once a hospital is empanelled, a nationally unique hospital ID number is generated so that transactions can be tracked at each hospital. Each empanelled hospital is connected with the district server of the insurance company. These transfer facilities of data related to hospitalization on a daily basis.

- **Funding of RSBY**

The funding for premium of the scheme comes jointly from central and state governments as per following

  - 75 percent of premium from Central Government
  - 25 percent on premium from State Government
  - Beneficiaries pay a small amount of ₹30 as registration fee which is aggregated at the State Level and is used to take care of the administrative cost. The insurance premium is determined at the state-level based on an open tender process.

- **Process flow**

RSBY involves a set of complex but well defined processes. The process flow for RSBY is as follows:

  - Once the decision to implement RSBY is taken by a State Government an independent body " State Nodal Agency" is set up
  - State nodal agencies collect/prepare Below Poverty Line data in the specified RSBY format.
  - Once the Below Poverty Line data is prepared, Insurance Company is selected through an order.
  - Annually, an electronic list of eligible Below Poverty Line households is provided to insurers by the state. An enrollment schedule for each village, along with date, is prepared by the insurance company with the help of district officials. Insurance

Company is provided a maximum of four months to enroll Below Poverty Line families in each district.

- Insurance Companies are required to hire intermediaries to reach out to the beneficiaries before the enrollment. In addition, the Below Poverty Line list is posted in each village at the enrollment station and prominent places prior to the enrollment camp. The date/Location of the enrollment camp are also published in advance.
- Mobile enrollment stations are established at local centers (e.g., public schools) at each village at least once in a year. These stations are equipped by the insurer with the hardware to collect biometric information (fingerprint) and photographs of the members of the household covered and a printer to print smart card photo. The smart card, along with information packet describing the benefits, and hospitals in the network is provided to all enrollees once they have paid the ₹30 as registration fees. This process normally takes less than 10 minutes.
- A government official from the district (Field Key Officer-FKO) need to be present at the camp and must insert his/her government issued smart card and provide his/her finger print to verify the legitimacy of the enrollment. This way each enrollee can be tracked to a particular official. In addition to the FKO, an insurance company/ smart card agency representative is present at enrollment camp.
- At the end of the enrollment camp, a list of enrolled households is sent to the state nodal agency by the insurer. The list of enrolled households is maintained centrally.
- Before the commencement of enrollment process, the insurance companies empanel both public and private hospitals. Each empanelled household is provided with a smart card which also contains a national unique ID.
- A beneficiary, after receiving the smart card and after the commencement of the insurance policy, can visit any empanelled hospitals across the country to get the treatment.

ASHA WORKERS

ASHA (Accredited Social Health Activists) is the first port of call for any health related demand of deprived section of the population who find it difficult to access health services. The general norms will be 'One ASHA per 1000 population and ASHA must be primarily a women resident of the village and preferably in the age group of 25 to 45 years.

- **Roles & responsibilities**

ASHA will be a health activist in the community who will create awareness on health and its social determinants and mobilize the community towards local health planning and increased utilization and accountability of the existing health services. She would be a promoter of good health practices. She will also provide a minimum package of curative care as appropriate and feasible for that level and make timely referrals. Her roles and responsibilities would be as follows:

- ASHA will take steps to create awareness and provide information to the community on determinants of health such as nutrition, basic sanitation & hygienic practices, healthy living and working conditions, information on existing health services and the need for timely utilization of health & family welfare services.
- She will counsel women on birth preparedness, importance of safe delivery, breastfeeding and complementary feeding, immunization, contraception and prevention

of common infections including Reproductive Tract Infection/Sexually Transmitted Infection (RTIs/STIs) and care of the young child.

- ASHA will mobilize the community and facilitate them in accessing health and health related services available at the village/sub-center/primary health centers, such as Immunization, Ante Natal Check-up (ANC), Post Natal Check-up (PNC), ICDS (Integrated Child Development Services),sanitation and other services being provided by the government.
- She will work with the Village Health & Sanitation Committee of the Grama panchayath to develop a comprehensive village health plan.
- She will arrange escort/accompany pregnant women & children requiring treatment/ admission to the nearest pre-identified health facility i.e. Primary Health Centre/ Community Health Centre/ First Referral Unit (PHC/CHC /FRU).
- ASHA will provide primary medical care for minor ailments such as diarrhoea, fevers, and first aid for minor injuries. She will be a provider of Directly Observed Treatment Short-course (DOTS) under Revised National Tuberculosis Control Programme.
- She will also act as a depot holder for essential provisions being made available to every habitation like Oral Rehydration Therapy (ORS), Iron Folic Acid Tablet (IFA), Chloroquine, Disposable Delivery Kits (DDK), Oral Pills & Condoms, etc. A Drug Kit will be provided to each ASHA. Contents of the kit will be based on the recommendations of the expert/technical advisory group set up by the Government of India.
- Her role as a provider can be enhanced subsequently. States can explore the possibility of graded training to her for providing newborn care and management of a range of common ailments particularly childhood illnesses.
- She will inform about the births and deaths in her village and any unusual health problems/disease outbreaks in the community to the Sub-Centre/Primary Health Centre.
- She will promote construction of household toilets under Total Sanitation Campaign.
- Fulfillment of all these roles by ASHA is envisaged through continuous training and up gradation of her skills, spread over two years or more.

- **Selection of asha workers**

The general norm will be ‘One ASHA per 1000 population’. In tribal, hilly, desert areas the norm could be relaxed to one ASHA per habitation, dependent on workload etc.

- The States will also need to work out the district and block-wise coverage/phasing for selection of ASHAs.
- It is envisaged that the selection and training process of ASHA will be given due attention by the concerned State to ensure that at least 40 percent of the envisaged ASHAs in the State are selected and given induction training in the first year as per the norms given in the guidelines. Rest of the ASHAs can subsequently be selected and trained during second and third year.

- **Criteria for selection**
  - Asha must be primarily a woman resident of the village - ‘Married/Widow/Divorced’ and preferably in the age group of 25 to 45 yrs.
  - ASHA should have effective communication skills, leadership qualities and be able to reach out to the community. She should be a literate woman with formal education up to Eighth Class. This may be relaxed only if no suitable person with this qualification is available.

- Adequate representation from disadvantaged population groups should be ensured to serve such groups better.

■ **Working arrangements**

ASHA will have her work organized in following manner. She will have a flexible work schedule and her work load would be limited to putting in only about two-three hours per day, on about four days per week, except during some mobilization events and training programmes.

- At AWC: She will be attending the AWC (Aviation Wealth Centre) on the day when Immunization/ANC (Absolute Neutrophil Count) sessions are being organized. At least once or twice a week, she would organize health days for health IEC (Information, Education and Communication), rudimentary health checkup and advice including medicine and contraceptive dispensation.
- At home: She will be available at her home so as to work as depot holder for distribution of supplies to needy people or for any assistance required in terms of accompanying a woman to delivery care center/FRU(First Referral Unit) or RCH (Reproductive and Child Health) camp.
- In the Community: she will organize/attend meetings of village women/health committees and other group meetings and attend panchayath health committees. She will counsel and provide services to the families as per her defined role and responsibility

Table No:1

Analysis on Rashtriya Swasthya Bhima Yojana enrolled beneficiaries based on gender

Gender	Enrolled Beneficiaries		
	Employed	Unemployed	Total
Male	19	20	39
Female	24	37	61
Total	43	57	100

Source: Primary Data

Table No : 2

Application of Chi-square test

O	E	O-E	$(O-E)^2$	$\frac{(O-E)^2)}{E}$
19	16.77	2.23	4.97	0.29
24	22.23	1.77	3.13	0.14
20	26.33	-6.23	38.81	1.48
37	34.77	2.23	4.97	0.14
			Total	$x^2 = 2.05$

Source: Computed Data

Calculated value = 2.05

Table Value = 3.84

Since the calculated value is less than the table value, the hypothesis is accepted. So there is no significant difference between Enrolled beneficiaries and Gender.

Table No: 3 :Weighted average method

Weighted mean table for responsibilities of Asha workers on RSBY scheme

Responsibilities of ASHA Workers	Weighted Mean	Rank
Give awareness about the Scheme	3.10	I

Inpatient Coverage	2.98	IV
Adolescences Health Coverage	3.02	II
Outpatient Coverage	2.99	III
Others	2.88	V

Source: Computed Data

From the Table it is clear that give awareness about the scheme to poor people scores 3.10 and hold first rank, adolescence health coverage scores 3.02 and hold second rank, outpatient coverage scores 2.99 and hold third rank, inpatient coverage scores 2.98 and hold fourth rank and other responsibilities scores 2.88 and hold fifth rank.

Findings

- Rashtriya Swasthya Bima Yojana is a unique cashless programme to make medical treatment available to unorganized sector workers and their families.
- ASHA workers create awareness on health and its social determinants and mobilize the community towards local health and increased utilization of existing health services.
- Enrolled beneficiaries of RSBY by ASHA workers are mostly female and they are unemployed.
- ASHA workers give first weight to provide awareness about RSBY to poor people, second to adolescences health coverage, third to outpatient coverage, fourth to inpatient coverage fifth to other responsibilities.

Conclusion and suggestions

Rashtriya Swathya Bima Yojana is a national health insurance scheme to provide quality health insurance to poor family to protect them from major health shocks that involve hospitalization. ASHA workers are inevitable component in providing primary healthcare to village level by creating awareness on health and its social determinants. From this study it is concluded that ASHA workers are playing an important role in public health insurance (RSBY) and they give awareness about the scheme to the poor people for the improvement of the life of the people. For a striking performance it is suggested that the government should be use multiple incentives for overtime to keep ASHA workers motivated. Monitoring and evaluation of ASHA workers and their programmes are essential in order to identify short coming and make continued improvement in their programs.

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