MESSAGE FROM DIRECTOR GENERAL’S DESK

Dear Reader,

It is indeed comforting to note that the 64 kb enrolment software has now stabilized in the field. The 64 kb transaction software was also tested during the last month and the initial reports reflect no major problem. There was some apprehension as this was the first Central software for transaction. It is hoped that this software will be able to address a number of issues that afflicted the software prepared individually by respective insurance companies.

One of the major challenges before the scheme relates to reaching out to the beneficiaries effectively. Attempts have been made in the past to rope in such institutions as were already in the field for the purpose of information dissemination. However, the engagement with DFID sponsored Poorest Area Civil Society (PACS) is a major move in this direction. The signing of MoU between the State Nodal Agency, West Bengal and PACS marks the beginning of such an institutional arrangement that will enable reaching out to the beneficiaries in a more effective manner. A MoU has also been signed between SNA, Jharkhand and PACS.

The initial findings from the outdoor patient experimental projects in Puri (Odisha) and Mehsana (Gujarat) have resulted in some other States wanting to undertake similar experimental projects. Three districts in Punjab and one each in Himachal Pradesh, Mizoram and Andhra Pradesh are going ahead with such experiments. This could be a game changer in the context of providing insurance cover for such ailments as were hitherto not covered under RSBY but involved substantial amount of out-of-pocket expenses.

Jharkhand has always been in the forefront in terms of performance under RSBY. This was once again demonstrated during the State level Workshop in Ranchi, as the State prepared itself to graduate to 64 kb smart cards in the coming few months. Roll-out of 64 kb smart cards has commenced in Uttar Pradesh. The State had not done very well during the first couple of years. However, it is now gearing up to bring about substantial improvement in the roll-out of the scheme. This was evident during the State level Workshop in Lucknow.

Your’s sincerely,
Anil Swarup
Director General Labour Welfare,
Ministry of Labour & Employment,
Government of India

RSBY enrolment in full swing in Hrishyamukh in South Tripura district on 27th August 2012.

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Section A: Factsheet/News Updates (As of 31st August 2012)

- 32.4 million BPL families are currently enrolled under RSBY.
- An estimated 161.7 million persons are a part of “BPL-families-with-a-RSBY-card”.
- Around 4.1 million hospitalisation cases from BPL families have benefitted under the scheme since it’s inception in 2008.
- Four of the Insurance Companies partnering with RSBY has presence over 50 per cent of total RSBY districts. See Exhibit 01 & 02 for details.

Exhibit 01: Insurance Companies in RSBY – District-wise Presence

<table>
<thead>
<tr>
<th>Srno</th>
<th>Insurer</th>
<th>No. of Districts</th>
<th>Percentage of Districts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>United India Insurance</td>
<td>81</td>
<td>17.9%</td>
</tr>
<tr>
<td>2</td>
<td>ICICI Lombard</td>
<td>72</td>
<td>15.9%</td>
</tr>
<tr>
<td>3</td>
<td>Oriental Insurance</td>
<td>43</td>
<td>9.5%</td>
</tr>
<tr>
<td>4</td>
<td>Royal Sundaram</td>
<td>41</td>
<td>9.1%</td>
</tr>
<tr>
<td>5</td>
<td>Chola MS</td>
<td>34</td>
<td>7.5%</td>
</tr>
<tr>
<td>6</td>
<td>IFFCO TOKIO</td>
<td>33</td>
<td>7.3%</td>
</tr>
<tr>
<td>7</td>
<td>National Insurance</td>
<td>33</td>
<td>7.3%</td>
</tr>
<tr>
<td>8</td>
<td>New India Assurance</td>
<td>30</td>
<td>6.6%</td>
</tr>
<tr>
<td>9</td>
<td>Tata AIG</td>
<td>23</td>
<td>5.1%</td>
</tr>
<tr>
<td>10</td>
<td>Apollo Munich</td>
<td>21</td>
<td>4.6%</td>
</tr>
<tr>
<td>11</td>
<td>Reliance</td>
<td>20</td>
<td>4.4%</td>
</tr>
<tr>
<td>12</td>
<td>Star Health</td>
<td>18</td>
<td>4.0%</td>
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<tr>
<td>13</td>
<td>HDFC ERGO</td>
<td>4</td>
<td>0.9%</td>
</tr>
<tr>
<td>14</td>
<td>Grand Total</td>
<td>453</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Exhibit 02: Insurance Companies in RSBY, District-wise Presence
Section B: Strengthening RSBY through Community Engagement — A Case Study of Poorest Areas Civil Society Programme (PACS)

The Poorest Areas Civil Society (PACS) Programme is an initiative of the UK Government’s Department for International Development (DFID) to partner with Indian Civil Society Organizations (CSOs) in assisting socially excluded people claim their rights and entitlements more effectively. PACS focuses on the flagship programmes of Government of India, Rashtriya Swasthya Bima Yojna [RSBY] being one of them.

With 83 partner civil society organizations working on the thematic area of health in the seven states under PACS and a strong mandate of working with the government, the programme presents a unique opportunity to exhibit demonstrable ways of improving the uptake of entitlements under RSBY through strong community participation and engagement in partnership with the government. The PACS initiative in RSBY is focused on:

a. Improving community awareness and knowledge base of the beneficiaries, ensuring their access to health services and to the benefits of smart card

b. Working with the block and district administrations, insurance companies and other relevant stakeholders to ensure that various entitlements like RSBY smart cards and hospitalization benefits are reaching the eligible households, especially those from the socially excluded groups.

c. Identifying relevant implementation gaps in the scheme and taking them up with the respective SNA and the Ministry of Labour and Employment for their resolution.

In close coordination with the Ministry of Labour and Employment, Government of India, PACS is strategically partnering with the State Nodal Agencies for ensuring effective community engagement in RSBY. In this regard, A Memorandum of Understanding [MoU] has already been signed between PACS and State Nodal Agency of West Bengal and Jharkhand, while the process of signing similar MoU is underway in other PACS States.

Presently, PACS is concentrating on sensitizing the beneficiary community on the provisions of RSBY and bringing about awareness on the benefits as well as strengthening the processes of enrolment in different States. Following are the activities for ensuring community engagement and strengthening RSBY implementation in which PACS is engaged:

- Building capacities of civil society organisations on RSBY- Key provisions and processes, monitoring mechanism, grievance redressal etc.
- Development of locally contextual IEC material & facilitation of IEC and BCC activities.
- Awareness generation and sensitization of the village communities, specifically RSBY target beneficiaries as well as Smart Card holders, on the key provisions of RSBY scheme including benefits available, by using different message dissemination media like community meetings, announcement through, radio, cable TV, visits to the hospitals, etc.
- Encouragement for enrolment under RSBY scheme through audio visual shows
- Information dissemination through tabloid on FAQ/ Myths and Facts / list of hospitals / toll-free-number / diseases covered / treatment involved etc.
- Sensitization of hospital authorities and promoting hospital assessments and strengthening grievance redressal mechanism and encouraging community assessment and feedback.
- Organizing multi-stakeholder consultations in collaboration with the nodal agencies at block, district and State level to review and discuss issues related to RSBY.
- Incubating civil society network on RSBY at State as well as national levels.
Section C: GIZ - RSBY Young Professional Programme

With the objective of building up capacities of selected State Nodal Agencies (SNAs), the GIZ RSBY Young Professional Programme had been initiated earlier this year. From May to August 2012, 10 qualified graduates were initially trained by RSBY central team and then started working with State Nodal Agencies. They were not only able to learn while working with SNAs, they were also able to provide support to SNAs in their assigned activities. In addition to their daily work packages, they worked on an own assignment/research project, reflecting the interest of the respective SNA.

In the last week of August, the Young Professionals gathered for the final workshop with the RSBY central team and presented their findings, evaluated the programme and the team planned the next steps ahead for each and every one of them. Several State representatives also joined in order to discuss the programme with GIZ.

The subsequent weeks will answer the Young Professional’s fundamental questions on whether a direct follow-up contract can be entered with the SNA. The situation looks promising and thus encourages GIZ to plan a second batch of the programme.

Lessons Learnt
A couple of lessons can be derived from the first batch of the programme and will be incorporated in the upcoming batches:

- **Tailored capacities for each State**: To reflect the demand and requirements of the different State Nodal Agencies, they shall be actively involved in the selection and recruiting process.

- **Special skills**: A large demand for data analysis and IT-proficiency has been identified. This will be addressed in the next batch.

- **Clarity of roles and tasks**: Clear areas of work shall be defined for the Young Professionals prior to their assignment so that their qualifications can be matched with the states’ requirements.

Further development and the road ahead:
The first phase also revealed that in some of the States, managerial and structural constraints could not be tackled only by such a Young Professional Programme. In these cases, a more holistic approach would be needed.

Future Ready: The 1st batch of GIZ-RSBY Young Professionals receiving their certificates.....

The future roadmap for capacity building for State Nodal Agencies therefore foresees a dual approach within the programmes:

On the one hand leveraging with qualifying Young Professionals to work within the RSBY system and thus bringing additional qualified personnel to the States. On the other hand, embed this programme into a blended approach with building up structures, enhancing infrastructure as well as giving strategic guidance to selected SNAs in need.

State Nodal Agencies interested in the second batch of Young Professionals are invited to contact GIZ IGSSP (igssp@giz.de) including an outline of their requirements.

We wish the current batch of Young Professionals all the best for their future endeavours and hope to welcome them within the RSBY system.
Section D: Quality Assurance in Health Care
----- Key Lessons from German Visit, 30th July to 3rd August 2012

A five member delegation from RSBY network hospitals and the Indo-German Social Security Programme, GIZ, visited different institutions in Berlin from 30th of July to 3rd of August 2012 with an objective to get insights on the policies and concepts of quality assurance and their implementation in the German healthcare system. In particular, for getting a holistic perspective about quality norms in Germany, the delegation visited 10 different institutions and has zeroed-in some points for future reference. Highlights of the visit and learnings are presented below.

1. BMG (Bundesministerium für Gesundheit, Federal Ministry for Health): Macro level presentations on Framework for implementation, Joint Federal Committee, quality assurance through internal and external agencies and focused areas viz. patient rights, hygiene, concept of pay for performance, psychiatry and cancer treatment were presented and discussed. *Areas of discussion could be considered and followed up in RSBY.*

2. DKG (Deutsche Krankenhaus-Gesellschaft, German Hospital Association): Overview of health providers and role of federation was presented and discussed. It was concluded that the need for *creating structures and strengthening institutional mechanisms is key for successful implementation of programmes.*

3. KTQ (Kooperation für Transparenz und Qualität im Gesundheitswesen): The KTQ model Plan- Do- Check and Act, Basic quality management procedures, patient orientation and employee orientation were presented and discussed. *The quality initiative in RSBY can be a prelude to this approach.*

4. AOK- BUNDESVERBAND (Federal Association of the AOK): The federal association of AOK is the umbrella organization of AOK group. The group has made its presence felt where ever health policy (incomplete sentence). The existing working groups can be expanded for advising and policies for influencing policies for implementation

5. EGZB (Evangelisches Geriatriezentrum Berlin, Protestant Geriatric Centre Berlin): Insights into Geriatric care and clinics, the approach taken, the challenges faced and the need for ambulatory care and research formulation. *A separate programme for Geriatric health can be developed in GIZ India.*

6. Charité Hospital: Unit quality management - the standard operating procedures for management as well as developing benchmark indicators for few of the procedures, clinical path for specified operations and patient satisfaction were discussed. Based on the discussion it was learnt that *SOPs and benchmarks indicators can be developed on these lines.*

7. GBA (Gemeinsamer Bundesausschuss, Joint Federal Committee): The Federal Joint Committee is the supreme decision-making body of the so-called self-governing system in Germany. The GBA issues directives based on German social security Book code 5, section 137, highlighting the fact that *Advocacy for strong institutional framework with clear references to be undertaken.*

8. BCP (AERZTEKAMMER BERLIN, Berlin Chamber of Physicians): The importance of voluntary quality assurance in Berlin through *medical peer review* was discussed and highlighted. It was mentioned that as a statutory body the chamber exercises powers towards its members which is usually reserved for the State. *Advocacy and involvement of associations for peer review can be followed in RSBY.*

9. AOK, Nordost Teltow (Northeastern branch of AOK): One of the largest insurance provider with about 28 Per cent market share *Development and use of software for claims management and processing.*

10. Technical university, Berlin (Prof Dr. Thomas Mansky): Different aspects of quality care in medicine were discussed. *Advocacy for involvement of Academic institutions for developing and measuring quality and use of administrative data/ claim data.*
**Section E: State-in-Focus, Jharkhand**

Jharkhand has been in the forefront in the implementation of RSBY among different States. Beginning with three districts in 2008, the State has been able to extend the scheme to all the districts (see Exhibit 04 in the next page). The State has taken many initiatives over the years and is known for many “firsts” in the scheme. The State also hosted the 4th RSBY National workshop in April 2012. As the scheme has evolved over the years, the State has extended the benefits of RSBY to families of certain occupational workers, beyond the BPL status, such as MGNREGA workers, Street Vendors, Domestic workers, Railway porters and Platform vendors, Building and other construction workers and Bidi workers. Currently, 1.4 million families in the State are enrolled in the scheme and more than 500 hospitals in the State are empanelled to provide hospitalisation benefits to them.

**Exhibit 03: RSBY Coverage in Jharkhand, August 2012 (Active)**

While the average conversion rate in enrolment stands at 46.8% (irrespective of rounds), the State has been able to zero-in on some of the key factors which have an important bearing on enrolment. Some of these factors are the following:

- Accurate and timely availability of beneficiary data.
- Advance preparation of Road maps and intimation to the beneficiaries prior to the enrolment drive.
- Meeting with small group of beneficiaries at village level.
- Co-ordination between Information and Education Campaign (IEC) team and the enrolment team.
- Involvement of elected bodies and gram root workers, i.e. Sahiyas, Anganwari Sevikas, Panchayat Sewaks, Rojgar Sevaks etc.
- Pre-Enrolment slip distribution.
- Completion of the enrolment procedure of a particular village in one go.
- Distribution of list of empanelled hospitals and prevalent diseases to beneficiaries.

Some of the notable initiatives taken by the State are as follows:

- Convergence with Health department.
- Mamta Vahans are being used to bring the pregnant RSBY beneficiaries to Government Hospitals.
- Engaging NGOs and CSOs for IEC activities. MoU with PACS (Poorest Areas Civil Society) is already signed for IEC in seven districts.
- It is the first state to extend RSBY to MGNREGA.
- It is the first state to extend RSBY to Domestic workers, Street Vendors and Beedi workers.
- It provides incentives of Rs. 100 to Sahiya and Aanganwari Sevika for each case of hospitalization in RSBY through them.
- Appointment of District Programme Managers (DPM) in all the districts.
- A single State Toll-Free number for the scheme on 24x7 basis.

The State is all set to strengthen it’s activities by adopting different good practices such as quality care initiative, robust data management system, Capacity building at all levels etc.
Section F: Events Round-Up

State-level Review Workshop – Jharkhand; Ranchi, 1st August 2012

A State-level review workshop of Jharkhand was organized in Ranchi on 1st August 2012. The performance of the State was reviewed in the meeting. Detailed presentations were done by the State Nodal Agency. Jharkhand SNA also gave awards to their District Key Managers, district level officials and hospitals. In addition to this, DKM training for DKMs of State was also done during the workshop. The role of PACS programme in building awareness in selected districts of Jharkhand and few other States was also discussed in detail.

Workshop on Claims Investigation in RSBY, New Delhi; 6th August 2012

A one day workshop on RSBY claims investigations was organized for the resource persons from Insurance Companies working with RSBY on 6th August 2012 at New Delhi.

Hospital Training Workshop, Uttar Pradesh; 9th – 16th August 2012

A number of hospital training workshops for the Transaction Software were held between 9th August 2012 and 16th August 2012 at various locations in Uttar Pradesh such as Barabanki (9th August), Mahoba (9th August), Unnao (13th August), Basti (14th August) & Balrampur (16th August). The workshop involved demonstrating the new hospital transaction software and their utilities. Various other transaction related issues were also discussed.
Section G: Events Round-Up (Contd...)

RSBY Review Meeting, Lucknow, Uttar Pradesh; 14th August 2012

A State level review meeting regarding the migration of 27 districts from 32kb to 64kb software was held on 14th of August 2012 at Balrampur Hospital, Lucknow under the chairmanship of Mr. Anil Swarup, DGLW, MoLE, Government of India. The meeting was attended by District Chief Medical officer, RSBY district assistants, SNA, Insurance Company, TPA and SCSP representatives. The DG LW commended the efforts made in the State for RSBY implementation.

Training of Assessors for Hospital Quality, Yamuna Nagar, Haryana; 29th August 2012

Training of Assessors for assessing Hospital quality care under RSBY was organized by SNA, Haryana at ESI Hospital Yamuna Nagar, Harayana on 29th August 2012. Beside Nodal officers of Yamuna Nagar and Ambala districts, representatives and assessors from National Insurance Company limited, ICICI Lombard, Medsave Health Care, Vipul Health Care ltd also participated in the training session.

RSBY Quality- Hospital Sensitization Workshop, Yamuna Nagar, Haryana; 29th August 2012

As a prelude to roll out of quality care initiative in RSBY, a workshop was held at ESI Hospital, Yamuna Nagar, Haryana on 29th August 2012. Doctors and representatives from 30 hospitals participated. Besides, representatives from SNA, Insurance Company and TPAs also participated in the workshop.

Section H: Upcoming Events (Tentative)

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<tr>
<th>Date and Day</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>10th - 12th September 2012 (Monday- Wednesday)</td>
<td>Workshop: Moving Towards Universal Health Coverage -Learning through South-South Partnerships</td>
<td>Kathmandu, Nepal</td>
</tr>
<tr>
<td>18th September 2012 (Tuesday)</td>
<td>Training Workshop for Nodal Officers and discussion on Outpatient Initiative</td>
<td>Aizawl, Mizoram</td>
</tr>
<tr>
<td>18th September 2012 (Tuesday)</td>
<td>State-level Review Workshop, Maharashtra</td>
<td>Mumbai, Maharashtra</td>
</tr>
<tr>
<td>26th September 2012 (Wednesday)</td>
<td>State-level Review Workshop, Bihar</td>
<td>Patna, Bihar</td>
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