Summer Training at
NHM, Rajasthan
(April 3 to June 2, 2017)

Assessment of Swasthya Margadarshak Under Bhamashah Swasthya Bima Yojana in Jaipur District

By
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MBA Hospital & Health Management
2016-2018

Institute of Health Management Research
The IIHMR University, Jaipur
2017

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that **Dr. GURUPRASAD C. JANVEKAR** of **MBA Hospital and Health Management** from The IIHMR University, Jaipur has undergone internship training at **NATIONAL HEALTH MISSION (RAJASTHAN)** from **3rd April to 2nd June 2017**.

The Candidate himself completed the project assign to him during summer training. His approach to the project was sincere and proactive. This summer training is in partial fulfillment of the course requirement recommended for the award of MBA in Hospital and Health Management

I wish him all success in all his future endeavors.

(Col.) Dr. Ashok Kaushik

Dean - Academics and Student Affairs
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Mentor
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Associate Professor & Associate Dean
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F 2 (153) NHM/SPM/2017/454 Date: - 7/06/2017

CERTIFICATE

This is to certify that **Mr Guruprasad Janvekar**, student of MBA Institute of Health Management Research (IIHMR, Jaipur) has successfully completed his Summer Training Program at NHM, Rajasthan from 3rd April, 2017 to 2nd June 2017. He has worked on the project- **Assessment of working of Swasthya Margadarshak under Bhamashah Swasthya Bima Yojana in Jaipur district**.

We have found him sincere and keen to do the assigned project. We extend him good wishes for a bright and successful career ahead.

Director RCH

PREFACE

Any knowledge is incomplete without first-hand experience about it. In the health sector especially getting in to rub of the things is extremely essential as its problems are complex and deep rooted. To manage the problems in the health sector 'MBA student of health and hospital management 'need to know the functioning of the different organizations be it private or public, for this purpose Summer training of 2 months is scheduled after completion of 1st year.

For the purpose of summer training I opted for NHM Rajasthan as I thought I would get to know the functioning of various government schemes in state of Rajasthan.

In the NHM Rajasthan complete discretion was given to us for opting of programme of our choice to study upon and I opted for the Bhamashah Swasthya Bima Yojana with special focus on working of Swasthya Margadarshakas under the scheme.

ACKNOWLEDGEMENT

First of all, I would like to thank IIHMR university Jaipur for scheduling Summer Training, and supporting me throughout this endeavor. I am highly grateful to my mentor Dr.Arindam Das Sir for his support, expert advice, constructive criticism, motivation during preparation of this report.

I am highly grateful to all the departmental heads and staff of National Health Mission, Rajasthan for giving us time in spite of their hectic schedule. Without their active cooperation and participation, it would not have been possible to accomplish my task.

I want to thank my family and friends who have been source of motivation and guiding light in the course of summer training. And special thanks to my co interns at NHM who helped immensely in the period of 2 months and made stay there immemorable.

ABBREVIATIONS

BSBY- Bhamshah Swasthya Bima Yojana

SM- Swasthya Margadarshak

MDP- Minimum Document Protocol

GRC- Grievance Redressal Committee

SFM- State Finance Manager

SDM-State Data Manager

SPM- State Programme Manager

ASPM-Assistant State Programme Manager

SDO- State Data Officer

MMJRK- Mukhyamantri Jan Raksha Kosh

CEO- Chief Executive Officer

AMD- Additional Mission Director

GM- General Manager

PHC- Primary Health Centre

BIMARU- Bihar, Madhya Pradesh, Rajasthan, Uttar Pradesh.

RMO-Risk Management Organization.

CHAPTER

I

(ABOUT AREA OF STUDY)

RAJASTHAN MAP

ABOUT RAJASTHAN:-

AREA- 342,239 SQUARE KM

AREA RANK- 1

POPULATION- 68,548,437 (CENSUS 2011)

POPULATION RANK- 7

CAPITAL- JAIPUR

LARGEST CITY- JAIPUR

DISTRICT-33

GOVERNMENT

GOVERNOR- KALYAN SINGH

CHIEF MINISTER-VASUNDHRA RAJE (BJP)

HEALTH MINISTER-KALICHARAN SARAF

LEGISLATURE-UNICAMERAL (200 SEATS)

PARLIMENTARY CONSTITUENCY-25

HIGH COURT- RAJASTHAN HIGH COURT

COMPARISON BETWEEN RAJASTHAN AND INDIA

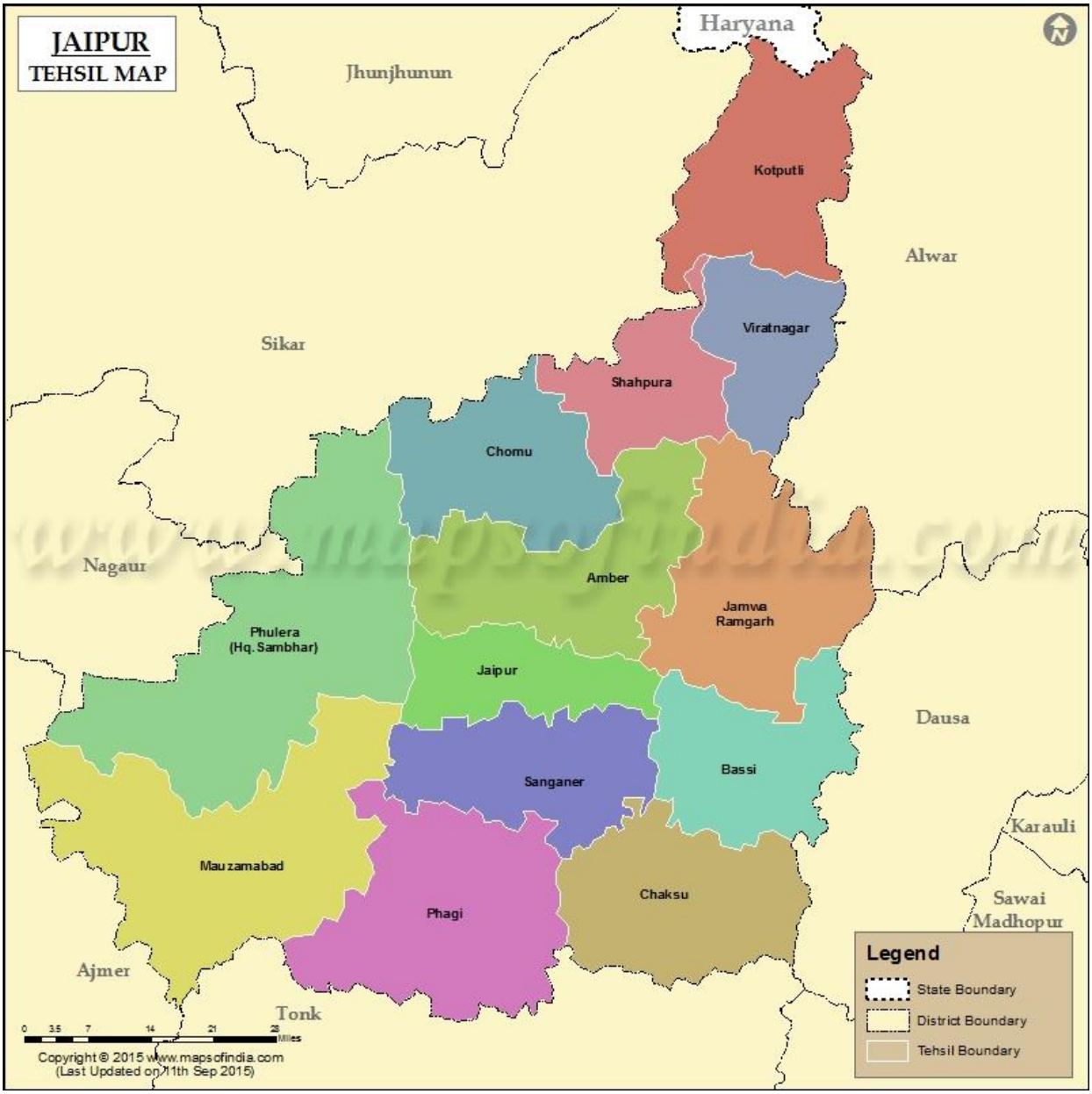
Indicators	Year	Unit	Rajasthan	India
Geographical Area	2011	Lakh Sq. Km.	3.42	32.87
Population	2011	Crore	6.85	121.09
Decadal Growth Rate	2001-2011	Percentage	21.3	17.7
Population Density	2011	Population Per Sq. Km	200	382
Urban population to total Population	2011	Percentage	24.9	31.1
Sex Ratio	2011	Female Per 1,000 Male	928	943
Child Sex Ratio (0-6 Year)	2011	Female Children Per 1,000 Male children	888	919
Literacy Rate	2011	Percentage	66.1	73.0
Birth Rate	2015*	Per 1,000 Population	24.8	20.8
Death Rate	2015*	Per 1,000 Population	6.3	6.5
Infant Mortality Rate	2015*	Per 1,000 Live Birth	43	37
Maternal Mortality Ratio	2011-13*	Per Lakh Live Birth	244	167
Life Expectancy at Birth	2010-14*	Year	67.7	67.9

*SRS bulletin: Office of Registrar General of India

(source- economic review 2016-17 of Rajasthan)

From comparison between India and Rajasthan it is evident that on health indicators that Rajasthan lags behind the country and it is one of the state under Empowered Action Group States (Bihar, Jharkhand, Uttar Pradesh, Uttarakhand, Madhya Pradesh, Chhattisgarh, Odisha, Rajasthan) previously known as BIMARU States.

JAIPUR MAP


JAIPUR
TEHSIL MAP
Haryana
Jhunjhunun
Kotputli
Alwar
Viratnagar
Sikar
Shahpura
Chomu
Nagaur
Amber
Jamwa Ramgarh
Phulera (Hq. Sambhar)
Jaipur
Dausa
Bassi
Sanganer
Karauli
Mauzamabad
Chaksu
Sawai Madhopur
Phagi
Ajmer
Tonk
0 3.5 7 14 21 28 Miles
Copyright © 2015 www.mapsofindia.com
(Last Updated on 11th Sep 2015)
Legend
State Boundary
District Boundary
Tehsil Boundary

2011 Census features of Jaipur

- Jaipur district holds 1st rank in population and population density, stands on 9th place in terms of area.
- There are total 13 tehsils in District of Jaipur of which Chaksu tehsil has the highest number of villages i.e. 287 and Jaipur tehsil has lowest number of villages (72).
- In Jaipur district, Khejroli (Tehsil: Chomu) is the most populous (16,531 persons) village; and Anantpura (Tehsil: Jamwa Ramgarh) is the least populous (04 persons) village.
- Jaipur district consists 47.6 percent rural and 52.4 percent urban population whereas the State percent of rural and urban population is 75.1 and 24.9 respectively.
- The sex ratio of Jaipur district (910) is significantly lower than the State sex ratio (928).
- The literacy rate in Jaipur district is 75.5 percent which is higher than the State Average (66.1 percent) and it ranks 2nd among the other districts of the state. Gender Gap of the literacy rate is 22.1 percent in the district.
- The Scheduled Caste and Scheduled Tribe population in Jaipur district is 15.1 percent and 8.0 percent respectively whereas the State percent of Scheduled Caste and Scheduled Tribe population is 17.8 and 13.5 respectively.

Present study is restricted to Jaipur district only and majorly to Jaipur tehsil.

CHAPTER

II

(ABOUT NATIONAL

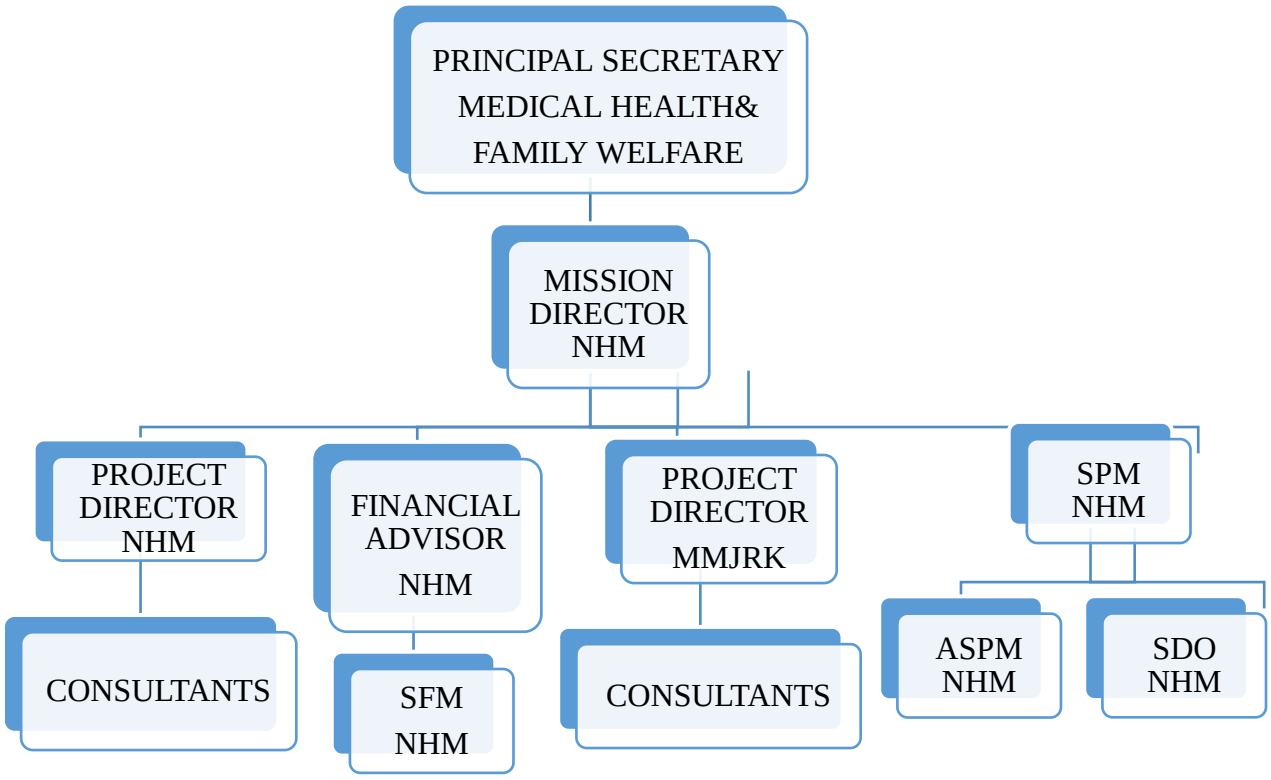
HEALTH MISSION)

HISTORY OF NHM

NRHM was launched in April 2005 to cater health needs of under-served rural areas. The NRHM was initially tasked with addressing health needs of 18 states that had been identified as having weak public health indicators.

On 1 May 2013 national urban health mission (NUHM) was launched as under umbrella of national health mission (NHM) with national rural health mission(NRHM) being other component under it.

ORGANOGRAM OF NHM,RAJASTHAN



PROGRAMMES OF NHM RAJASTHAN

1.Reproductive & Child Health(RCH-II):

- State's RCH programme is working to achieve goal of reducing infant & maternal morbidity & mortality.
- Achievement of these goal is envisioned through
  - Quality Improvement
  - Enhancement in accessibility & availability & coverage of reproductive & child health services.

2.Immunization:

Immunization is vital for health of child hence it is important strategy under NHM.

Immunization coverage in the state is found to be unsatisfactory.

3.Disease Control Programmes:

- National Vector Born Disease Control Programme
- National Leprosy Eradication Programme
- Integrated Disease Surveillance Programme
- Revised National Tuberculosis Control Programme
- National Blindness Control Programme

4. Accredited Social Health activists:

- Asha Sahayogini
- Asha Soft

5. Janani Suraksha Yojana(JSY)

6.Janani shishu Suraksha karykram(JSSK)

7.OJAS (Online JSY & Subhalaxmi payment system)

8. Integrated Ambulance services

9. Bhamashah Swasthya Bima Yojana

10.Pradhanmantri surakshit matritva karyakram

11. Adarsh PHC

12. Rashtriya Kishor swasthya karyakram (RKSK)

CHAPTER

III

(ABOUT BHAMASHAH

SWASTHYA BIMA YOJANA)

❑ BACKGROUND

- The central governments and state governments introduce a host of schemes for the benefit of public at regular intervals. Health of the society is an area which receives major attention from the governments and it is emphasized in different government schemes. There have been many health-related government schemes at state and central level since independence. The health schemes focusing on health insurance coverage to poor people has been introduced because one measure illness can break the bone of the family.

- Bhamashah Swasthya Beema Yojana(BSBY) was introduced by rajasthan state government in budget 2014-15.

- Similar types of schemes are working in different states of India.

    1. Tamilnadu (Chief Minister's Comprehensive health insurance scheme)
    2. Maharashtra (Mahatma Jyotiba Phule Jan Arogya Yoajana),
    3. Andhra Pradesh (Aarogya Raksha scheme)
    4. Kerala (Comprehensive health insurance scheme)
    5. Karnataka (Yashasvini health insurance scheme)

- Bhamashah Swasthya Beema Yojana(BSBY) was named after ''Bhamashah ''close aide of Maharana Pratap and known for his philanthropic and benevolent contribution.

❑ OBJECTIVE

- There are many barriers for access to health care in India, and financial barrier is undoubtedly major barrier. As India one of the poorest country in the world providing free healthcare access to marginalized and impoverished section of the society becomes essential.

- The BSBY has been introduced with major objective of providing free, quality & reliable medical care to eligible people as defined in the scheme with involvement of government hospitals (CHC and above) and empaneled private hospitals.

❑ AIMS

- To reduce out of pocket expenditure of people and provide them quality healthcare.

- To reduce work load on the government hospitals by involving private hospitals.

- To create a record which would help in the policy making.

- To make efficient use of government money.

❑ OVERVIEW OF SCHEME

1. It was announced in budget 2014-15 and forced in to action from 13 December 2015.

2. Only for citizens of Rajasthan who come under NFSA and RSBY.

3. Since 13-07-2016 only for eligible persons having Bhamashah card or acknowledgement slip.

4. Totally cashless for the beneficiary as provided under provisions of scheme.

5. 1715 Disease Packages are provided under the scheme

    a) 1148 Packages For Secondary Illness.

    b) 500 For Tertiary Illnesses.

    c) 67 Disease Packages Are Reserved For Govt. Institution

6. BSBY provides maximum coverage of 30,000 Rs. for secondary illness & RS. 3,00,0000 Rs. for tertiary illness per year.

7. Scheme provides for fund enhancement in certain cases.

8. MNDY (Mukhyamantri Nishulk Dawa Yojana), MNJY(Mukhyamantri Nishulk Janch Yojan) & MMBPLJRK(Mukhyamantri BPL Jeevan Raksha Kosh)

9. Scheme provides for pre decided package rates for secondary and tertiary illness

10. It covers pre-existing conditions also from the beginning of scheme.

11. Scheme covers from 7 days of pre hospitalization to 15 days of post hospitalization.

12. New India Assurance Company is service provider for BSBY

13. Treatment is provided through

    a) Government Hospital- CHC and above level

    b) Private Hospitals- As empaneled under the scheme

14. Transportation allowance only for Cardiac and Poly trauma patient which is of 100 rs during discharge not exceeding 500 rs annually.

15. Benefits under BSBY provided for 'family'. In the family only those persons whose names are registered under Bhamashah card /RSBY card can take benefits of the scheme.

❑ SCOPE

The scope of the scheme provides for the range of benefits which are covered under the scheme. The scheme has very wide scope to make treatment totally cashless for beneficiary it includes following,

1. General ward bed charges.

2. Boarding & nursing expenses,

3. Charges/ fees of Surgeon, consultant, Anesthetist and, medical practitioner,

4. Expenses of Blood, oxygen and anesthesia.

5. Medicines and surgical instruments costs.

6. X-ray and diagnostic tests expenses, implant and prosthetic devices costs.

7. 7 days pre-hospitalization and 15 post hospitalization coverage.

❑ PROCESS TO AVAIL SCHEME BENFIT

Bhamashah Card forms the basis for the provision of treatment to a beneficiary

1. The potential beneficiary will present the Bhamashah card / acknowledgement slip to the Swasthya Margadarshak at the hospital desk prior to availing any treatment.

2. Swasthya Margadarshak will check the eligibility of that person under the scheme and if he is found to be beneficiary, his case is further processed.

3. The beneficiary to provide the prescription and other details from doctor to Swasthya Margadarshaka at the hospital desk.

4. Swasthya Margadarshak will block the required treatment package in the system as per provided in prescription and checking in the wallet of the patient.

5. (a) For the secondary packages there is automatic approval and treatment can start directly. The concerned hospital need to upload prescription, diagnostic report and discharge summary. These records can be asked by Insurance company representative or can be checked by them.

   (b) For the tertiary packages the hospital should send the preauthorization request to the insurance company ,in 7 days from discharge the hospital the provision to send the preauthorization request will be developed in the web portal and hospital will be required to submit all the documents pertaining to the claim to the insurer.

6. Insurance company should provide confirmation on Pre authorization request within 48 hours from the receiving of request. If insurance company fails to do so it would be considered as approved and no further pre authorization required for such case/s.

7. The Pre authorization request is authorized through biometric of beneficiary.

8. Pre and post - operative photographs to be taken and shared by the hospital with the insurer at the time of discharge.

9. The beneficiary can take benefit of scheme in empaneled hospital after the concerned package is blocked.

10. SM at the time of discharge of patient, should make entry in system of discharge and authorization of discharge is completed by beneficiary biometric

Real time transaction data would be available for all stakeholders for monitoring the scheme progress.

Patient presents required documents at the BSBY Desk in

Eligibility Verification of Family and individual Identity using Bhamashah Card / Bhamashah Slip / RSBY Card

Checking available amount in wallet of family

Admission & TID Generation by Hospital

Blocking Package

Tertiary Package

Online Pre-Authorization Request and Approval by NIAC

Secondary Package

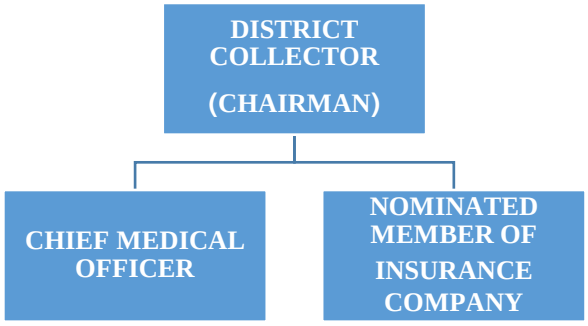
Starting Treatment

Discharge & online claim submission

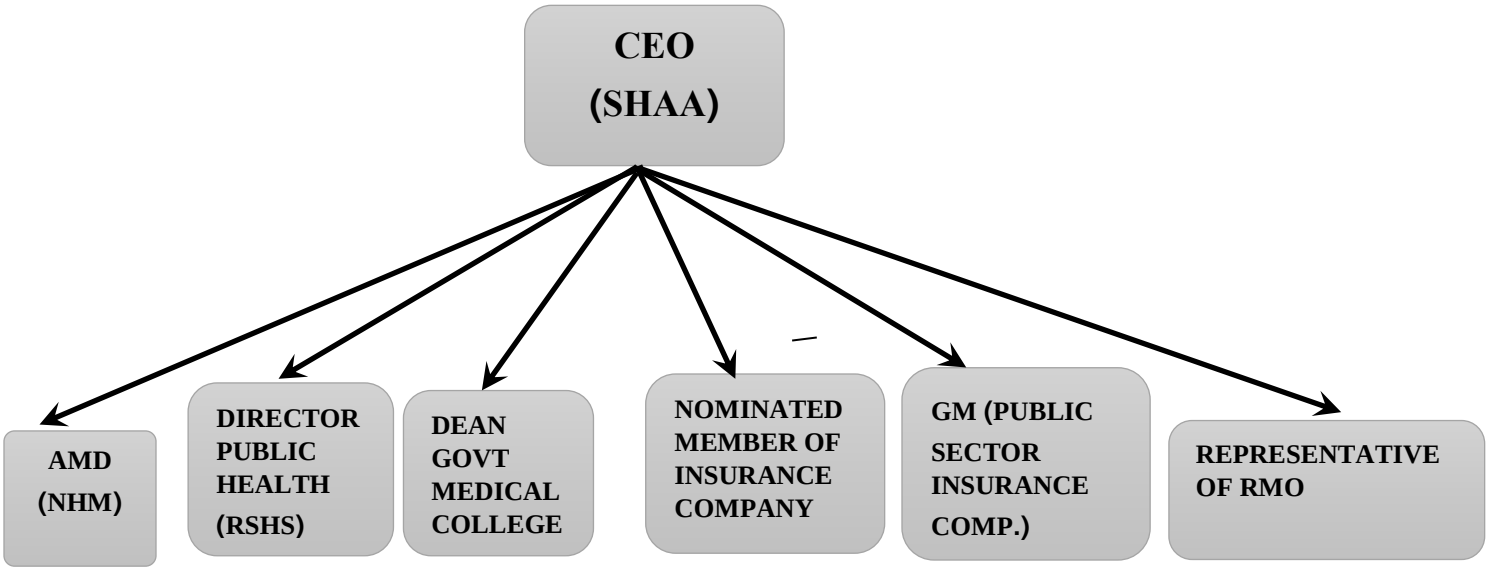
Claim Approval & Online Payment to Hospital

❑ DISPUTE REDRESSAL MECHANISM

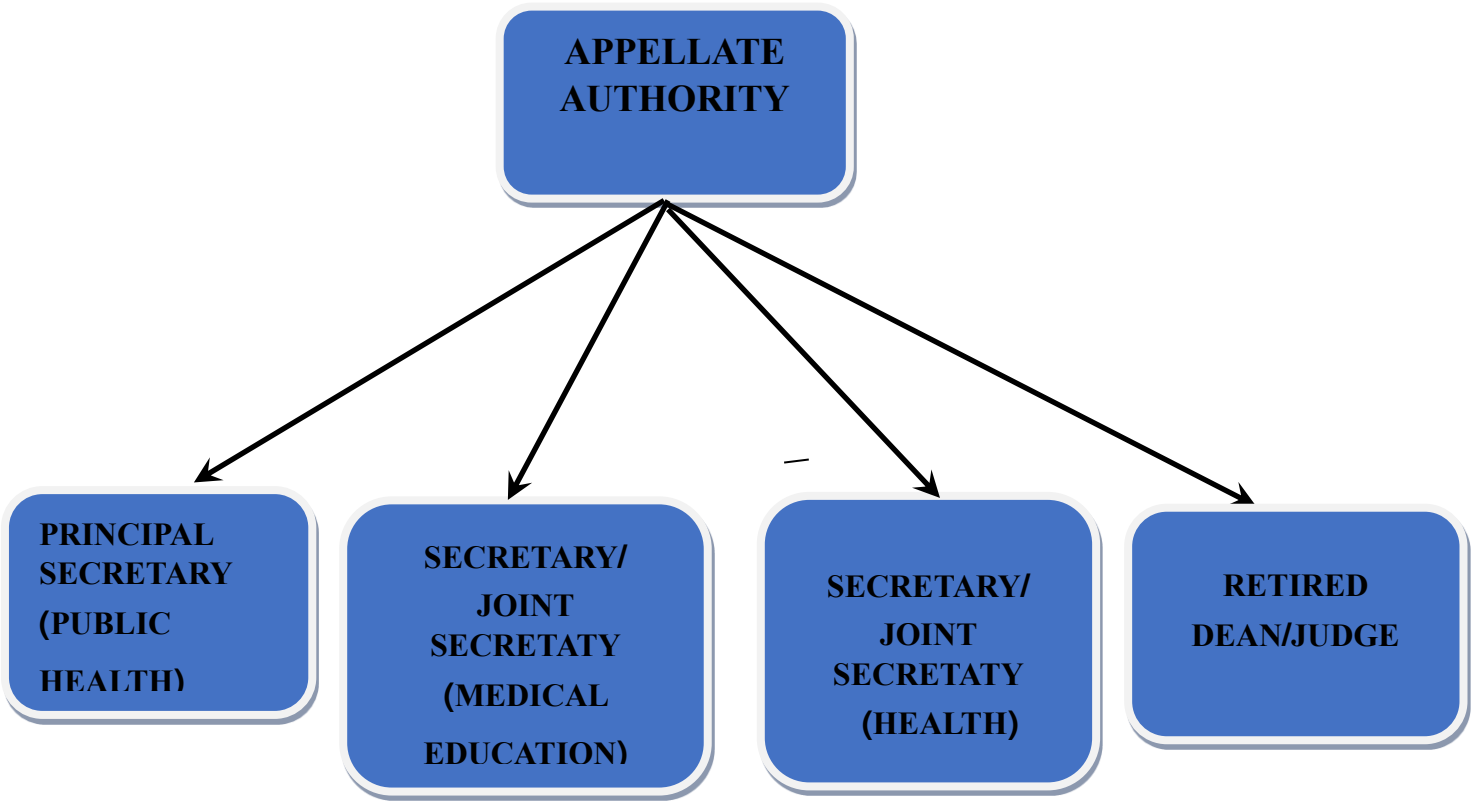
- Grievances can be for Beneficiaries
  - Complaints about difficulty in availing treatments.
  - Non availability of facilities.
  - Bogus availing of treatments for ineligible persons.
- Grievance redressal mechanism can be used by Health care provider against Insurance company/Beneficiary but the healthcare provider remains suspended till the pending of decision.
- Grievance redressal mechanism consists of
  - District Monitoring & Grievance committee-At district level
  - State Monitoring & Grievance committee- Appeal from District committee
  - Appellate authority- Appeal from state committee
  - Rajasthan civil court from the appellate authority.



(DISTRICT MONITORING & GRIEVANCE COMMITTEE)



(STATE MONITORING AND GRIEVANCE COMMITTEE)



❑ SWASTHYA MARGADARSHAK

In order to facilitate patient services in empaneled hospitals, both government and private, a facilitator known as "Swasthya Margadarshaka" (SM) will be placed by the hospital. SMs have to be available round the clock to attend to patient registration, consultation, diagnostic services, pre- authorization, discharge and follow-up.

Roles and responsibilities of SM are as below.

- Maintain Help Desk at Reception of the Hospital.
- Receive the patient referred from (PHC or Network) and attend various walk in patients of the scheme.

- Work round the clock in shifts to cater to the needs of Emergencies.
- Verify the Bhamashah card/ other relevant identity/fingerprint authentication of the Patients.
- Facilitate the Patient for consultation and admission.Liaison with coordinator of the hospital.
- Facilitate hospital to send proper pre-authorization.
- Follow-up preauthorization procedure and facilitate approval.
- Ensure cashless transaction at hospital.
- Facilitate discharge of the patient.
- Obtain feedback from the patient.
- Counsel the patient regarding follow-up.
- Coordinate with the Claim Processing Team for any clarifications Send daily MIS
- Any work assigned by the NHM/Department/ Government from time to time

ASSESSMENT OF

SWASTHYA

MARGADARSHAK

UNDER BHAMASHAH

SWASTHYA BIMA

YOJANA

IN JAIPUR DISTRICT

❖ INTRODUCTION

Rajasthan government introduced Bhamashah Swasthya Bima yojana (BSBY), eyeing the marginalized sections of society for whom one major health problem can have devastating effects.These marginalized people mostly work in unorganized sector devoid of any insurance cover and for such people BSBY is ray of hope.

BSBY is to provide treatment to eligible people under scheme through selected government (CHC & above) and private hospitals. BSBY provides highest number of disease packages in the country. The BSBY was introduced around one and half years back. the scheme has many components and as such it's a huge scheme to study upon.

Present study focuses upon working of Swasthya Margadarshak (SM) under BSBY. SM has pivotal role to play for the successful implementation of scheme.

❖ LITERATURE REVIEW

The scheme is comparatively new due to which only one study found which directly delves on BSBY. "Initial results of these innovative policies and programmes are motivating and successful.If government works with same will-power these steps will prove to be milestones in public health. In effect, this would build the foundation for transforming the primary healthcare delivery system into an innovation driven efficient and cost effective model for the country". **("Innovative Approaches in**

Health Sector to Deliver Quality Healthcare: Appraisal" Dr. mahendra Singh et al. (10.21276/sjams.2017.5.1.51).

There are studies which have studied upon the similar insurance schemes of other states which have helped in this study. The growth of health insurance in India requires better understanding of the perceptions of healthcare providers and the stakeholders. Given the lack of affordability of the poor; low penetration of health insurance, any attempt towards attaining the universal healthcare should be necessarily undertaken. The problems at grass root level should be identified and cured at infant stage itself. Merely because of the fact that the insurance premium is subsidized by the Government, the ultimate beneficiary should not be deprived of due benefits. **(Analysis of satisfaction of beneficiaries from the health insurance schemes sponsored by Government of Tamilnadu. Prof V.Pugazhenthi et al. EPRA June 2014 Vol-2 issue-6)**

❖ RATIONALE

- Swasthya Margadarshaks are generally a first point of contact between potential beneficiary of the scheme and hospital.

- SM are the persons who have vital role to play in scheme from admission to discharge of the patient. Also answering queries and making people aware about scheme.

- No data available on number of SM recruited in hospitals whether its government or private.

❖ OBJECTIVES

- ❑ To know the total number of SM recruited in the selected hospital.
- ❑ To measure the knowledge of SM about the scheme and its different components.

❖ RESEARCH QUESTION

What is the total number of SM recruited in selected hospitals and what is their knowledge about the scheme?

❖ METHODOLOGY

1. **STUDY DESIGN**- CROSS SECTIONAL DESCRIPTIVE STUDY.

2. **STUDY METHOD**- MIXED (QUALITATIVE & QUANTITATIVE)

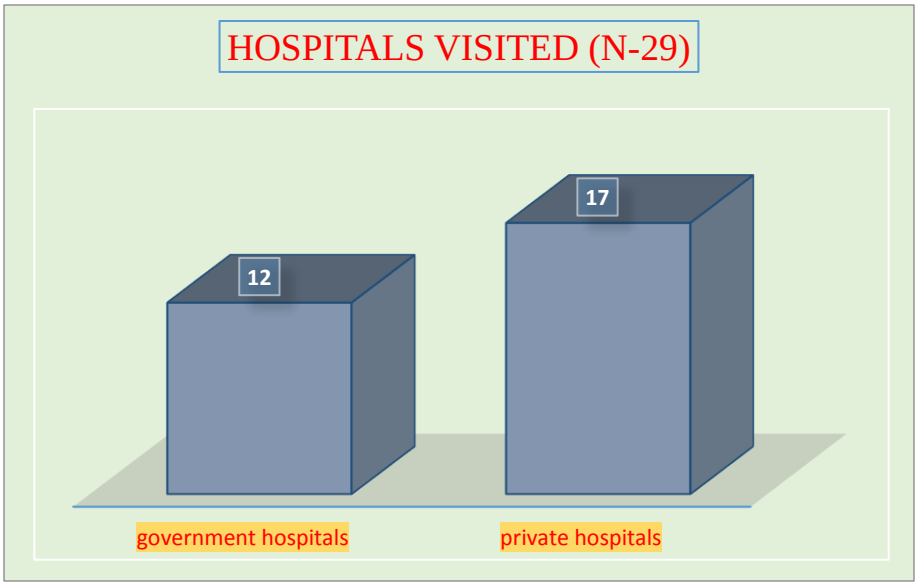
3. **SAMPLE SIZE**-

   As the exact number of SM was not available, on the basis of guesses from the DPM (that 400-500 of SM should be working in Jaipur district), an attempt was made to collect 50 samples. Forty-four responses could be collected by visiting 29 health facilities purposively. Out of these 12 were Government and 17 were private facilities.

4. **DURATION OF STUDY-** 2 Month.

5. **DURATION OF FIELD VISIT-** 15 Days


स्वास्थ्य
भामाशाह
मार्ग दर्शक
ओ.पी.डी.रजिस्ट्रेशन कक्ष


HOSPITALS VISITED (N-29)
12
17
government hospitals
private hospitals

6. DATA COLLECTION

Semi structured tools was used for data collection. The tool was filled by respondents.

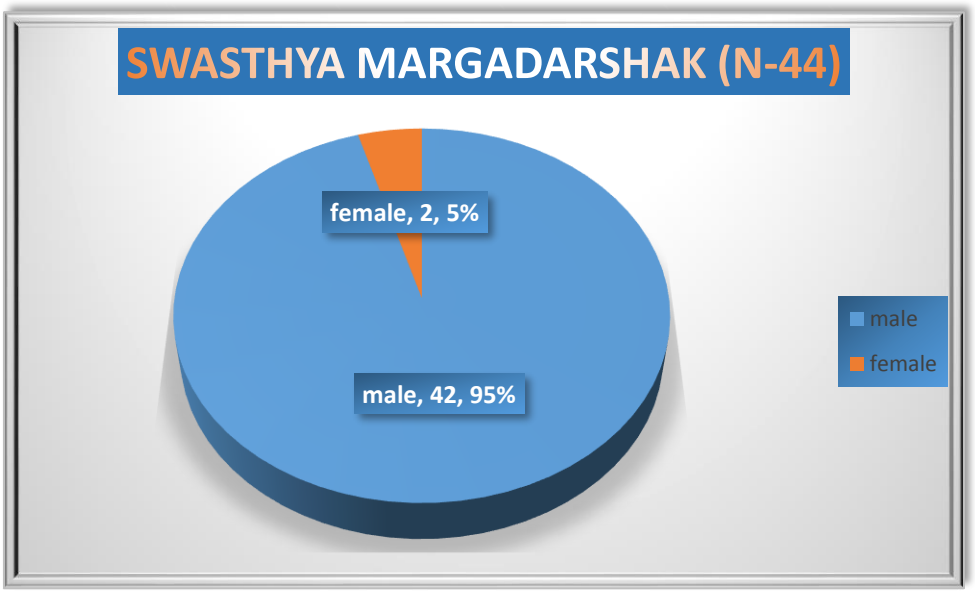
7. DATA ANALYSIS-

- Microsoft Excel 2016 was used for data analysis.
- Selected 19 questions from the questionnaire. One right response was allotted 5 Marks.Knowledge of the respondent was categorized in to following categories.

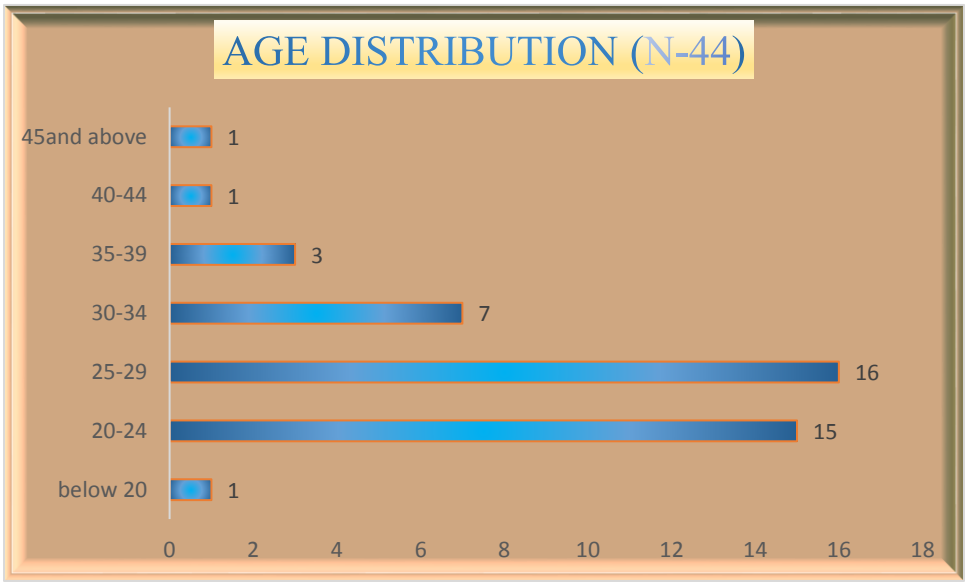
    - Above 80- Outstanding
    - Between 71-80 - Very Good
    - Between 61-70 - Good
    - 60 And below - Poor

8. FINDINGS & OBSERVATIONS-

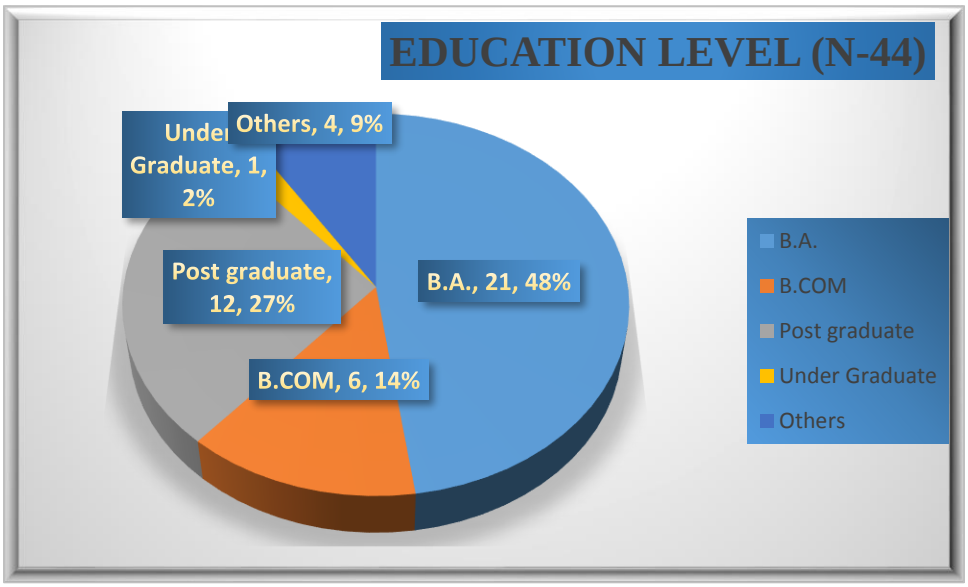
A] Personal Information Analysis



From the above pie chart, it is evident that majority of swasthya margadarshaks are male i.e. 95 % and 42 in no. and female are 5% of the total SMs surveyed.

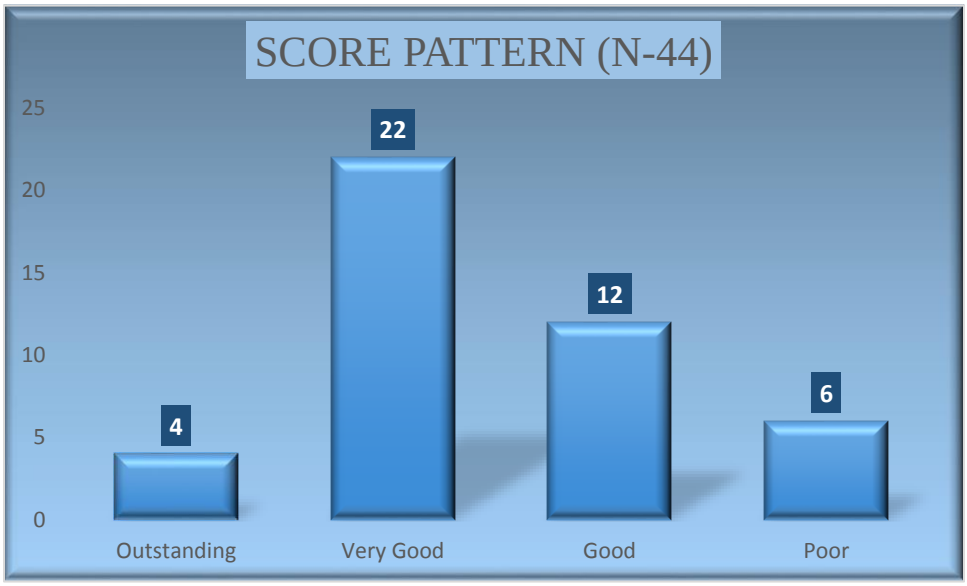


Age distribution of the swasthya margadarshkas is skewed it shows clear picture that, majority of the SMs i.e. 71% are between age group 20-29 group and 31 in number. In age group of 30 to 39 total 10 SMs are found, apart from that age group of 40-44, below 20 and above 45 one each SMs were there.



Education level in SMs shows some pattern in which 48% are B.A. And 14% are B.com. Post graduate SMs are 27%. Others category which include graduate in other fields like BCA are 9%.

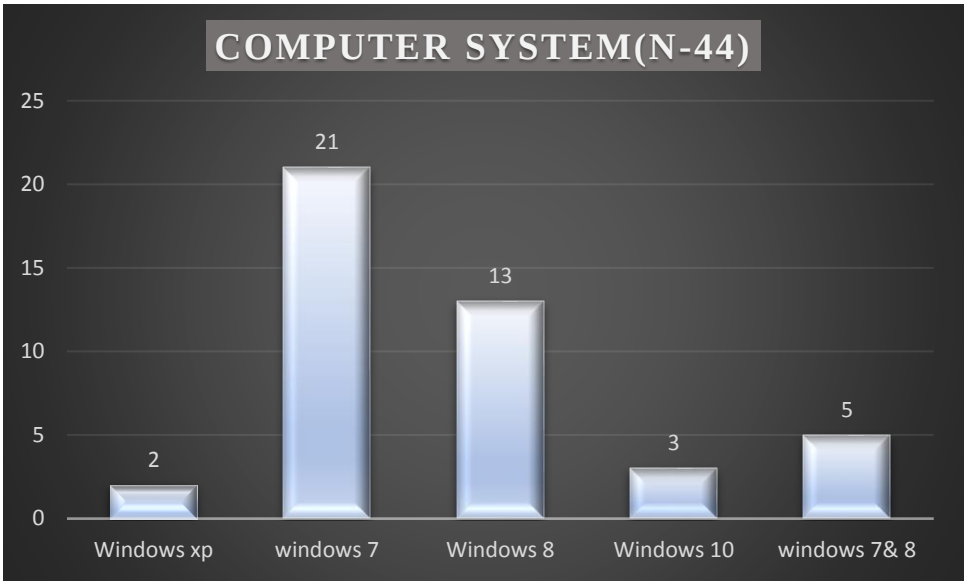
B] MCQ Question's Analysis



Half of the SM i.e. 50% of SM performed decently and their score is between 71-80. Number of SMs who performed "outstanding" were 4 in number On the rating scale "Good" performers were 27% and 12 in no. The 'poor' performers were 14% of total SM surveyed.

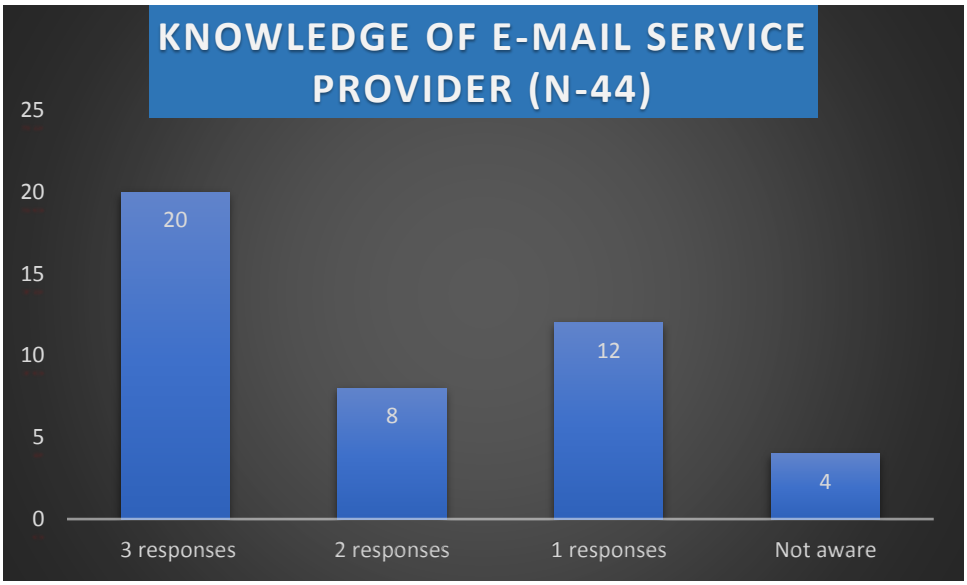
C] Analysis of Computer knowledge based questions

1]



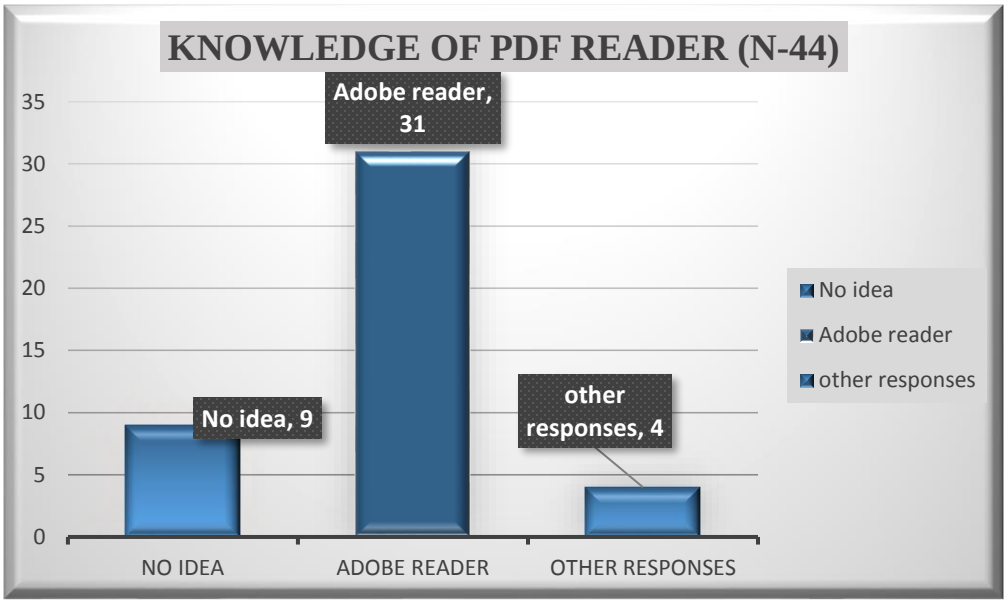
In the hospitals surveyed Windows 7 was the most used system for the purpose of scheme. Windows 8 came at the second place. Windows XP and windows 10 was also used in 2 & 3 cases respectively. In some cases, more than 1 system was used for the BSBY.

2]



Question was asked to give names of 3 email service provider 46% respondent could manage to give name of 3 email service providers. Whereas 27% respondent could give only name of one email service provider18% respondents gave 2 names of email service provider. And 9% could not answer the question.

3]

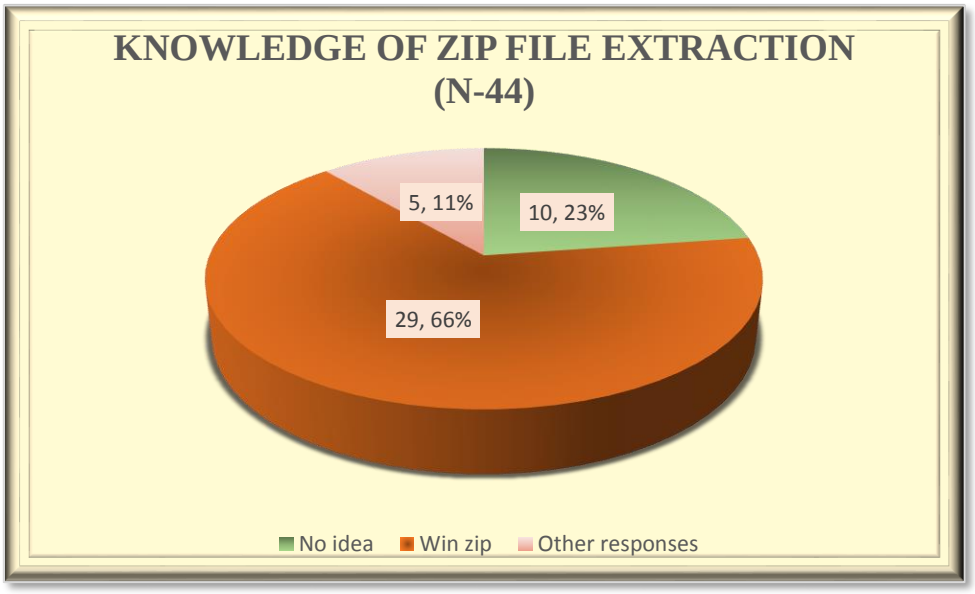


When asked about PDF file reader 9 respondents or 9% were not aware about it.

Of the remaining 91%, 71% responded that they use adobe reader for opening

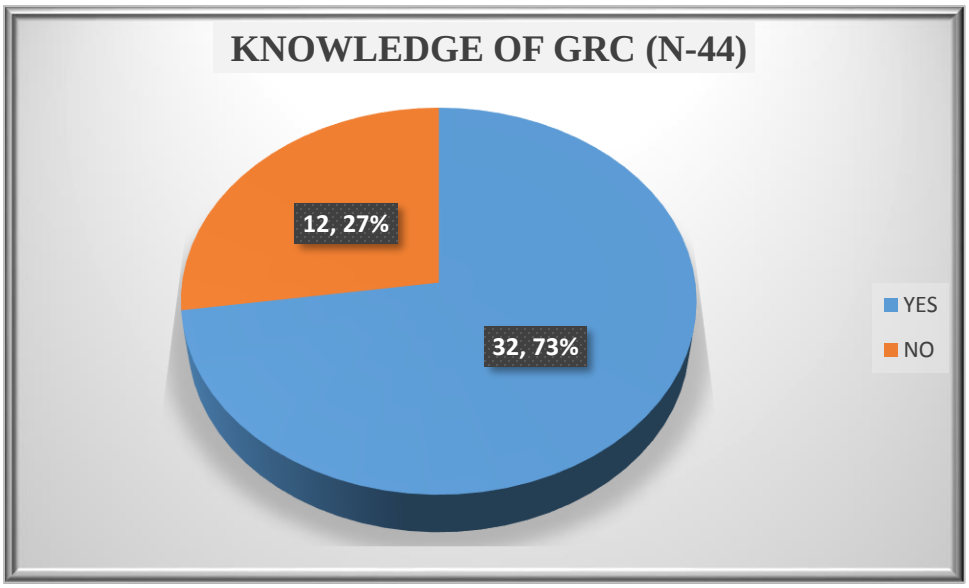
PDF file and rest 21% use other type of PDF reader.

4]



When asked about extraction of zip file under the BSBY scheme requirements, 11% respondents told that they are not aware about it. Of the remaining 89%, 66% used win zip for zip file extraction and remaining 23% used other software.

D] Opinion/ Information Based question's Analysis

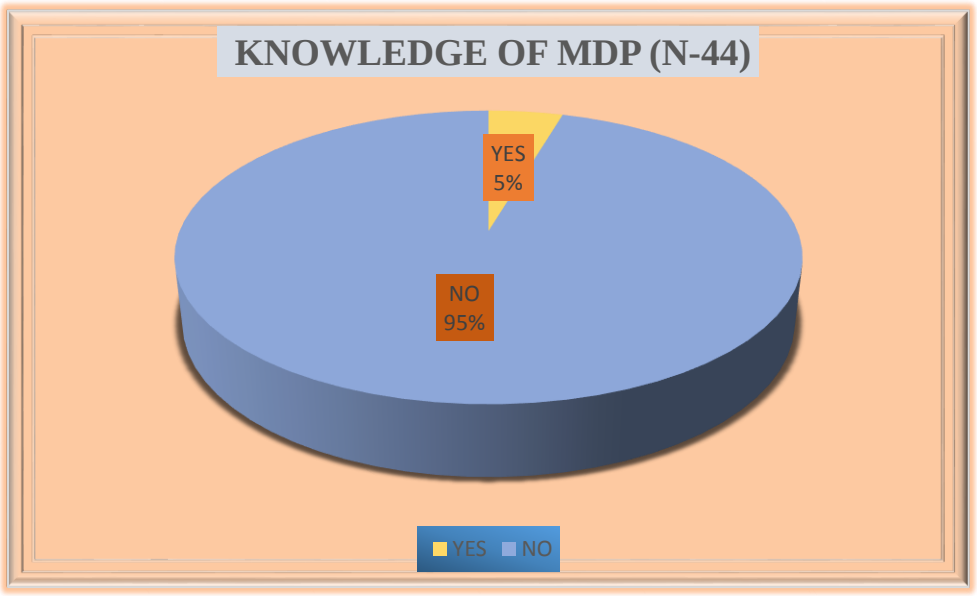


1] Question was asked to respondent whether they are aware about GRC (Grievance redressal committee) under BSBY.Majority of SMs i.e.73% were unaware about the GRC.

2] All the surveyed SM gave details about type of work they perform, it mainly included following

- **Admission and discharge of patient.**
- **Arranging camp for BSBY.**
- **Giving knowledge to people about scheme.**
- **Answering query.**

3]



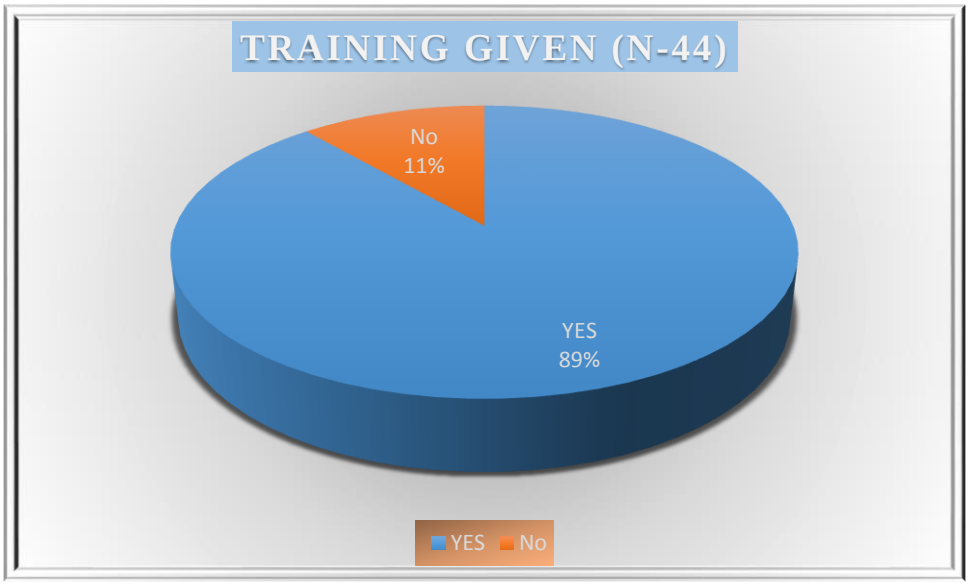
SMs were asked about MDP (Minimum document Protocol) and packages under it. Majority of SMs i.e.95% were unaware about MDP and packages in it.

4] All the SM surveyed were well aware about editing/ modifying of previously booked package.

5] All the SM satisfactorily told their duties at the time of discharge of Patient.

6] Feedback form is available for the purpose of scheme in all the hospitals.

7]



When asked about whether training was given through your hospital,89% respondent said yes. Training given in majority of hospital was of one day and training included Knowledge of scheme &Knowledge of software.

8] All the respondents told that they read the circulars/guidelines related to scheme regularly.

9] The source of those guidelines/circulars was mainly 'Mail from the Nodal officer 'and in some cases websites like

- **rajswasthya.nic.in.**
- **health.rajasthan.gov.in**

10] When asked to SM about problem faced by potential beneficiary in availing benefits of scheme. They told it as follows:

- **Late approval from NIAC**
- **Non availability of some packages**
- **Non updating of Bhamashah card.**
- **People are not properly aware about scheme.**
- **Process is very long need to be shortened.**

E] OBSERVATIONS

1. **In most of the Government Hospitals Bhamashah Desks were visibly placed near to OPD place or near to entrance of hospital.**
2. **In Private hospitals, at some places Bhamashah Desks were hard to find, patient might find it difficult to find them.**
3. **In all Govt. hospitals SMs were appointed full time, in private hospitals at some places nursing staff, receptionist, HR manager were found to be working as Swasthya margadarshaks.**
4. **At some hospitals SMs were found to be behaving rudely with the patient.**

RECOMMENDATIONS:

1. **Recruitment of women as SM need to be improved as the number was very small.**

2. **Some mechanism should be developed to test computer proficiency of SM after training.**

3. **SM could be sensitized about problems of patient, some training in behavioral sciences might be useful**

4. **Regular data from the private hospitals should be collected regarding number of SM they have recruited.**

LIMITATIONS:

1. **Limited time period under summer training acts as major impediment to undertake comprehensive research on the subject.**

2. **Purposive sampling is another limitation of study.**

3. **As the SMs worked in shifts it was hard to visit the hospitals at different times.**

CONCLUSION:

Swasthya Margadarshak are considered as cog in the wheel in the BSBY Scheme.SM are the persons who constantly deal with the beneficiaries or potential beneficiaries, they need to be focus of, any major initiative to be introduced in BSBY. Scheme is proving to be measure success from it its initial results, and it is evident from this study that SMs are working satisfactorily and they had important part to play in scheme's success.

ANNEXURES

स्वास्थ्य मार्गदर्शक के कार्य समीक्षा हेतु प्रश्नावली

सूचित सहमति

क्या आप सर्वे में भाग लेने के लिए तैयार है?

हाँ- ☐ **नहीं-** ☐

मुझसे बात करने के लिए समय दिया अतः धन्यवाद देना चाहता हू । मैं डॉ गुरुप्रसाद जानवेकर "IIHMR University जयपुर" का छात्र हूँ ।आप के काम बारे में कुछ सवाल पूछना चाहता हूँ।सर्वे अंदाजन 15-20 मिनट तक होगा। प्रतिक्रियाओं गोपनीय रखा जाएगा,इसका मतलब यह है की प्रतिक्रियाएं केवल अनुसंधान दल के साथ साझा किया जाएगा और शोध में विश्लेषण के प्रयोजन के लिए इस्तेमाल किया जा सकता है। आप ये बात याद रखें यदि किसी बारेमे बात करने के लिए आप इच्छुक नहीं है तो आप को बात करने की जरूरत नहीं और आप किसी भी समय सर्वे समाप्त कर सकते हैं।

मैंने जो समझाया क्या उसके बारेमे क्या कोई भी प्रश्न हैं?

हाँ- ☐ **नहीं-** ☐

अस्पताल का नाम	
अस्पताल के प्रकार	**1. सरकारी 2. निजी**
क्षेत्र / जिले का नाम	
इंटरव्यू की तिथी	
स्वास्थ्य मार्गदर्शकों की कुलसंख्या	
प्रतिदिन आईपीडी रोगियोंकी संख्या (औसतन)	

व्यक्तिगत जानकारी

नाम:- .....

पिताका नाम:- .....

आयु:-..... लिंग-.....

शैक्षणिक योग्यता:- .....

घरका पता:-

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योजना की जानकारी

1. भामाशाह स्वास्थ्य बीमा योजना किस दिनांक से शुरू की गयी?

   a. 13-12-2015 ☐

   b. 01-01-2016 ☐

   c. 13-11-2016 ☐

   d. 14-12-2014 ☐

2. भामाशाह स्वास्थ्य बीमा योजना की शुरुआत के पीछे उद्देश्य क्या हैं?

   a.आउट ऑफ़ पॉकेट एक्सपेंडीचर में कटौती ☐
   b.जरूरतमंद लोगों को निशुल्क इलाज उपलब्ध कराना ☐
   c.सरकारी संस्थानोंपर अतिरिक्त भार को काम करना ☐
   d.उपरोक्त सभी ☐

3. क्या कोई भी भामाशाह स्वास्थ्य बीमा योजनाके तहत लाभार्थी बन सकता है?

   हाँ- ☐ नहीं- ☐

4. कौन भामाशाह स्वास्थ्य बीमा योजनाके तहत लाभार्थि हो सकता है?

   a. भारत का कोई भी नागरिक ☐
   b. राजस्थान का कोई भी नागरिक ☐
   c. कोई भी भामाशाह कार्ड धारक ☐
   d. इनमें से कोई भी नही ☐

5. सामान्य और गम्भीर बीमारी के लिए भामाशाह स्वास्थ्य बीमा योजनाके तहत प्रदान के अधिकतम क्या लाभ है?

a) तीस हजार एवं तीस लाख ☐
b) तीस हजार एवं तीन लाख ☐
c) बीस ह़जार एवँ दो लाख ☐
d) बीस ह़जार एवँ बीस लाख ☐

6. भामाशाह स्वास्थ्य बीमा योजना के तहत कितने पैकेज सूचिबद्ध हैं?

a.1715 ☐

b.1720 ☐

c.1777 ☐

d.1717 ☐

7. राजस्थान का नागरिक जो राजस्थान के बाहर काम कर रहा है वो भामाशाह स्वास्थ्य बीमा योजनाके तहत लाभार्थी नहीं हो सकता है?

सत्य- ☐ असत्य- ☐

8. भामाशाह स्वास्थ्य बीमा योजना के तहत किस प्रकार के सरकारी अस्पताल सम्मिलित है?

a) सभी PHC ☐
b) CHC और उससे उच्चतरीय ☐
c) डिस्ट्रिक्ट हॉस्पिटल ☐
d) पर्याय b एवं c ☐

9. क्या एक साल के बाद शेष राशीको अगले साल के लिए हस्तांतरित किया जा सकता है?

हाँ- ☐ नहीं- ☐

10. भामाशाह स्वास्थ्य बीमा योजना अंतर्गत कौन सी बीमा कंपनी सेवा प्रदाता है?

a) भारतीय जीवन बीमा निगम। ☐

b) टाटा एआईजी जनरल इंश्योरेंस। ☐

c) बजाज आलियांज जनरल इंश्योरेंस। ☐

d) न्यू इंडिया एश्योरेंस। ☐

11. आप को भामाशाह स्वास्थ्य बीमा योजनाके अंतर्गत परिवेदना निस्तारण कमिटी के बारे में पता है क्या?

हाँ- ☐ नहीं- ☐

12. आपके स्वास्थ्य मार्गदर्शक के बतौर कार्यों विवरण दीजिये !

१. .....

२. .....

३. .....

४. .....

५. .....

६. .....

७. .....

८. .....

13. SHAA का पूर्णरूप इनमेसे निम्नलिखित है

a. **state health assurance agency** ☐

b. **state health arrangement agency** ☐

c. **state health announcement agency** ☐

d. **state health account agency** ☐

योजना के कार्यान्वयन

1. परिवारभामाशाह स्वास्थ्य बीमा योजनाके तहत लाभार्थी है या नहीं कैसे वेरीफाई करे?

   a) भामाशाह कार्ड की उपलब्धता और NFSA पात्रता ☐

   b) NFSA पात्रता और भामाशाह ACKNOWLEDGEMENT स्लिप ☐

   c) a और b में से कोई भी ☐

   d) इनमेसे कोई भी नहीं ☐

2. कैसे योजना के तहत व्यक्ति का सत्यापन करना है?

   a) बायोमेट्रिक ☐

   b) MOIC रूट ☐

   c) a और b में से कोई भी ☐

3. योजना के अंतर्गत किस केसेस में अस्पताल ट्रीटमेंट देनेसे मना कर सकता है

   a) अस्पतालने संबधित बीमारी का चयन नहीं किया ☐

   b) मरीज BSBY के अंतर्गत लाभार्थी नहीं है ☐

   c) a और b दोनों ☐

   d) उपरोक्त में से कोई भी नहीं ☐

4. कौन से मामलों के लिए फण्ड एनहांसमेंट लागू होते हैं?

   a) रोगी के परिजन की मांगपर ☐

   b) जब रोगी बहोत गरीब हो ☐

   c) जब डॉक्टर के मुताबिक emergencyपरिस्थिति है जिसमे रोगी कि जान या किसी अंग को खतरा है ☐

   d) उपरोक्त सभी ☐

5. किस मामले में पूर्व अप्रूवल आवश्यक है?

a) सामान्य बिमारिया ☐
b) गम्भीर बिमारिया ☐
c) इमरजेंसी केसेस ☐
d) उपरोक्त सभी ☐

6. यूजर आईडी और पासवर्ड कितने बार गलत प्रविष्ट करनेपर अवरुद्ध हो जाता है?

a. 10 बार ☐
b. 15 बार ☐
c. 5 बार ☐
d. 3 बार ☐

7. योजना में जांच रिपोर्ट के अपलोड करने के लिए फ़ाइल का अधिकतम आकार क्या है?

a) 250KB ☐
b) 500KB ☐
c) 2000KB ☐
d) 1000KB ☐

8. योजना में क्वेरी के उत्तर की अपलोड करने के लिए फ़ाइल का अधिकतम आकार क्या है?

a) 250KB ☐
b) 500KB ☐
c) 100KB ☐
d) 2MB ☐

9. **आप न्यूनतम दस्तावेज़ प्रोटोकॉल (minimum document protocol) के बारे में जानकारी दीजिये? कितने packages उसमें प्रविष्ट हैं?**

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10. **पहले बुक किये गये पैकेज को संशोधित/सम्पादित कैसे करे?**

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11. **आप पेशेंट के डिस्चार्ज के विषय में अपने कर्तव्योंको विशद करे**

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12. **क्या प्रतिक्रिया प्रपत्र(feedback form) रोगियों के लिए उपलब्ध है?**

हाँ- ☐ **नहीं-** ☐

बेसिक कंप्यूटर और सॉफ़्टवेयर ज्ञान

1. **आपके अस्पताल मे भामाशाह स्वस्थ्य बीमा योजना के लिए windows का कौनसा ऑपरेटिंग सिस्टम computer में उपयोग में लाया जाता हैं?**

   .....

   .....

   .....

2. **आप 3 email सेवा प्रदाता के नाम बताइए**

   1 .....

   2 .....

   3 .....

3. **पीडीएफ फाइलों के उद्घाटन के लिए software के नाम बताईए?**

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4. **कौन सा सॉफ्टवेयर कंप्रेस्ड ज़िप फ़ाइल को खोलने के लिए इस्तेमाल किया जा सकते है**

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राय पर आधारित

1. **क्या आपके अस्पतालद्वारा प्रशिक्षण दिया गया था?**

   हाँ- ☐ **नहीं-** ☐

2. **क्या अपने प्रशिक्षण में सहभाग लिया था?**

   हाँ- ☐ **नहीं-** ☐

3. **आपको प्रशिक्षण में क्या सिखाया गया?**

   .....

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4. **क्या आप भामाशाह स्वास्थ्य बिमा योजना के संबधित परिपत्रों को नियमित रूपसे पढ़ते हैं?**

   हाँ- ☐ **नहीं-** ☐

5. **आप ये परिपत्र किस स्रोत से पढ़ते है (अगर वेबसाइटसे तो उसका नाम लिखें)?**

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6. **आप के अनुसार जनता को योजना का लाभ प्राप्त करने में क्या परेशानी पेश आ रही हैं?**

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interviewee हस्ताक्षर **तिथि**

QUESTIONNAIRE FOR ASSESSEMENT OF WORKING OF SWASTHYA MARGADARSHAK

INFORMED CONSENT

Are you willing to participate in interview?

YES- ☐ NO- ☐

I would like to thank you for taking time to talk to me. I am Dr. Guruprasad Janvekar student of The IIHMR University.I would like to ask some questions regarding your work as ''Swasthya Margadarshaka''. Interview should take 15-20 minutes. The responses will be kept confidential, this means responses would be shared only with research team and can be used for purpose of analysis in the thesis. Remember you don't need to talk that you don't want to and you can end interview at any time.

Do you have any questions regarding what I explained?

YES- ☐ NO- ☐

Name of the Hospital	
Type of Hospital	1. Public 2. Private
Name of area/District	
Date of interview	
Total number of Swasthya Margadarshakas	
Daily IPD Patient (On an average)	

PERSONAL INFORMATION

Name-: ……

Father's Name-: ……

Age-: …… **Sex-: ……**

Educational Qualification-: ……

Residential Address-

……

……

……

KNOWLEDGE OF SCHEME

1. **Bhamashah swasthya bima yojana (BSBY) was started from which date?**

   a) **13/12/2015** ☐

   b) **1/1/2016** ☐

   c) **13/11/2016** ☐

   d) **14/12/2014** ☐

2. **Are you aware of purpose behind it?**

   a) **reducing "out of pocket expenditure"** ☐

   b) **Giving free medical care to needy people** ☐

   c) **To reduce excessive load on government hospitals** ☐

   d) **All of the above** ☐

3. **Anyone can become beneficiary under BSBY?**

   YES- ☐ **NO-** ☐

4. **Who can be the beneficiaries under BSBY?**

   a) **Any citizen of India** ☐

   b) **Any citizen of Rajasthan** ☐

   c) **Any person having Bhamashah card** ☐

   d) **None of the Above** ☐

5. **What is the maximum benefit provided under the BSBY for secondary and tertiary illness?**

   a) **Thirty Thousand- Thirty Lakh** ☐

   b) **Thirty Thousand -Three Lakh** ☐

   c) **Twenty Thousand-Two Lakh** ☐

   d) **Twenty Thousand- Twenty Lakh** ☐

6. **Total number of packages under the BSBY?**

   a) **1715** ☐

   b) **1720** ☐

   c) **1777** ☐

   d) **1717** ☐

7. **Citizen of Rajasthan working outside Rajasthan cannot be beneficiary under the BSBY?**

   TRUE- ☐ **FALSE-** ☐

8. **Which kind of Government Hospitals are under BSBY?**

   a) **All PHCs** ☐

   b) **All CHC & above** ☐

   c) **All District hospitals** ☐

   d) **option b & c** ☐

9. The amount remaining from a year can it be transferred to next year?

YES- ☐ **NO-** ☐

10. Which insurance company is service provider under BSBY?

a) Life Insurance Corporation of India. ☐

b) Tata AIG General Insurance. ☐

c) Bajaj Allianz General Insurance. ☐

d) New India Assurance. ☐

11. Are you aware of Grievance Redressal Mechanism under the BSBY

YES- ☐ **NO-** ☐

12. What are your duties as swasthya margadarshak?

1.....

2.....

3.....

4.....

5.....

6.....

7.....

8.....

13. Full form of SHAA is?

a. state health assurance agency ☐

b. state health arrangement agency ☐

c. state health announcement agency ☐

d. state health account agency ☐

IMPLEMENTATION OF SCHEME

1. **How to verify if family is beneficiary under BSBY?**
   - a) **Bhamshah card available and eligibility under NFSA seen** ☐
   - b) **NFSA eligibility and Bhamashah Acknowledgement slip** ☐
   - c) **Any of a or b** ☐
   - d) **None of the above** ☐

2. **How to do verification of patient under scheme?**
   - a) **Biometric** ☐
   - b) **MOIC Route** ☐
   - c) **Any of a or b** ☐

3. **In which cases hospital can reject to give treatment to patient under the scheme**
   - a) **Hospital hasn't selected that package** ☐
   - b) **Patient is not beneficiary under BSBY** ☐
   - c) **Both a and b** ☐
   - d) **None of the above** ☐

4. **Which are the cases applicable for 'Fund Enhancement'?**
   - a) **When relative of patient makes request** ☐
   - b) **When patient is found to be very poor** ☐
   - c) **When it is emergency and according to doctor the situation is life threatening or body part threatening** ☐
   - d) **All of the above** ☐

5. **Pre authorization is required in which cases?**

a) **Secondary illness** ☐

b) **Tertiary illness** ☐

c) **Emergency cases** ☐

d) **All of the above** ☐

6. **If a person put wrong user ID and password, then how many times after put it gets blocked?**

a) **10 times** ☐

b) **15 times** ☐

c) **5 times** ☐

d) **3 times** ☐

7. **What is the maximum size of file for the uploading of Investigation report in scheme?**

a) **250KB** ☐

b) **500KB** ☐

c) **2000KB** ☐

d) **1000KB** ☐

8. **What is the maximum size of file for the uploading of Answer of Query in scheme?**

a) **250KB** ☐

b) **500KB** ☐

c) **1000KB** ☐

d) **2MB** ☐

9. **Elaborate on Minimum Document Protocol? How many packages are included in it?**

……

……

……

10. **How to edit/modify the package previously booked?**

……

……

……

11. **Elaborate your duties regarding "Discharge of Patient"?**

……

……

12. **Is there feedback form available for patients?**

YES- ☐ **NO-** ☐

BASIC COMPUTER AND SOFTWARE KNOWLEDGE

1. **Which version of windows operating system do you use for Bhamashah schme?**

   ……

   ……

2. **Name any 3 'Email 'service providers?**

   1 ……

   2 ……

   3 ……

3. **Name softwares for opening of PDF files?**

   ……

   ……

   ……

   ……

4. **Which softwares can be used to open compressed Zip file?**

   ……

   ……

OPINION BASED

1. **Was training provided through your hospital?**

   YES- ☐ **NO-** ☐

2. **Did you attend that training?**

   YES- ☐ **NO-** ☐

3. **What was taught to you in the training?**

   ……

   ……

   ……

   ……

4. **Do you read circulars regularly relating to Bhamashah swasthya bima yojana?**

   YES- ☐ **NO-** ☐

5. **If Yes, then what is the source of it? (name the website if you use website)**

   ……

   ……

   ……

6. **What are the difficulties faced by public in availing benefits of the scheme according to you?**

……

……

……

Interviewee signature Date

HOSPITALS VISITED

SR NO.	NAME OF THE HOSPITAL	TYPE	TOTAL NO OF SM	SM SURVEYED
1)	ZENANA HOSPITAL JAIPUR	GOVERMENT	6	5
2)	TB HOSPITAL JAIPUR	GOVERMENT	3	2
3)	MAHILA HOSPITAL SANGANERI GATE	GOVERMENT	5	4
4)	SMS HOSPITAL JAIPUR	GOVERMENT	30	10
5)	JK LONE HOSPITAL JAIPUR	GOVERMENT	5	2
6)	GOVT RDBP JAIPURIA HOSPITAL	GOVERMENT	4	2
7)	CHC SANGANER	GOVERMENT	1	1
8)	GANGORI HOSPITAL	GOVERMENT	3	2
9)	HARIBUX KAWATIYA DISTRICT HOSPITAL	GOVERMENT	1	1
10)	GOVT.SATELLITE HOSPITAL BANI PARK	GOVERMENT	1	1
11)	GOVT.DENTAL COLLEGE AND HOSPITAL	GOVERMENT	1	1
12)	JAIPUR HOSPITAL	PRIVATE	2	1
13)	KRISHNA HOSPITAL,AMER	PRIVATE	1	1
14)	IMPERIAL HOSPITAL, SHAHSTRI NAGAR	PRIVATE	2	1
15)	BHANDARI HOSPITAL & RESEARCH CENTRE	PRIVATE	3	1
16)	AGRAWAL HOSPITAL MALWIYA NAGAR	PRIVATE	1	1

17)	ADVANCED NEUROLOGY & SUPER SPECIALITY HOSP	PRIVATE	1	1
18)	RUNGTA HOSPITAL	PRIVATE	2	2
19)	APEX HOSPITAL	PRIVATE	4	1
20)	ASIAN SUPERSPECIALITY HOSPITAL& TRAUMA CENTRE	PRIVATE	1	1
21)	MEERA HOSPITAL ,BANI PARK	PRIVATE	1	1
22)	ASG EYE HOSPITAL	PRIVATE	2	1
23)	GOPINATH HOSPITAL	PRIVATE	1	1
24)	MAXWELL HOSPITAL	PRIVATE	RESPONSE REJCTED	
25)	CHC AMER	GOVERMENT	RESPONDENT NOT FOUND	
26)	GHIYA HOSPITAL	PRIVATE	RESPONDENT NOT FOUND	
27)	SARDAR SINGH MEMORIAL HOSP.	PRIVATE	RESPONDENT NOT FOUND	
28)	KANODIA HOSPITAL	PRIVATE	RESPONDENT NOT FOUND	
29)	JP EYE HOSPITAL	PRIVATE	RESPONDENT NOT FOUND	

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