Government of Karnataka
Department of Health & Family Welfare

Suvarna Arogya Suraksha Trust

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Health Insurance Schemes in Karnataka
"Assessing & Promoting Equity"

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Dr. P Boregowda[1], Dr. Sudhashre Chandrashekar[2], Suresh Wesley[3], Praveen[4]

World Health Organization

"*Equity* is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically"

Reducing health inequities is important because health is a fundamental human right and its progressive realization will eliminate inequalities that result from differences in health status.

Profile of Karnataka



KARNATAKA – 2014	
Population	6.50 Crores
SC Population	1.12 Crores (17.18%)
ST Population	0.46 Crores (7%)
BPL Population	4.46 Crores (68%)
Rural : Urban Ratio	61:39

The districts of North Karnataka are most backward – Socially & Economically with poor infrastructure facility

Skewed development & distribution of population

Main livelihood of BPL families: Daily wage labourers (Seasonal)

About 40 % of the households live in One-Room tenement with no access to basic amenities

Promoting Equity to Economically Backward Community

Strides towards promoting equity in Health Care

Phase I: Addressing Economic Equity – Health Assurance to BPL Families

- In 2009-10, Vajpayee Arogyashree (VAS), a health assurance scheme for BPL families -Tertiary Care comprising 7 specialties with 449 procedures

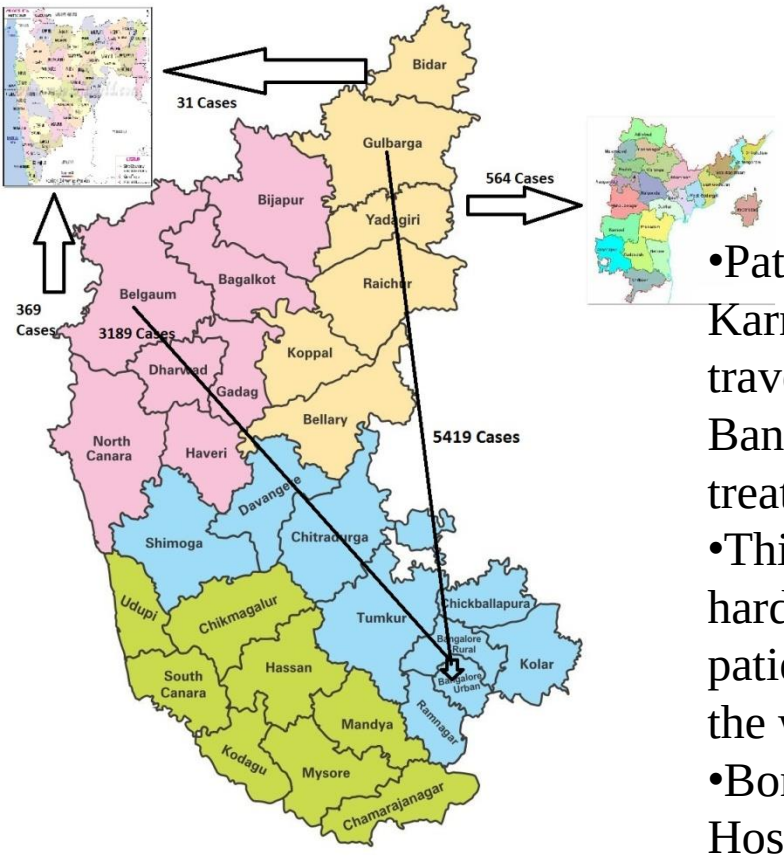
- First implemented in backward divisions of Gulbarga & Belgaum in 2010 & entire State in 2012. (Phased approach to understand implementation issues)

Salient features:

- An autonomously established Trust – "Suvarna Arogya Suraksha Trust"
- Implementation Support Agency (ISA)
- Arogyamitras
- ASHA workers
- Health Camps
- IEC

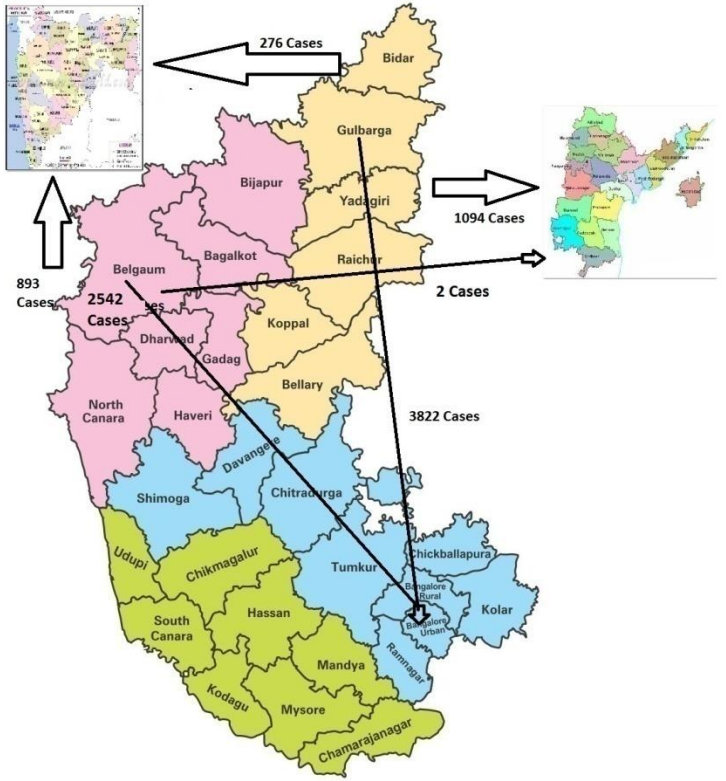
Phase II: Bridging Geographical Distance for Equity

Status 2013-14



- Patients from North Karnataka had to travel all the way to Bangalore for treatment.
- This created hardship & some patients expired on the way.
- Border State Hospitals Empanelled.

Status 2014-15



2013-14 - No. of Cases				
	Gulbarga to	%	Belgaum to	%
Andhra Pradesh	643	11.06	0	12.66
Maharastra	31		569	
Bangalore	5419		3189	

2014-15 - No. of Cases				
	Gulbarga to	%	Belgaum to	%
Andhra Pradesh	1094	26.39	2	26.48
Maharastra	276		1193	
Bangalore	3822		2524	

Phase III: Targeting Most Vulnerable Groups for Equity – SC / ST & Hill Tribes

- As of March 2014, the overall performance of the scheme since inception was assessed in terms of quantum of **"Distributive Justice"** achieved geographically and to most vulnerable groups among the deprived BPL section of society.
- The above was indeed an eye opener – Utilization of VAS services was very low among SC & ST families.
- It was also evident that Tribes living in hilly tracts had also missed out on availing the services under the scheme.
- To ensure **inclusive access** to free qualitative health care, well planned **Special Health Camps** were organised exclusively targeting SC, ST and Tribal people with the active participation of elected

Special Health Camps held at Hilly Tribal Areas



- Special Camps were held in 8 Tribal Areas in the Districts of Chamarajnaga, Mysore & Madikeri in the month of July 2014.

Tribal Camp Details & Outcome				
District	**No. of Camps**	**Regd.**	**Ref**	**Treated**
Chamarajnagar	4	997	86	9
Mysore	3	1028	116	9
Kodagu	1	145	13	4
Total	**8**	**2170**	**215**	**22**

Case Study – Tribal Woman

Beneficiary	**Mrs. Kunningamma W/o Maddaiah - Scheduled Tribe**
Age	55 years
Village	Chikkamalapura, Kollegala Tq, – 135 KM from Chamarajanagar District
Occupation	Hilly Dwellers – Gathering edible forest produce like honey, root tubers, herbs etc,.& marketed through middlemen
Current Status	Subsistence living
Problem & Identification	The family came to know about the Special Tribal Camp through the local Arogyamitra. As she was suffering fro extreme tiredness, attended Special health Camp organised in their tribal area on 20th July 2014. Was suspected to be suffering from Cardiac problem & was referred to Vikram Hospital, Mysore for detailed investigation and treatment. They agreed to go to Mysore for treatment only after they were assured that the treatment will be totally free.
Treatment	Underwent treatment for URSL – single side on 7th October 2014.
Beneficiary / Family reaction	After the treatment, the Chamarajanagar District Manager of ISA interacted with her to have her feedback. Her feedback is reproduced below in English: “ Living in hilly area, we are cut off from the main stream activities of the society. We were totally unaware of such health facilities. I have been lucky to receive this free medical treatment and was surprised with the nice way the hospital treated me. But for this facility, I think I would have been a dead person by now. Thinking back, I do not know how many of my elders from our community have died without the knowledge of such health facilities provided by the government”.





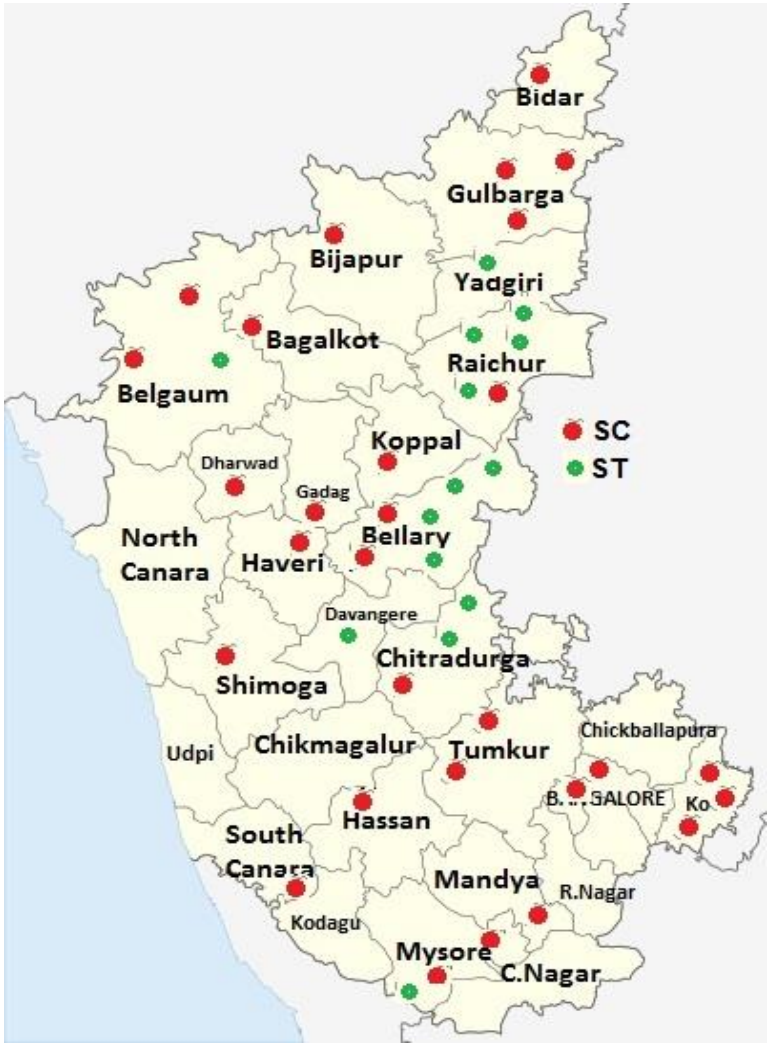
Case Study – Tribal Man

Beneficiary	**Mr.Shivamurthy - Scheduled Tribe**
Age	50 years
Village	A.G. Palya, Kollegala Tq, – 135 KM from Chamarajanagar District
Occupation	Daily wage worker in Hill Farming
Problem & Identification	Due to dis-comfort feeling, attended the Special Health Camp arranged for the benefit of Tribal's on **20th July 2014**. The ECG done at the camp was indicative of some heart problem & was referred to Sapthagiri Hospital for further investigations. At the camp he was assured that there wont be financial burden as the entire medical expenses including transportation will be borne under VAS. The investigations revealed of Cardiac problem.
Treatment	Was operated under procedure PTCA on **27th July 2014**.
Beneficiary / Family reaction	The beneficiary expressed gratitude to the Government for free facility provided under the scheme. These people are very innocent and simple and were not at all aware of the scheme. The beneficiary and his family were so very happy that free health check up was rendered at their door step, timely diagnosis and treatment and was totally surprised by such personal care and attention given to him at the hospital. He said that he is healthy now not only due to successful operation but also because of mental satisfaction as the care given to poor people was extremely good.





Special Health Camps held at SC/ST Reserved Constituencies



- A total of 47 Special Camps were held in Sc & ST Reserved Constituencies in September 2014.
- Red dots indicate SC Camps & Green dots ST Camps.

SC / ST Special Camp Details

Division	Total Camps Held	Total Registred	Total Referred	Treated		MLT
				SC	ST	
Bangalore	12	5118	719	227	105	387
Belgum	9	4704	488	124	55	309
Gulbarga	18	4641	518	172	58	288
Mysore	8	3427	631	219	109	303
Grand Total	47	17890	2356	742	327	1287

Phase III: Targeting Most Vulnerable Groups – SC / ST & Hill Tribes

Exclusive Special Health Camps:

- Before the launch of the camps, the concerned Hon'ble Ministers and MLAs were contacted and the camps were conducted with their active participation. As the Hon'ble Ministers and MLAs took personal interest, the turnout in each of the camps were beyond expectation.
- Full Fledged IEC was also undertaken in advance for maximum impact.
- The table below gives the cumulative improvement in the number of SC, ST & Tribal beneficiaries treated till March 2015.

Before Camp

Division	From 2010 to March - 2014			
	SC	ST	General	Total
Bangalore	197	96	8378	**8671**
Belgaum	764	379	17861	**19004**
Gulbarga	1647	910	18143	**20700**
Mysore	123	66	8150	**8339**
Total	**2731**	**1451**	**52532**	**56714**
%tage	**4.82**	**2.56**	**92.63**	

After Camp

Division	From 2010 to March - 2015			
	SC	ST	Others	Total
Bangalore	2613	1114	15611	**19338**
Belgaum	2413	1043	24651	**28107**
Gulbarga	3894	2148	21751	**27793**
Mysore	1621	697	17381	**19699**
Total	**10541**	**5002**	**79394**	**94937**
%tage	**11.10**	**5.27**	**83.63**	

Special camps September 2015

Division	Total Camps Held	Total Registered	Total Referred	SC	ST	Minority	Others	Asha Referred
Bangalore	11	4113	493	164	81	32	216	29
Belgum	7	2305	223	56	28	17	122	21
Gulbarga	19	3505	354	88	36	40	190	22
Mysore	6	1823	263	57	35	5	166	7
Grand Total	44	12158	1364	378	180	94	712	79

Case Study – Young Woman

Beneficiary	**Kavitha w/o Venkatesh, From Scheduled Caste**
Age	20 years – Married just a year back
Village	Arakera K – Shorapur Tq, 80 KM from Yadgir District
Occupation	Husband is a daily wage agricultural labourer (Seasonal)
Problem & Identification	Complained of Breathlessness & Chest Pain – Family could not afford even for check up, were distressed & were about to approach the local quack doctor. Was heartened about VAS Special Health Camp being held at nearby Shorapur Tq on 10th Sept 2014 – Attended the camp & was referred to Mahaveer Jain Hospital for further treatment by arranging free transportation
Treatment	Diagnosed to undergo Cardiothoracic Surgery costing Rs. 1,20,000/- & Surgery done successfully on 27th Sept 2014.
Beneficiary / Family reaction	Husband expressed gratitude to VAS for transforming their life from disaster to that of leading a buoyant & productive life. A classic case of rejuvenation of a young life & family.





Case Study – School going Girl Child

Beneficiary	**Miss. Mangala D/o Mariappa, -Scheduled Tribe**
Age	10 years – School Going
Village	Yenagi, H B Halli Tq, – 75 KM from Bellary District
Occupation	Student
Family Background	Father is bedridden due to paralytic stroke. Mother works as a daily wage labourer & is the main earner. Has two other minor children. Very poor & live in single room tin house.
Problem & Identification	Complained of Chest Pain & could not walk to go to school – Mother was helpless & was performing pooja everyday hoping for divine intervention to heal her daughter. At this juncture, her neighbour informed the mother of the child about VAS Special Health Camp scheduled on **8th Sept 2014** at H B Halli – The child was taken to the camp & the Cardiac specialist doctor from Medihope Hospital advised for immediate hospitalization to undergo cardiac surgery after the necessary investigations.
Treatment	Cardiac Surgery (PDA device closure) Surgery done successfully on **23rd Sept 2014.**
Beneficiary / Family reaction	The child's uncle expressed that considering the families economic condition, they had given up hope of saving the child's life. He further informed that even if they wanted to borrow money they did not possess any asset to give as collateral security nor was anyone coming forward to lend them money. Today the child is back at school & I am confident that her future will be different from ours only because of VAS. But for VAS, a budding life would have been lost





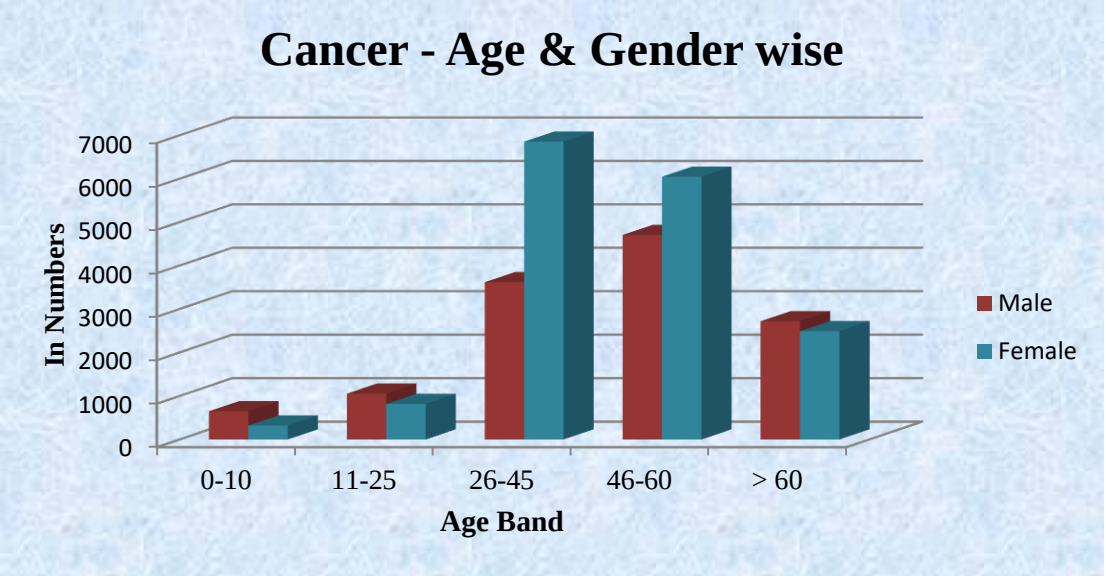
Case Study – Devadasi

Beneficiary	**Ms. Sukhdevi Talwar - Scheduled Caste**
Age	40 years
Village	Arjunwada, Hukkeri Tq, – 110 KM from Belgaum District
Occupation	Daily Wage Earner
Family Background	Devadasi.
Problem & Identification	Suspected to have Cervical Cancer identified during Special health Camp held on 15th Sept 2014. Was referred to Kolhapur Cancer hospital for detailed investigation and treatment. After all investigation, confirmed to have cervical cancer and treatment commenced from 20th October 2014.
Treatment	After prolonged treatment under Radiation Therapy (2D CRT), she was discharged on 18th November 2015. She is very much better and is able to do her own chores without any difficulty.
Beneficiary / Family reaction	The total treatment cost was Rs. 85,000/- which she could never afford given the nature of her occupation. But for VAS, the only recourse for her was to suffer silently with prolonged pain.





Phase IV: Promoting Gender Equity



Analyzing specialty wise data, it revealed that women are more prone to Cancer disease compared to men. This is more virulent in the age group 26 to 60 years, during which age women are also expected to contribute economically towards family sustenance.

To ensure that Cancer is detected at an early stage for treatment to be effective, intensive Cancer screening camps is planned in collaboration with NCD programme of KHSDRP

Phase I: Addressing Economic Equity – Health Assurance to APL Families

- Due to the nature of tertiary ailment, the treatment for the same is very prohibitively expensive.
- There are many families who do not come under BPL category but nevertheless their financial position is fragile. If any member of the family suffers from any tertiary disease, these families also find it difficult to finance such treatment.
- **Rajiv Arogya Bhagya:** GoK being the first State to move towards UHC, in the interest of Social Justice & Equity, the above category of people and APL families have also been brought under the ambit of Health Assurance on co-payment terms.

Assessing & Promoting Equity to Health Care

Summary

- Karnataka has made significant progress in providing tertiary care ensuring both –
- **Horizontal equity** – Covering both BPL & APL population within the State under seven specialties identified for tertiary care in the same empanelled hospitals without discrimination.
- **Vertical Equity** – Specially addressing marginalized groups like Tribals, SC / STs and also giving equal importance to gender equity.



Thank You