

Assessing Utilization of Services by the Patients receiving Benefits under “Sahara Scheme” in a District of Himachal Pradesh (H. P.): A Retrospective Data Analysis

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Abstract: Introduction: Himachal Pradesh has launched the “Sahara Scheme” to provide financial assistance of Rs 3000 per month to the patients belonging to the economically weaker sections of the society for some specific diseases. Under this scheme, financial assistance is provided as a social security measure to patients suffering from fatal diseases in order to obviate and mitigate the hardships faced during prolonged treatment to the extent. The present study had been framed with an objective to assess utilization regarding services under “Sahara Scheme” in District Kullu of Himachal Pradesh (H. P.). Materials and methods: It was an institutional based study with retrospective analysis of data of patients receiving benefits under “Sahara Scheme” (2020-2022) in District Kullu, Himachal Pradesh. The data was accessed in month of March 2023, from the office of Chief Medical Officer (C. M. O) Kullu after seeking prior permission. Results: Out of 501 patients, 295 were females and 206 were males with female to male ratio of 1.4: 1. Cancer was the most common morbidity for which the patients received the financial assistance (73.3%) followed by chronic kidney disease (21.0%), cardiovascular diseases (2.8%), haemophilia (1.2%) and paralysis (1.8%). Conclusion: There is a need for increasing awareness regarding the scheme so that more people may get the benefits. Some another study design with adequate sample size should be carried out in future for the reliable estimates.

Keywords: Social security, Impoverishment, Health seeking behavior, Accredited social health activist (ASHA), Financial assistance

1. Introduction

Healthcare affordability is a major determinant to access and utilization of health services⁽¹⁾. With its huge population of 1.36 billion and the government spending 1.2% of its GDP on health, about 22% population of India living below poverty line (BPL) is often found struggling to get comprehensive treatment for their ailments, especially tertiary level healthcare⁽²⁻⁵⁾. Situation gets worse due to impoverishment caused by Out Of Pocket Expenditure (OOPE) for availing health services which is as high as 63.2% in the country⁽⁶⁾. The reasons for more than half of the households falling into poverty have been shown to be ill health and OOPE for health⁽⁷⁾. Health care delivery in India is going through a process of transition, more so the tertiary speciality care of chronic diseases like Diabetes, Hypertension, Cardiac diseases, Kidney or Liver failure, Mental illness and Cancer. Even in public hospitals where treatment cost is low patients have to bear several direct and indirect costs that is OOPE which impoverish them further. Delay in diagnostic and curative procedures can lead to deaths of several thousands of poor patients⁽⁸⁾.

There are certain risk pooling mechanisms in India like Social health insurance system, private health insurance schemes which have been designed to provide health benefits to the contributors or insurers and those who are not

enrolled or are not in condition of paying premiums are not at all benefitted, hence, government launched Ayushman Bharat (AB-PMJAY) all over the India and HIM-CARE in Himachal Pradesh. Also, Government of Himachal Pradesh has launched the “Sahara Scheme “ to provide financial assistance of Rs 3000 per month to the patients belonging to the economically weaker sections of the society, who are suffering from specified diseases such as Parkinson, Malignant cancer, Paralysis, Muscular Dystrophy, Haemophilia and Thalassemia etc⁽⁹⁾. The patients suffering from chronic renal failure or any other disease, which renders a person permanently incapacitated, have also been covered under the scheme. The main objective of the “Sahara Scheme” is to provide financial assistance as a social security measure to patients suffering from fatal diseases in order to obviate and mitigate the hardships faced during prolonged treatment to the extent⁽⁹⁾.

There is already a paucity of published literature regarding “Sahara Scheme” thus the present study had been framed with an objective to assess utilization regarding services under “Sahara Scheme” in District Kullu of Himachal Pradesh (H. P.). The resultant findings from the current study may help in providing valuable inputs for improvement in “Sahara Scheme” so as to reduce impoverishment among the socio-economically deprived and vulnerable population of society.

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2. Materials and Methods

It was an institutional based study with retrospective analysis of data of patients receiving benefits under “Sahara Scheme” (2020-2022) in District Kullu, Himachal Pradesh. The data was accessed in month of March 2023, from the office of Chief Medical Officer (C. M. O) Kullu after seeking prior permission. The data collected was coded and then entered in Microsoft-excel spreadsheet and was analysed using SPSS version 24. Various characteristics of patients receiving the benefits under the scheme like gender, Health Block and type of disease for which financial assistance was being received were analysed and the distribution of patients was presented using frequencies and percentages. In addition to this, association between type of disease and various characteristics of patients (gender and health block) was also assessed using Chi square test (X^2) and p value less than 0.05 was considered statistically significant.

The whole procedure was performed in accordance with the ethical standards and the Helsinki declaration of 1975 and permission was sought from the head of the institution prior to the commencement of the study.

3. Results

In Kullu district of Himachal Pradesh, since the commencement of the scheme, 501 patients received the financial assistance of Rs 3000 per month upto December 2022. Out of 501 patients, 295 were females and 206 were males with female to male ratio of 1.4: 1 (Table 1).

Table 1: Gender-wise distribution of patients

Gender	N	%
Male	206	41.1
Female	295	58.9
Total	501	100

Table 2: Health block-wise distribution of patients

Health Block	N	%
ANNI	103	20.6
BANJAR	70	14.0
JARI	166	33.1
NAGGAR	101	20.2
NIRMAND	61	12.2

Patients from five blocks of district Kullu had received the financial assistance out of which most of them were from Jari block (33.1%) followed by Anni block (20.6%) and Naggar block (20.2%) (Table 2).

Table 3: Disease-wise distribution of patients

Morbidity	N	%
Cancer	367	73.3
Chronic Kidney Disease	105	21.0
Cardiovascular	14	2.8
Haemophilia	6	1.2
Paralysis	9	1.8

Cancer was the most common morbidity for which the patients received the financial assistance (73.3%). Other diseases were chronic kidney disease (21.0%),

cardiovascular diseases (2.8%), haemophilia (1.2%) and paralysis (1.8%) (Table 3).

The difference between the male and female distribution of the diseases of patients was found to be statistically significant with X^2 value of 58.6, degree of freedom 4 and p value=0.000. Also the difference between the district wise distribution of the diseases of patients was found to be statistically significant with X^2 value of 31.6, degree of freedom 20 and p value=0.04.

4. Discussion

Health care is the most essential services required in the community for prevention, treatment, rehabilitation and preventive care. An efficient health care can significantly contribute to country's economy, development and industrialization. Unfortunately, due to increase in health care expenses and unexpected illness, many families or individuals pay for health services out of their own pockets and been pushed into poverty. In Himachal Pradesh “Sahara Scheme” was launched in Indira Gandhi Medical College and Hospital (IGMC) in Shimla in July 2019 and patients belonging to economically weaker sections of society whose family income didnot exceed Rs 4 lakh per annum were eligible for the grant of benefit under the scheme, if they could prove the diagnosis⁽¹⁰⁾. The accredited social health activists (ASHA) and other health workers would help in identifying the beneficiaries and also to assist them with prescribed formalities. An incentive of Rs 200 per beneficiary would be given to ASHA workers to encourage participation⁽¹⁰⁾.

India has a rising burden of chronic diseases that require long term treatment, pushing people into poverty. Thus, there is an increased health seeking behavior in the beneficiaries group, especially for chronic diseases⁽¹¹⁾. In our study, females (58.9%) availed financial assistance under the scheme more in comparison to the males (41.1%). Similarly, in a study conducted by Shah S et al⁽¹²⁾, male members of household had 64% lower odds of utilizing the social health security scheme than females. In contrast to this, lower utilization of healthcare and lower expenditures for female hospitalizations have been observed in several studies in India^(13, 14, 15). The gender barriers were found to be mediated by all four institutions-household, community, market, and State-resulting in lower utilization of the health schemes by women in a study conducted by Ram Prakash R et al⁽¹⁶⁾.

In our study, out of 295 females, 253 had cancers, 32 had chronic kidney disease, 3 had haemophilia, 5 had cardiovascular problems and 2 had paralysis. In contrast to this, out of 206 males, 114 had cancers, 73 had chronic kidney disease, 3 had haemophila, 9 had cardiovascular problems and 7 had paralysis. Utilization of the scheme was more for cancers among females and chronic kidney disease among males. Whereas, in a study by Shah S et al⁽¹²⁾, 23.1% of the study participants utilized the social health security scheme for fever (23.1%) followed by cardiovascular diseases (17.1%) and neurosensory disease (14.7%) respectively.

Since “Sahara Scheme” provides financial assistance for some specified diseases only and for economically weaker section of society only, there is a need for increasing awareness regarding the scheme so that more people may get the benefits. Poor people often suffer from episodic illnesses and only a limited number of illnesses are being covered for treatment under the scheme. The scope of scheme may be increased to more number of diseases and amount of financial assistance must be increased.

Strengths and weaknesses: Our study was a novel study which had not been conducted in the past under similar settings. Our study was a secondary data analysis done on the record available which may be subjected to incomplete data and we were not able to have information regarding other parameters of patients like age, duration of disease, previous expenditure, income and occupation etc. Some another study design with adequate sample size should be carried out in future for assessing awareness, utilization and satisfaction regarding services under the “Sahara Scheme” for the reliable estimates.

5. Conclusion

In Kullu district of Himachal Pradesh, since the commencement of the “Sahara scheme”, 501 patients received the financial assistance of Rs 3000 per month upto December 2022. Cancer was the most common morbidity for which the patients received the financial assistance followed by chronic kidney disease and cardiovascular diseases. There is a need for increasing awareness regarding the scheme so that more people may get the benefits. Some another study design with adequate sample size should be carried out in future for the reliable estimates.

Conflicts of Interest: None declared

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