

## **BEST PRACTICES AT MGIMS SEVAGRAM HEALTH INSURANCE SCHEME**

### **OBJECTIVES OF THE PRACTICE**

MGIMS Sevagram's unique health insurance scheme creates health consciousness in community by making people responsible for their own health and the health of their community. It gives more strength to the Gram Sabha, makes it accountable for village health and forces it to take decisions for village development. It also provides health care facilities at doorsteps and arranges for hospitalization of those who need it. The scheme avoids charity and creates awareness of human rights.

### **THE CONTEXT**

When people fall ill, accessing health care leads to unexpected expenses. This invariably disturbs the entire budget of the household, more so in people who belong to the low socioeconomic strata of society. This out-of-pocket expenditure is worrisome to underprivileged families who often do not have so much cash in times of emergency. Using the concept of risk pooling, the MGIMS Health Insurance Scheme allow individuals and entire villages to insure their health on an annual basis.

### **THE PRACTICE**

There are two main types of health insurance schemes that are carried out in the hospital – The Health Insurance Scheme and the Jowar Health Assurance Scheme. The main objectives of these two schemes are to create health consciousness in the community.

**Health Insurance Scheme:** An individual can insure himself and his family by paying Rs 400 a year and in return he gets 50% subsidy in OPD and indoor bills. In the month of December each year, these insurance cards are made and families need to show these cards during registration throughout the next annual year to avail subsidies on all bills.

**The Jowar Health Assurance Scheme:** Here each participating village is made responsible to pay a payment with the rest of the health expense being covered by the hospital with financial support from the central and state governments. This co-payment (hardly 10% of total amount spent on them) was in the form of a common fund created by the villager by collecting Jowar (sorghum) during the annual December harvest time. Each family in the village contributes based on the size of the individual families land holding. Thus families contribute according to their capacity but receives services according to their needs. The collected harvest is then sold to generate a fund which is then used to provide health assurance for the villagers by strengthening primary care services within the village, and also by subsidizing tertiary level health care for all the participants. This micro-finance health insurance scheme allows individual villages to get the benefit of universal health coverage. For a mere 10% equity it allows these villages to gain access to additional public health resources from the central and state government through Kasturba Hospital who picked up the additional 90% of the health care expenses.

### **EVIDENCE OF SUCCESS**

The health insurance scheme of the institute has won several accolades as it seeks to create health consciousness in the community. This scheme fulfills the very basic tenets of health care delivery.

In 2015-16, a total of 78830 health insurance cards were sold for 302158 members. 18807 families (86199 members) around Sevagram volunteered to obtain health insurance from this

hospital. Forty villages were also insured (90210 individuals). The Jowar Health Assurance Scheme has succeeded in creating an environment of active self-participation in health care decision making by the villagers and made it accessible and affordable by linking it to existing governmental resources. In 2015-16, 3561 families which comprised of 16519 individuals were enrolled in this scheme.

**PROBLEMS ENCOUNTERED AND RESOURCE REQUIRED**

Implementing this scheme requires the trust of the villagers. A sustained interaction with them and community mobilization is important to make this scheme work