

Responsiveness of Yeshasvini Policy Holders towards Yeshasvini Health Insurance Scheme: A Study of Mysore District.

Dr. Venkatesh S¹, NP Mahesha²

¹Assistant Professor and Research Guide, Department of Business Administration, Maharaja's College, University of Mysore, Mysuru – 570 005, India

²Teacher Research Fellow Assistant Professor of Commerce and Management Sri D. Devaraja Urs Govt First Grade College Hunsur-571105

Abstract: *The Yeshasvini Health Insurance Scheme is one of the most important community based health insurance scheme in Karnataka. The scheme operates through Yeshasvini Trust to take advantage of the societal capital generated by a vast network of cooperative societies in Karnataka. The scheme connects diverse rural farmers and rural and urban informal sector workers in Karnataka. The present study makes an attempt to bring out such differences from the Yeshasvini Policy Holder of Mysore district. The present empirical study are to measure the perception of the general public towards Yeshasvini Health Insurance and also the study the perceptual differences among middle vs upper age, male vs female, literate vs illiterate, higher income vs lower income and insurance coverage and non insurance coverage respondents. All the group analysis statements by assigning the mean value of more than 3.*

Keywords: *Yeshasvini Health insurance scheme, Co-operative Societies, Rural Farmers, Informal Sector.*

I. Introduction

Health is a human right. It's accessibility and affordability has to be ensured. The escalating cost of medical treatment is beyond the reach of common man. While well to do segment of the population both in Rural and Urban areas have accessibility and affordability towards medical care, the same cannot be said about the people who belong to the poor segment of the society. (Vasavi.P and Sravanthi Kpl 2013)

Majority of rural India people lives below poverty line and they are not capable of affording the expenses on medical needs. Health insurance is a tough task for these people. The condition of illness not only deprived them from earning but also pushes them into deep debt. The overall expenditure on health in India is 4.1% of GDP in which the government contribution is only 1%. With a low spending on health from government in thickly populated country like India force people to move towards the costly, unaffordable private sector. Today, India has most privatized health system in the world with 72% of health expenditure made in private sector that presently treats 78% of outpatients and 60% of inpatients. If we talk about insurance than it has been estimated that only 15% of total Indian population is covered under it. To cope with the high charging medical needs a high number of people coming below the poverty line as they cannot meet the expenses made for medical needs. (Ourooj Safi 2015)

II. Yeshasvini Health Insurance Of Karnataka

Yeshasvini Health Insurance Scheme for cooperative rural farmers and informal sector workers, the programme is a unique example of tri-sector partnership. It is a tri-sector collaborative venture between the public, private and cooperative sectors, and benefits from the expertise of each partner that best meets public needs of health insurance through the appropriate allocation of responsibilities (Kuruville and Liu 2007, ILO 2006, Radermacher et al 2005, IDPAD 2005, for discussion). The programme operates in the cooperative sector to take advantage of the societal capital generated by a vast network of cooperative societies in Karnataka which connects diverse rural farmers and rural informal sector workers. The State Co-operative Department mobilises membership with the help of the cooperative society network, collects revenue and oversees operations of the programme while private sector hospitals networked with the programme provide medical services.

The Yeshasvini Cooperative Farmer Health Care Trust was registered under the Indian Trust act 1882. The Hon'ble Chief Minister of Karnataka is Chief Patron and Hon'ble Minister for Cooperation is Patron. The Government of Karnataka provides matching contribution to the Trust for implementation of the scheme. (Yeshasvini.Kar.nic.in).

Self Funded Scheme:

- Yeshasvini is one of the largest Self Funded Healthcare Schemes in the country
- Offering a low priced product for a wide range of surgical cover, nearly 823 defined surgical procedures to the farmer cooperators and his family members.
- It is a contributory scheme wherein the beneficiaries contribute a small amount of money every year to avail any possible surgery during the period.
- The beneficiaries are offered cashless treatment subject to conditions of the scheme at the Net work Hospitals spread across the State of Karnataka.

Salient Features:

- To avail the benefit of Yeshasvini Scheme, a person should be a member of Rural Co-operative Society of the State for a minimum period of 3 months.
- All family members of the main are eligible to avail the benefit of the scheme though they are not members of rural co – operative society
- Each beneficiary is required to pay prescribed amount of annual contribution every year. Presently (2016-17) member contribution is Rs. 300/-
- The period of each enrollment commences from January/February and closes by June every year.
- The scheme is open to all rural co-operative society members, members of self help group/Sthree Shakti Group having financial transaction with the Cooperative Society/Banks, members of Weavers, Beedi Workers and Fisherman Cooperative Societies.
- The Scheme Commences from 1st of June and ends 31st May every year.
- Third Party Administrator licensed under the Insurance Regulatory and Development Authority of India (IRDA) renders administration of scheme including approval of preauthorization and claims settlement.
- The Scheme covers entire state of Karnataka particularly Rural Areas and Urban areas.

III. Reiview Of Literature

Most of the reviews of literature reveal that the awareness level and responsiveness of the community health insurance by general publics was very low. The demand for health insurance has been analyzed at two levels. First the factor affecting the decision to purchase health insurance and second factors that determine the coverage of health insurance, Income, age, knowledge about insurance, perception regarding future healthcare expenditure and no. of children in a family are the factors which were found to affect the purchase of health insurance scheme (Bhat and Jain (2006), Low level of awareness and willingness to join and seven key factors are barrier in subscription of health insurance. Moreover significant association exist between the gender; age; education; occupation; income of respondents with their willingness to pay for health insurance (Sumninder Kaur Bawa and Ruchita 2011). And study about the respondent attitude of policy holders towards health insurance, the study reveals that 23% policy holders belongs to low level of attitude, 46% to medium level of attitude and 31% to high level of attitude. There is significant relationship between ages, sex, education, and marital status, type of family, community and level of their attitude towards Administration of services of public sector general insurance companies holds good (Selva Kumar and. Vijay Kumar 2013). The impact of India's Yeshasvini community-based health insurance programme on health-care utilization, financial protection, treatment outcomes and economic well-being., community insurance presents a workable model for providing high-end services in resource-poor settings through an emphasis on accountability and local management (Aradhna Aggarwal 2010), CBHI schemes have proved to be effective in reducing the Health Expenditure of people (Bhaskar Purohit 2014)

Objectives Of The Study

The objectives of the present empirical study are to measure the perceptions of the general public towards Yeshasvini health insurance and also the study the perceptual differences among middle vs upper age, male vs female, literate vs illiterate, higher income vs lower income, and insurance coverage and non insurance coverage respondents.

Analysis And Interpretation Of Data

The analysis and interpretation of data has been presented under (A) Universal Analysis and (B) Group Analysis.

(A) Universal Analysis:

Table 1 presents the attitude of sample respondents towards Yeshasvini Health Insurance Scheme. It was observed that the sample respondents perceived a higher mean value of 3.73 to the statement only the Yeshasvini Health Insurance Scheme is attractive and lowest mean value of 3.09 for statement the need for going to hospitals not associated with the scheme do not arise. It is also interesting to note that higher

perceptual differences were evidenced among the sample respondents towards Yeshasvini Health Insurance Scheme with almost more than 3 for all the statements. To conclude, the sample respondents felt that Co-operative organizations make adequate publicity campaign , They provide adequate support in getting enrolled under the scheme, The cooperative agencies do not discriminate in offering the scheme to needy people, The health facilities available are adequate in the nearby hospitals, The associated hospitals under the scheme do not refuse to provide medical treatment, Premiums are high and costly, The need for going to hospitals not associated with the scheme do not arise , Treatment available only tie-up hospital , Better health care to family, The Yashaswini Scheme is attractive, It Covers big expenses, No medical treatments available for major health problems, The benefit extended are limited, The health insurance helps me getting better medical care of high clinical quality and Health insurance scheme lessen the financial burden by assigning the mean value of more than 3.

Table-01 Perception Towards Yeshasvini Health Insurance Scheme:

Statements	N	Mean	Std. Deviation
Co-operative organizations make adequate publicity campaign	250	3.70	1.177
They provide adequate support in getting enrolled under the scheme	250	3.46	1.28
The cooperative agencies do not discriminate in offering the scheme to needy people.	250	3.50	1.193
The health facilities available are adequate in the nearby hospitals	250	3.20	1.159
The associated hospitals under the scheme do not refuse to provide medical treatment	250	3.32	1.196
Premiums are high and costly	250	3.24	1.179
The need for going to hospitals not associated with the scheme do not arise	250	3.09	1.275
Treatment available only tie-up hospital	250	3.52	1.216
Better health care to family	250	3.50	1.336
The Yashaswini scheme is attractive	250	3.73	1.253
It Covers big expenses	250	3.36	1.157
No medical treatments available for major health problems	250	3.36	1.304
The benefit extended are limited	250	3.47	1.123
The health insurance helps me getting better medical care of high clinical quality	250	3.32	1.173
Health insurance scheme lessen the financial burden	250	3.38	1.234

(Sources: Field Work Data)

B) GROUP ANALYSIS:

The group analysis of the perception of the sample respondents towards yeshasvini health insurance policy has been presented under: (i) Age; (ii) Gender; (iii) Occupation; (iv) Education; (v) Annual Income and (vi) Coverage of Yeshasvini Health Insurance.

i) AGE ANALYSIS:

Table 2 highlights the perception of sample respondents towards Yeshasvini Health Insurance Scheme from the viewpoint of their age. The perception of middle age respondents towards yeshasvini health insurance were higher than that of upper age respondents with average mean value of 3.76 and 3.72 respectively. Whereas middle age respondents who were equal to and below 35 age felt that the co- operative organizations make adequate publicity campaign by assigning higher mean value of 3.76. it was also interesting to note that the significant value were <0.05 with respect to the statements “ Premiums are high and costly” , “The need for going to hospitals not associated with the scheme do not arise”, “Better health care to family” and “ No medical treatments available for major health problems”.

Table -02 Perception Towards Yeshasvini Health Insurance: Age Analysis

Statements	age	N	Mean	Std. Deviation	Levens Test
Co-operative organizations make adequate publicity campaign	middle	107	3.76	1.115	0.101
	upper	143	3.65	1.223	
They provide adequate support in getting enrolled under the scheme	middle	107	3.43	1.304	0.775
	upper	143	3.48	1.279	
The cooperative agencies do not discriminate in offering the scheme to needy people.	middle	107	3.69	1.177	0.854
	upper	143	3.36	1.190	
The health facilities available are adequate in the nearby hospitals	middle	107	3.18	1.106	0.293
	upper	143	3.22	1.201	
The associated hospitals under the scheme do not	middle	107	3.41	1.149	0.565

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refuse to provide medical treatment	upper	143	3.24	1.229	
Premiums are high and costly	middle	107	3.20	1.085	0.035
	upper	143	3.28	1.247	
The need for going to hospitals not associated with the scheme do not arise	middle	107	3.11	1.160	0.037
	upper	143	3.08	1.359	
Treatment available only tie-up hospital	middle	107	3.50	1.239	0.809
	upper	143	3.59	1.203	
Better health care to family	middle	107	3.50	1.231	0.019
	upper	143	3.50	1.414	
The Yashasvini scheme is attractive	middle	107	3.75	1.219	0.733
	upper	143	3.72	1.286	
It Covers big expenses	middle	107	3.30	1.175	0.587
	upper	143	3.40	1.145	
No medical treatments available for major health problems	middle	107	3.52	1.208	0.046
	upper	143	3.28	1.363	
The benefit extended are limited	middle	107	3.69	1.050	0.186
	upper	143	3.30	1.151	
The health insurance helps me getting better medical care of high clinical quality	middle	107	3.37	1.112	0.388
	upper	143	3.29	1.220	
Health insurance scheme lessen the financial burden	middle	107	3.37	1.225	0.877
	upper	143	3.38	1.244	

(Sources: Field Work Data)

ii) GENDER ANALYSIS:

The perception of sample respondents towards health insurance from the point of gender has been presented in Table 3. The perception of male respondents towards Yeshasvini Health Insurance Scheme was higher than that of female respondents with the average mean value of 3.88 and 3.66 respectively. It was interesting to note that the male respondents assigned higher mean value to “the Yeshasvini Scheme is attractive”, of that statement. Whereas the female respondents assigned higher mean value of 3.66 to the statement ‘Cooperative organization make adequate publicity campaign. It was also interesting to note that the perceptual no differences were found in all the statements and all statements were >0.05.

TABLE-03 Perception Towards Yeshasvini Health Insurance: Gender Analysis

Statements	Gender	N	Mean	Std. Deviation	Leven's Test
Co-operative organizations make adequate publicity campaign	male	148	3.72	1.200	0.912
	female	102	3.66	1.147	
They provide adequate support in getting enrolled under the scheme	male	148	3.45	1.300	0.137
	female	102	3.48	1.264	
The cooperative agencies do not discriminate in offering the scheme to needy people.	male	148	3.52	1.259	3.421
	female	102	3.48	1.097	
The health facilities available are adequate in the nearby hospitals	male	148	3.20	1.201	2.246
	female	102	3.21	1.102	
The associated hospitals under the scheme do not refuse to provide medical treatment	male	148	3.46	1.151	0.110
	female	102	3.11	1.234	
Premiums are high and costly	male	148	3.11	1.179	0.101
	female	102	3.44	1.157	
The need for going to hospitals not associated with the scheme do not arise	male	148	3.18	1.287	1.338
	female	102	2.97	1.254	
Treatment available only tie-up hospital	male	148	3.54	1.214	0.164
	female	102	3.49	1.225	
Better health care to family	male	148	3.63	1.290	2.108
	female	102	3.32	1.387	
The Yashasvini scheme is attractive	male	148	3.88	1.206	2.279
	female	102	3.52	1.295	
It Covers big expenses	male	148	3.45	1.096	2.009
	female	102	3.23	1.234	
No medical treatments available for major health problems	male	148	3.40	1.297	0.226
	female	102	3.31	1.320	
The benefit extended are limited	male	148	3.53	1.072	1.819
	female	102	3.37	1.193	
The health insurance helps me getting better medical	male	148	3.34	1.140	2.052

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care of high clinical quality	female	102	3.30	1.225	
Health insurance scheme lessen the financial burden	male	148	3.49	1.169	1.784
	female	102	3.22	1.310	

(Sources: Field Work Data)

iii) EDUCATION ANALYSIS:

Table 4 portrays the attitudes of sample respondents towards health policy from the viewpoint of education. It was interesting to note that the respondents who has illiterate peoples perceived higher mean value of 3.81 than that of the respondents who has literate with the mean value of 3.76. The respondents with literate peoples felt that ‘Cooperative organizations make adequate publicity campaign’ of that statement and illiterate peoples felt that ‘The Yeshasvini scheme is attractive’. The significance value being <0.05 to the statement ‘Cooperative organization make adequate publicity campaign’ and It Covers big expenses. Showed that the perceptual differences among literate and illiterate respondents.

TABLE- 4 Perception Towards Yeshasvini Health Insurance: Education Level Analysis

Statements	Education	N	Mean	Std. Deviation	Levens Test
Co-operative organizations make adequate publicity campaign	literate	164	3.76	1.050	0.000
	illiterate	85	3.55	1.384	
They provide adequate support in getting enrolled under the scheme	literate	164	3.42	1.301	0.757
	illiterate	85	3.53	1.259	
The cooperative agencies do not discriminate in offering the scheme to needy people.	literate	164	3.48	1.169	0.940
	illiterate	85	3.54	1.240	
The health facilities available are adequate in the nearby hospitals	literate	164	3.24	1.130	0.224
	illiterate	85	3.13	1.223	
The associated hospitals under the scheme do not refuse to provide medical treatment	literate	164	3.41	1.145	0.269
	illiterate	85	3.11	1.263	
Premiums are high and costly	literate	164	3.21	1.071	19.494
	illiterate	85	3.38	1.373	
The need for going to hospitals not associated with the scheme do not arise	literate	164	3.09	1.217	2.226
	illiterate	85	3.07	1.378	
Treatment available only tie-up hospital	literate	164	3.55	1.205	1.293
	illiterate	85	3.45	1.249	
Better health care to family	literate	164	3.54	1.317	1.396
	illiterate	85	3.45	1.384	
The Yashaswini scheme is attractive	literate	164	3.68	1.227	0.105
	illiterate	85	3.81	1.305	
It Covers big expenses	literate	164	3.32	1.139	0.000
	illiterate	85	3.41	1.188	
No medical treatments available for major health problems	literate	164	3.45	1.283	0.228
	illiterate	85	3.19	1.341	
The benefit extended are limited	literate	164	3.62	1.030	3.450
	illiterate	85	3.16	1.233	
The health insurance helps me getting better medical care of high clinical quality	literate	164	3.30	1.125	2.617
	illiterate	85	3.35	1.260	
Health insurance scheme lessen the financial burden	literate	164	3.37	1.234	0.175
	illiterate	85	3.38	1.234	

(Sources: Field Work Data)

iv. INCOME ANALYSIS:

Table 5 shows the attitude of the sample respondents towards Yeshasvini Health Insurance Scheme from the view point of income. It was evidenced that the

TABLE 5 Perceptions towards Yeshasvini Health Insurance: Income Analysis

Statements	Income level	N	Mean	Std. Deviation	Levens Test
Co-operative organizations make adequate publicity campaign	below 11000	179	3.61	1.19550	0.257
	above 11000	71	3.90	1.11040	
They provide adequate support in getting enrolled under the scheme	below 11000	179	3.46	1.23260	0.102
	above 11000	71	3.46	1.41251	
The cooperative agencies do not discriminate in offering the scheme to needy people.	below 11000	179	3.53	1.15773	0.125
	above 11000	71	3.44	1.28433	

The health facilities available are adequate in the nearby hospitals	below 11000	179	3.23	1.15667	0.014
	above 11000	71	3.13	1.17022	
The associated hospitals under the scheme do not refuse to provide medical treatment	below 11000	179	3.39	1.15730	0.325
	above 11000	71	3.14	1.27946	
Premiums are high and costly	below 11000	179	3.24	1.18196	0.040
	above 11000	71	3.25	1.17981	
The need for going to hospitals not associated with the scheme do not arise	below 11000	179	2.93	1.18998	7.549
	above 11000	71	3.51	1.39256	
Treatment available only tie-up hospital	below 11000	179	3.49	1.18681	0.449
	above 11000	71	3.61	1.29260	
Better health care to family	below 11000	179	3.55	1.32446	0.337
	above 11000	71	3.38	1.36660	
The Yashaswini scheme is attractive	below 11000	179	3.77	1.19833	3.734
	above 11000	71	3.63	1.38605	
It Covers big expenses	below 11000	179	3.33	1.16973	0.070
	above 11000	71	3.42	1.12963	
No medical treatments available for major health problems	below 11000	179	3.44	1.23646	5.984
	above 11000	71	3.15	1.45059	
The benefit extended are limited	below 11000	179	3.43	1.10636	0.050
	above 11000	71	3.56	1.16781	
The health insurance helps me getting better medical care of high clinical quality	below 11000	179	3.29	1.14385	2.167
	above 11000	71	3.41	1.24874	
Health insurance scheme lessen the financial burden	below 11000	179	3.32	1.16804	6.475
	above 11000	71	3.54	1.38183	

(Sources: Field Work Data)

V. INSURANCE COVERAGE ANALYSIS

Table 5 highlights the attitude of sample respondents towards health insurance from in the viewpoint of Yeshaswini Health Insurance coverage. It was observed that the policy holders assigned higher mean values towards the statements, 'The YashaswiniScheme is attractive'. To conclude, significant difference were found in; 'They provide adequate support in getting enrolled under the scheme with the significance value of less than 0.05.

TABLE 6 Perception Towards Yeshaswini Health Insurance: Insurance Coverage Analysis

Statements	Coverage	N	Mean	Std. Deviation	Levens Test
Co-operative organizations make adequate publicity campaign	yes	112	3.95	1.161	0.088
	no	138	3.49	1.154	
They provide adequate support in getting enrolled under the scheme	yes	112	3.88	1.055	0.001
	no	138	3.12	1.351	
The cooperative agencies do not discriminate in offering the scheme to needy people.	yes	112	3.77	1.185	0.510
	no	138	3.29	1.160	
The health facilities available are adequate in the nearby hospitals	yes	112	3.38	1.171	0.589
	no	138	3.07	1.135	
The associated hospitals under the scheme do not refuse to provide medical treatment	yes	112	3.64	1.229	3.221
	no	138	3.05	1.103	
Premiums are high and costly	yes	112	3.19	1.241	3.648
	no	138	3.29	1.128	
The need for going to hospitals not associated with the scheme do not arise	yes	112	3.17	1.335	2.891
	no	138	3.03	1.226	
Treatment available only tie-up hospital	yes	112	3.85	1.092	7.283
	no	138	3.25	1.250	
Better health care to family	yes	112	3.94	1.117	22.733
	no	138	3.15	1.398	
The Yashaswini scheme is attractive	yes	112	3.98	1.115	14.663
	no	138	3.53	1.324	
It Covers big expenses	yes	112	3.61	1.196	1.164
	no	138	3.15	1.087	
No medical treatments available for major health problems	yes	112	3.71	1.320	0.741
	no	138	3.08	1.227	
The benefit extended are limited	yes	112	3.83	1.070	0.606
	no	138	3.17	1.078	

The health insurance helps me getting better medical care of high clinical quality	yes	112	3.70	1.153	0.525
	no	138	3.02	1.104	
Health insurance scheme lessen the financial burden	yes	112	3.77	1.048	7.375
	no	138	3.06	1.286	

(Sources: Field Work Data)

IV. Major Findings

The following are the major findings:

The sample respondents feel that The health facilities available are adequate in the nearby hospitals, The associated hospitals under the scheme do not refuse to provide medical treatment, Premiums are high and costly, The need for going to hospitals not associated with the scheme do not arise, Treatment available only tie-up hospital, Better health care to family, The Yashasvini Scheme is attractive, It Covers big expenses, No medical treatments available for major health problems, The benefit extended are limited, The health insurance helps me getting better medical care of high clinical quality and Health insurance scheme lessen the financial burden by assigning the mean value of more than 3 for all the variables.

- 1) The attitude of sample respondents towards Yeshasvini Health Insurance Scheme. It was observed that the sample respondents perceived a higher mean value of 3.73 to the statement only the Yeshasvini Health Insurance Scheme is attractive and lowest mean value of 3.09 for statement the need for going to hospitals not associated with the scheme do not arise.
- 2) Respondents from middle age group, female, literate, and above 11000 income group accepted the statement that “Co-operative organizations make adequate publicity campaign” by assigning a higher mean value than other groups.
- 3) Male respondents, high income group, and illiterate respondents and below 11000 income group and insurance coverage and non insurance coverage respondents accepted the statement that “The Yashasvini Scheme is attractive” by assigning higher mean values than other group of respondents.

V. Conclusion

The most important wealth of any human being is health. People want to live longer and for that they always take care about their health and also prefer health insurance as a part of care. The Yeshasvini health insurance scheme is one of the most important community based health insurance scheme in Karnataka. The scheme operates through yeshasvini trust to take advantage of the societal capital generated by a vast network of cooperative societies in Karnataka. The scheme connects diverse rural farmers and rural and urban informal sector workers in Karnataka. From the present empirical study, we may conclude that most of the groups agreed that Yeshasvini Health Scheme is very attractive in Karnataka, when co-operative organization makes adequate publicity campaign.

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