

Socio-Economic impact of Fin Aid Program of Samavedana on society

Authors: Preeti Damle¹, Dr. Shailesh Dalvi² Mr. Amar Pawar³

Abstract

Illness of a member of the household can have deleterious consequences for the household towards further impoverishment. Empathetic feeling and urge to help out these marginalized families from burden of health care cost was translated into 'Samavedana' by Dr. Charudutt Apte and his team. This paper presents contribution of Samavedana with financial support and free health screening services towards preventing families from economic downfall and its impact on alleviating economic hardship for families. Beginning with financial support for patients from poverty stricken group the organization has extended its work in areas of cancer screening for women and school health programme. With its activities in community like community clinic, mobile clinic and health education along with other mentioned before, Samavedana has helped thousands of families towards wellbeing and growth.

The findings from economic impact analysis conducted by NMIMS, Mumbai and on-going evaluation reports support the impact of organization on family as a socio-economic unit (Socio-Economic impact of FinAid Program of Samavedana on society, 2013). The analysis is mainly at family level and both quantitative as well as qualitative data is used for analysis.

Key words: marginalized communities, family health economics, health care cost, cancer screening

Samavedana genesis and focus of presentation

Samavedana is an NGO working under the banner of 'Pune neurosciences Trust & Research Society' in healthcare domain since 2003. Bringing essential healthcare to the

¹ Preeti Damle, Chief Executive Officer, Samavedana

² Dr. Shailesh Dalvi, Assistant Manager, Operations, Samavedana

³ Mr. Amar Pawar, Assistant Manager, development & Communications, Samavedana

underprivileged is the vision of the organization. Accordingly various programs are run, based on treatment, prevention and awareness. For the purpose of this paper, we have

1. Considered only one program : Fin Aid, under which we provide financial aid to needy patients to avail specialty care. We have partnered with a group of hospitals, where these patients get free service by doctors and subsidised service by hospital. Thus the 'worth' of aid given by Samavedana increases by these 2 components.

2. We have considered 'Family' as a unit of economy, as focus for the program is single individual patient and his family. By helping him financially, we save this family from being forced into poverty trap.

3. Operational definition of 'Normal life':

A life spent as if in due course of life, if the incidence of illness has not occurred. eg. A student going to school, an adult continuing the job, a woman looking after her family etc..

4. Our focus remains microeconomics rather than macroeconomics.

5. Funding is supported by the retail individual donors, most of whom contribute Rs. 100/- per month, but a large number of donors make it a pool of funds. As Samavedana values for transparency, it gives fund utilization report to every single donor irrespective of the donation amount. It includes medical, socio-economic details of the case, the billing details and the donors' names, whose contribution is used for that particular patient.

6. Quick facts:

a. Disease severity: Life threatening cases: 70%, Diminished quality of life cases: 30%

b. Sex Ratio: Male: 54%, Female: 46%

c. Success rate: 98% Success in 5 year time after the treatment (In case of 2% deaths, cause of death may not be necessarily related to the disease treated for.)

Introduction

The link between out-of-pocket expenditure on health and poverty is validated in India's draft National Health Policy 2015, which claims that "55 million Indians fell into [a] serious poverty-trap because of their health care spending during [the] 2011-12 period" and that the country's out-of-pocket expenditure for health is one of the highest in the world, at 60 per cent (Ministry of health and Family Welfare, 2014) . However, the health policy framework in India has not been able to address the difficulties of patients and their families. *The issue was at the heart of Samavedana from its genesis and continues till today uninterruptedly.* While serving the patients in super-specialty hospital it was a felt need that financial aid is extremely necessary in some of the cases.

The effect of OOP expense on families from poor household is cascading and further pushes them in vulnerable situations. Illness of a member of the household can have deleterious consequences for the household towards further impoverishment (Garg & Karan, 1 March 2009). The effect of cost incurred for treatment force families to cut down expenditure on education, food and other economic aspects of family. This stands true even for expenses at public health facilities which are becoming out of reach for most of vulnerable groups (BAJPAI, SINGH, SARDANA, KUMARI, VETTIYIL, & SARAYA, 2017). By providing such financial aid to the needy and deserving patients, Samavedana tried to prevent them from forcing themselves in poverty trap and or choose life threatening episodes.

The paper aims to show how a timely help is necessary for a patient and to prevent family from falling into poverty trap. More important is the importance of individual in supporting family with employment continuation after cure or with the role that is played by individual in family management. The latter is more apt for house wives who are supported financially for their role in family and child rearing which is rarely considered in economic mapping. The categories – Students and children below 5 years of age have been part of the development process and prospective contributors to economy. Some of them are even enriched with values that Samavedana is cherishing and working on same philosophy in their areas.

Methodology

We have used the data collected from the cases admitted at Sahyadri group of hospitals where major financial aid was provided. The time period is from year 2003 to October 2017. Total 1157 cases were approved for financial aid.

Results are based on the 1157 cases, sanctioned for aid. In addition, the impact analysis is referred from the research study done for Samavedana by Narsee Monji Institute of Management Studies, Mumbai in 2013.

For understanding of the readers, the selection criteria and process is described in brief in section I.

Section I:

There are fixed protocols for screening of families for their socio-economic condition and the screening is conducted by a committee appointed by Board of Trustees. The committee conducts screening with help of interview, documents, reference checks as well as field visits to families for verification.

Selection criteria:

Aid is given to the patients using donations from individual donors and corporate donors. Hence the aid is given to the patient, who has chance of leading at least 5 years of normal life after the treatment. On socio-economic aspect, patients are screened on 3 parameters: Total family income, estimated expenses for the treatment and number of family members.

The socioeconomic status is screened using existing tools like Below Poverty Line, that are defined by Government and considering the overall situation of family and its sources of income.

So generally, aid is given to a patient, who is below age of 60 years, a non-addict⁴, on whom family is dependent or he himself is an earning member, and whose family is unable to spend on his treatment, as per the estimated expenditure.

Amount of aid is decided depending on the financial condition of the patient and the estimate. Very rarely, 100% aid is given, but in most cases, patient pays part of expenditure as per his / her maximum paying capacity (without selling assets), and then

⁴ Non-addict: Individual who is not addicted to any substance abuse.

remaining financial support is provided by Samavedana. Generally an aid up to a limit of Rs. 2 lacs is given, but in exceptional cases, this aid may cross the limits, and payment is for total expenditure for the treatment of the patient. Patient selection committee takes decision on: a. whether to provide aid or not and b. if yes, the quantum of aid.

Specialties covered:

Considering the norm that aid should go to a patient who can lead normal life after the treatment, aid is given for all those ailments, where there are chances of good outcome. This covers neurological diseases, orthopaedics, oncology, paediatrics, hematology, burns and general surgery and medicine mainly.

Section II:

Demographics and Financial Aid distribution

The data collected since April 2003 to October 2017 was analysed and the results are as follows.

Table 1: Age and gender wise distribution of individuals receiving fin-aid

Age group	Female	% of total	Male	% of total
Age 0 to 5	56	13.0	83	11.4
Age 6 to 18	90	20.9	161	22.1
Age 19 to 60	278	64.7	469	64.5
Age 60+	6	1.4	14	1.9
Total	430	100	727	100
Gross total			1157	

From the data for individuals receiving financial aid it is evident that most of the times aid is given to patients from productive age group. Most of them are either family bread earners or family's well-being or future depends on the well-being of person.

Table 2: Occupation and Fin Aid

Source of income	Number of cases	Percentage
Daily wage or work	270	23.3
Fixed job	272	23.5
Student	249	21.5
Under five years of age	194	16.8
House wife	151	13.1
Senior citizen	21	1.8
Total	1157	100

Most of the families are below poverty line or have expended on treatment more than their financial capacity are supported. However, in some cases, especially of students and housewives, the family head was earning enough for his family. But the family had spent on treatment to the limits of their full capacity, those were supported.

Financial Aid Data:

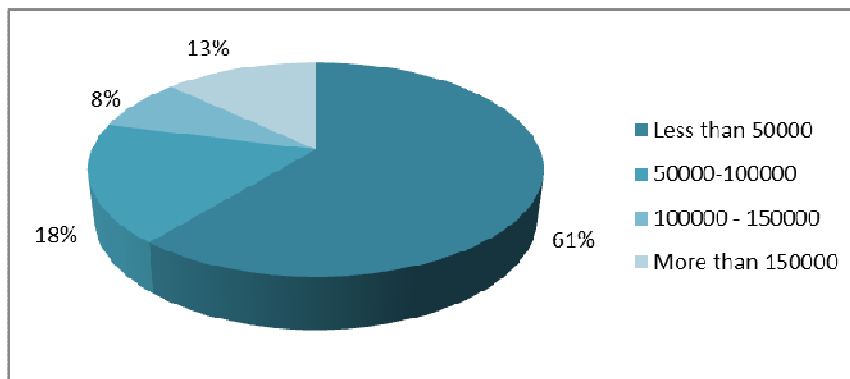
The financial aid to patient is provided from funds raised from individual donors. Till October 2017 total amount of Rs 12,47,50,149/- has been collected as donation from more than 5257 donors and disbursed to 1157 patients. Total aid given is worth Rs. 12,66,32,693/-, averaging out to Rs.1,09,449/- per patient. The doctor's fees for FinAid patient by Samavedana is waived off by respective doctors as part of their contribution. Branches of Sahyadri group of hospitals also cut down their charges. The total contribution of the programme towards society thus increases by 57% apart from the actual financial aid provided from funds. The outlay of FinAid is depicted in table 3 below:

Table 3: Contribution by various participants in expenditure:

No	Head	Amount (INR)	%
1	Patient's contribution	36,554,362	24.03
2	Doctor's contribution in the form of fees waived off (100%)	32,735,702	21.52
3	Hospital's contribution in the form of concession given	13,244,731	08.70
4	Samavedana Contribution (Received from Society as donation)	69,552,061	45.73
	Total bill amount	152,086,856	100
5	Samavedana contribution in other methods ⁵	11,100,199	
	Total Samavedana aid (fund out flow)	80,652,260	
	Total Samavedana worth of help (Including doctors' and hospital contribution)	126,632,693	

Depending on the estimate and requirement of patient, help is given by Samavedana, on case to case basis. The principle behind this is that, once sanctioned, Samavedana takes responsibility of completing patient's treatment, beyond his capacity. The chart below shows percentage of patient receiving aid in 4 different financial slabs.

Chart1: Distribution of aid amount: (Amt. in INR)



⁵ Samavedana also provides aid by other methods like limited aid, irrespective of doctors waiving off fees and transferring aid collected by patient themselves to hospital, thus giving tax relief to donors.

Section III:

Case presentation

The cases that represent the different age groups and conditions were selected for presentation. Criteria for selection are latest interaction with the beneficiary and one case from each group like student, family head, house wife and so on.

Case 1: Male student

A male patient from tribal district Gadchiroli of Maharashtra state was operated when he was 19 years and in his student life. The family income then, was completely dependent on small farm of 1 acre held by the family, with average annual income of Rs. 20000/- and the 6 members of the family could hardly survive on it. Due to his aspirations and intelligence, he was sent to Pune for studying engineering. Samavedana operated him for replacement of heart valve. Samavedana spent about Rs. 2 lacs for his treatment. Today, he is healthy and working in Government department in Gadchiroli district as *Talathi*. His income is now sufficient to feed well to the family. More important is, we learnt through personal interaction with him recently is that, he cares for tribal population, works without corrupt practices and has inculcated Samavedana's mission of 'feel together , heal together' in true sense. Samavedana has bag full of such stories.

Case 2: Mother and child

A female patient age 25, 8 months old pregnant, was admitted in the hospital for complaints of high grade fever and breathlessness. Diagnosed to have bilateral pneumonia, she was supported by ventilator. Due to amniotic fluid leak, doctors decided to deliver the baby by inducing the medicines. She delivered a baby girl. This was a unique case where a mother was made to deliver while on ventilator.

The family was from not very poor category, but had exhausted financially due to long stay at hospital. Samavedana supported both mother and the pre-term baby. They are leading a normal life today. Samavedana is happy to witness and be part of this unique case and save 2 lives with the help of society and medical professionals.

Case 3: Family head

A male patient age 34 years and suffering from benign tumor of brain was operated. He was a rickshaw driver and supporting his mother and unmarried sister. Though the

outcome of surgery was positive and he worked for seven more years, he suffered from same condition which took toll of his life.

Section IV

Impact on Patients:

Through financial support patients are able to get high quality treatment and at the same time it reduces financial burden for them. Apart from treatment they also receive psychological support and care through Samavedana’s network of medical professionals and volunteers. This is benefiting patients to a great extent to address their financial, psychological and social challenges. Reduction in financial dependence on relatives and moneylenders help them to maintain their social status in the community. Social support from the community, care by volunteers and medical professionals and improved physical status help them to become economically active and fulfil their needs of personal development and empowerment.

Summarising the case presentation an impact analysis for Samavedana was conducted in year 2013 by Narsee Monjee Institute of Management Studies (NMIMS), Mumbai. The report states that almost 97% of families were feeling relief from stress due to financial borrowing in case if not supported by Samavedana.

The impact perceived by patients:

Patients perceive impact of Samavedana aid in various manners like financial relief, social wellbeing etc. Two major aspects of impact are presented here:

Chart 2: Financial impact as perceived by patients:

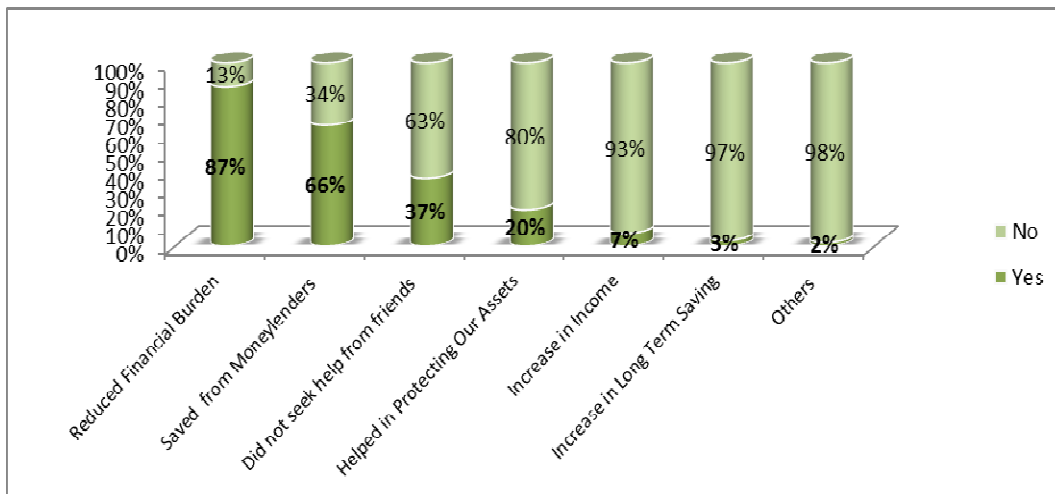
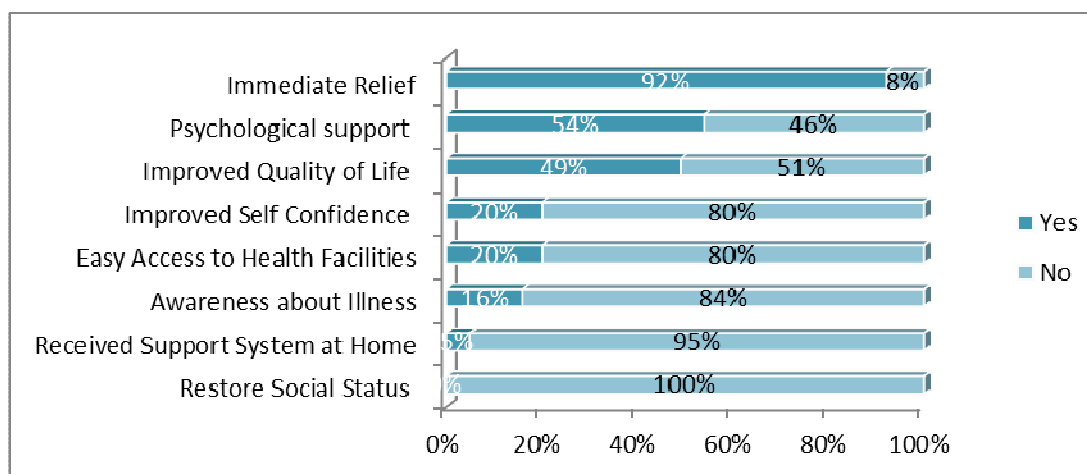


Chart 3: Social impact as perceived by patients:



Section V: Future of the program

Bridging the Gap: Complementing Government Schemes

Rajiv Gandhi Jeevandayee Arogya Yojana (RGJAY) has been implemented throughout the state of Maharashtra in a phased manner since last 4 years. Government resolution issued on 13th April 2017 regarding the change into the name of Rajiv Gandhi Jeevandayee Arogya Yojana (RGJAY) to Mahatma Jyotiba Phule Jan Arogya Yojana (MJPJAY) and continuation of the same from 1st April 2017. The coverage under the MJPJAY can be availed by eligible beneficiary families residing in all the 36 districts of Maharashtra. The Scheme shall provide coverage for meeting all expenses relating to hospitalization of beneficiary up to Rs. 1, 50,000/- per family per year on floater basis in any of the Empanelled Hospital (Government of Maharashtra, 2017).

However considering the treatment cost at present in some cases the expenses override budgets provided by MJPJAY. In such cases the individual is allowed to seek financial aid from other sources. Before MJPJAY Samavedana use to help the individual uncovered with RGJAY. Continuing the efforts further it is envisaged that Samavedana can bridge the gap between MJPJAY and actual expense. Needless to say, it will also continue giving support patients uncovered by MJPJAY.

Section VI: Conclusion:

The results clearly indicate the outcome of reducing the out of pocket expenses by individual families. In addition timely financial aid helps individual to regain normalcy

in future life. At family unit financial aid is a solution to prevent families forcing themselves in poverty trap. There are other benefits for patient families like reduction in stress due to burden of expenses and social wellbeing.

Samavedana aims to provide support to deserving individuals and play its role in area of family economics. Samavedana is taking positive steps towards its motto of 'feel together, heal together' with other intervention activities like School Health Programme, Onco Screening Programme and Community Clinics.

Acknowledgement:

We thank Sahyadri Hospitals & the specialist doctors for their voluntary contribution to this noble cause of saving lives. We also thank the staff of Sahyadri Hospital for supporting the activity of Samavedana whole heartedly. We also thank the Samavedana trustees and the external experts, for their valuable inputs and constructive suggestions. We also take an opportunity to thank Samavedana staff, Ms. Manasi Tamhankar who provided the necessary data in time and also giving valid suggestions.

Works Cited

Garg, & Karan. (1 March 2009). Reducing out-of-pocket expenditures to reduce poverty: a disaggregated analysis at rural-urban and state level in India. *Health Policy and Planning* , 116–128.

Government of Maharashtra. (2017, 8 14). *Mahatma Jyotiba Phule Jan Arogya Yojana*.

Retrieved 10 15, 2017, from www.jeevandayee.gov.in:

<https://www.jeevandayee.gov.in/MJPJAY/FrontServlet?requestType=CommonRH&actionVal=RightFrame&page=undefined%3E%3E%3Cb%3EMJPJAY%3C/b%3E&pageName=MJPJAY&mainMenu=About&subMenu=MJPJAY>

Ministry of health and Family Welfare. (2014). *Draft national Health Policy*. New Delhi: Ministry of health and Family Welfare.

Narsee Monji Institute of Management Sciences, N. (2013). *Socio-Economic impact of FinAid Program of Samavedana on society*. Pune: Samavedana.

Vikas Bajpai, N. s. (2017). Economic and social impact of out-of-pocket expenditure on households of patients attending public hospitals. *THE NATIONAL MEDICAL JOURNAL OF INDIA* , 15-20.