PREFACE

Poverty is the common feature of the rural and urban areas in India and Andhra Pradesh, which creates inability in meeting the expenses to chronic diseases. It is true that India is one of the few countries which have public health spending of less than 1 per cent of GDP resulting in three quarters of the expense being met from out of pocket spending by individual households. The National Commission on Macro-Economics and Health has pointed out that 3.3 per cent of India’s population is impoverished every year on account of health distress. India’s meagre health budget is a cause of and an exacerbating factor in the challenges of health inequity, inadequate availability and reach, unequal access, poor quality and costly health care services. There is a felt need in the State to provide financial protection to families living below poverty line for the treatment of major ailments such as cancer, kidney failure, heart and neurosurgical diseases etc., requiring hospitalization and surgery. Government hospitals lack the requisite facility and the specialist pool of doctors to meet the statewide requirement for the treatment of such diseases. Large proportions of people, especially below poverty line borrow money or sell assets to pay for the treatment in private hospitals. Health Insurance could be a way of removing the financial barriers and improving access of poor to quality medical care; of providing financial protection against high medical expenses; and negotiating with the providers for better quality care.
Government of Andhra Pradesh has accordingly formulated this noble scheme namely Rajeev Aarogyasri Health Communities, Health Insurance Scheme and established a trust. It has introduced a new health care insurance scheme is called as Rajeev Aarogyasri. For this, Government selected the ‘Star Health and Allied Insurance Company’ for promoting the Insurance for those comes under the category of Rajeev Aarogyasri. At present, the scheme is renamed as Dr. N.T.R Vidya Seva scheme. The scheme is widespread as an Apara Sanjeevani (supreme saver) of poor from dangerous chronic diseases. It is the inspiration to the researcher to conduct the study. Nevertheless, due to that scheme is highlighted as Aarogyasri, the researcher used the same. The present study tries to find out the beneficiaries perceptions on the scheme. The study was conducted in East Godavari District, Andhra Pradesh. The study may be useful to policy makers while redesigning the scheme.