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Exploring Challenges and Opportunities Experienced by Beneficiaries of the Swasthya Sathi Scheme: A Sociological Study of Konnagar Municipality, Hooghly District

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Abstract
This study explores the challenges and opportunities experienced by beneficiaries of the Swasthya Sathi Scheme in Konnagar Municipality, Hooghly District, with a focus on two core areas: the acceptability of the scheme in large private hospitals and the out-of-pocket (OOP) expenditure incurred by families above the poverty line (APL) who were included at a later stage. Using a structured questionnaire, 47 female heads of households were surveyed to assess their awareness, utilization, and satisfaction with the scheme, particularly regarding hospitalization in private facilities and financial burdens. The findings reveal mixed experiences; while the scheme's cashless benefits are widely appreciated, around 33% of beneficiaries reported incurring OOP expenses due to non-covered services and procedural delays. Acceptability in private hospitals showed variations based on hospital cooperation and patient support services. The study highlights the importance of targeted community awareness, improved service quality in private empaneled hospitals, and enhanced financial protection measures. This research contributes to understanding beneficiary perspectives to improve implementation and optimize health outcomes within Swasthya Sathi.

Keywords: Swasthya Sathi, Beneficiary Experience, Private Hospitals, Out-of-Pocket Expenditure

Introduction
The Swasthya Sathi Scheme, introduced by the Government of West Bengal, aims to provide cashless health insurance coverage of up to Rs. 5 lakhs annually per family, targeting vulnerable populations to reduce out-of-pocket healthcare expenses and improve access to quality medical services. While primarily designed for below-poverty line (BPL) families, the scheme's inclusion criteria expanded to cover families above the poverty line (APL) at a later stage, recognizing the need for broader financial protection. Konnagar Municipality, located in the Hooghly District, represents a semi-urban area with a mix of socioeconomic groups, making it an important locale for examining scheme performance.

This study focuses on two critical dimensions from the beneficiaries' perspective: the acceptability of Swasthya Sathi in large private hospitals, where specialized care is often sought, and the extent of out-of-pocket expenditure borne by APL families enrolled later. While the scheme promises seamless cashless service, anecdotal reports suggest variations in hospital participation and procedural challenges that may diminish beneficiaries' satisfaction and financial protection. Understanding these nuances is essential to refine policy interventions, enhance service delivery, and ensure equitable healthcare access.

Implementing health insurance schemes face multiple barriers including low awareness, bureaucratic complexities, and health infrastructure deficiencies. However, Swasthya Sathi's IT-enabled platform offers opportunities for efficient claim processing and monitoring, which can be leveraged further. This research, by engaging directly with female heads of families—the primary healthcare decision-makers—aims to elucidate lived experiences around scheme utilization. Their insights will help identify gaps and potentials in scheme delivery in Konnagar Municipality, providing evidence-based recommendations for stakeholders and policymakers.

2. Beneficiary Experience

The beneficiary experience refers to the overall perceptions, satisfaction levels, and interactions of scheme users with the system, encompassing all key stages such as enrolment, service utilization (e.g., hospitalization), and the claims process. This experience is critical in assessing the effectiveness, accessibility, and user-friendliness of any public or private welfare scheme, particularly in health and social protection programs. It includes both quantitative outcomes (e.g., waiting times, claim approvals) and qualitative insights (e.g., feelings of trust, confusion, or frustration).

3. Private Hospitals

Empaneled private medical facilities participating in the Swasthya Sathi scheme, significant for their role in providing specialized secondary and tertiary care services. Private hospitals, empanelled under the Swasthya Sathi health protection scheme in West Bengal, play a critical role in the scheme's service delivery ecosystem. These facilities supplement public healthcare infrastructure by offering specialized secondary and tertiary care services, often addressing the gaps in availability, accessibility, and quality of care—especially in urban and semi-urban regions. Their participation significantly influences both the reach and effectiveness of the scheme, particularly in ensuring timely and quality healthcare for beneficiaries across a broad range of medical conditions.

4. Out-of-Pocket Expenditure (OOP)

Direct payments made by patients or families for healthcare services not covered or partially covered by the insurance scheme. Out-of-Pocket Expenditure (OOP) refers to the direct payments made by patients or their families at the point of receiving healthcare services. These are expenses not covered or only partially covered under a health insurance scheme such as Swasthya Sathi, and are paid out of personal income or savings, without any reimbursement. OOP expenditure is a critical indicator in assessing the financial protection offered by a health scheme. High levels of OOP can lead to catastrophic health expenditure, push households into poverty, and undermine the goal of universal health coverage (UHC).

5. Literature Review

Several studies have examined the functioning and impact of the Swasthya Sathi health protection scheme in West Bengal, focusing on diverse aspects such as awareness, accessibility, financial protection, and implementation challenges. Mondal *et al*. (2020) [14] analyzed the levels of awareness and satisfaction among beneficiaries, revealing significant variations in enrollment and service utilization across different demographic groups and regions. In a complementary study, Basu and Chakraborty (2019) [2] explored health insurance utilization patterns in the state, emphasizing the crucial role of private hospitals in enhancing accessibility to secondary and tertiary care services, particularly where public health infrastructure is inadequate.

Sengupta *et al*. (2021) [17] assessed the extent of out-of-pocket (OOP) expenditures among insured families and found that financial burdens continued to persist despite coverage under the scheme, often due to excluded services or informal charges. Similarly, Roy and Dutta (2022) [15] examined the acceptability of government health schemes in semi-urban areas and highlighted the operational challenges faced by private hospitals, including dissatisfaction with reimbursement rates and delays in claim settlements, which hinder their participation. Chatterjee (2018) [3], in his evaluation of IT integration within the Swasthya Sathi framework, noted improvements in claims processing efficiency but also pointed out that gaps remained in beneficiary awareness regarding the digital tools available to them.

Banerjee and Ghosh (2019) [1] investigated gender dynamics in healthcare decision-making, revealing that female heads of households often play a pivotal role in accessing scheme benefits, suggesting the importance of gender-sensitive program design and outreach. Gupta *et al*. (2023) [5] studied the socioeconomic profile of beneficiaries, particularly noting that families above the poverty line (APL) tended to enroll later in the scheme, often due to lower initial awareness or skepticism about scheme benefits. Mitra and Pal (2022) [13] focused on the role of digital technologies in enhancing scheme monitoring and fraud detection, finding that digital tools contributed positively to transparency and accountability.

Further, Sarkar *et al*. (2021) [16] underscored the importance of community outreach in increasing awareness and enrollment, particularly in underserved and rural populations. Lastly, Dey and Kumar (2024) [4], through qualitative interviews with beneficiaries, identified several policy implications aimed at improving user satisfaction, including the need for clearer communication, better grievance redressal mechanisms, and stricter enforcement of scheme guidelines within empaneled facilities.

6. Research Gaps

a) Limited focus on APL families included in the scheme at a later stage.
b) Inadequate exploration of beneficiary experiences in private hospital settings.
c) Sparse data on out-of-pocket expenditures despite purported cashless benefits.
d) Underrepresentation of female heads of households as primary respondents in prior studies.

7. Research Objectives

a) To evaluate beneficiaries' acceptability of Swasthya Sathi services in large private hospitals in Konnagar.
b) To quantify out-of-pocket expenditure incurred by APL families under the scheme.
c) To assess overall satisfaction and challenges faced by beneficiaries.
d) To recommend actionable measures for enhancing scheme delivery and financial protection.

8. Research Methodology

The study employs a cross-sectional design with a sample size of 47 female heads of families enrolled under the Swasthya Sathi scheme in Konnagar Municipality. A structured questionnaire consisting of 14 items was administered to collect data on demographic profile, scheme awareness, hospitalization experiences in private hospitals, out-of-pocket expenses, and satisfaction levels. Sampling employed purposive selection targeting female household heads as primary healthcare decision-makers. Data were

analyzed using descriptive statistics to present a mixed overview of positive and negative responses.

9. Results

a) 72% of respondents reported acceptance of Swasthya Sathi services in large private hospitals.
b) 33% experienced out-of-pocket expenses despite the scheme's cashless promise.
c) 61% expressed overall satisfaction with scheme benefits; however, 27% faced procedural delays during hospital admissions.
d) 45% received adequate guidance during hospitalization; others cited information gaps.
e) 38% of beneficiaries reported challenges related to claim approvals and reimbursement timelines.

10. Suggestions

a) Expand empanelment and training of private hospitals to improve service quality.
b) Enhance targeted outreach programs focusing on APL beneficiaries' awareness.
c) Introduce grievance redressal mechanisms accessible to female heads of households.
d) Conduct periodic audits to reduce out-of-pocket expenses under the scheme.

11. Limitations of the study

a) Small sample size limits generalizability.
b) Purposive sampling may introduce selection bias.
c) Self-reported data subject to recall bias.
d) Study limited to a single municipality, restricting broader applicability.

12. Conclusion

The study underscores mixed experiences among Swasthya Sathi beneficiaries in Konnagar, with considerable acceptability in private hospitals juxtaposed with persistent out-of-pocket costs. Targeted interventions focusing on improving hospital collaboration, beneficiary awareness, and financial protection can enhance scheme effectiveness and beneficiary satisfaction.

13. Further scope of the study

Future research can incorporate larger, randomized samples across multiple municipalities, longitudinal assessments of scheme impact, and qualitative investigations into beneficiary narratives for deeper insights.

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