

## An Implimentation of Rashtriya Swasthya Bima Yojana (RSBY) in Chhattisgarh : A study of Durg District

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### Introduction:-

The *Rashtriya Swasthya Bima Yojana* (RSBY) is a national health insurance scheme launched in 2008 by government of India to provide health insurance to households living below poverty line (BPL) in order to protect them from major health shocks that involve hospitalization. In Chhattisgarh RSBY was launched in June 2009 and Durg was the first district to be enrolled under this scheme. Rashtriya Swasthya Bima Yojana (RSBY) scheme has been launched in 18 district of Chhattisgarh with effect from June 2009. The state has ranked sixth in term of enrolment among 18 states of the country. The people living below poverty line constitute 40.8% of total population of the state representing 40.8% in rural and 41.1% of population in urban areas respectively. Rashtriya Swasthya Bima Yojana (RSBY) is rolled out across all the districts of the state to provide insurance backed quality health care to enrolled BPL households.

### In Chhattisgarh

Chhattisgarh is a state in Central India. It is the 10th largest state in India, with an area of 135,191 km<sup>2</sup> (52,198 sq mi). With a population of 25.54 million, Chhattisgarh is the 16th most-populated state of the nation. It is a source of electricity and steel for India. The state was formed on 1 November 2000 by partitioning 16 Chhattisgarhi-speaking southeastern districts of Madhya Pradesh. Raipur was made its capital city. Among 27 districts of the State, Jashpur ranks No. 1 followed by Kawardha, Bastar and Kanker in terms of enrolment. RSBY has covered of less than 57.13% of BPL household of the state by third round of enrolment. The State has created outstanding track record and replicable model to be adopted by other states of India. The strategic frame work adopted for implementation of the scheme aims at reaching maximum number of poorest of poor beneficiaries living in remote villages of the state. The State Nodal Agency (SNA), RSBY keeps constant watch on all components of the implementation process and ensures smooth coordination among all categories of stakeholders.

### In Durg District

Durg district is one of the densely populated districts of the Chhattisgarh state of India. On the basis of climate & topography the Chhattisgarh state is divided into 3 agro climatic zones. The Bastar Plateau comprises of Bastar, Dantewada, Beejapur & Narayanpur districts and a part of Kanker (excluding Charama, Narharpur & Kanker Blocks). Northern parts of the state comes under "Northern Hilly Region" which comprises of Sarguja, Koriya & Jashpur Districts. Bilaspur, Raipur, Janjgeer-Champa, Raigarh, Rajnandgaon, Kawardha, Durg, Mahasamund, Dhamtari, Korba and parts of Kanker come under "Plains of Chhattisgarh". Durg district is situated in the southern part of the rich Chhattisgarh plain.

### Objectives of the study

- To analysis implementation of RSBY in Raipur Division in terms of coverage, enrollment, hospitalization and awareness levels of beneficiaries.
- To find out pocket expenditure incurred, in any in Public and Private sector facilities by beneficiaries of RSBY.
- To make empirical investigation on enrolment process of RSBY

### Hypothesis tested

1. There is awareness of Rashtriya Swasthya Bima Yojana (RSBY) scheme among BPL.
2. BPL persons take interest in government policies relating to RSBY.
3. Real expenditure of the beneficiaries in any private or public hospitals is within the limit.

### Selection of Samples

In Durg District three hospital in city area and 3 hospitals in village area would be considered for sample survey. About 110 respondents from among the smart cards holders who were enrolled / non-enrolled under this Rashtriya Swasthya Bima Yojana (RSBY) scheme are considered for collecting data through questionnaire and their personal interviews. Similarly questionnaire will be supplied to the various employees employed in this scheme and personal interviews would be conducted to know their personal views and opinion relating to the prevailing scheme.

**Research Methodology**

The methodology which is used for carrying out of the report will be used as follows:

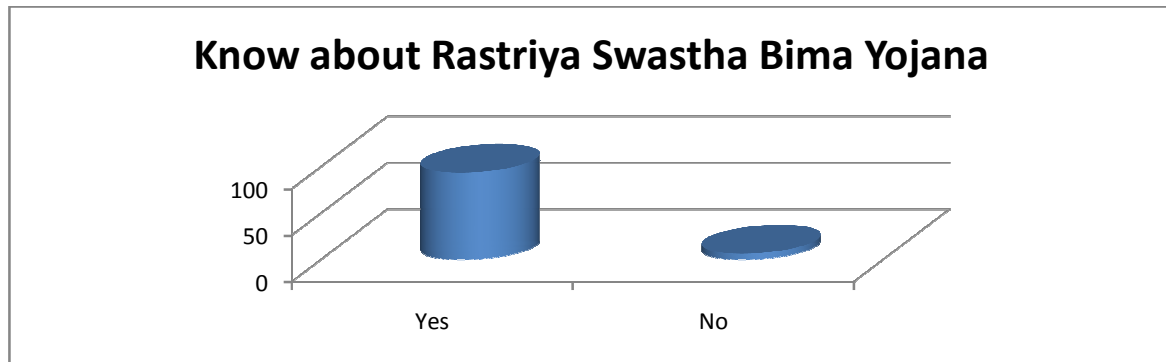
**Types of data source:**

For present research work primary data as well as secondary data will be used. Research will be broadly classified into two sections. Various statistical tools will be used to suggest and analyze the primary and secondary data. The primary data is used for this study is collected using questionnaires. The information was collected from the hospitals as well smart card holders through personal contacts. Secondary data about the district profile and other details are collecting from the government website and through personnel discussion with the hospital management and collecting data from Google and other social media websites.

**Data Analysis and Interpretations:**

Are you known about the scheme Rashtriya Swasthya Bima Yojana?

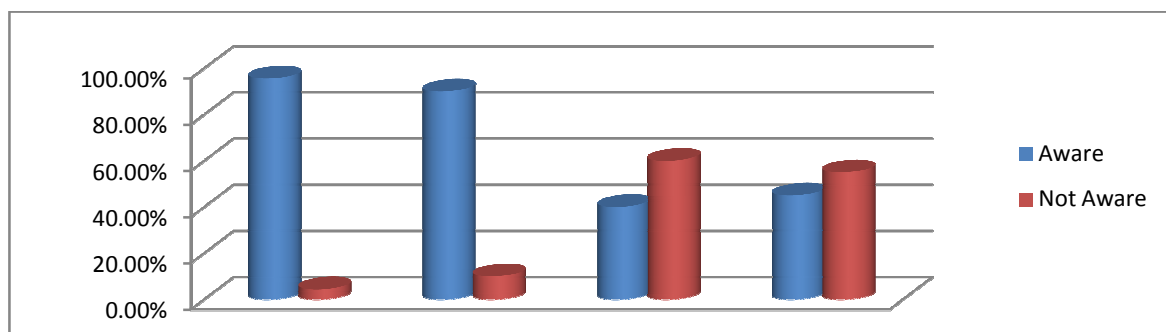
Particular	Frequency	Percentage
Yes	103	93.63
No	07	06.37
<b>Total</b>	<b>110</b>	<b>100.00</b>



The charts show that 95.63 % person is known about the scheme of Rastriya Swasthya Bima Yojana (RSBY) and 6.37% person are unknown from this scheme. So as per the hypothesis BPL card holder will be fully aware about this scheme and they also take interest government scheme which are related to RSBY.

**Awareness about Rastriya Swasthya Bima Yojana**

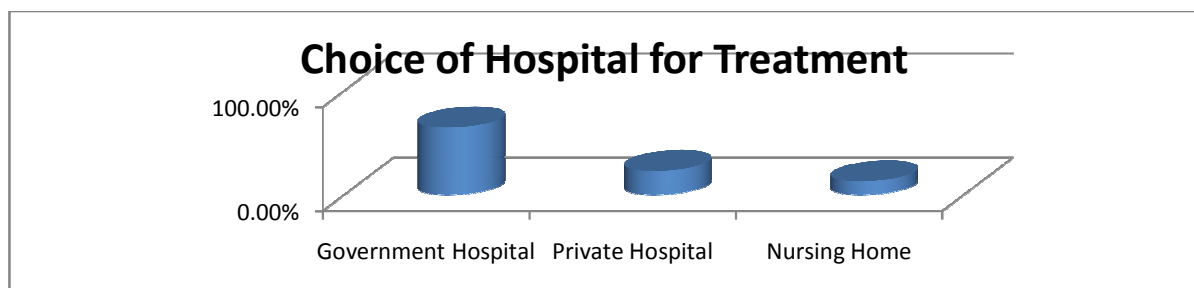
Parameters	Aware	Not Aware
Awareness regarding the scheme	95.6 %	4.4 %
Awareness regarding amount covered under scheme	90 %	10 %
Awareness regarding the smart card Validity Period	40 %	60 %
Awareness regarding number of family members covered under this scheme	45 %	55 %



The above chart shows that the 95.6 % people are fully aware about the RSBY scheme and 4.4% are not. As per my research 90% claim was received by people and they know about everything the norms of government scheme. It is also observe that only 40% people are known the card is valid only for one from the date of enrollment to 30<sup>th</sup> April every year and 60% people are unknown for that. It is also observed that most of the people think that all the family members will covered under this scheme but only 45% people are known that maximum 5 family members are registered under this scheme.

#### Choice of hospital for Treatment

Parameters	Respondent	
	In Numbers	In Percentage
Government Hospital	71	64.55 %
Private Hospital	25	22.73 %
Nursing Home	14	12.72 %
<b>Total</b>	<b>110</b>	<b>100 %</b>



A significant section of smart card holders requiring hospitalisation treatment avail services from Government hospitals. They constitute 65.55 % of the total respondents. Only 22.73% of the respondents avail hospitalisation treatment at private hospitals. The private doctors provide hospitalisation treatment to a smallest section of respondents constituting 4.3% of the total cases. Nursing homes provides hospitalisation treatment to less than 12.72 % of the cases. The public health facilities cater to health care needs of poor people in a significant manner compared to public hospitals.

#### Out-of-pocket Expenditure during Treatment

Parameters	Respondent	
	In Numbers	In Percentage
<b>(a) Have you done extra expenditure during treatment</b>		
Yes	94	85.46 %
No	16	14.54 %
<b>Total</b>	<b>110</b>	<b>100 %</b>
<b>(b) Out-of-pocket expenses</b>		
Up to Rs 500	07	7.45 %
Rs 500 – 5000	28	29.79 %
Rs 5000 – 15000	45	47.87 %
Above Rs 15000	14	14.89 %
<b>Total</b>	<b>94</b>	<b>100 %</b>

Financial accessibility and affordability is a major factor in the event of hospitalisation and illness. A great majority of respondents (47.87%) have incurred from Rs. 500 – Rs 15000 whereas, 7.45% of respondents have incurred less than Rs. 500. A section of respondents (14.89%) undergoing complicated surgery and medical treatment have to spend above Rs. 15,000. It is evident that the intervention of RSBY has prevented significant section of poor households from catastrophic spending and distress financing relating to hospitalisation and treatment.

#### Conclusion and Suggestions

Currently, there have been many discussions and debates on the model for universal model healthcare coverage in India. We have seen the participation of Government, committees set up for health planning and policy; academicians; civil society and health activists regarding the design and universalization of healthcare and within it, the role of insurance and the private sector. An article in the Lancet series on

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Universal health care in India signaled the move towards universalizing health coverage through insurance schemes akin to the RSBY scheme, as well as the active participation of the private sector. However, the High Level Expert Group (HLEG) on Universal Health Care established by the Planning Commission, taking cognizance of the shortcomings of insurance and experiences worldwide, has rejected the insurance model. The objectives of this research RSBY scheme are nevertheless pertinent to the current health scenario in India. RSBY has the possibility of protecting the poor from high hospitalization expenses (other than out-of-pocket-expenditure) thereby preventing such a proportion of the population from further impoverishment. For the people utilizing RSBY, the services available seem to have expanded with the choice of accessing private healthcare providers. However there are a number of challenges and weaknesses in the scheme as illustrated by our study.

#### References:-

- Dr.M.A.Raffey & Mr.B.N.Kamble (2011) “Progressive abolition of child labour in India ” International journal of Management and Economics, Vol.1, No.2, July 2011:44-48.
- Dr.M.A.Raffey (2011) “Trends and Issues in recruitment and Selection: A significant study” International journal of Management and Economics, Vol.1, No.2, October 2011:21-25.
- Dr.K.L.Salve & Dr.M.A.Raffey (2011) “Luxury Experience Through Recesion” Jidnyasa Thirst for knowledge, Vol.1, No.1, April 2010:47-50.
- Sarwade, W. K. "Global recession and industrial employment in India." In 2nd World Multiconference APPLIED ECONOMICS, BUSINESS AND DEVELOPMENT, pp. 3-6. 2010.
- Sarwade, W. K. (2011). Brand preferences and consumption pattern of edible oils in Maharashtra state. In International Conference on Economics and Finance Research, IPEDR(Vol. 4, pp. 330-334).
- Sarwade, W. K. (2002). Emerging Dimensions of Buyers Behaviours in Rural Area. Indian Journal of Marketing P, 13.
- *rsbychhattisgarh.in*
- <http://chhattisgarh.nic.in/policy/cpolicy.htm>
- [http://www.chhattisgarh.nic.in/schemes/sahara\\_yojana.htm](http://www.chhattisgarh.nic.in/schemes/sahara_yojana.htm)
- [http://health.cg.gov.in/policy/cg\\_policy\\_version\\_5.pdf](http://health.cg.gov.in/policy/cg_policy_version_5.pdf)
- <http://rsbychhattisgarh.in/website/uploaddoc/70.pdf>
- [http://www.rsby.gov.in/faq\\_scheme.aspx](http://www.rsby.gov.in/faq_scheme.aspx)

#### Magazines:-

- General Health
- Indian Medicine
- Yojana

#### Newspapers:-

- The Times of India
- The Hitvada
- Hindustan Times
- Danik Bhaskar

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