

## A Study on The Effectiveness of Rashtriya Swasthya Bima Yojana With Reference To Chirakkadavu Grama Panchayat.



### Social Science

KEYWORDS :RSBY Scheme, Health Insurance, BPL families, Poverty, Effectiveness

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### ABSTRACT

*Primary health care is the backbone of the Indian health system. Health problem can be occurred at any time for any one. To ensure "Health for all" is a huge challenge that confronts the authorities in India, given the country's size and the diversity of its population in socio-economic, regional, and cultural terms. Accordingly, steps were initiated to provide health insurance to selected beneficiaries either at the state level or national level.*

*Rashtriya Bima Swasthya Yojana Scheme was launched in 2008 by the Government of India, with the objective of providing health insurance to the poorest strata of society, i.e. below poverty line (BPL) households. The primary aim of RSBY is to protect BPL households from catastrophic health expenditure and to promote health-seeking behavior in them. The costs of this scheme are borne in the ratio of 3:1 between the central government and the state.*

*The main objectives of the studies are to study the financial impact and effectiveness in the implementation of RSBY among BPL families in Chirakkadavu Grama Panchayat and to identify whether the RSBY beneficiaries are satisfied with the amount provided for treatment under RSBY Scheme.*

### INTRODUCTION

Primary health care is the backbone of the Indian health system. Health means complete physical, mental and social well-being of the people. Health problem can be occurred at any time for any one. To ensure "Health for all" is a huge challenge that confronts the authorities in India, given the country's size and the diversity of its population in socio-economic, regional, and cultural terms. Adequate provision for health financing is essential for strengthening healthcare. Indians can be categorized as rural and urban, upper, middle and poor class, or above poverty and below poverty line. The upper or middle class generally residing in urban areas have access to quality healthcare. However, those residing in rural areas and living below the poverty line have limited access to healthcare and large population in India lack medical insurance coverage. In order to provide universal health coverage in a country like India, where most people are either unemployed, or employed informally in the unorganized sector, is not only challenging but also expensive.

Accordingly, steps were initiated to provide health insurance to selected beneficiaries either at the state level or national level. However, most of these schemes were not able to achieve their intended objectives. It was therefore envisioned to launch a well designed and implemented health insurance to increase access to health insurance and to improve its quality overtime. First the National Rural Health Mission (NRHM) introduced in 2006, has sought to increase public health spending to improve the health infra-structure, strengthen human resources and decentralizes the delivery of health care services, primarily in public health sector in rural areas. Second, in 2008, the Ministry of Labor announced the RSBY for poorest and aims at relieve them of the burden of healthcare costs.

Rashtriya Bima Swasthya Yojana Scheme was launched in 2008 by the Government of India, with the objective of providing health insurance to the poorest strata of society, i.e. below poverty line (BPL) households. Looking at the structure of RSBY, it is clear that the authorities have identified the target group efficiently and have incorporated within the policy frame the characteristics of the target groups: (a) poverty, (b) illiteracy, and (c) migration (Swarup, 2011). RSBY provides a cashless, paperless, and portable scheme to beneficiaries.

The primary aim of RSBY is to protect BPL households from catastrophic health expenditure and to promote health-seeking behavior in them. This study will help to know the effectiveness of RSBY in Chirakkadavu Grama Panchayat.

### SIGNIFICANCE OF THE STUDY

Health is a human right. Its accessibility and affordability have to be made sure. The escalating cost of medical treatment is beyond the reach of common man. Though the major part of the economy's total share of income comes from the household sector, the real problem is that the cost of medical care is very high and poor people cannot afford it. In India, insurance coverage for healthcare is very limited.

About 4 to 5% of total health expenditure are reimbursable under any insurance or reimbursement schemes. Studies have shown that in the absence of reimbursement mechanism, people borrow substantially to finance healthcare. With a large amount of cost incurred by households, it is researchable here from where people are getting financial support, especially during catastrophic illness, the financial burden of which is very high.

Healthcare has always been a popular area for India, a nation with a huge population, with a larger percentage of this population living in urban slums and in rural areas and below the poverty line. To avoid this situation government of India accorded sanction for medical expenses and ensure provision for reasonable medical facilities for the poor families.

### OBJECTIVES

To study the financial impact and effectiveness in the implementation of RSBY among BPL families in Chirakkadavu Grama Panchayat.

To identify whether the RSBY beneficiaries are satisfied with the amount provided for treatment under RSBY Scheme.

### METHODOLOGY

Sampling Design Type:- Simple random sampling method

Sampling Unit:- Chirakkadavu Grama Panchayat.

Sample Size:- 50

Tools Used for Analysis Instrument:- A structured Questionnaire is used.

Method: - the research is conducted by using contact methods through Questionnaire and Interview method

Data Analysis and Statistical Technique Method: - Various statistical methods like cross tabulation, bar graphs for analysis and representation of data. Likert Scale and Percentage method have been used here.

**DATA ANALYSIS AND INTERPRETATION**

Nowadays health and insurance industry play an important role in economy. Majority of the people are risk averters so they take different kinds of health insurance policies. This study shows the relation between this health status of the people and government assured program 'RSBY' and its working efficiency in Chirakkadavu Grama Panchayat.

There are 20 wards in Chirakkadavu Grama Panchayat. From 20 wards 50 houses were selected randomly as samples for this study. For convenience the sample population has been divided on the basis of their age. The classification is like an age pyramid 0-5, 5-15, 15-59, above 60

Both primary and secondary data are used in this study. The collected data are analyzed and interpreted by using various statistical tools such as likert scales, tables, graphs, percentage, and diagrams.

**Percentage analysis**

**TABLE 4.1: THE ANNUAL INCOME OF THE PEOPLE**

Annual income	Number household of	Percentage
Below 5000	6	12%
5000-10000	12	24%
10000-15000	17	34%
15000& above	15	30%
Total	50	100

Source :- Field Study

Above figure shows that 12 percent of the household belongs to low income group and 30 percent belongs to the income above Rs.15000 in Chirakkadavu Grama Panchayat. From this it is clear that most of the households are BPL families.

**TABLE 4.2 THE PREFERENCE OF THE PEOPLE FOR HOSPITALS**

Hospitals	No of person	percentage
Private	55	29.72%
Public	80	43.24%
Both	50	27.02%
Total	185	100

Source: Field Study

The number of patients is increasing due to various diseases. Out of this most of the patients are depending on public rather than private. 27.02% of the people prefer both public and private hospitals.

**TABLE 4.3: THE NUMBER OF BENEFICIARIES IN RSBY**

WARDS	RSBY		TOTAL
	BPL	APL	
20	925	73	998

Source: Field Study

In Chirakkadavu Panchayat, out of 17491 populations, there are 1700 families which come under the category of BPL. Out of 1700, only 925 are registered in the RSBY health insurance programme. Along with 925 BPL families, 73 APL families have been also registered in the RSBY programme. Among them; some of the people lost their card because of absence of renewal of their card at the proper time.

**TABLE 4.4: THE HEALTH INSURANCE HOLDERS**

Age	Policy holders		Percentage	
	Male	Female	Male	Female
0-5	-	2	-	2.33%
5-15	15	10	20.27%	11.63%
15-59	50	65	67.57%	75.58%
60& above	9	9	12.16%	10.47%
Total	74	86	100	100

Source: Field Study

The number of health insurance holders increased especially in low income group in the society. This is because of new health insurance policy, adopted by Government of India and Health Insurance Corporation of Kerala, Government Employment Generation Agency for BPL households.

The table shows the number of health insurance policy holders. In Chirakkadavu Grama panchayat 74 males and 86 females have taken health insurance policy. Out of 200 respondents 160 have health insurance policy, belonging to different age group. Among the total 160 people 142 have new insurance policy provided by government of Kerala and remaining 18 have other types of insurance policy.

**TABLE 4.5: INCOME EARNERS OF THE FAMILY**

Age	Male	Female	Male %	Female %
18-35	5	7	8.33%	25.93%
35-59	49	18	81.67%	66.67%
60& above	6	2	10%	7.40%
Total	60	27	100	100

Source: Field Study

The study reveals that, in the age group 35-59 and above 60 male income earners are higher than that of females. But in the case of age group 18-35, female income earners are higher than that of males.

**TABLE 4.6: Sufficiency of provision of amount for treatment**

Level of satisfaction	No of respondents	Percentage
Highly agree	30	60
Agree	10	20
No opinion	2	4
Disagree	6	12
Highly disagree	2	4
Total	50	100

Table and graph shows 60% of the people are highly agree with the amount provided for treatment is sufficient. Only 4-12% was disagreeing with this. From this table it is clear that amount provide for treatment is sufficient.

**TABLE 4.7: Opinion about RSBY makes improvement in health status**

Level of satisfactory	No of respondents	percentage
Highly agree	12	24
Agree	27	54
No opinion	0	0
Disagree	5	10
Highly disagree	6	12
Total	50	100

The table and graph shows that above 60% of people were agree with that RSBY makes improvement in health status.

**Likert scale analysis**

**TABLE 4.8: Opinion about amount provided for treatment is sufficient**

Sl. No	Factor	No of respondents	Weight	Weighted score
1	Highly agree	30	5	150
2	Agree	11	4	44
3	No opinion	2	3	6

4	Disagree	5	2	10
5	Highly disagree	2	1	2
Total		50	15	212

Likert value = Total weighted score ÷ Total number  
 $212 \div 50 = 4.24$

The respondents opinion about amount provided for treatment is sufficient lies between highly agree and agree. The value is more than 2.5 so the amount provided for treatment is sufficient.

**TABLE 4.9: Opinion about RSBY makes improvement in health status**

Sl No	Factor	No of respondents	Weight	Weighted score
1	Highly agree	12	5	60
2	Agree	29	4	116
3	No opinion	0	3	0
4	Disagree	5	2	10
5	Highly disagree	6	1	6
Total		50	15	192

Likert value = Total weighted score ÷ Total number  
 Value =  $192 \div 50 = 3.84$

The respondent's opinion about RSBY makes improvement in health status lies between highly agree and agree. The value is more than 2.5 so RSBY makes improvement in health status.

**TABLE 4.10: Opinion about RSBY improved family status**

Sl No	Factor	No of respondents	Weight	Weighted score
1	Highly agree	2	5	10
2	Agree	9	4	36
3	No opinion	0	3	0
4	Disagree	16	2	32
5	Highly disagree	23	1	23

Likert value = Total weighted score ÷ Total number  
 Value =  $101 \div 50 = 2.02$

The opinion about RSBY improved family status lies between disagrees and highly disagrees. The value is below 2.5 so RSBY does not improve family status of people.

**FINDINGS**

- The study reveals that, majority of the respondents under RSBY health insurance programme is belonging to BPL category. Each member should pay Rs. 30 towards family insurance policy.
- It's clear from the study that, 12 percent of the households belong to low income group and 24 percent of the households belonging to 5000-10000 and 34 percent of the households belongs to in 10000-15000. And another 30 percent of the households come under the category of income Above 15000.
- The increased number of new diseases makes them depend on the hospitals both private and public. 29.72 percent of the surveyed people are receiving services from the private hospitals 43.24 percent of the people depend on public hospitals and 27.02 percent of people depend on both private and public hospitals for treatment.
- Most of the RSBY health insurance holders are belonging to the age group of 15-59.
- The study shows that 80 percent of people were satisfied with the amount provided for treatment.
- The study shows that 78 percent of people have improvement in their health status.
- The study shows that 80 percent of people were not satisfied in RSBY to improve their family status.
- Respondents overall rating of RSBY is efficient.
- RSBY wants to improve the family status of people also.
- This insurance scheme fails to give its umbrella shelter to whole BPL families.
- The scheme really enhanced the health status of the smart card holders

**SUGGESTIONS**

A balanced expenditure pattern is likely to make a greater contribution to the people's health than emphasis on some single object to expenditure. For the efficient working of the programme RSBY, the following steps have to be initiated.

- Since a good number of families belonging to BPL are not aware of and not brought under the coverage of the programme. Smart card should be issued to all BPL families
- Set up a special agency for the monitoring and evaluation of the programme.
- In many District of Kerala, the number of hospitals is limited and in rural areas the services provided by the hospital are of low quality. So RSBY programme should be implemented in the rural hospitals.
- The hospital authorities charging higher amount for the treatment from the patients. So Government must monitor each of the hospital which comes under this programme.

**CONCLUSION**

Rashtriya Swasthya Bima Yojana is a right pill for poor people, today's medical expenses are very high and it cannot be affordable for low and middle income people. Free medical services increases the health status and standard of living of the people. It is a right choice especially at the time of inflation.

This programme is a boom to the earning members in the family since it releases them from the high medical expenses. Since the major share of medical expenditure is met by RSBY scheme, the rural poor are left with more reasonable amount of disposable income for their daily needs. This will of course improve their standard of living. From this study it is clear that RSBY protect BPL households from catastrophic health expenditure and promote health seeking behavior in them.

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