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Coverage Performance of Rashtriya Swastha Bima Yojana

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Abstract: The Rashtriya Swasthya Bima Yojana (RSBY) is national health insurance scheme targeting individuals below the poverty line has been in operation since 2007-08. But studies found poor performance of RSBY in delivering health services to poor, especially in rural India. Most of the Indian states and Union territories are lagging behind in enrolment of BPL families under RSBY.

Keywords: Rashtriya Swasthya Bima Yojana (RSBY), Primary Health, Health Insurance

INTRODUCTION

A major focus of Indian planning has been the development of the weaker sections of the society. In India large population is living in rural areas. Apart from high evidence of poverty, the social and human development indicators in most parts of rural India are dismal. The higher level of illiteracy and the lack of skills among the majority of rural people are serious constrains to their socio-economic development, at the same time there are high levels of malnutrition and poor health conditions [1-2].

Asian countries like Japan [2.12], Korea [2.0], Singapore [1.8] and China [1.4] have required doctorpatient ratio. India has only 0.69 doctors per 1000 person [2]. According to WHO it is difficult to achieve the recommended target of one doctor per 1000 people (WHO 2010). More importantly rural India with 70 percent of population has only 0.39 doctors per 1000 people and against 0.33 for urban [3].

In India child and maternal mortality is high. Death from chronic disease is increasing. Infant mortality is still high, it was 42 for 1000 in 2012. Indians account for a large proportion of world infant death. A large proportion of the population have no financial protection against health care costs, such that the poor are either unable to access quality health care or when they do so they are impoverished[4].

Indian government in recent years has taken bold steps to promote universal health care. The Rashtriya Swasthya Bima Yojana (RSBY) had been launched by the government of India in 2007, although the national legislation came about only toward the end of 2008 [5]. RSBY is a cashless health insurance plan for the poor. It aims to improve the quality of health services available to the poor by making it attractive for private and public hospitals to provide health care to poor. But some studies by Narayana [6], Raj shekher [7] and Rathi et al [8] found poor performance of RSBY in delivering health services to poor, especially in rural India. So the present paper is an attempt to study the coverage of RSBY in India.

COVERAGE OF RASHTRIYA SWASTHYA BIMA YOJANA

The RSBY is national health insurance scheme targeting individuals below the poverty line has been in operation since 2007-08. RSBY is a cashless health insurance plan for the poor. It aims to improve the quality of health services available to the poor by making it attractive for private and public hospitals to provide health care to the poor [5].

A study of RSBY in Karnataka found that impressive 85 per cent of eligible households in the sample were aware of the schemes and 68 per cent had been enrolled. But the large proportion of beneficiaries did not receive their smart card. It was also observed that many of them did not know how and where to obtain treatment under the scheme. More over hospitals were not ready to treat RSBY patient[7]. Rathi et al study in Amravati district of Maharashtra found some critical concerns in the very design and implementation of the programme that affecting the coverage of RSBY [8]. Empanelled hospitals tend to be placed near district headquarters raising costs of access for poor beyond the covered in the programme. It encouraged hospitals to treat simpler and less complicated disease.

| States | Number of District | | | Districts with Enrolment | |
|---------------|--------------------|-----------|--------------|--------------------------|---------------|
| | Selected | Enrolment | Enrolment in | Total BPL | BPL |
| | | Completed | Progress | Families | Families |
| | | | | | Enrolled till |
| | | | | | Date |
| Andhra | 1 | 1 | | 2894 | 2184 |
| Pradesh | | | | | |
| Bihar | 38 | 38 | | 1311234 | 7110173 |
| Gujarat | 26 | 26 | | 4370200 | 1828150 |
| Karnataka | 30 | 30 | | 4076642 | 1668415 |
| Kerala | 14 | 14 | | 3156063 | 2529417 |
| Madhya | 7 | 2 | 2 | 523606 | 178094 |
| Pradesh | | | | | |
| Maharashtra | 32 | 32 | | 153841 | 82860 |
| Orissa | 30 | 30 | | 5533946 | 3622851 |
| Punjab | 22 | 22 | | 453936 | 210081 |
| Rajasthan | 31 | 6 | 22 | 3384758 | 1871150 |
| Uttar Pradesh | 75 | 75 | | 11074061 | 5158546 |
| West Bengal | 19 | 18 | | 9222434 | 5412100 |

 Table No-1: Enrolment of Beneficiaries in India (March, 2012)

Source: w.w.w.rsby.gov.in [5]

At present out of a total of 29 states and 6 union territories, 1 union territory and 25 states are implementing this scheme. It is observed that majority of the selected districts in given states have completed enrolment of BPL families under RSBY except Madhya Pradesh and Rajasthan. In Madhya Pradesh out of 07 districts selected for enrolment, 02 have completed enrolment and in Rajasthan 31 districts were selected, out of which only 06 have completed enrolment of BPL families under RSBY. But the real taste of Coverage lies in the number of people actually enrolled. Out of total BPL families in selected districts, 80.1 per cent families have been enrolled in Kerala, 65.4 per cent in Orissa, 58.68 per cent in West Bengal. The enrolment of BPL families is below 50 per cent in the states of Madhva Pradesh. Punjab and Uttar Pradesh. Out of the estimated 66.80 million officially poor households, 28.20 million have been issued the smart cards. It works out to be 42.22 percent coverage within a period of four years since its introduction [9]. A study by D Narayana [6] found that districts in Uttar Pradesh, Maharashtra, Punjab, Haryana, Chhattisgarh, Gujarat, Bihar and Kerala account for over 85 per cent of all enrolled districts. The rest of the Indian states and Union territories have hardly seen any movement towards enrolment of BPL families in RSBY.

CONCLUSION

Rashtriya Swasthya Bima Yojana (RSBY) initiated during 2007-08 is an innovative program targeting BPL households to provide financial protection from health shocks. It is essential as the social and human development indicators in most parts of rural India are dismal. RSBY aims to improve the quality of health services available to the poor by

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making it attractive for private and public hospitals to provide health care to poor. But it is observed that large proportion of beneficiaries did not receive their smart card. It was also observed that many of them did not know how and where to obtain treatment under the scheme. The majority of the 20 Indian states and Union territories have hardly seen any movement towards enrolment of BPL families in RSBY. The proportion of poor families enrolled in RSBY varies between 34 per cent in Madhya Pradesh and 80 per cent in Kerala. The states like Uttar Pradesh, Bihar, Madhya Pradesh, Maharashtra etc. have large number of poor but their enrolment proportion is low.

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