Universal Healthcare Distant Dream or Reality: An Initiative by Rajasthan State through Chiranjeevi Swasthya Bima Yojana

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Abstract

"If health care is not affordable & accessible to all, is not of any use"

Since the COVID-19 outbreak in 2020, many people have been forced to give up their savings for the treatment of their families or for themselves. While the beds at the government hospitals were always occupied, many had to rush to the private hospitals at times of an emergency. It made a considerably large hole in the pockets of the middle-class Indians.

Recently, in view of the current situation, a health insurance scheme was launched by the name of 'Mukhyamantri Chiranjeevi SwasthyaBima Yojana' by the chief minister of Rajasthan, Ashok Gehlot. This state-operated scheme is supposed to offer cashless treatment to the residents of the state. Let's dive into details and learn about the different benefits this scheme is supposed to offer to the citizens of Rajasthan.

A large number of people in the State are not able to afford the expenditure of their treatment. High expenditure on health care is the major cause of rural indebtedness. The Rajasthan State Government has taken an unprecedented decision to start the CHIRANJEEVI SWASTHYA BIMA YOJANA has been started in the state from 1st may 2021. Rajasthan has taken a step towards 'universal health coverage' by providing quality free medical services to the citizens of the state on hospitalization in government as well as private hospitals and reducing the expenditure incurred by the family for health services.

To assess the awareness and understanding of Chiranjeevi Swasthya Bima Yojana in Bikaner Administrative Division a primary research was conducted on 400 respondents in Bikaner Division througharea sampling. The primary data was collected through schedule and data was analysed through Microsoft Excel and descriptive statistical measures like percentage and mean were calculated.

The data collected for this study showed that the awareness level of Chiranjeevi SwasthyaBima Yojana in Bikaner Administrative Division was low in urban areas.

Keywords: Universal Healthcare, Health Insurance, Chiranjeevi SwasthyaBima Yojana, affordable & accessible healthcare.

Introduction

"It was the wish of the father of the nation, MAHATMA GANDHI, that every tear should be wiped away. As long as there are tears and pain, our work will not end."

In India the health insurance was never been the important option in the past especially for the families in the bottom of the pyramid i.e. low-income families. It was presumed that low-income families are too poor to contribute for health insurance. So the government took the responsibility to cater health care needs of this segment. For providing the quality healthcare services government has introduced the universal health insurance schemes for this sector.

Awareness is the key to the successes of these schemes so there should be vigorous awareness programme for enrolling the beneficiaries. There should be emphasis on new age communication tools to increase the reach.

About the CHIRANJEEVI SWASTHYA BIMA YOJANA:

In the Rajasthan state budget 2021-22 state government has announced to implement 'universal health coverage' in the state. Chief minister CHIRANJEEVI SWASTHYA BIMA YOJANA has been started in the state from 1st may 2021. This scheme has been introduced with the commitment of good health by freeing all the citizens of the state from huge medical expenses so that there is no compulsion of money in the treatment of serious diseases.

Rajasthan has taken a step towards 'universal health coverage' by providing quality free medical services to the citizens of the state on hospitalization in government as well as private hospitals and reducing the expenditure incurred by the family for health services.

Chief minister CHIRANJEEVI HEALTH INSURANCE SCHEME has been launched with the objective of:

A. To reduce the out-of-pocket expenditure on health of eligible families.

B. To provide quality and specialist medical facilities to eligible families through government hospitals as well as private hospitals affiliated in the scheme.

C. To provide free treatment of diseases mentioned in the scheme to the eligible families of the state.

Eligibility Criteria:

Under the scheme, the eligible families are divided into two categories-

Category receiving free benefits: - 100% of the premium of eligible families of such category as determined by the state government is paid by the government. Currently eligible families under the Food Security Act, eligible families of Socio-Economic Census (SECC) 2011, contract employees working in state government departments / boards / corporations / government companies, small marginal farmers and receiving ex-gratia amount for Kovid-19 last year. The destitute and helpless families are included in the free category.

Category receiving benefits by paying Rs 850/- per family per year: - Those families of the state who do not come under the category of free eligible families and are not government employees / pensioners and are not taking benefits under Medical Attendance Rules They can take advantage of the scheme by paying 50% of the fixed premium i.e. Rs.850 per family per year. The remaining 50 percent of the premium will be borne by the government.

Coverage:

Geographical Presence:

All the districts of Rajasthan are covered through this scheme and include both public and selected private hospitals for In-Patients (Hospitalization) for 1576 type of treatments.

Benefits:

1. **Wallet Amount:** In this scheme an insurance cover of an amount of Rs. 50,000/- per annum for normal diseases and of 4.50 lakh for serious diseases is payable per family per annum. This wallet amount is for use in one policy year for the entire family. If the amount in the wallet of the patient falls short or has exhausted while booking the package for the patient during any policy year, then the balance amount will be paid by the patient himself.
2. **Package:** The scheme will be valid only for IPD procedures and identified procedures. Under the scheme, 1576 types of packages and procedures are available for various diseases. To make the packages more accessible and easier to understand, they have been divided into 3219 packages in the software of the scheme. Under the scheme, all the diseases before the start of the plan are included. The following medical facilities are included in the package of diseases available to the beneficiary under the scheme-

- Registration Fee
- Bed Expenses
- Recruitment Expenses and Nursing Expenses.
- Consultation fee for surgery, anaesthesiologist and general medicine.
- Anaesthesia, expenditure of blood, oxygen, OT etc.
- Expenses of medicines.
- Expenses on X-rays and tests etc.
- Expenditure on equipment needed to protect hospital staff and patients from communicable diseases.
- The cost of examinations, medicines and doctor's consultation fees related to the disease for which the patient is admitted to the hospital 5 days before and 15 days after the discharge is included in the amount of that package.

3. **Inclusion:** There is no limit on the size and age of the family under the scheme. Babies up to one year old will be entitled to take benefits under the scheme even without the name in the family card.

Review of Literature:

The Mukhya Mantri Chiranjeevi SwasthyaBima Yojana was launched recently in the Rajasthan State so there is dearth of study in this area but there were a number of studies in the area of health insurance so relevant prior work was studied some of them are given below. Deep insight in this area was sought from the experience gained from the Pradhan Mantri Jan Arogya Yojana (PM-JAY).

Gumber and kulkarni (2000) took the case of Gujrat and disused the community health insurance scheme liked by the poor who cannot otherwise afford it and not having the access of quality healthcare.

Ahuja and Narang (2005) discussed the relevance of the health insurance for poor and scope of these schemes for masses in India.

Joglekar (2008) emphasized on the out of pocket expenditure in Indian healthcare system which accounts for approx. 70% of total expenditure.

Shet, Qadiri, Saldanha, Kanalli, & Sharma (2019) in their study pointed out the gap in the communication. They also discussed that even all those who were aware, did not availed the health insurance. They also discussed the importance of community education as best tool to increase the adoption and utilization.

Research Methodology:

The main objective of the study was to assess the awareness and understanding of Chiranjeevi SwasthyaBima Yojana in Bikaner Administrative Division.

The data was collected from the Bikaner Administrative Division comprising four districts: Bikaner, Churu, Sri Ganganagar and Hanumangarh. The area wise sample size was decided on the basis of census 2011. Total sample size for the study was 400 and further it was divided in proportion to the population size. The primary data was collected through schedule. The schedule was designed to meet the objectives of the study. The data was collected during September & October 2021.

S. No.	District	Area (km^2)	Population (2011)	Proportion	Sample Size
1	Bikaner	30,247	2,363,937	0.290	116
2	Churu	13,835	2,039,547	0.250	100
3	Sri Ganganagar	10,978	1,969,168	0.242	97
4	Hanumangarh	9,656	1,774,692	0.218	87
		Total	81,47,344		400

Source:https://censusindia.gov.in/2011-common/censusdata2011.html

Data Analysis:

Total 400 respondents were asked to check the awareness level of Chiranjeevi SwasthyaBima Yojana in Bikaner Administrative Division. The data provides enough evidence that the urban residents are more aware about the scheme and the lower income people are also more aware as compared to urban residents in upper & middle upper-class segment. The reasons behind this contrast is also quite visible in informal interaction we come to know it is the local leaders and panchayats who not only motivated the rural mass but also helped them to get enrolled for the scheme. So that their grip in that vote bank become more and more visible. Here it is also notable that the word of mouth is the major source of awareness in lower income rural mass. In case of urban mass this link is missing and people think that this scheme is only of the lower income group and they are unaware that they can also register by paying Rs. 850 per month per family.

Table 1: Beneficiary Details

Beneficiary Type	Cost	No. of Families
Registered Beneficiary Family	Free	13,386,482
Farmers (Small & Marginal)	Free	1,530,081
Contract Workers (all departments / boards / corporations / government companies)	Free	74,346
National Food Security Act (NFSA)	Free	10,489,833
Families eligible for Socio Economic Census (SECC 2011)	Free	1,199
Destitute and Helpless families- Covid-19 Ex-Gratia	Free	297,780
All families except free category Rs.850/- per family per year	850/-	993,243
Number of beneficiaries		860,790

Source:https://chiranjeevi.rajasthan.gov.in/#/home

Table 2: Demographic Characteristics of Sample RespondentsDemographicNo. of Respondents

Demographic		No. of Respondents
Age-group	Less than 20 yr	14
	20-30yr	154
	30-40yr	115
	40-50yr	73
	Above 50yr	44
Have Health Insurance	Yes	156
	No	244

Household awareness about CSBY	Yes	357
	No	43
Have CSBY	Yes	118
	No	282
Major sources of awareness about CSBY	Friends/ Neighbours	172
	Panchayat	52
	Community Educators	23
	ANMs	28
	ASHA workers	86
	Radio	12
	News Paper	22
	Leaflets/ Brochures	5

Table 3:Impact of Demographic factors on awareness

Demographic		No. of Respondents	Aware	Not aware	χ^2 test p-value	Significance
Gender	Female	189	161	28		
	Male	211	196	15	0.1036138	Not Significant
Educational Qualification	<= Secondary	178	164	14		
	Sr. Secondary	113	104	9		
	Graduate	72	61	11		
	Post Graduate	37	28	9	0.1342247	Not Significant
Occupation	Business	54	51	3		
	Employed	38	29	9		
	Professional	11	9	2		
	Home Maker	127	110	17		
	Student	76	71	5		
	Self-employed/ Agriculture	94	87	7	0.3528744	Not Significant
Monthly Family Income Rs.	< 15000 Rs.	146	141	5		
	15000-25000	73	69	4		
	25000-35000	37	32	5		
	35000-45000	58	44	14		
	> 45000	86	71	15	0.0025372	Significant
Residence	Urban	132	105	27		
	Rural	268	252	16	0.0002326	Significant

Conclusion & Suggestions:

There is global shift over to Health Insurance to support the health-care system for all. India is also not different from others, we are also shifting from high cost of healthcare to universal health care system. The out of pocket health care block to access healthcare services and push families into indebtedness or poverty.Collective health insurance programme not only reduces the unit cost but also ensures high quality healthcare services.

We can divide the most of the health insurance schemes into "social health insurance (SHI), private health insurance (PHI), community (or micro) health insurance and government-initiated health insurance schemes".

The data collected for this study showed that the awareness level of Chiranjeevi SwasthyaBima Yojana in Bikaner Administrative Division was low in urban areas. In rural area word of mouth played crucial role in spreading awareness and getting enrolled. Panchayats and Social &

healthcare workers do have also played the pivotal roll in spreading awareness. Normally we think that the level of awareness in urban areas will be high but the study strongly contradicts the same. Though there is option of all the classes of society either free of cost or by paying Rs.850/ per family per year still the level of awareness and registration is poor in urban area specially those who are economically well. There is urgent need to increase the awareness in the masses through special outreach programmes both on line and offline. Awareness camps in schools and colleges will also help to increase the outreach. All the empanelled hospitalsshould be asked for village camps.

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