

## **A Study to analyse implementation of RSBY in Chhattisgarh**

### **Authors**

Ms Sulakshana Nandi<sup>1</sup>, Ms Kanica Kanungo<sup>2</sup>, Md. Hashim Khan<sup>3</sup>, Ms Haripriya Soibam<sup>4</sup>, Tarang Mishra<sup>5</sup>, Samir Garg<sup>6</sup>.

### **Introduction**

The Rashtriya Swasthya Bima Yojana (RSBY) was launched in 2008 to provide insurance cover to below poverty line (BPL) households from major health shocks that involve hospitalization. In Chhattisgarh RSBY was launched in June 2009 and Durg was the first district to be enrolled.

The present study attempts to analyse implementation of RSBY and bring out gaps in implementation. It also attempts to explore whether out of pocket expenses is still incurred by patients utilizing this insurance.

### **Methodology**

Data was collected through primary and secondary sources. Primary data was collected through interviews of people who had utilized RSBY in May and June 2010. Secondary data was collected from RSBY website.

The district with highest utilization rate in Chhattisgarh, Durg was selected. In Durg hospital wise data was sought from the district regarding utilisation. Data showed that only two Public hospitals (District Hospital and Gunderdehi) had undertaken hospitalisations, therefore these were included in the sample. Out of the Private Hospitals, hospitals in Durg and Bhilai towns were selected through convenience sampling. Finally two public hospitals (out of 16 empanelled) and five private hospitals (out of 10 empanelled) were selected for the study. The researchers spent four days at each hospital and attempted exit interviews of 10 cases per hospital, but finally the sample per hospital varied, due to non-cooperation by some of the hospitals. In CHC Gunderdehi, in June (when data was collected), the RSBY facility was closed for most of the period. Hence in order to complete the sample, the researchers identified the villages with highest number of hospitalisations and in the village traced beneficiaries through Mitans (ASHA).

A structured questionnaire was used to conduct exit interviews of patients at the facility and of beneficiaries in the village. This questionnaire was pilot tested on 5 patients.

---

<sup>1</sup> State Convener, Public Health Resource Network (PHRN), Chhattisgarh

<sup>2</sup> Student, MBA Health Management. Jamia Hamdard

<sup>3</sup> Student, MBA Health Management. Jamia Hamdard

<sup>4</sup> Programme Co-ordinator, Public Health Resource Network (PHRN), New Delhi

<sup>5</sup> Member, Public Health Resource Network (PHRN)

<sup>6</sup> Member, Public Health Resource Network (PHRN)

A total of 100 beneficiaries were interviewed which comes to 4% of total hospitalised cases in Durg district and 2% of total hospitalised cases in Chhattisgarh (both till 30<sup>th</sup> April 10).

### **Findings**

In Chhattisgarh 46% of the eligible families were enrolled till July 2010 and the hospitalisation rate was only 2 per 1000 persons enrolled. The claims ratio is low with only Rs. 6.4 crore paid as claims so far, whereas insurance companies received an annual premium of Rs. 75 crore. The average value of hospitalisations in Chhattisgarh is Rs 4411.

Primary survey shows that only 4% of recipients actually received their smart card on the spot. People were hardly given any information on RSBY. More people from rural areas and from SC/ST community were accessing public sector hospitals and 40% of these patients had been referred by Mitanin (ASHA). In terms of symptoms which brought people to the health facility, 33% of the respondents had complains of weakness, 18% fever, 13% surgery and 10% complained of abdominal pain.

For people who were aware of the amount deducted, the average value of hospitalisation in public sector was Rs 4988 while in private sector it was Rs. 7416.

58% of the respondents in private sector and 17% in public sector incurred out-of-pocket expenses. Average out-of-pocket expenditure in the private sector was Rs 1078 and in public sector it was Rs 309. Most private hospitals also kept a BPL quota, beyond which they refuse to admit patients under RSBY.

### **Discussion**

RSBY is meant for the poorest and aims to relieve them of the burden of health care costs. However, the study found that patients still incurred out of pocket expenses. Also, most private hospitals did not admit RSBY patients beyond their BPL quota though the patient could pay and get treatment at the same hospital.

A lack of transparency is evident from the enrollment process to the facility level where a large number of persons were not aware of the amounts deducted from their cards. There is need for more transparency and proactive disclosure about the details of patients for a more comprehensive analysis.

Unless the public health delivery system is strengthened and the private sector is regulated, this scheme will not yield desired results, instead cost of healthcare will further escalate for the poor. There needs to be more debate on the implementation and the design of RSBY.

### **Declaration on conflict of interest**

The authors declare that they have no conflict of interest.

**Funding source**

Public Health Resource Society, New Delhi