

A Study on the Problems Faced By RSBY Beneficiaries In Kerala- With Special Reference To Thrissur District.

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ABSTRACT

Government of India has introduced a new health insurance scheme called RashtriyaSwasthya BimaYojana in the year 2008 with the objective of providing financial protection against catastrophic health costs by reducing out of pocket expenditure for hospitalization. The scheme also provides better accessing to quality health care for below poverty line households and other vulnerable groups in the unorganized sector. The scheme could create a positive impact in Indian health care industry. It offers better health care accessing with minimum cost. At the same time, the beneficiaries of the scheme are facing some problems and challenges in its functioning. In this context the present study has been conducted to examine the problems of RSBY beneficiaries based on the health care system of Kerala. The problems are studied in two angles first from the problems that are directly related to the RSBY functioning, that are mostly generated from the scheme features and secondly from the problems that derived from the place of delivery.

KEYWORDS: RSBY- RashtriyaSwasthyaBima Yojana, ESI- Employees State Insurance, Health Insurance

1. INTRODUCTION

In the past the health insurance was not much popular in India especially among the unorganized community. Majority of Indians met their health care cost privately rose the out of pocket expenditure of the health care services. The continuous health failure of members of household had sometimes led to impoverishment of household which was the serious issue under consideration by the Government of India. The Government had introduced some health insurance cover to selected beneficiaries either at the State level or National level. However, most of these schemes were failed to achieve its intended objectives as there were some issues with either the design and/ or implementation of these schemes. On this background, the Government of India decided to implement a health insurance scheme with a design which not only avoids the pitfalls of the earlier schemes but provides a world class model. For this purpose, a critical review of the existing and earlier health insurance schemes was done with the objective of learning from their good practices as well as seeks lessons from the mistakes.

The workers in the unorganized sector constitute about 93% of the total work force in the country and majority of them were beyond any social security coverage. Even though the Government had implemented some social security measures for certain occupational groups, the coverage was miniscule. Recognizing the need for providing social security to these unorganized workers, the Central Government has introduced the RashtriyaSwasthyaBimaYojana (RSBY) in 2008. The

Objective of the scheme is to provide protection to BPL households from financial liabilities arising out of health shocks that involve hospitalization. Initially the scheme was under the Ministry of Labour and Employment now it has been transferred to Ministry of Health and Family Welfare from April 1, 2015. The introduction of RSBY was an important foot step by the Government in the insurance industry. More than that of a usual health insurance product, the scheme has offered lots of incentives and provisions for the hospitalized patients. But there are lots of challenges in front of the government to make the scheme a big success. Government is only a model builder and the success of the scheme depends upon the coordination and support of the parties through which it reaches out the beneficiaries. While the scheme reaches out to the ultimate beneficiaries it may handle by different parties and it may go through different stages. The scheme has to identify all these and strengthen itself to resist all these challenges so as to make itself as a big success. Thus, the present study focuses on the problems which are faced by the beneficiaries in the implementation of the RSBY scheme in Kerala with special reference to Thrissur district.

2. LITERATURE REVIEW

“Implementation may be the biggest challenge for Modicare”, a report by Dipti Jain(2017) highlighted some of the challenges in the implementation of government sponsored health insurance schemes. The report says that there is no effective mechanism exists to prevent the misutilization of the scheme by the ineligible persons. Similarly, there is no monitoring system exist to ensure that the hospital authorities, insurance companies or third-party insurers etc. properly handed over the funds to the hands of those to whom the scheme is targeting. Thus, the role of the scheme in reducing the out of pocket expenditures is questioned.

The Controller and audit general of India 2014 found out large misappropriation in the RSBY fund utilization by some of the hospitals in Kerala. The hospital authorities were failed to maintain the accounts as per the rules prescribed by Kerala Treasury and also failed to utilize the fund fully which allocated for the RSBY implementation at the hospital levels. Some of the hospitals also failed to recover the claim amount from the insurance companies fully and also the RSBY beneficiaries deprived the Travelling allowances too.

A study conducted among households in Karnataka (2011) pointed out some of the problems in RSBY implementation. The awareness level of the beneficiaries was satisfactory. But there are some problems which make the scheme very hard. The main problems include, delay in card issues, slow recruiting of hospitals, tack of training to the hospital staffs, inefficient communication system, refusal to treat the patients under the scheme, non-releasing of various incentives and allowances.

A study conducted by the public Health Foundation of India revealed some of the Problems of Government sponsored health insurance schemes including RSBY. It was observed that RSBY delivered its services through empanelled hospital which includes both public and private hospitals, but there is delay in the reimbursement of fund by the union ministry of health. Moreover, the RSBY could not make an impact on the out of pocket expenditures of outpatient and there is 30% rise in the out of pocket expenditures after the implementation of RSBY. Thus, it concluded that RSBY is ineffective in reducing the burden of out-of-pocket spending on poor households.

3. RESEARCH PROBLEM

Although, the Indian health insurance sector is a growing segment, only less than 20% of population has any of health insurance coverage (National Health Profile 2015). There are lots of health insurance policies available to the organised community but there was no single scheme which satisfies the needs of mass unorganised community. To solve this problem the Government of India introduced a new scheme called RashtriyaSwaathyaBima Yojana Scheme in the year 2008 with the objective of providing financial assistance to the workforce who belongs to the unorganised sector. According to the National Health Profile 2015 compiled by the Central Bureau of Health Intelligence around 15.5 crore people (11.82%) are covered under the three Central Government health schemes- Central Government Health Insurance Scheme, ESI and RSBY. Even though the scheme is very cost effective and offers lots of innovative packages the penetration of the scheme among the targeted population is very low. The RSBY scheme is government sponsored health insurance scheme, and the scheme is working with in a structured framework. In this context the study focuses on the problems faced by the RSBY beneficiaries in Kerala with special focus on the Thrissur district.

4. OBJECTIVES

- To examine the problems faced by the RSBY beneficiaries while availing the scheme benefits.
- To identify the problems faced by the RSBY beneficiaries at the hospital services.

SCOPE OF THE STUDY

The present study focuses on the problems that are faced by the RSBY beneficiaries while availing the benefits. The problem may be related to the RSBY scheme benefits or it may be related to the hospital services from which they availed the services. The study conducted at Thrissur district with a sample size of 60 RSBY beneficiaries who already availed the benefits. Hence the results of study may vary when it applied to any other districts of Kerala except Thrissur.

5. RESEARCH METHODOLOGY

The study is descriptive and analytical in nature. It used both primary as well as secondary data. For collecting the primary data, a structured questionnaire was prepared and the same was issued to a sample of 60 RSBY beneficiaries located at Thrissur district. The sample beneficiaries were collected using convenience sampling technique. The statistical tools like mean, standard deviation, z test and ANOVA were used for the data analysis. Structural equation modeling (SEM) and multiple comparison tests are also used for the study.

DATA ANALYSIS

MODEL FIT INDICES FOR CFA – PROBLEMS FACED WITH THE SCHEME

| | χ^2 | DF | P | Normed χ^2 | GFI | AGFI | NFI | TLI | CFI | RMR | RMSEA |
|--------------------------------|----------|----|------|-----------------|------|------|------|-------|-------|------|-------|
| Problems faced with the scheme | 42.166 | 46 | .634 | .917 | .897 | .825 | .798 | 1.038 | 1.000 | .123 | .000 |

| | | | | | | | | | | | |
|-------------------|--|--|--|----|------|------|------|------|------|----|----|
| Recommended value | | | | <5 | >0.9 | >0.9 | >0.9 | >0.9 | >0.9 | <1 | <1 |
|-------------------|--|--|--|----|------|------|------|------|------|----|----|

TABLE NO 1

INTERPRETATIONS

Table 1 shows the results of Confirmatory Factor Analysis conducted on the constructs of Problems faced with the scheme. All the attributes loaded significantly on the latent constructs. The value of the fit indices indicates a reasonable fit of the measurement model with data. The identified constructs are tested using the following hypothesis. The results of hypotheses testing are shown in the table 2.

HYPOTHESIS

H1: PS1 to PS 12 is not a problem of the scheme.

Ho: PS1 to PS 12 is not a problem of the scheme

The above hypothesis was tested using Structural Equation Modelling and the results are shown in the table 2.

THE REGRESSION COEFFICIENTS -PROBLEMS FACED WITH THE SCHEME

| FACTORS/ LATENT VARIABLES (DEPENDENT VARIABLE) | CONSTRUCT (INDEPENDENT VARIABLE) | REGRESSION COEFFICIENT | C.R. | P | VARIANCE EXPLAINED (%) |
|--|--|------------------------|--------|--------|------------------------|
| Problems faced with the scheme | Out dated package rate for various services - PS1 | 0.341 | 2.682 | 0.009 | 11.6 |
| | Activation of smart card requires others help- PS2 | 0.395 | 3.154 | 0.003 | 15.6 |
| | The yearly renewal system creates a service gap- PS3 | 0.030 | 0.227 | 0.822 | 0.1 |
| | Lots of procedures irritating the patients -PS4 | 0.407 | 3.262 | 0.002 | 16.5 |
| | Non eligible people are exploiting the scheme- PS5 | -0.019 | -0.143 | 0.886 | 0.0 |
| | Five days post hospitalization coverage is not sufficient for regular patients- PS6 | 0.787 | 8.029 | <0.001 | 61.9 |
| | Travelling expenses coverage is not enough to cover the actual cost - PS7 | 0.844 | 9.323 | <0.001 | 71.3 |
| | Use of biometric smart card continuously creates technical errors - PS8 | 0.453 | 3.688 | <0.001 | 20.5 |
| | Use of biometric system cause privacy issues - PS9 | 0.159 | 1.211 | 0.231 | 2.5 |
| | No special package for children - PS10 | 0.117 | 0.887 | 0.378 | 1.4 |
| | Inadequate coverage for sever deceases such as kidney failure heart surgery cancers - PS11 | 0.517 | 4.320 | <0.001 | 26.7 |
| | the rejection of claims by the insurance | 0.218 | 1.673 | 0.100 | 4.7 |

| | | | | |
|-----------------------------|--|--|--|--|
| company is very high - PS12 | | | | |
|-----------------------------|--|--|--|--|

Source: Primary Data

TABLE NO 2

INTERPRETATION

The table 2 shows the regression coefficients of all the variables which constitute the problem with the scheme. The standardised direct effect of the constructs such as PS2, PS4, PS6, PS7, Ps8 and PS11 are more or equal to the recommended value of 0.4, therefore all these constructs are the problems with the scheme.

MODEL FIT INDICES FOR CFA – PROBLEMS FACED WITH THE HOSPITAL SERVICES

| | χ^2 | DF | P | Normed χ^2 | GFI | AGFI | NFI | TLI | CFI | RMR | RMSEA |
|---------------------------------|----------|-----|------|-----------------|------|------|------|------|------|------|-------|
| Problems with hospital services | 163.806 | 131 | .027 | 1.250 | .740 | .710 | .740 | .907 | .928 | .131 | .065 |
| Recommended value | | | | <5 | >0.9 | >0.9 | >0.9 | >0.9 | >0.9 | <1 | <1 |

TABLE NO 3

INTERPRETATIONS

Table 3 shows the results of Confirmatory Factor Analysis conducted on the constructs of Problems faced with the hospital services. All the attributes loaded significantly on the latent constructs. The value of the fit indices indicates a reasonable fit of the measurement model with data.

HYPOTHESIS

H1: PHS1 to PHS 19 isnot a problem with the hospital services.

Ho:PHS1 to PHS 19 isa problem with the hospital services.

The above hypothesis was tested using Structural Equation Modelling and the results are shown in the table 4.

The regression Coefficients -Problems faced with the hospital services

| FACTORS/ LATENT VARIABLES (DEPENDENT VARIABLE) | CONSTRUCT (INDEPENDENT VARIABLE) | REGRESSION COEFFICIENT | C.R. | P | VARIANCE EXPLAINED (%) |
|--|---|------------------------|-------|--------|------------------------|
| Problems faced with hospital services | Lengthy process to get admission - PHS1 | 0.418 | 3.362 | 0.001 | 17.4 |
| | No special counters for RSBY patients - PHS2 | 0.460 | 3.755 | <0.001 | 21.1 |
| | Number of hospitals empanelled to the scheme is very few - PHS3 | 0.239 | 1.840 | 0.071 | 5.7 |
| | Difficult to reach the selected hospital - PHS4 | 0.072 | 0.545 | 0.588 | 0.5 |
| | Lengthy queue in front of various counter irritating the patients and bystanders - PHS5 | 0.609 | 5.340 | <0.001 | 37.1 |
| | For consulting the patients there is no special queue/ counters - | 0.343 | 2.699 | 0.009 | 11.8 |

| PHS6 | | | | |
|--|--------|--------|--------|------|
| RSBY patients are feeling neglected as compared to other patients - PHS7 | 0.571 | 4.900 | <0.001 | 32.6 |
| Continuous visiting into the same hospital discouraging the hospital authorities - PHS8 | 0.549 | 4.658 | <0.001 | 30.2 |
| Continuous delay in documentation work creates service gap - PHS9 | 0.703 | 6.593 | <0.001 | 49.5 |
| Hospital authorities refuse to make the travelling expenses - PHS10 | 0.222 | 1.704 | 0.093 | 4.9 |
| Hospital authorities refuse to give free food to the patients - PHS11 | -0.006 | -0.045 | 0.964 | 0.0 |
| Doctors always suggesting outside medicines/costly medicines - PHS12 | 0.673 | 6.162 | <0.001 | 45.4 |
| Doctors always referring to other hospital which is not covered under the scheme - PHS13 | 0.561 | 4.789 | <0.001 | 31.5 |
| Hospital not covering all the RSBY category diseases - PHS14 | 0.473 | 3.880 | <0.001 | 22.4 |
| Lengthy queue with various counters creates conflicts with other patients - PHS15 | 0.692 | 6.431 | <0.001 | 47.9 |
| Feels discrimination on the part of doctors and other hospital staffs - PHS16 | 0.716 | 6.790 | <0.001 | 51.3 |
| RSBY staff not experienced /trained to do their works - PHS17 | 0.581 | 5.013 | <0.001 | 33.7 |
| Hospital charges extra cost for various services - PHS18 | 0.612 | 5.376 | <0.001 | 37.4 |
| Doctors / staff demanding tip/ additional charges - PHS19 | 0.390 | 3.109 | 0.003 | 15.2 |

Source: Primary Data

TABLE NO 4

INTERPRETSTION

The results exhibited in Table 4 revealed that the regulatory constructs PHS1, PHS2, PHS5, PHS7, PHS8, PHS9, PHS12, PHS13, PHS14, PHS15, PHS16, PHS17 and PHS18 have significant impact on problem with the hospital services as the standardised direct effect of this constructs on problem are more or equal to the recommended value of 0.4, therefore, these constructs are considered as the problems faced by the RSBY beneficiaries with the hospital services.

HYPOTHESIS

H1: The mean score of Problems faced with the scheme is not same for the demographic variables such as gender, age, occupation, income and regular patients.

Ho: The mean score of Problems faced with the scheme is same for the demographic variables such as gender, age, occupation, income and regular patients.

The above hypothesis was tested using one-way ANNOVA and one sample z test and the results are shown in the table 5.

PROBLEMS WITH THE SCHEME AND DEMOGRAPHIC VARIABLES/

| VARIABLES | CLASSES | N | MEAN | SD | F/ Z | F/Z VALUE | P VALUE |
|-----------|---------|---------|-------|-------|------|-----------|---------|
| Gender | Male | 32 | 43.53 | 5.37 | z | -0.503 | 0.617 |
| | Female | 28 | 44.39 | 7.80 | | | |
| | | Upto 30 | 7 | 45.86 | 6.87 | f | |

| | | | | | | | |
|----------------------------|----------------|----|-------|-------|---|-------|-------|
| Age | 31-40 | 2 | 49.00 | 5.66 | f | 1.967 | 0.112 |
| | 41-50 | 11 | 39.64 | 5.03 | | | |
| | 51-60 | 16 | 43.56 | 5.46 | | | |
| | Above 60 | 24 | 45.17 | 7.27 | | | |
| Occupation | Unemployed | 19 | 47.16 | 7.20 | f | 1.961 | 0.088 |
| | Student | 2 | 45.00 | 4.24 | | | |
| | Government job | 2 | 40.00 | 4.24 | | | |
| | Private job | 5 | 40.80 | 12.50 | | | |
| | Business | 6 | 46.83 | 4.83 | | | |
| | Self employed | 7 | 42.57 | 2.23 | | | |
| | Kooli | 19 | 41.42 | 4.39 | | | |
| Annual income | Upto 10000 | 32 | 42.03 | 5.61 | f | 4.257 | 0.009 |
| | 10001-30000 | 16 | 48.25 | 6.81 | | | |
| | 30001-50000 | 8 | 44.75 | 7.21 | | | |
| | Above 50000 | 4 | 40.25 | 3.77 | | | |
| Number of regular patients | Nil | 31 | 42.35 | 5.72 | f | 2.036 | 0.140 |
| | One | 22 | 45.95 | 6.30 | | | |
| | Two | 7 | 44.57 | 9.69 | | | |

Source: Primary data

TABLE NO 5

INTERPRETATION

The above table shows the relationship between the demographic variables such as gender, age, occupation, annual income and number of regular patients with the problems faced by the beneficiaries with the scheme. It reveals that a statistical value of p is more than 0.05 for all the demographic variables except the annual income which means that the problems with the scheme differs with different income groups. In order to identify the income groups among which the problems with the scheme has different effect a multiple comparison test has been conducted and the results of the same is shown in table 6.

Multiple Comparisons Test

| DEPENDENT VARIABLE | | MEAN DIFFERENCE (I-J) | SIG. | |
|--------------------------------|-------------|-----------------------|-----------|-------|
| Problems faced with the scheme | Upto 10000 | 10001-30000 | -6.21875* | 0.002 |
| | | 30001-50000 | -2.719 | 0.263 |
| | | Above 50000 | 1.781 | 0.583 |
| | 10001-30000 | Upto 10000 | 6.21875* | 0.002 |
| | | 30001-50000 | 3.500 | 0.190 |
| | | Above 50000 | 8.00000* | 0.022 |
| | 30001-50000 | Upto 10000 | 2.719 | 0.263 |
| | | 10001-30000 | -3.500 | 0.190 |
| | | Above 50000 | 4.500 | 0.233 |

| | | | | |
|--|-------------|-------------|-----------|-------|
| | Above 50000 | Upto 10000 | -1.781 | 0.583 |
| | | 10001-30000 | -8.00000* | 0.022 |
| | | 30001-50000 | -4.500 | 0.233 |

Source: Primary data

* The mean difference is significant at the 0.05 level.

TABLE NO 6

INTERPRETATION

The results of ANOVAs presented in the table 5 revealed that there is a significant relationship exist between the problems with the scheme and different income groups. Therefore, a multiple comparison test was done to identify the income group showing the variability and the result shows that the effect of problems varies among the income groups upto 10000 and 10001- 30000 and 10001-30000 and above 50000.

HYPOTHESIS

H1: The mean score of Problems with the hospital services is not same for the demographic variables such as gender, age, occupation, income and regular patients.

Ho: The mean score of Problems with the hospital services is same for the demographic variables such as gender, age, occupation, income and regular patients.

The above hypothesis was tested using one-way ANNOVA and one sample z test and the results are shown in the table 5.

PROBLEMS WITH THE HOSPITAL SERVICES AND DEMOGRAPHIC VARIABLES

| VARIABLES | CLASSES | N | MEAN | SD | F/Z | F | P VALUE |
|---------------|----------------|----|-------|-------|-----|-------|---------|
| Gender | Male | 32 | 55.41 | 11.22 | z | 0.243 | 0.809 |
| | Female | 28 | 54.68 | 11.94 | | | |
| Age | Upto 30 | 7 | 58.71 | 12.71 | f | 0.317 | 0.865 |
| | 31-40 | 2 | 54.00 | 15.56 | | | |
| | 41-50 | 11 | 53.73 | 8.98 | | | |
| | 51-60 | 16 | 53.38 | 13.78 | | | |
| | Above 60 | 24 | 55.83 | 10.86 | | | |
| Occupation | Unemployed | 19 | 57.16 | 10.48 | f | 1.061 | 0.397 |
| | Student | 2 | 54.50 | 20.51 | | | |
| | Government job | 2 | 48.00 | 31.11 | | | |
| | Private job | 5 | 48.80 | 15.85 | | | |
| | Business | 6 | 62.83 | 10.72 | | | |
| | Self employed | 7 | 55.29 | 8.85 | | | |
| Annual income | Upto 10000 | 32 | 54.75 | 9.38 | f | 0.418 | 0.741 |
| | 10001-30000 | 16 | 57.06 | 11.04 | | | |
| | 30001-50000 | 8 | 51.63 | 13.55 | | | |
| | Above 50000 | 4 | 56.50 | 24.12 | | | |
| | Nil | 31 | 54.77 | 11.11 | f | 0.029 | 0.971 |

| | | | | | | | |
|----------------------------|-----|----|-------|-------|--|--|--|
| Number of regular patients | One | 22 | 55.55 | 12.80 | | | |
| | Two | 7 | 54.86 | 10.04 | | | |

Source: Primary Data

TABLE NO 7

INTERPRETATIONS

The above table shows the relationship between the demographic variables and the problems at the hospital services while delivering the RSBY services. As the p value of all the demographic variables is greater than 0.05, the null hypothesis is rejected and concluded that there is no significant difference exist between the demographic variables and the problems at the hospital services. The mean score of Problems with the hospital services is same for the demographic variables such as gender, age, occupation, income and regular patients.

FINDINGS

The results of the study show that among the demographic variables only annual income has a significant relationship with the problem of the scheme. The problem of the scheme has different impact among the income groups who belong to the groups, up to 10000 and 10001- 30000 and 10001-30000 and above 50000. There is no significant relationship among the demographic variables and the problems with the hospital services. A SEM model was developed with regression coefficients which identified the main problems faced by the beneficiaries with the scheme as well as with the hospital service. As per the model the main problems with the scheme includes-

- Activation of the scheme by using smart card requires others help.
- Lots of procedures such as figure print verification, smart card activation etc irritating the patients/ bystanders.
- Insufficiency in five days post hospitalization expenses for periodic patients,
- Limited and insufficient allocation of travelling expenses,
- Biometric smart card generates some technical errors
- Insufficient fund allocation for sever deceases such as kidney failure heart surgery cancers.

At the same time the main problems that generated from the hospital services in connection with RSBY implementation includes the following: -

- Lengthy process to get admission
- No special counters for RSBY patients
- Lengthy queue in front of various counters
- RSBY patients are feeling neglected as compared to other patients
- Continuous visiting into the same hospital discouraging the hospital authorities,
- Continuous delay in documentation work creates service gap,
- Doctors always suggesting outside medicines/costly medicines,
- Doctors always referring to other hospital which is not covered under the scheme,
- Hospital not covering all the RSBY category diseases,

- Lengthy queue with various counters creates conflicts with other patients,
- Feelings of discrimination on the part of doctors and other hospital staffs,
- RSBY staff not experienced /trained to do their works and
- Hospital charges extra cost for various services.

LIMITATIONS

- The scope of the study is limited to the Thrissur district only.
- The size of sample is limited to 60 RSBY beneficiaries.

6. CONCLUSION

The RSBY scheme, a government sponsored programme coming to force to reduce the out of pocket expenditures due to health care among the categories of people who are financially challenged. It was the first comprehensive health insurance of government which offers wide variety of package. Even though the scheme could capture the health insurance market designed for the special category, there are certain areas which need to improve. The scheme itself has some problems in its design and implementations and those problems can be solved by restructuring the features and continuous monitoring practices. At the same time the scheme facing some challenges from the channels through which it meets the service needs of the community. The problems faced by the beneficiaries with the scheme are comparatively less as compared to the problems with the hospital services. Therefore, a very strict service mechanism should be implemented at the RSBY hospitals to ensure the smooth service flow which increases the beneficiaries support and satisfaction so that the scheme will be a big success and will become a good model.

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