"A STUDY ON, UTILISATION AND AWARENESS OF MUKHYA MANTRI CHIRANJEEVI SWASTHYA BIMA YOJANA IN JAIPUR DISTRICT, RAJASTHAN "

Dissertation Submitted to

The IIHMR University, Jaipur

For the partial fulfilment for the award of the degree ofMaster of Business Administration (MBA)

In
Hospital and health management by
Dr. Navneet Kour

Under the Supervision and Guidance of

(Col) Dr Mahendra Kumar
2021-2023

DECLARATION BY STUDENT

I hereby declare that this dissertation titled – “a study on utilization and awareness on mukhiya Mantri Chiranjeevi Swasthya Bima yojana” .is the Bonafede record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished workof others has been duly acknowledged in the text.

Name of student- Dr Navneet Kour
Date- 29/05/2023

CERTIFICATE

This is to certify that Dr Navneet Kour in partial fulfillment of the requirements for the awardof the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur has successfully completed her internship at Enira Consulting Private Limited during February 20- May 19, 2023.

Place: Bhavnagar

Date: 23/05/2023

Director

Enira Consulting Private Limited

ACKNOWLEDGEMENT

The dissertation project was a sort of experiential learning for me which gave me insights into the daily managerial level issues of this renowned hospital. I consider myself fortunate enough to interact with the highest authorities, who have encouraged and guided me with their support and patience.

First, I would like to thank **Dr Sabine Kapasi**, Director for providing me an opportunity to carry out my dissertation at **Enira Consultancy Pvt Ltd**

I want to express my gratitude and sincere thanks to **Dr Hardik Sankhla (**Project Manager), **Dr Ashish Panghal** (Project Manager), for their constant support and invaluable time-to-time guidance and help in completion of this project.

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Finally, I acknowledge my indebtedness to the staff of the Hospital and my respected Guide of The IIHMR University **col Dr Mahendra Kumar** for providing his constant support by guiding me throughout my internship period.

I would also like to thank all those who have directly or indirectly supported me towards the completion of this Dissertation.

Sincerely,
Navneet Kour
MBA-HM (2021-23), Roll No – 1333

LIST OF ABBRIVIATIONS:

1. PMJAY: Pradhan Mantri Jan Arogya Bima yojana
2. CGHS: Central government health insurance scheme
3. RGHS: Rajasthan government health insurance scheme
4. TPA: Third party administration
5. OPD: Out -patient department
6. IPD: In -patient department

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About organization:

Founded on June 4, 2019, Enira Consulting Private Limited is a privately owned business. It is listed with the Ahmedabad Registrar of Companies. The business is a non-government organisation.
Enira Consulting conducts a range of activities connected to law, accounting, bookkeeping, and auditing. Market research, opinion polls, business, and management consulting, as well as tax consulting, are among the services they offer. These services are made to cater to the needs of clients seeking assistance and information in market, legal, financial, tax, and financial studies, as well as general business consulting.

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Enira consulting private limited founded under the vision and mission of Rafiq Shaikh and Shabnam Kutubbhai Kapasi.

Details of Enira:

Full Name	Enira Consulting Private Limited
Founded on	04, June 2019
Works on	Legal, financing, marketing, startups, hospitals, market research, public polling, tax consultancy.
Category	Private

SCOPE OF SERVICES IN ENIRA

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Enira consultancy is a reputed firm specializing in providing comprehensive venture capital services.
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4. Academic consultancy –

Enira consultancy provide wide range of strategic consultancy to universities and educational organisations. Deals with strategic planning and institutional development.

Current projects:

ROPAN-

Enira is working on project ROPAN which is single digital interface for diabetes and anaemia screening to achieve better health outcomes and community reach with technology advancement in healthcare sector.

GOU-TECH INCUBATOR-
Enira is innovative consultancy firm working on development and economic growth of gaushala (cow- shelters) in India.

VITAL-PROBE-
Enira is working on VITAL-PROBE which is fore-front cutting-edge biosensor technology for remote patient monitoring, post-surgical care, chronic disease management and real time healthcare data.

About CEO:

Dr Sabine Kapasi is a gynaecologist and a health policy and governance strategic lead. She has experience working with numerous health care organisations and initiatives in both the public and commercial sectors. studied data strategy at Stern NYU, HBS, and The Wharton School. She provides health policy advice to the governments of five states, the PS health GOI, and the US Department of State. was a member of the original team that developed the 2012 Gujarat CM election strategy. worked on the Obama Care pricing models and started and contributed to the creation of Ayushman Bharat. formerly advised six states on various healthcare projects. She also oversees supply chain procurement and governance strategy at MSF UN. have worked in 68 nations and instruct courses at INSEAD and HKS.
She spent 13 months on deputation across the world, stopping in Tehran, Barcelona, Paris, London, and Washington before arriving in Lima to oversee the COVID response for the entire South American region. She has been on the front lines as a member of the UN COVID 19 reaction team. I collaborated with the NEGVAC on vaccine policy and outreach recommendations after March 2021. She has also joined the National Covid Task Force, MOH in India, as a strategy advisor as of October 1.

Farther She wants to create intelligent healthcare ecosystems around the nation and deliver the most recent advancements in healthcare to every household.

Additionally, she collaborates with many government agencies on projects and policies involving health care and technology. She is currently providing various projects consulting services to 5 Indian states.

As part of her social obligation, she became an Atal Mentor of Change, where she mentors aspiring designers and business owners.

She also serves as an auditor for the many WHO health initiatives.

ABSTRACT

Aim: Utilization and awareness on mukhiya Mantri Chiranjeevi Swasthya Bima yojana

Objective: This study aimed to find out how popular this scheme was in the Jaipur district and what the general people thought about it.

Introduction: The Mukhiya Mantri Swasthya Bima Yojana, the state of Rajasthan's major health insurance scheme, was established to give residents of the state access to low-cost, high-quality medical care. The goal of this yojana is to alleviate the financial burden of medical expenses while ensuring that those from low-income groups can access necessary medical treatment without any financial obstacles. All medical services, including hospitalization, surgery, diagnostic tests, and medicines, are covered for eligible participants in this complete health insurance scheme, including cashless care. By increasing financial security and enhancing access to healthcare, the Mukhiya Mantri Swasthya Bima Yojana in Rajasthan significantly enhances the general health and well-being of its citizens, promoting a healthier and more prosperous community.

Methodology:
The study was descriptive in nature. Phone interviews, Google form survey and structured questionnaires were used to gather primary data. Secondary data was collected from the Rajasthan government website.

Conclusion: According to research study results, most citizens of Rajasthan's Jaipur region are aware of the Chiranjeevi Swasthya Bima Yojana.

The Mukhya Mantri Chiranjeevi Swasthya Bima Yojana, a health care project, has not been successful in achieving the level of coverage promised, despite anecdotal evidence suggesting that most people are aware of it. Males are more aware about scheme then females. To solve these issues, the government must conduct an inquiry and establish stringent regulations for hospitals. This will ensure that the program's results are acknowledged, enabling the broader population to completely benefit from the tactic. Large private hospital does not support government initiative due to less rates and price of packages set by government.

INTRODUCTION

Mukhya Mantri Chiranjeevi Swasthya Bima Yojana is a programme that the Rajasthani government launched to give universal health insurance to achieve the objective of "health for all." Under this plan, participants in the national health insurance system are given cashless insurance. The Chief Minister Health Insurance Scheme was made public as a part of the Rajasthan State Budget 2021–2022, with the goal of improving public access to healthcare. The main goal of this initiative, which started on April 1, 2021, was to give health insurance to people from all social classes for the treatment of serious illnesses, like the Covid-19 pandemic, at both government-run and privately-run facilities. The campaign officially started running with the aim of enhancing everyone's health on May 1st, 2021, which was observed as International Workers' Day.

It is believed that this Yojana will provide patients with the security measures they need to keep themselves safe during the pandemic. A plan that costs Rs. 3,500 crore provides a coverage value of Rs. 5 lacs to each home in the state. This plan would aid in bridging the gap between riches and poverty and assist in securing social security for disadvantaged segments in society. According to this theory, everyone in society has a legal right to safeguard their own health. Patients at all state-licensed private hospitals and public hospitals would receive free medical services totalling up to five lakhs under this yojana. The following is a list of the objectives and advantages of the Mukhyamantri Chiranjeevi Swasthya Bima Yojana:

- The Rajasthan state government will pay you Rs 50,000 if you enrol in this plan for a routine illness and Rs 4.50 lacs if you have a serious disease. These two benefits come at no additional cost. About 1576 medical examinations will be provided to the public because of this initiative.

- In addition to the medical treatment provided by the hospital, this plan will cover all medical care provided to patients during the five days prior to their admission to the hospital, as well as the 15 days after they are released from the hospital. If someone already registered for the Mahatma Gandhi Ayushman Bharat Swasthya Bima Yojana, they do not need to do so again for the Mukhya Mantri Chiranjeevi Swasthya Bima Yojana.
- In the urban centres of big cities, registration drives are undertaken at both the ward and gram panchayat levels.
- Participants can register for the project at any e-Mitra for free because the Rajasthan state government will pay for all fees associated with registration.
- To reduce the amount eligible families will have to fork over on their own behalf for medical care.
- To provide eligible state families with free medical care for illnesses linked to the program's defined package of benefits as well as
- to ensure that eligible families receive excellent, specialist medical care through the yojana's network of public and private facilities.

CRITERIA FOR PARTICIPATION IN MUKHYA MANTRI CHEERANJIVI SWASTHYA BIMA YOJANA AS FOLLOWS:

- Households who are eligible under the federal Food Security Act.
- Families who are qualified to participate in the 2011 Socio Economic Census.
- Personnel contracted out to various governmental organisations.
- This insurance policy may be advantageous for farmers that work on a small or irregular scale.

Participants from any of the groups may take part in the programme without having to pay any additional fees or make any further financial commitments. Families can enrol in Mediclaim by paying half of the premium, or 850 rupees annually, in exchange for receiving cashless medical care up to a maximum cost of 5 lakh rupees even if they do not fall into one of these four categories but are still eligible for Mediclaim under the rules of the Union and State Governments. Even if a family does not fall into one of these four categories but still satisfies the Union and State Governments' Mediclaim requirements, they are still eligible to participate in the scheme. Even if a family does not fall into one of these four categories but does match the requirements set forth by the federal and state governments for participation in the Mediclaim programme, they are still invited to take part in the project. About 1.31 crore households have signed up for the expansive Chief Minister Chiranjeevi Health Insurance Scheme, which is offered by the state of Rajasthan. Every family would be able to receive free medical care under this plan. At any of the hospitals that are a part of this scheme, you will be able to receive treatment without having to pay out of pocket. The number of services included in the package has been increased from two to three, and the cost has increased from $5,000 per day to $9,900 per day considering current developments. The programme treats many different illnesses. For people with low incomes, it also provides coverage for COVID-19 and haemodialysis. Rajasthan's OPD facilities are now cashless, making it the first state to do so. Under the aegis of this programme, 5.86 crore rupees have been donated in total. Over 20,000 homes have already benefited from this programme, which has attracted 1.32 crore families to date. Participants in this study must not be government employees. The state government is working hard to get it ready to launch as a component of the health system operated by the Rajasthan Government. They would be qualified for a form of cashless insurance that is quite like that provided by the federal government.

Its stakeholders-

Sr. No	stakeholder	brief
1.	Rajasthan Government	Govt of Rajasthan is biggest beneficiary of this scheme deal with policy formulation, budget allocation
2.	State health agency	For implementation of health insurance schemes and empanelment of hospitals, processing claims
3.	Medical, health and family welfare society	Enrolment and administration process of scheme
4.	Healthcare providers	Hospitals, clinics, healthcare providers that are empanelled under this scheme
5.	Insurance companies	Insurance companies that have partnership with government
6.	TPA (Third party administration)	TPA that have empanelment with government schemes
7.	Community based organizations	NGO, grassroot organisation that empanelled with hospitals
8.	Research institutions	For evidence-based recommendation
9.	Financial institutions	Banks that deals with processing of claim settlement
10.	Accreditation agencies	That ensure quality of healthcare services.

SWOT Analysis

Strength-

- Universal health care coverage under this scheme.
- Financial protection and coverage
- Widespread healthcare service coverage
- Reduce healthcare inequalities.
- Cost free treatment.
- Accessibility, affordability, availability of healthcare services

Weakness-

- Limited utilization due to poor awareness about scheme
- Inadequate healthcare infrastructure
- Lack of acceptance by private sector

Opportunities –

- Technological advancement- can leverage technology such as mobile applications, streamline portal.
- Strengthening healthcare infrastructure
- Awareness campaigns

Threat-

- Implementation challenges
- Fraud and abuse
- Administration challenges
- Financial sustainability
- Threat from other insurance companies and schemes

Competitor analysis:

s.no	Competitor	Brief
1.	Ayushman – Bharat	Pradhan mantra Jan Arogya Bima yojana aim to provide universal health care coverage to vulnerable families covers hospitalization pre and post expenses. Also have health and well ness centre for better outreach of primary level of care.
2.	Other state's health insurance schemes	Schemes implemented by other states
3.	Private health insurance schemes	With better packages, and coverage
4.	Corporate health insurance providers	Corporate organization provide healthcare benefits to their employees can be seen as competitor in term of providing healthcare services
5.	Rajasthan state health assurance agency RSHAA	Responsible for implementation of health insurance schemes in Rajasthan
6.	Micro insurance plans	Several companies provide micro insurance and health check-ups plan

REVIEW OF LITERATURE

- **Deepak Varshney, 2020** - The primary goal of the study was to comprehend how COVID-19 shocks in the agricultural sector are lessened by the Garib Kalyan Yojana. According to the study's findings, 95% of small holders were able to receive support from at least one of the PMGKY scheme's components.

- **Dr Neelam Kalla, 2015** examined the factors that influence people's use of the government of Rajasthan's family welfare and healthcare initiatives. Information is acquired from both primary and secondary sources, and the purposive sampling method samples a fixed number of 250 respondents. For data analysis, SPSS 16 and descriptive statistics were used. Although there are several factors that have been identified as impediments, the public has used the services provided by the government. These issues include illiteracy, psychographic barriers, and ignorance, all of which have made it difficult for citizens to take advantage of government efforts.

- **Vijay Laxmi Gupta, 2015** The health status in Rajasthan, which is an important component of the state's overall development, was the study's main goal. It gathered its conclusions from secondary sources. The study's results demonstrate a relationship between stronger rates of economic growth and a healthier population.

- **Richa Tibrewal, (2017)** analyses the Swasth Seva Yojana and presents a discussion on how the fusion of information technology with health systems might give us a stronger basis for efficient management by referencing the initiatives now being made in the Indian state of Rajasthan. The results of the study show that expanding access to the healthcare system is required to continuously improve poor health outcomes.

- **Rashida Begum and G. Albin Joseph, (2017)** examined the impact of the Janani Suraksha Yojana in the Karimganj region on pregnant women's health. Both primary and secondary sources were employed to gather the data for the descriptive investigation. 373 respondents made up the study's total sample size. The data analysis was done with SPSS. The results of the study showed a relationship between respondents' weights and the weights of the offspring from their most recent pregnancies.

- **Sanjay Kumar Kulshreshtha and V K Tiwari (2018)** The Bhamashah Swasthya Bima Yojana was the basis for this investigation. Information from this study was examined, and the findings contained both quantitative and qualitative information. There were 100 different patients in the sample. The results of the study showed that the methods and strategies used to fulfil the objectives for universal healthcare were sufficient.

OBJECTIVES

- To determine and investigate the level of Mukhya Mantri Chiranjeevi Swasthya Bima yojana awareness in the Jaipur district.
- To know the perception of residents of Jaipur about yojana.

Need of the study-

- Accessing utilization and awareness- by analysing the utilization pattern of Chiranjeevi yojana the study can identify the extent to which scheme is being used by stakeholders. And determine the further scope of promotion.
- Barrier/gap identification – study can identify barriers like lack of knowledge, political issues, private hospital negligence and crucial for designing policies and procedures accordingly.

Significance of the study-

By filling a knowledge gap, this work adds to the scant amount of research on the topic. It will not only improve healthcare for the public, but it will also increase public knowledge of the initiative's advantages. The results of the study will give Rajasthani citizens important knowledge on the benefits and drawbacks of choosing to take part in the plan. They will be able to make educated decisions about their heath and be aware of any potential repercussions thanks to this information. Overall, the study has the potential to improve healthcare outcomes and give people the information they need to make wiser decisions.

- Policy implications- study can provide Valuable insight for redefine policies.
- Target interventions-by focusing on awareness, reducing political hurdles and by identifying infrastructure gaps the yojana can be made more user friendly.
- Stakeholder engagement- study facilitate various stake holders' engagement including government agencies, healthcare providers and community organizations.
- Scaling and replicability- it can be a model for other states or regions in implementing same health schemes.

This study is essential to access effectiveness, identify barriers, enhance awareness among target population. The finding will contribute policy improvement, stakeholder engagement, and strategy implications. Ultimately this can help in achieving the objective of the scheme by ensuring accessibility, affordability of healthcare services and financial protection for marginalised sections of society.

Methodology –

- Study design –

This was a descriptive study.

- Study site-

This study was conducted at Jaipur, Rajasthan.

- Duration of study –

Three months

- Data collection -

This study included primary and secondary data. Primary data comprises of structured questionnaire, google survey form, telephonic interviews. Secondary data was collected from Rajasthan government websites, articles, news.

- Sampling techniques-

For this study convenience sampling technique is used.

- Data Management-

Data was collected over a period of two months and transfer from questionnaire sheet to excel sheet.

- Inclusion criteria-

Both male and female are included of age (18-60)

- Exclusion criteria-

People below 18 and above 60 exclude from this study.

Result & Analysis

After the data collection phase is complete, it is required to evaluate and analyse the information acquired from the questionnaires distributed to the various respondents. The percentage technique was used to examine the underlying data as well as the information shown in pie diagrams and bar graphs. The following elements are looked at:

Table-1: Demographic's profile of respondent's

S.NO	GENDER	FREQUENCY
1.	female	84
2.	Male	116
	Total	200
	Age	
3.	18-25	54
4.	26-50	132
5.	50 above	14
	Total	200
	Awareness	
1.	Yes	174
2.	No	26
	Total	200

Table:1 shows factors:

1. Gender –

Female- out of 200 individuals in the sample, 84 out of them are female. This represents 42 % of total sample.

Male- out of 200 individuals in the sample, 116 out of them are male. This represents 58% of total sample.

2. Age-

(18-25) - Within the sample there are 54 individuals between the age group of (18-25) making up 27 % of total sample.

(26-50)- among 200 individuals, 132 fall into the age group of (26-50) which corresponds to 66 % of total sample.

(50 and above)- there are 14 individuals in sample who are 50 years or older, representing 7 % of total sample.

3. Awareness-

Out of 200 individuals 174 persons/87 % are aware about the whole concept of Chiranjeevi yojana and 26 individuals/13% do not possess any awareness.

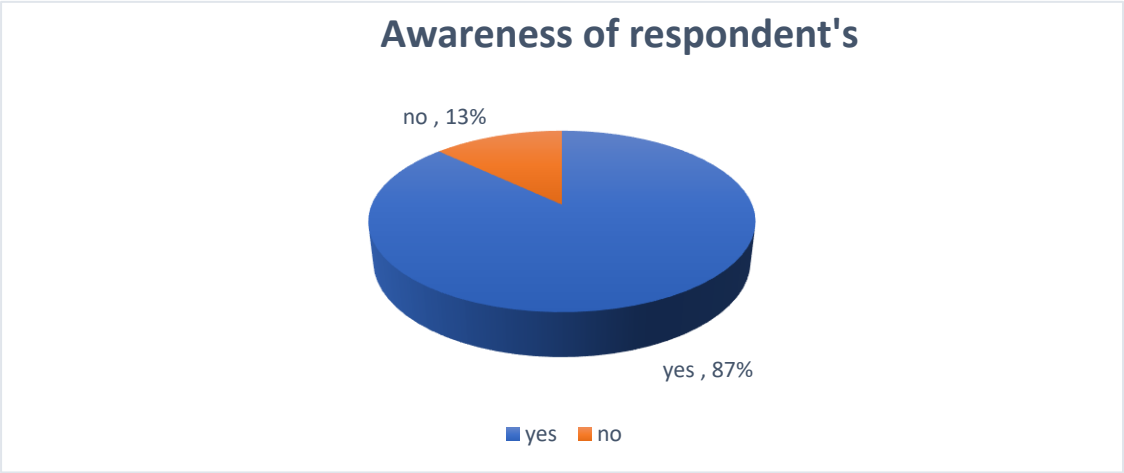

Figure:1- Awareness of respondents

Interpretation- According to the figure-1 responders can be broken down into two distinct groups: yes/no.87% people are aware about this scheme out of total respondent population, while the remaining individuals are not aware about this scheme.

Table:2 – Awareness among male & female

Awareness	Yes	Percentage
Male	110	68.75%
Female	50	31.25%
Total	160	

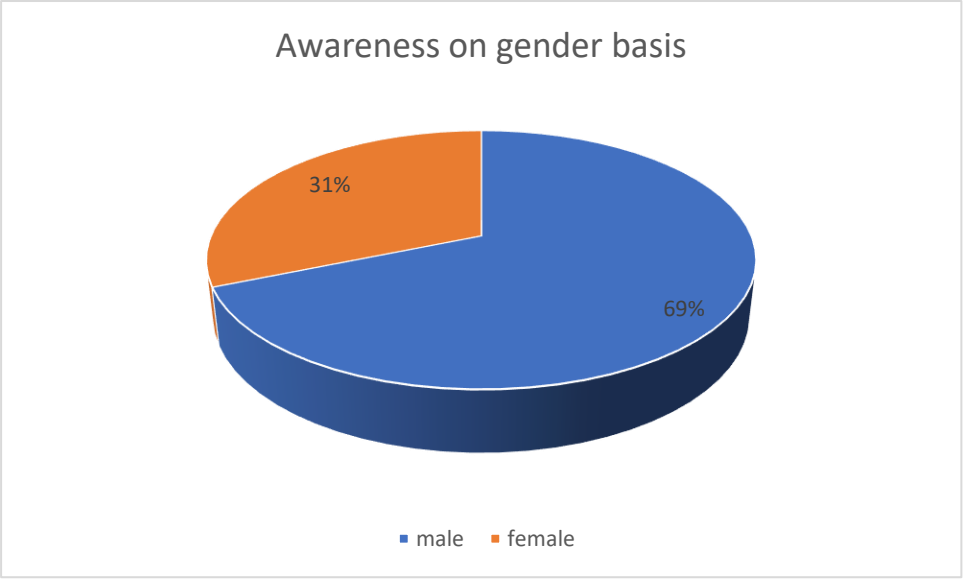

Figure:2- Awareness in percentage for males and female

Table:3- CSBY is beneficial

Yojana is beneficial	Percentage
Strongly agree	32.8%
Agree	24.6%
Neutral	12.4%
Disagree	10.8%
Strongly disagree	19.4%

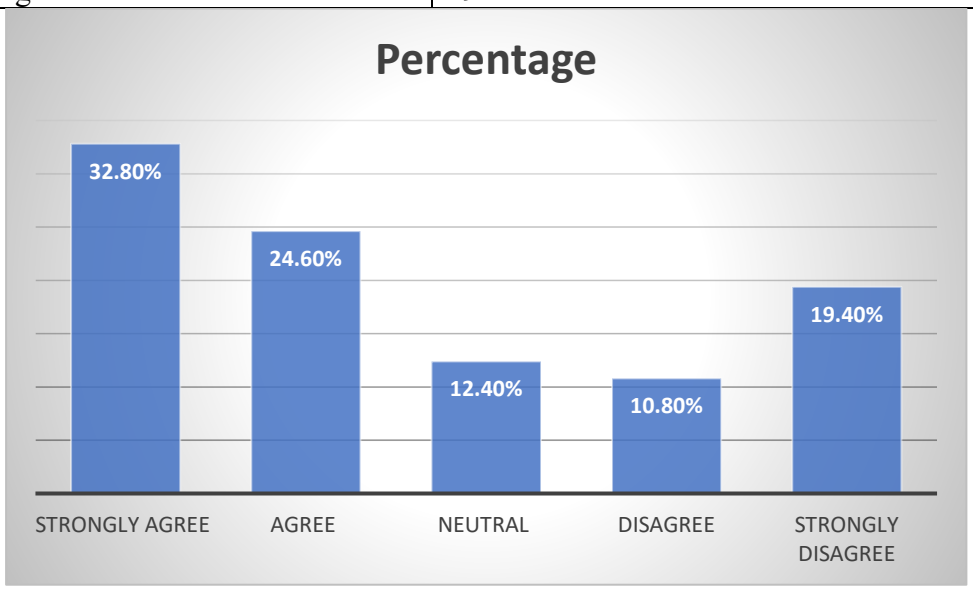

Figure:3- scheme is beneficial

Table:3 & figure :3 indicates that 19.40 % percent of people are adamant in their view that this scheme will not be useful to them, while approximately 32.80% of people are adamant in their view that this scheme will be useful to them.

Table :4-Awareness among age groups

Age group	yes	No
18-25	24 (45%)	30 (55%)
26-50	108 (81%)	24 (19%)
50 above	09 (64.28%)	05 (36.72%)

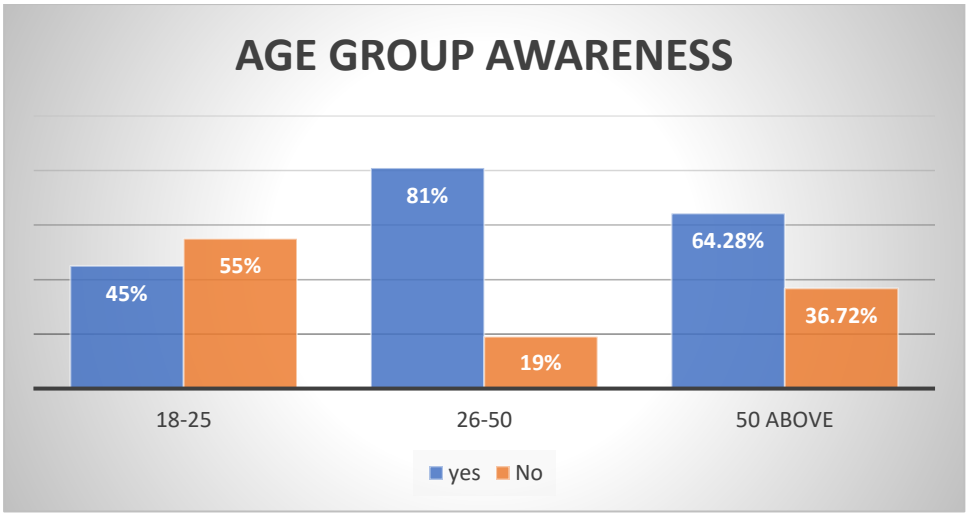

Figure:4- Age group awareness

Table:4 & figure:4 indicates that people between age group of 26-50 are aware about this scheme and people of age group of 18-25 are known about scheme but have not that much of idea that how much it is useful and how to avail treatment through it.

Finding:

- Most people are only vaguely aware of the system's fundamentals. Although many respondents are aware of the project, few have signed up.
- According to the results, 32% of respondents think this method is helpful to them, while 19.4% of respondents don't agree. Describe how 32.8 percent of individuals are confident in the benefits of this yojana, while 19.4% of people are convinced that it won't be of any service to them.
- The previous viewpoint suggests that men are typically more aware than women.
- Major private hospitals don't communicate with their patients, according to respondents who chose to remain anonymous throughout the phone conversation. In view of this, even the Chief Minister Chiranjeevi Swasthya Bima Yojana card will no longer be accepted.

Conclusion:

The Mukhya Mantri Chiranjeevi Swasthya Bima Yojana, a health care project, has not been successful in achieving the level of coverage promised, despite anecdotal evidence suggesting that most people are aware of it. Males are more aware about scheme then females. To solve these issues, the government must conduct an inquiry and establish stringent regulations for hospitals. This will ensure that the program's results are acknowledged, enabling the broader population to completely benefit from the tactic. Large private hospital does not support government initiative due to less rates and price of packages set by government.

The government must critically observe at the cause behind the scheme's performance in term of "universal health coverage". By conducting an analysis policymaker and government can identify root cause of this problem and take mandatory steps to solve them. Government should also focus on encouraging private hospital for their active participation in scheme.

"The government can take steps to close the knowledge gap and ensure the program's implementation by understanding the program's ramifications and putting the required legislation in place. Increased public health coverage would help the Mukhya Mantri Chiranjeevi Swasthya Bima Yojana achieve its declared objectives".

Limitation of this study

1. language barrier and communication
2. Time bounded
3. External factors – culture, false belief, socioeconomic conditions
4. Nonresponse bias
5. limited geographical area

Suggestions:

1. Awareness Campaigns
2. Effective Communication within community
3. Technology interventions – mobile apps, seamless portals
4. Educational programmes for benefits of schemes
5. Collaboration with local people- ex. sarpanch / leader
6. Health camps
7. collaboration with heath care providers.

Annexure -1

Awareness questionnaire

Section 1: Demographic Information

Gender:

Male

Female

Age:

18-24

25-34

35-44

45-54

55 and above

Section 2: Awareness of Mukhya Mantri Chiranjeevi Swasthya Bima Yojana

Have you heard of the Mukhya Mantri Chiranjeevi Swasthya Bima Yojana?

Yes

No

How would you rate your understanding of the benefits and coverage provided by the scheme?

Excellent

Good

Fair

Poor

No understanding

Section 3: Utilization of Mukhya Mantri Chiranjeevi Swasthya Bima Yojana

Are you currently enrolled in the Mukhya Mantri Chiranjeevi Swasthya Bima Yojana?

Yes, I am enrolled.

No, I am not enrolled.

Not aware of enrolment status

If enrolled, please rate your satisfaction level with the scheme:

सेक्शन 1: जनसांख्यिकी जानकारी

लिंग:

पुरुष

महिला

आयु:

18-24

25-34

35-44

45-54

55 और ऊपर

सेक्शन 2: मुख्यमंत्री चिरंजीवी स्वास्थ्य बीमा योजना की जागरूकता

क्या आपने मुख्यमंत्री चिरंजीवी स्वास्थ्य बीमा योजना के बारे में सुना है?

हाँ

नहीं

योजना के लाभ और कवरेज को आपकी समझ कैसी है, कृपया रेट करें:

उत्कृष्ट

अच्छा

सामान्य

खराब

कोई समझ नहीं

सेक्शन 3: मुख्यमंत्री चिरंजीवी स्वास्थ्य बीमा योजना का उपयोग

क्या आप मुख्यमंत्री चिरंजीवी स्वास्थ्य बीमा योजना में वर्तमान में नामांकित हैं?

हाँ, मैं नामांकित हूँ।

नहीं, मैं नामांकित नहीं हूँ।

नामांकन स्थिति की जानकारी नहीं है।

यदि नामांकित हैं, तो कृपया योजना के संतुष्टि स्तर को रेट करें:

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