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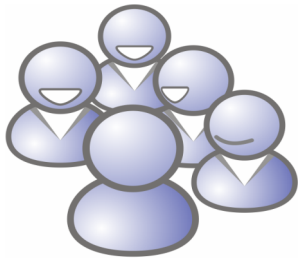

INDIA

EXTENSION OF SOCIAL SECURITY TO BPL WORKERS

RASHTRYA SWASTHYA BIMA YOJANA PLANNING SITUATION

Communities-Led Association for Social Security (CLASS)

An initiative supported by gtz and

ILO Subregional Office for South Asia, New Delhi

April 2008

EXTENSION OF SOCIAL SECURITY TO BPL WORKERS

RASHTRYA SWASTHYA BIMA YOJANA

Planning Situation

Communities-Led Association for Social Security(CLASS)

Providing Social Security to over 90% of the working population requires building synergies between multiple stakeholders with d democratic governance and ownership for communities.

An initiative supported by gtz and ILO

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1 Introduction

In February 2007, the Ministry of Labour and Employment, Government of India, set up a Health Security Task Force to look into the implementation issues of the health insurance component of the new Minimal Social Security Programme targeting the unorganized workers. Over the next few months, the Task Force, regrouping representatives from the Ministry of Labour and Employment, the Ministry of Health and Family Welfare, the World Bank and the ILO examined various models and prepared guidelines for State Governments. In October 2007, the Ministry of Labour and Employment released the Guidelines pertaining to the implementation of the new health insurance scheme called Rashtriya Swasthya Bima Yojana (RSBY), targeting in the first phase the Below Poverty Line workers and their families – about 300 million people. Since then, the Ministry of Labour and Employment has actively encouraged the various State Governments to implement this scheme planned to reach its full target population over a five-year period. On January 25th, 2008 the Ministry of Labour and Employment organized a technical workshop aiming to review the organization details and implementation situation of the scheme with the State Government officials, insurance companies and other stakeholders. Responding positively, almost all State Government are now committed to be part of this Central Government sponsored initiative. Over the next two months, the preparatory work was carried out according to plan and the rolling out phase of the scheme initiated across the country.

The sheer magnitude of this unique health insurance initiative clearly exposed the proposed scheme to huge new implementation challenges. Having already adopted quite innovative features – such as the generalization of a smart card – the scheme is poised to deal with unprecedented operational issues. Opting for the most appropriate solutions, will no doubt require the active participation of all concerned actors in a trial and error process with the help of some imaginative thinking.

The launching of the scheme on such a large scale provides brand new opportunities for the various organizations working at the grassroots level. Organizations such as NGOs, MFIs, trade unions and all forms of organized groups such as co-operatives and Self-Help Group federations, may now play an active role through effective partnership arrangements to de developed at all levels in each State. Although benefiting from both the technical and financial assistance provided by the Central Government, the respective State Governments are to retain key responsibilities for the planning and implementation of the scheme and may decide to tie up with such intermediary organizations. At the same time, the selected insurance companies, using a model already tested in many other health insurance plans, could also choose to rely heavily on social aggregators found active at the field level.

In 2007, the ILO Subregional Office for South Asia strengthened the collaboration already initiated with the GTZ in the field of social health insurance which now took the form of a formal country agreement. The first joint activities developed within this new collaboration framework focused on the technical support provided to the new CLASS initiative and on the organization, in collaboration with the ILO International Training Centre (Turin), of a national workshop on “Improving Performances and Outreach: Monitoring and Evaluation of Health Micro-insurance Schemes in India.”

Realizing that social security was still a distant dream for many and that scaling up existing initiatives through cooperation was a need long overdue, some 30 organizations already involved in micro-insurance activities came together and charted a new vision for a people-led association. Six months of deliberation over the form, structure, objectives and functions led to the conceptualization of a national platform named Communities-Led Association for Social Security (CLASS) which has now been registered as a Section 25 Non Profit Public Company under the Indian Companies Act of 1956.

While putting forward the CLASS initiative, the national workshop organized in New Delhi on December 12-14, 2007, had as its main objectives, the review of the various performance indicators that can be used to monitor the progress of health insurance and to enhance the capacity of health micro-insurance practitioners to administer and monitor activities and improve their representation at all levels. It also actively promoted looking at the possibility for them to link up with the new RSBY initiative.

Prepared within the framework of the CLASS initiative, the present document provides an overview of the health insurance scheme main features and operational mechanisms, assesses its development potential in the various states and reviews the main opportunities and challenges, especially in relation to the efficient partnership arrangements that may be seen as a key element for the successful implementation of any health insurance scheme targeting the poor.

2 RSBY at a Glance

Population Target

- BPL workers -60 millions persons
- Enrolment per family (House Head+Spouse+3 kids max below 21).

Geographical Coverage

- Total of 600 districts over a 5 year period. 120 districts to be covered in year 1.

Benefits

- **Hospitalizations and Surgical services on a "day care" basis** (subject to sublimits) up to a floater basis of **Rs. 30,000/- per family per year**
- Pure Cashless basis (via smart card).
- Pre existing diseases (except exclusions)
- transport Allowance (Rs100 max per trip - Rs1000 max per year).
- Pre and post hospitalization expenses on medicines and diagnostic tests up to 1 day prior to hospitalization and up to 5 days from the date of discharge from the hospital.

Exclusions

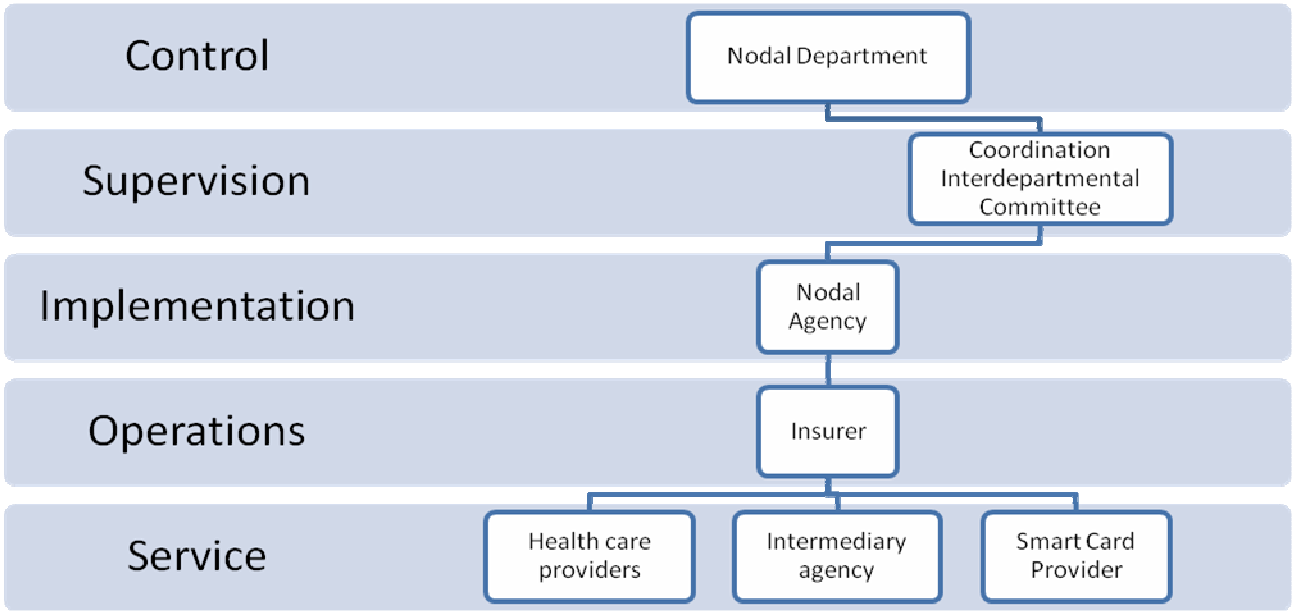
- Conditions that do not require hospitalization, Sexual Transmitted Diseases, HIV /AIDS, Congenital external diseases, Drug and Alcohol Induced illness, Sterilization and Fertility related procedures, Vaccination , War, Nuclear invasion, Suicide, Naturopathy.
- Domiciliary treatment and Maternity not covered

Premium

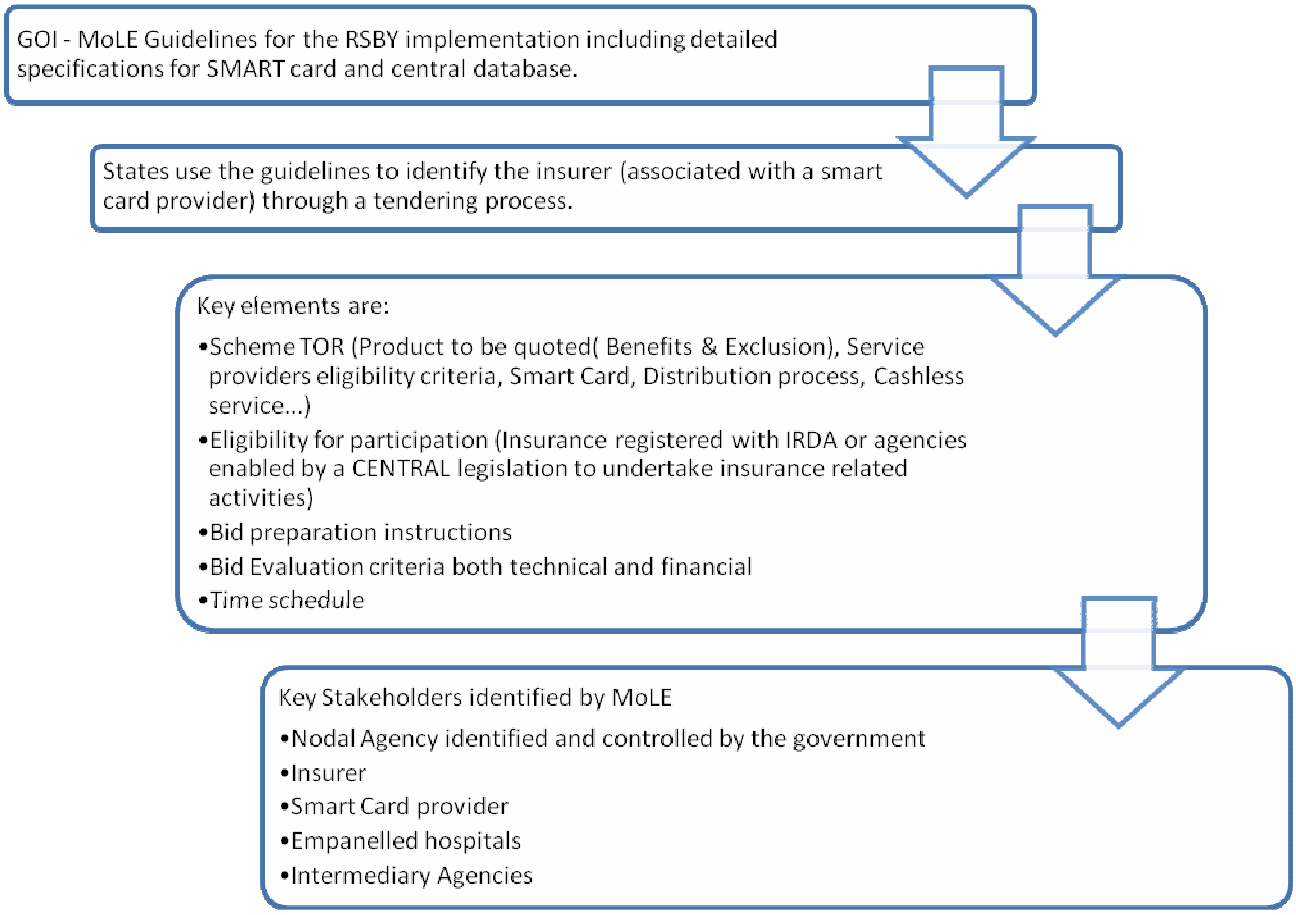
- Co-Shared by Central Government (75% up to Rs. 560) and state Government (25%) with a registration/renewal fee of Rs. 30 to be paid by each BPL.

3 Implementation Mechanisms

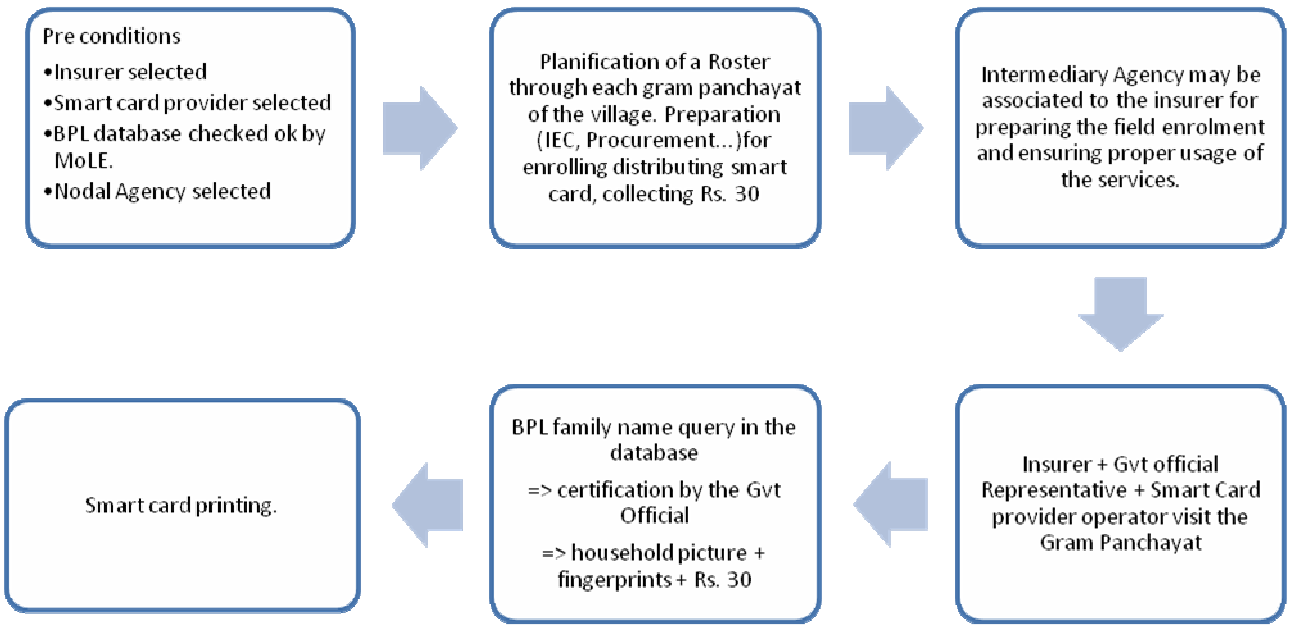
3.1 Organizational Chart



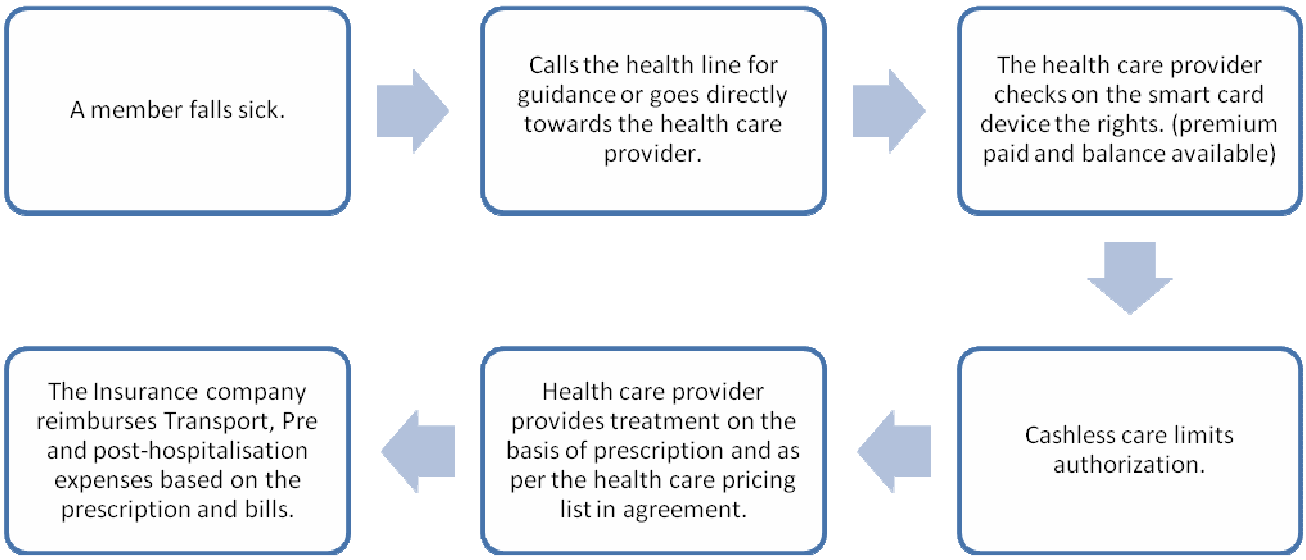
3.2 *RSBY State Implementation Process*



3.3 *RSBY Enrolment Guidelines*



3.4 RSBY Servicing Processes Guidelines



3.5 RSBY Premium Payment Modalities

According to some official sources (still to be confirmed), the tenders coming next had the following outcome:

- While enrolling the members and issuing the smart cards, the insurance company will collect the registration fee (Rs 30 per family per year)
- As a first instalment, the insurance company will receive the contribution of the State Government, calculated as follows: 25% of net premium (without service tax) less the Rs 30 already collected by the insurance company. The nodal agency will use the Rs 30 paid by each family to cover its own administration expenses
- As a second instalment, the insurance company will receive the contribution of the Central Government calculated as follows: 75% of net premium + Service tax – later to be paid back by the insurance company

4 Technical Workshop Proceedings

The technical workshop organized by the Ministry of Labour and Employment, Government of India, on January 25th, 2008, had the following objectives:

- Release and introduce to participants the new Compendium of Documents called: Smart Card Based Cashless Health Cover for BPL Workers/Families which included the following documents
  - Draft tender documents
  - Draft agreement between the State Government and the Insurance Company
  - Package rates for medical and surgical intervention / procedures in general ward (725 procedures) expected to represent about 85% of all cases that can be covered under the scheme
- Explain the technical details and operational mechanisms of the Smart Cards to be provided to each family covered under the health insurance scheme;

- Review the various preparatory activities to be developed at the State level and set up an appropriate implementation time frame;

- Analyse the RSBY implementation situation and plans adopted by each State Government and encourage advertisement of the tender notice at the earliest;

The workshop regrouped some 150 participants, mostly State Government officials and representatives of the insurance industry and of the smart card companies. After a presentation of the smart card features and technical specifications, explanations were given with regard to the responsibilities expected to be carried out by each State Government.

STATE GOVERNMENT TO DO LIST

- Commitment for 25% contribution of the premium and for incurring the administrative costs;
- Identify a State Nodal Agency capable of running the scheme. This should be a separate entity under the control of the State Department;
- Interdepartmental Task Force consisting of at least Labour, Health and Rural Development Ministries of the State;
- Identification of districts to be taken up in the first year and a road map for the following years;
- Data for the selected districts. This would include BPL data in electronic format and the health services related data;
- Nodal agency to advertise tender for selection of insurance company;
- Organize a pre-bid conference with the bidders;
- Organize a State-level workshop;
- Prepare a draft village-wise plan for delivery of smart cards and identify officials for authentication;
- Equip public owned hospitals with electronic equipment to transact business through smart cards;
- Get the contract document legally vetted;
- Selection of Insurance Company;
- Furnishing of proposal to the Central Government;
- Signing of MOU with the Central Government after sanction by the Approval Committee;

The next session gave the floor to State Government representatives in order to review the planning situation of the RSBY scheme in each state. Out of the 22 states represented, 18 expressed a firm commitment to implement the scheme. Of these, 6 States had already completed the preparatory phase and had already either initiated the tender process or were about to do it soon.

The final session allowed for participants to ask any question on the overall design and implementation of the scheme. Most questions were found addressing the technical details relating to the use of smart cards, the responsibilities attached to the possible intervention of Third Party Administrators, the enrolment process, as well as some financial issues such as the cost-sharing arrangements and cost-containment measures.

5 Time Frame for Pre-Operationalization Phase of RSBY

Sl	Activities	Number of Days
		0 15 30 45 60 75 90 105
1	Advertisement for inviting bids (Nodal Agency)	
2	Empanelment of hospitals by Insurance Companies	
3	Receipt of bids from Insurance Companies	
4	Preparation of schedule for visits to villages for issue of SC/identification of Gov. personnel & training	
5	Sensitization workshops for hospitals and NGOs at the State Headquarters	
6	Examination of bids by the State Department and dispatch of bids to the Central Government	
7	Examination and approval of proposal by Central Government	
8	Signing of MoU between Central and State Governments and contracts between State Governments and Insurance Companies	
9	Agreements between Insurance Companies with (a) Smart Card Providers (b) Health Insurance Services Providers and (3) NGOs	
10	Handing over BPL related data to Insurance Companies by the State Governments	
11	Organization of district level workshops by Insurance Companies	
12	Procurement of Smart Cards and preparatory work for delivery by Insurance Companies	
13	Procurement of hardware by Insurance Companies	
14	Installation and testing of Smart Card operating hardware by hospitals	
15	Delivery of Smart Cards as per the Schedule by the Insurance Company	
16	Seeking of first instalment by the Insurance Company	
17	Delivery of first instalment funds by the State Nodal Agency and commencement of the scheme	
18	Operationalisation of RSBY	

6 Opportunities and Challenges

Among others, the Guidelines included the following important recommendations:

- Each family belonging to the Below Poverty Line population group would pay Rs 30 per annum as registration/renewal fee;
- There must be a clearly defined institution capable of organizing a health insurance programme (nodal agency). It can be an autonomous body, State Government department, a cooperative society or even an NGO. The organization should have the technical skills to understand the concept of health insurance, should be able to design a programme that is technically sound, should have

skills to be able to discuss with the community and should have the administrative capacity to organize the programme;

- Particular emphasis would be placed on arrangements for ensuring interface with the beneficiary population. This would require effective partnerships between insurers and intermediary organizations with grassroots presence, such as NGOs, MFIs, cooperatives, SHG federations and other organizations. Such organizations would be expected to play a critical role at all stages, including awareness generation, mobilization of potential scheme participants, collection of registration fees, assistance in accessing health facilities, education on the claims process and other functions. The absence of such strong intermediary arrangements has been a key weakness of previous schemes, and States would be expected to place heavy emphasis on this in the technical review during tenders.

These recommendations provided new opportunities to all organizations already involved in the provision of health insurance services to the poor, and especially to those having already gained, through a long-standing experience at the grassroots level, the trust and active participation of the targeted communities:

- Although "universal" by definition, the RSBY scheme allows for some flexibility in the way each State will choose to implement it. With various options left to them in terms of operational mechanisms, some State Governments were expected to come up with further improvement and innovations to the scheme.

- The yearly contribution to be paid by each family would ensure a better interaction that should in turn translate into a better understanding and more active participation of the target group;

- A wide range of new partnership arrangements regarding the preparation and implementation of the scheme could be developed at all levels between various intermediary organizations ad the other key actors of the scheme: nodal agency, insurance company and health providers.

7 Review of First Tender Documents

7.1 Delhi

Advertised on December 19th, 2007, the first Delhi tender targeted the BPL in the North Western district. A corrigendum was later introduced allowing for the inclusion of all 9 districts in the tender document. Consequently, the period of insurance in the tender documents was modified in order to allow for a progressive distribution of the smart cards in the additional districts. Accordingly, the amount of the premium to be paid should reflect the reduced period of time remaining till the end of the first insurance year. Total number of BPL families to be covered amounted to 438,000.

7.2 Haryana

The State Government selected four districts to be covered by the health insurance scheme targeting a total of 280,000 BPL families. The tender document does not provide any information related to the distribution among rural/urban areas or to the number of health facilities in the selected districts. The State Government also introduced the following provisions regarding the implementation process: "The entire scheme is intended to be implemented as cashless hospitalization arranged by the Insurance Company through Third Party Administrators (TPA). TPA should have one office in each district. The hospital will raise the bill on TPA who shall process and settle the claims in consultation with the Insurance Company. The Insurance Company shall keep adequate floating fund available at the disposal of the TPA for meeting the claim expenses. The Insurance Company will pay the service charges in time to the TPA, enabling them to set up the infrastructure and render quality services."

7.3 Rajasthan

The first Rajasthan tender document targeted 8 districts targeting a BPL population of 577,000 families which represented the first phase of the planned intervention. The document provides the information related to the distribution of the BPL population among rural and urban areas. In order to prepare the next phase, a corrigendum was later introduced extending the list of districts to be covered to 27 corresponding to a total of 1.4 million BPL families. In parallel, the State Government initiated a similar bidding process aiming at covering the BPL population in the remaining 5 districts, using there a separate scheme supported by the NRHM. Under the SWBY scheme, the State Government also introduced a package B, which extends the cover to critical illness up to Rs 135,000 per family on floater basis.

Sl	Districts	Tot BPL Families	Total Rural BPL Fam.	% Rural	Total Urban BPL Fam.	% Urban
1	Barmer	122,079	115,630	94.7	6,449	5.3
2	Tonk	49,134	36,027	73.3	13,107	26.7
3	Bikaner	109,465	84,140	76.9	25,325	23.1
4	Jaisalmer	30,457	27,195	89.3	3,262	10.7
5	Jalore	87,319	82,891	94.9	4,428	5.1
6	Baran	54,786	42,250	77.2	12,536	22.8
7	Jhalawar	60,982	50,808	83.3	10,174	16.7
8	Rasamand	63,602	59,271	93.2	4,331	6.8
		577,824	*498,212*	*86.2*	*79,612*	*13.8*

7.4 Gujarat

The State Government selected five districts to be covered by the health insurance scheme targeting a total of 443,000 BPL families. The tender document does not provide any information related to the distribution among rural/urban areas but lists all public and private health facilities found operational in the selected districts.

The State Government also introduced the following provisions regarding the distribution process: “The insurer will enter into service agreement(s) with one or more intermediary institutions for the purposes of ensuring effective outreach to beneficiaries and to facilitate usage by beneficiaries of benefits covered under this scheme. The insurer will also compensate such intermediaries for their services at an appropriate rate. Mother NGO and field NGOs active in the health sector shall be eligible to be considered for Intermediary Agency role and the Nodal Agency shall provide the list of such organizations to the successful bidder. The Nodal Agency may also facilitate negotiations between the insurance company and the NGOs.”

	Bharuch	Dahod	Jamnagar	Patan	Katchh
Total population	1,370,104	1,635,374	1,872,730	1,182,709	1,750,500
Average family size	5	7	5	5	5
Total number of families	274,021	233,625	374,546	236,542	350,100
Total number of BPL families	87,372	146,407	43,351	88,186	78,243
Number of Blocks	6	7	7	6	7
Number of Talukas/Tehsil	8	7	10	6	10
Nimber of Primary Health Centres	37	61	36	29	37
Number of Community Health Centre	7	13	11	7	11
Number of district hospitals	1	1	1	1	1
Number of Private hospitals	110	316	242	216	118

7.5 Kerala

The State Government selected two districts to be covered by the health insurance scheme targeting a total of 198,000 BPL families. The tender document does not provide any information relating to their distribution among urban/rural areas but lists all public and private health facilities found operational in the selected districts with detailed information regarding the services offered by each one.

The State Government also introduced specific instructions with regard to the intervention of intermediary organizations, which include the following:

"The insurer undertakes to enter into service agreement(s) with one or more intermediary institutions for the purposes of ensuring effective outreach to beneficiaries and to facilitate usage by beneficiaries of benefits covered under this agreement. The insurer also agrees to compensate such intermediaries for their services at an appropriate level"
"The insurer undertakes that the agreement with intermediary institutions shall cumulatively cover all villages in the geographical area to which this agreement applies. This would require a network of field workers with regular presence and/or contact in every village"
"Intermediary institutions may be of different legal and operational types including, but not limited to, micro-finance institutions, non-governmental organizations, other membership-based organizations such as co-operatives, self-help groups and their federations,, workers' organizations and unions, user group networks"
"The functions of the intermediary institutions contained in the service agreement would include at a minimum the following:

- Undertaking on a rolling basis campaigns in villages to increase awareness of the RSBY scheme and its key features
- Mobilizing BPL households in participating districts for enrolment and subsequent re-enrolment as the case may be
- In collaboration with government officials, ensuring that lists of participating households are publicly available and displayed
- Providing advice to beneficiary households wishing to avail of benefits covered under the scheme and facilitating their access to such services as needed
- Providing publicity in their catchment areas on basic performance indicators of the scheme

Districts	Total N°Health Facilities	N°Public Faci lities	N°Private Facilities
Kollam	31	2	29
Alappuzha	23	3	20

7.6 Bihar

The State Government selected eight districts to be covered by the health insurance scheme targeting a total of 1,767,000 BPL families. The tender document does not provide any information related to the distribution of families among rural/urban areas nor to the various health facilities found operational in the selected districts.

7.7 West Bengal

The State Government selected four districts to be covered by the health insurance scheme targeting a total of ….000 BPL families. The tender document does not provide any information related to the distribution of BPL families among rural/urban areas nor to the various health facilities operating in the selected districts.

The State Government also introduced the following provision regarding the overall outreach of the scheme: "The insurer selected through this bid would be free to offer health insurance package(s) to non-BPL families using the infrastructure and other mechanisms that may be created to implement the scheme for the BPL families. The system for providing health insurance to APL families has to be provided by insurance company in the bid document. However, the use of the public sector hospital for APL families will be subject to approval of the State Government".

8 Outcome of First Tenders

	Delhi	Haryana	Rajasthan	Gujarat
Number of Districts	9	4	8	5
Number of BPL Families	438,015	280,059	577,824	443,000
Number of Ins. Companies involved in bidding process	8	7	8	7
• Public	Oriental New India United India National	Oriental New India United India National	Oriental New India United India National	Oriental New India United India National
• Private	ICICI Lombard Star Health Cholamandalam Reliance	ICICI Lombard Star Health Reliance	ICICI Lombard Star Health Cholamandalam Reliance	ICICI Lombard Star Health Cholamandalam Reliance
Selected Insurance Cy	Oriental	ICICI Lombard	ICICI Lombard	New India
Premium per Family	**Rs 590 + ST**	**Rs 585 + ST**	**Rs 573 + ST**	**Rs 600 + ST**

According to Governmental sources (still to be confirmed), the tenders coming next recorded the following outcome:

- Bihar tender went to Oriental Insurance Company (Public)
- Kerala tender went to United Insurance Company (Public)
- Punjab tender went to National Insurance Company (Public)

9 Preliminary Conclusions and Recommendations

While looking at various aspects of the current planning situation, the following may already be highlighted:

- The response coming from the State Governments has been overwhelmingly positive. With one major exception (Andhra Pradesh) almost all States have committed to implement the RSBY scheme. The scheme is now likely to reach the initial targets set for the first year of operation – 120 districts and 60 million people covered;
- Evidence suggests that the State governments will prefer to leave to public departments the whole administration of the scheme. In most cases either the Ministry of Labour or the Ministry of Health acts as nodal agency;
- It is quite clear that the nodal agency has an important role to play when planning the scheme. However, its role and functions still need to be clarified through the implementation phase, taking into consideration the fact that at this point of time each nodal agency will receive the Rs 30 family contribution aimed at covering its intervention costs;

- The response coming from the private sector Insurance Companies is much weaker. Only a few companies applied for the first tenders with some of them appearing to be unable to meet the various technical requirements adopted by the scheme. There is now reason to believe that in most cases the real competition will now be limited to one private actor. As for the public sector Insurance Companies, all four appear to be willing to be part of each tender;

- The first tender documents under review fall short of providing all detailed information required to facilitate smooth implementation of the scheme. Any lack of information pertaining to BPL families, their spread across the rural/urban areas as well as health facilities that could be empanelled in the hospital network, will impact negatively on the implementation time frame and defer the delivery of benefits expected by the members of the scheme;

- It now seems likely that most tender documents will not live up to the expectations in terms of partnership arrangements to be concluded with intermediary organizations, as laid down in the Guidelines. Only two of the tender documents included specific provisions referring to this aspect and it remains to be seen how the selected insurance company will deal with them while implementing the scheme;

- Furthermore, the composition adopted for the teams in charge of the enrolment process – one representative each from the State Government, the Insurance Company and the Smart Card provider – will make it more difficult for other partner organizations to join and play an active role from the outset;

- The possibility of some State Governments to adapt the tender documents to their particular context and needs was already demonstrated. In addition, the new collaboration developed at an early stage with some support agencies could also result in additional features being brought into the tender documents - as in the case of the partnership developed with GTZ in Rajasthan and Gujarat;

- Only one tender document under review mentioned the need to rely on Third Party Administrators (TPA). It already seems highly likely, given the paperless mechanisms that have been adopted by the scheme, that in most cases, the insurance company will choose not to rely on such an intermediary;

- Owing to standard Government procedures, all tenders cover only a one-year period (although in the case of the Ministry of Textiles' scheme targeting the handloom weavers, a two-year period applies to the contract signed with ICICI Lombard). It will be quite a challenge for any insurance company to organize its whole network and set up efficient operational mechanisms at all levels over such a short period;

- The premium rate agreed upon for the first completed tenders remains at a reasonable level, well below the original estimate (Rs 750). The rather comparable amount level doesn't reflect however the diversity of situations relating to the premium collection costs whether in urban settings or remote rural areas. As a result, a far higher and more diverse premium level may be expected when bids are called in year 2;

- The enrolment fee required from each family was to provide an opportunity to ensure a better understanding of all the scheme's features and operational mechanisms, thus allowing for a more active participation. The interaction to be developed at that point was expected to focus on the education of the member which, needless to say, required some time spent by people fully dedicated to this objective and having a stake in the whole implementation process. In this regard, the first insurance plan distribution experience initiated in Haryana and Rajasthan, where the selected Insurance Company outsourced this function may already raise some concerns;

- The very first interventions in various districts already suggest that the interaction with the target groups and issuance of the smart card will require much more time than originally planned. While this reality check, if confirmed in more districts, will result in further delay in the whole implementation process, it can also lead to revised enrolment mechanism that would allow intermediary organizations to play a more active role in the near future;

- To this day, the appropriate monitoring processes and tools pertaining to all activities of the scheme have not yet been set in place. In addition to monitoring committees planned to be soon operational soon at the state and central government, there will also be a need for organizing and developing

some interventions at the local level that will have to rely on regular contact with both the associated health facilities and the ultimate beneficiaries. In this regard, there are obviously new opportunities for various partner organizations to play their part;

- Recognizing the crucial role of communication, the Ministry of Labour and Employment has started to set up a specific website which already provides a regular update relating to the issuance of smart cards. Once fully operational this new instrument should be able to provide the same scope and level of information displayed on the website set up by the Aarogyasri Health Care Trust in Andhra Pradesh.

At this early stage, a lot of information is still missing and many operational issues remain to be addressed. Yet, the scheme has been rolled out across the country set on course to reach the coverage targets, hence requiring that all conditions for success need to materialize in full.

Central to the Ministry of Labour and Employment's strategy to address the implementation challenges is the building of efficient partnership arrangements with all concerned actors, and especially with various intermediary organizations that could ensure the interface with the target group. These organizations have the following specific advantages:

- The new health protection mechanism often strengthens or comes as a natural complement to their other activities – whether micro-finance, local development, women's empowerment, etc…

- They can opt for interventions either at the state or at the local level and tie up with either the nodal agency or the insurance company;

- Having gained trust of local communities, they are uniquely capable of developing effective advertisement campaigns and awareness/education programmes that can rapidly bring the target group into the new health insurance scheme;

- They can also easily organize effective feedback mechanisms among the enrolled members of the scheme and communicate regular follow-up information – through the Gram Panchayat or any organized group - to the community at large;

- When already involved in healthcare activities or health insurance, they are best positioned to negotiate with health providers and to promote, manage or monitor the delivery of efficient health care services to members;

- They are best equipped to deal with fraud and moral hazard, to analyze all health care interventions covered under the scheme and to ensure better transparency when reporting on all activities;

- Involved in the day-to-day activities developed at the first level of operation, they can easily detect any flaw or shortcoming in the implementation process and suggest improvements that need to be brought to the scheme.

In this respect, many organizations with a long-standing intervention experience at the field level have the potential to play a new important role. These organizations should now come forward and organize in order to be part of the implementation process of a scheme that can change the life of so many.

The organizations already involved in health insurance should also take this partnership opportunity to find ways to complement the benefits presently covered by the schemes: additional healthcare benefits - OPD, access to medicines, etc. and ancillary services, such as ambulance services and loss of wages. They could also participate in an effort aiming to organize parallel en bloc enrolment of the APL population, already contributing to the planned extension phase in doing so.

Finally, they should also play a key role in the improvement of all monitoring processes and tools, starting at the local level with data collection, service and satisfaction ratings and further analysis on demographics and claims that may be missed otherwise. The availability of comprehensive and reliable information stemming from so many settings spread across the country provides a unique opportunity to organize and develop a central data base that is essential to the future growth of the health insurance sector in India.

10 Annexure

10.1 State Wise Distribution of BPL Population

Sl	States / UT	1973 X 1000	1983 X 1000	1993 X 1000	2004 X 1000	1973 – 2004 Change	
						N°X 1000	%
1	Andhra Pradesh	22,569	16,458	15,397	12,610	- 9,959	- 44%
2	Arunachal Pradesh	266	282	373	203	- 63	- 23%
3	Assam	8,183	7,769	9,636	5,577	- 2,606	- 31%
4	Bihar	37,057	46,205	49,335	36,915	- 142	- 0.4%
5	Chhattisgarh	-	-	-	9,096	-	-
6	Delhi	2,284	1,839	1,551	2,293	+ 9	+ 0.4%
7	Goa	416	223	191	201	- 215	- 51%
8	Gujarat	13,842	11,792	10,519	9,069	- 4,773	- 34%
9	Haryana	3,832	2,960	4,388	3,210	- 622	- 16%
10	Himachal Pradesh	973	741	1,586	636	- 337	- 34%
11	Janmu & Kashmir	2,048	1,560	2,092	585	- 1,463	- 71%
12	Jharkhand	-	-	-	11,639	-	-
13	Karnataka	17,067	14,981	15,646	13,889	- 3,178	- 18%
14	Kerala	13,552	10,677	7,641	4,960	- 8,592	- 63%
15	Madhya Pradesh	27,630	27,797	29,852	24,968	- 2,662	- 9%
16	Maharashtra	28,742	29,089	30,522	31,738	+ 2,996	+ 10%
17	Manipur	586	565	680	395	- 191	- 32%
18	Meghalaya	552	562	738	542	- 10	- 1%
19	Mizoram	182	196	194	118	- 109	- 59%
20	Nagaland	290	350	505	399	+ 109	+ 37%
21	Orissa	15,447	18,131	16,060	17,849	+ 2,402	+ 15%
22	Punjab	4,049	2,864	2,511	2,163	- 1,886	- 46%
23	Rajasthan	12,851	12,683	12,850	13,489	+ 638	+ 5%
24	Sikkim	119	135	184	114	- 5	- 4%
25	Tamil Nadu	23,952	26,007	20,210	14,562	- 9,390	- 39%
26	Tripura	854	895	1,179	638	- 216	- 25%
27	Uttarakhand	-	-	-	3,596	-	-
28	Uttar Pradesh	53,573	55,674	60,446	59,003	+ 5,430	+ 10%
29	West Bengal	29,930	31,869	25,456	20,836	- 9,094	- 30%
30	A&N Islands	74	111	106	92	+ 18	+ 24%
31	Chandigarh	84	119	80	74	- 10	- 11%
32	Dadra&Nagar Haveli	38	18	77	84	+ 46	+ 121%
33	Daman & Diu	-	-	18	21	-	-
34	Lakshadweep	21	19	14	11	- 10	- 47%
35	Pondichery	274	328	331	237	- 37	- 13%
	All-India	321,337	32,899	320,368	301,721	- 19,616	- 6%

Source: Report of the Steering Committee for the Eleventh Five Year Plan 2007-2012, Planning Commission

10.2 Rural/urban Distribution of BPL Population

Sl	States / UT	Rural		Urban		Combined	
		N°(1,000)	%	N°(1,000)	%	N°(1,000)	%
1	Andhra Pradesh	6,470	11.1%	6,140	27.9%	12,610	15.7%
2	Arunachal Pradesh	194	22.3%	9	3.3%	203	17.6%
3	Assam	5,450	22.3&	128	3.3%	5,577	19.7%
4	Bihar	33,672	42.1%	3,242	34.6%	36,915	41.3%
5	Chhattisgarh	7,150	40.8%	1,947	41.1%	9,096	40.8%
6	Delhi	63	6.9%	2,230	15.2%	2,293	14.7%
7	Goa	36	5.3%	164	21.2%	201	13.8%
8	Gujarat	6,349	10.0%	2,719	13.3%	9,069	16.7%
9	Haryana	2,149	13.5%	1,060	15.0%	3,210	14.0%
10	Himachal Pradesh	614	10.7%	22	3.3%	636	9.9%
11	Janmu & Kashmir	366	4.5%	219	7.9%	585	5.4%
12	Jharkhand	10,319	46.2%	1,320	20.2%	11,639	40.3%
13	Karnataka	7,505	20.8%	6,383	32.5%	13,889	24.8%
14	Kerala	3,243	13.2%	1,717	20.1%	4,960	15.0%
15	Madhya Pradesh	17,565	36.8%	7,403	42.1%	24,968	38.2%
16	Maharashtra	17,113	29.5%	14,625	32.2%	31,738	30.7%
17	Manipur	376	22.3%	20	3.3%	395	17.3%
18	Meghalaya	436	22.3%	16	3.3%	452	18.5%
19	Mizoram	102	22.3%	16	3.3%	118	12.6%
20	Nagaland	387	22.3%	12	3.3%	399	19.0%
21	Orissa	15,175	46.7%	2,674	44.3%	17,849	46.3%
22	Punjab	1,512	9.1%	650	7.0%	2,163	8.4%
23	Rajasthan	8,738	18.7%	4,751	32.9%	13,489	22.0%
24	Sikkim	112	22.3&	2	3.3%	114	20.0%
25	Tamil Nadu	7,650	22.8%	6,913	22.2%	14,562	22.5%
26	Tripura	618	22.3%	20	3.3%	638	18.9%
27	Uttarakhand	2,711	40.7%	885	36.4%	3,596	39.6%
28	Uttar Pradesh	47,300	33.4%	11,703	30.6%	59,003	32.8%
29	West Bengal	17,322	28.6%	3,514	14.8%	20,836	24.7%
30	A&N Islands	60	22.8%	32	22.2%	92	22.6%
31	Chandigarh	8	7.0%	67	7.0%	74	7.0%
32	Dadra&Nagar Haveli	68	39.8%	15	19.1%	84	33.1%
33	Daman & Diu	7	5.3%	14	21.1%	21	10.4%
34	Lakshadweep	6	13.2%	6	20.1%	11	16.0%
35	Pondichery	78	22.8%	159	22.2%	237	22.4%

Source: Report of the Steering Committee for the Eleventh Five Year Plan 2007-2012, Planning Commission

	All-India	220,924	28.3%	80,796	25.7%	301,721	27.5%

10.3 District Wise Outreach of RSBY First Tender Notices

SI	State	Districts	No Families	District %	No Insured
1	Bihar	• Saharsa	128,196	7.3	640,980
		• Purnia	204,792	11.6	1,023,960
		• Patna	256,008	14.5	1,280,040
		• Muzzaffarpur	279,930	15.8	1,399,650
		• Nalanda	200.031	11.3	1,000,155
		• Darbhanga	224,461	12.7	1,122,305
		• Gaya	280,250	15.8	1,401,250
		• Bhagalpur	193,756	11.0	968,780
		Sub-total	***1,767,424***	***100.00***	***8,837,120***
2	Delhi	• New Delhi	14,927	3.4	74,635
		• Central	21,713	5.0	108,565
		• North	56,563	12.9	282,815
		• South	40,386	9.2	201,930
		• East	27,784	6.3	138,920
		• West	43,910	10.0	219,550
		• North East	66,583	15.2	332,915
		• South West	34,400	7.9	172,000
		• North West	131,769	30.1	658,845
		Sub-total	***438.015***	***100.00***	***2,190,075***
3	Gujarat	• Dahod	146,407	33.0	732,035
		• Jamnagar	43,351	9.8	216,755
		• Katchh	78,243	17.6	391,215
		• Bharuch	87,382	19.7	436,910
		• Patan	88,186	19.9	440,930
		Sub-total	***443,569***	***100.00***	***2,217,845***
4	Haryana	• Faridabad	84,432	30.2	422,160
		• Yamunanagar	60,306	21.5	301,530
		• Panipat	51,237	18.3	256,185
		• Bhiwani	84,084	30.0	420,420
		Sub-total	***280,059***	***100.00***	***1,400,295***
5	Kerala	• Alappuzha	109,000	54.8	545,000
		• Kollam	89,800	45.2	449,000
		Sub-total	***198,800***	***100.00***	***994,000***
6	Rajasthan	• Barmer	122,079	21.1	610,395
		• Tonk	49,134	8.5	245,670
		• Bikaner	109,465	18.9	547,325
		• Jaisalmer	30,457	5.3	152,285
		• Jalore	87,319	15.1	436,595

		• Baran	54,786	9.5	273,930
		• Jhalawar	60,982	10.6	304,910
		• Rajsamand	63,602	11.0	318,010
		Sub-total	***577,824***	***100.00***	***2,889,120***
7	Uttarkhand	• Derhadun	55,199	43.9	275,995
		• Udham Singh	70,517	56.1	352,585
		Sub-total	***125,716***	***100.00***	***625,580***
8	West Bengal	• Bardhaman	NA	NA	NA
		• Maldah	NA	NA	NA
		• North – 24 Parganas	NA	NA	NA
		• Purba Medinipur	NA	NA	NA
		Sub-total	NA	***100,00***	NA
9	Punjab	• Amritsar	NA	NA	NA
		• Ferozepur	NA	NA	NA
		• Gurdaspur	NA	NA	NA
		• Patiala	NA	NA	NA
		• Sangrur	NA	NA	NA
		Sub-total	***215,868***	***100,00***	***1,079,340***
10	Jharkhand	• Ranchi	NA	NA	NA
		• Dhanbad	NA	NA	NA
		• Deoghar	NA	NA	NA
		• Garhwa	NA	NA	NA
		• West Singhbum	NA	NA	NA
		Sub-total	***NA***	***100.00***	***NA***

Total	***4,047,275***	***-***	***20,236,375***

10.4 RSBY – Overall Implementation Situation as of 01.04.2008

SI	States / UT	States			Districts			Population		Implementation		Remarks
		Partic. 25.01	Agree to Impl.	Tender Advert.	Total No	Plann. Year 1	Target Year 1	Total BPL Families	Total No Insured	Nodal Department	Nodal Agency	
1	Andhra Pradesh	X	No		23	5	-					Already developed another scheme.
2	Arunachal Pradesh				16	2						
3	Assam				23	5						Lack of resources*
4	Bihar	X	X	X	37	8	8	1,767,424	8,837,000		ESI	Contract signed with Insurance Company
5	Chhattisgarh	X	X	X	16	3	3	500,000	2,500,000		NRHM	Tendering process under way
6	Delhi	X	X	X	9	1	9	438,015	2,190,000	MoLE	MoLE	Contract signed with Insurance Company
7	Goa	X	X		2	1	2					Already started preparatory work
8	Gujarat	X	X	X	25	5	5	443,569	2,217,000	MoLE	Publ. Trust	Contract signed with Insurance Company
9	Haryana	X	X	X	20	4	4	280,059	1,400,000	MoLE	ESI	Contract signed with Insurance Company
10	Himachal Pradesh	X	X		12	2	2	100,000	500,000			Next in line for advertisement
11	Janmu & Kashmir	X			14	2						Still discuss administration costs
12	Jharkhand	X	X	X	22	4	5			MoLE		Tendering process under way
13	Karnataka	X	X	X	27	6						Tendering process under way
14	Kerala	X	X	X	14	2	2	198,800	994,000			Contract signed with Insurance Company
15	Madhya Pradesh	X	X		48	10	10			MoH&FW	ESI	Selection of districts recently completed
16	Maharashtra		X*	X	35	7						Tendering process under way
17	Manipur				9	1						
18	Meghalaya				7	1						
19	Mizoram	X	X		8	1	4			MoLE	MoH&FW	Request GoI to bear 90% of Premium
20	Nagaland				8	1						
21	Orissa		X*		30	6						Lack of resources but likely to advertise soon
22	Punjab	X	X	X	17	3	5			MoH&FW	PHSC	Tendering process under way
23	Rajasthan	X	X	X	32	7	8	577,824	2,889,000	RHSDP	MoH&FW	Contract signed with Insurance Company
24	Sikkim	X			4	1						Request GoI to bear 90% of Premium
25	Tamil Nadu	X	X	X	30	6	2			MoLE	CW WB	Tendering process under way

26	Tripura				4	1						
27	Uttarakhand	X	X	X	13	2	2	125,716	628,000			Tendering process under way
28	Uttar Pradesh	X	X	X	70	14	14	2,000,000	10,000,000	MoRD	NRHM	Tendering process under way
29	West Bengal	X	X	X	18	3	4					Tendering process under way
30	Andaman & Nicobar				2	1						
31	Chandigarh	X			1	1						
32	Daman & Diu				1	1						
33	Dadra & Nagar				1	1						
34	Lakshadweep				1	1						
35	Pondichery				4	1						
	Total	22	18	7	600	120	89	6,431,407	32,157,000	-	-	-

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