

***C*CHAPTER**



A Study on, Utilisation and Awareness of Mukhya Mantri Chiranjevi Swasthya Bima Yojana in Jaipur District, Rajasthan

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INTRODUCTION

Chief Minister Chiranjeevi Swasthya Bima Yojana was an initiative launched by the Rajasthan government to provide universal health insurance, aiming to achieve the goal of "health for all." Through this program, participants in the national health insurance system were offered cashless insurance coverage. Announced as part of the Rajasthan State Budget 2021–2022, the primary objective of this scheme, which commenced on April 1, 2021, was to enhance public access to healthcare services. Its main focus was to offer health insurance to individuals from all socioeconomic backgrounds for the treatment of serious illnesses, including the Covid-19 pandemic, at both government and private healthcare facilities. The campaign was officially launched on May 1st, 2021, coinciding with International Workers' Day. It was anticipated that this scheme would provide patients with the necessary security measures to safeguard their health during the pandemic. With a budget of Rs. 3,500 crores, the scheme offered coverage of up to Rs. 5 lakhs to each household in the state. It was expected to bridge the gap between the affluent and the underprivileged, ensuring social security for marginalized segments of society. According to this initiative, every individual in society has a legal right to protect their health. Patients at all state-licensed private and public hospitals receive free medical services up to five lakhs under this scheme [3].

Individuals from any of the mentioned groups were able to participate in the program without being required to pay additional fees or make further financial commitments. Families could enroll in Mediclaim by paying half of the premium, which was 850 rupees annually, in exchange for receiving cashless medical care up to a maximum cost of 5 lakh rupees, even if they

did not belong to one of the specified categories but still met the Medclaim eligibility criteria set by the Union and State Governments. Even if a family did not fall into one of the specified categories but still met the Medclaim requirements established by the federal and state governments, they were invited to participate in the scheme. Approximately 1.31 crore households had enrolled in the extensive Chief Minister Chiranjeevi Health Insurance Scheme offered by the state of Rajasthan. Under this plan, every family was entitled to receive free medical care. Treatment at any hospital covered by the scheme was provided without requiring out-of-pocket payments. The package included an increased number of services from two to three, with the cost raised from \$5,000 per day to \$9,900 per day, considering current developments. The program covered a wide range of illnesses and also provided coverage for COVID-19 and hemodialysis for individuals with low incomes. Rajasthan's OPD facilities became cashless under this program, making it the first state to do so. A total of 5.86 crore rupees had been allocated under this program. To date, over 20,000 households have already benefited from this program, attracting 1.32 crore families. Participants in this study were not government employees. The state government was diligently preparing to launch it as part of the health system operated by the Rajasthan Government. They would be eligible for a form of cashless insurance similar to that provided by the federal government [1,2].

RESEARCH OBJECTIVES

1. To assess and examine the extent of awareness regarding the Mukhya Mantri Chiranjeevi Swasthya Bima Yojana in the Jaipur district.

2. To understand the perspectives of Jaipur residents regarding the scheme.

RESEARCH METHODOLOGY

The study design employed for this research was descriptive in nature, aiming to provide a comprehensive understanding of the Mukhya Mantri Chiranjeevi Swasthya Bima Yojana. It was conducted in Jaipur, Rajasthan, over a duration of three months. Data collection methods encompassed both primary and secondary sources. Primary data were gathered through structured questionnaires, Google survey forms, and telephonic interviews, while secondary data were obtained from various sources such as Rajasthan government websites, articles, and news reports. Convenience sampling technique was utilized for participant selection. Data management involved the collection of information over a period of two months and its subsequent transfer from questionnaire sheets to Excel sheets for analysis. In terms of inclusion criteria, both male and female individuals aged between 18 and 60 were considered eligible for participation. Conversely, individuals below 18 and above 60 years of age were excluded from the study to maintain consistency in data collection and analysis.

RESULTS & DISCUSSION

Most people had only a vague awareness of the system's fundamentals. Although many respondents were aware of the project, few had signed up. According to the results, 32% of respondents thought this method was helpful to them, while 19.4% disagreed. It was observed that 32.8 percent of individuals were confident in the benefits of this yojana, while 19.4% believed it would not be of any service to them. The previous viewpoint suggested that men were typically more aware than women.

Major private hospitals did not communicate with their patients, as reported by respondents who chose to remain anonymous during phone conversations. Consequently, even the Chief Minister Chiranjeevi Swasthya Bima Yojana card was no longer accepted.

CONCLUSION

Despite anecdotal evidence suggesting widespread awareness of the Mukhya Mantri Chiranjeevi Swasthya Bima Yojana, a healthcare initiative, it has not achieved the promised level of coverage. There is a notable discrepancy in awareness levels between males and females. To address these challenges, the government needs to conduct a thorough inquiry and establish stringent regulations for hospitals. This will ensure proper acknowledgment of the program's outcomes, allowing the broader population to fully benefit from the initiative. However, many large private hospitals do not support the government initiative due to lower rates and fixed package prices set by the government.

The government must critically examine the reasons behind the scheme's performance concerning "universal health coverage." Through analysis, policymakers and government officials can identify the root causes of these issues and take necessary steps to address them. Additionally, the government should focus on incentivizing private hospitals to actively participate in the scheme. By closing the knowledge gap and ensuring effective implementation of the program through understanding its implications and enacting necessary legislation, the government can enhance public health coverage. This would ultimately contribute to achieving the stated

objectives of the Mukhya Mantri Chiranjeevi Swasthya Bima Yojana.

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