

## Study on Level of Awareness and Factors Contributing to Non-Utilization of Rashtriya Swasthya Bima Yojna (RSBY) in Charotar Region, Gujarat

–B. Thomas\*, S. Mishra\*, S. Nimbalkar\*\*, A. Phatak\*\*,  
M. Shinde\*\*, K. Talati\*\*\*

### ABSTRACT

*Rashtriya Swasthya Bima Yojna (RSBY) is an ambitious health insurance programme for below poverty line (BPL) population launched by the government of India in 2008 to provide universal health coverage. Researchers in this study made an attempt to assess the real impact of this scheme in Gujarat and appraise the systemic inefficiencies at the level of beneficiaries by identifying factors contributing to non-utilization and perceived information need about RSBY. A multistage random sampling method was used for the selection of respondents and the four stages include talukas, villages, wards and households. After obtaining the written informed consent, responses were collected on a structured questionnaire in vernacular on the mobile-based MAGPI platform from 372 eligible respondents.*

*Findings of this study reveal that only 63 (17%), 56 (15.05%), 49 (13.17%), 15 (4.03%) and 5 (1.34%) respondents were aware about some of the key aspects of RSBY scheme like annual insurance coverage, which document should be carried to avail RSBY benefits scheme, no provision for OPD charges in case there is no hospitalization, provision of cashless hospitalization or free treatment and transportation charges given under the scheme, respectively. This alarmingly abysmal level of awareness among the potential beneficiaries makes it clear that this scheme has a very limited acceptance among people irrespective of their age, gender or*

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\* Department of Social Work, Sardar Patel University, Gujarat, India.  
Email: bigisrsh@gmail.com

\*\* Charotar Arogya Mandal – Central Research Services, Karamsad, Gujarat, India.

\*\*\* Foundation for Diffusion of Innovations, Department of Interdisciplinary Research, Vadodara, Gujarat, India.

*educational level, even though men seem to be more aware than women with some aspects of the scheme namely, RSBY coverage and document needed while the level of education of respondents seems to have significant association with their awareness about cashless hospitalization in RSBY scheme.*

*Results of this study highlighted lack of awareness among potential beneficiaries as the main factor contributing to non utilisation of RSBY scheme in study areas. This underlines the need of immediate intervention by all stakeholders to augment their level of awareness about this scheme.*

**Keywords:** Health Insurance, Universal Health Coverage, Utilization, Rashtriya Swasthya Bima Yojana, RSBY, Gujarat, India

## INTRODUCTION

A large proportion of Indian people live in rural areas and healthcare is an unaffordable task for many of them. The reasons are varied why they are not able to avail proper healthcare facilities. For many, it is a costly affair, especially when the diseases they are suffering with are chronic in nature. Medical expenditure is huge and they, even if they may start with the treatment, are forced to discontinue it because of their inability to continue paying for the treatment. The diseased condition not only deprives them from earning, but also makes them bankrupts.

Lack of proper transportation facilities to the nearby available healthcare facilities usually concentrated only in urban areas, difficulty in managing funds to get patients regularly to these facilities for continuous check up or treatment procedures, non-availability of a caretaker who can accompany the patients to the far away hospitals, the need of long-term treatment, uncertainty of results, etc., are some reasons due to which most often poor Indians do not go for treatment or continue with it. While many government hospitals provide free treatment facilities along with free medicines, the proportion of patients who do not go to these facilities is huge due to long distance they may have to travel to these facilities. Losses of manual days of those who are accompanying the patients add to the financial burden of the families.

Proper healthcare is a universal human right. Increasing healthcare cost makes it very difficult for poor people to access even basic healthcare services that most of the Indians live in rural areas. Majority of them are too poor to afford healthcare services out-of-pocket (Ourooj Safi, 2015).

The escalating cost of medical treatment is beyond the reach of common man. While well-to-do segment of the population both in rural and urban areas has accessibility and affordability towards medical care, the same cannot be said about the people who belong to the poor segment of the society. Even the so-called rich and people from above-average economical strata of India find it difficult to meet the exorbitant medical expenditure of certain chronic diseases like cancer, heart ailments, kidney-related diseases and the like which demands transplantations, surgeries, radiations, dialysis, etc. Berman et al. estimated that more than 70 million Indians are impoverished every year because of medical expenses.

## **RSBY IN INDIA**

It is to help people in the light of escalating healthcare costs, the government of India launched the Rashtriya Swasthya Bima Yojna (RSBY) in 2008, for people living under below poverty line (BPL). At the national level, it is managed by the Labour Ministry and, at the state level, it comes under both Health Ministry as well as Labour Ministry. On the funding division, the contribution from centre is 75% and that of state is 25%. On 1st April 2015, the scheme has been shifted from the Ministry of Labour and Employment to the Ministry of Health and Family Welfare, New Delhi.<sup>4</sup> The goal of RSBY is to issue security to the people of BPL households (HHs) from financial stress arising out of health disturbances that involve hospitalization (Srinivasan T, 2017).

The main objective of RSBY was to provide financial protection from catastrophic health expenses to the people working in the unorganized sector in India by covering more than 55 million BPL HHs and, thus, improve their access to health services (Thakur H, 2016).

The beneficiary under this scheme shall be eligible for such in-patient healthcare insurance benefits as would be designed by the respective state governments based on the requirement of the people/geographical area. However, the state governments are advised to incorporate at least the following minimum benefits in the package/scheme: the unorganized sector worker and his family (unit of five) will be covered, total sum insured would be Rs. 30,000 per family per annum on a family floater basis, cashless attendance to all covered ailments, hospitalization expenses, taking care of most common illnesses with as

few exclusions as possible and all pre-existing diseases to be covered and transportation costs (actual with maximum limit of Rs. 100 per visit) within an overall limit of Rs. 1000.

## **RSBY IN GUJARAT**

The RSBY scheme was regarded for its excellent technical architecture and spirit to provide business opportunity to all stakeholders involved. The portability of usage of the scheme made it more efficient as compared with other state-specific health insurance schemes (Palacios R, 2011).

Since its inception in 2008, the enrolment rate in RSBY at the national level is found to be little more than three-fifths of the targeted BPL families. Out of 59,117,989 BPL families, 36,332,475 families are enrolled in the RSBY. In Gujarat, the RSBY claims to have covered more than half of the targeted population. As per recent review of the RSBY website, out of 4,653,237 BPL families, around 50%, that is, 2,691,497 have been covered.<sup>15</sup> In Anand district, where the study has been conducted, 208,173 HHs had to be covered and only 98,918, that is, less than half of the HHs are covered. In Gujarat, the RSBY scheme is running since 2008 by the Ministry of Labour welfare. The scheme was implemented in a phased manner. During the first phase (in the policy year 2008–09), five districts namely, Bharuch, Dahod, Jamnagar, Kutch and Patan, were covered. After its successful implementation, in the second phase (in the policy year 2009–10) the scheme was further extended to another five districts namely, Narmada, Tapi, Dang, Sabarkantha and Banaskantha (prominently tribal districts). In the policy year 2011–12, the RSBY scheme was extended to all districts of Gujarat state.

Implementation of the RSBY in the study sites was done in the year 2011 and it was almost completed in 2 years since the programme is running here. All government medical colleges, district hospitals, sub-district hospitals, community health centers and primary health centers have been empanelled under the scheme, which provides a choice to beneficiary while choosing a hospital for his/her treatment.

Devadasan et al. (2013) reported that while the RSBY has managed to include the poor under its umbrella, it has provided only partial financial coverage in Gujarat and nearly 60% of insured and admitted patients made out-of-pocket payments.

## METHODOLOGY

Trained Master in Social Work interns visited every fifth household in randomly selected six villages in Charotar region of Gujarat. BPL families or families having RSBY card were included in the study.

A multistage random sampling method was used for the selection of respondents/households which is been carried out in four stages. The stages were selection of *talukas*, selection of villages, selection of wards and selection of households from the selected wards. The Charotar region consisted of four *talukas*: Anand, Borsad, Petlad *talukas* from Anand District and Nadiad taluka from Kheda District.

From these four, three *talukas* were selected randomly and then six villages were selected randomly from these three *talukas*. From the selected villages, one ward each was selected and households were identified from a sample frame prepared for the purpose.<sup>12&13</sup>

After obtaining written informed consent, responses were collected on a structured questionnaire in vernacular on the mobile-based MAGPI platform from 372 eligible respondents.

## RESULTS

The results are presented in the following sections. Initially, the socio-demographical details of the respondents are presented followed by the associations between levels of awareness of respondents with their selected demographical characteristics in tables.

### Socio-Demographical Details of the Respondents

Around equal proportion of the respondents 142 (38.17%) and 141 (37.90%) belong to 18–35 and 35–50 age groups, respectively, while 89 (23.92%) were above 50 years. Majority 231 (62.10%) respondents were females. Family size of around half of the respondents 185 (49.73%) were 5–8 followed by 127 (34.14%) having up to four member families. Only less than one fifth of respondents 60 (16.13) have big families, having nine or more members. Majority of respondents 224 (60.22) did not have under five children in their families while 105 (28.23 percent), 28 (7.53%), 11 (2.96%) and 4 (1.08%) had 1, 2, 3 and 4 or more under 5 children in their families, respectively. Similarly, while little less than

half of respondents 184 (49.46%) did not have any member above 60 years of age in their families, 157 (42.20%) have one member above 60, 30 (8.06%) and 1 (0.27%) of them have two and three above 60 members, respectively. Out of 372 respondents, 137 (36.83%) were educated up to primary level followed by a little less proportion, that is, 129 (34.68%) were having secondary school or higher education qualifications. Majority 329 (88.4%) were BPL families and 334 (89.78) were Hindus.

**Table 1: Socio-Demographical Details of Respondents N = 372**

<i>Particulars</i>	<i>Categories</i>	<i>Frequency (%)</i>
<b>Age of respondent</b>	18-35 Years	142 (38.17)
	35-50 Years	141 (37.90)
	>50 Years	89 (23.92)
<b>Sex of respondent</b>	Male	141 (37.90)
	Female	231 (62.10)
<b>Family Size</b>	Up to 4	127 (34.14)
	5-8	185 (49.73)
	9 or more	60 (16.13)
<b>Under 5 Children</b>	0	224 (60.22)
	1	105 (28.23)
	2	28 (7.53)
	3	11 (2.96)
	4 or more	4 (1.08)
<b>&gt;60 elderly</b>	0	184 (49.46)
	1	157 (42.20)
	2	30 (8.06)
	3	1 (0.27)
<b>Education</b>	No schooling	106 (28.49)
	Primary school [ Std 1 to 7 ]	137 (36.83)
	Secondary School or Higher Educa- tion	129 (34.68)
<b>BPL Card</b>	Yes	329 (88.44)
<b>Religion</b>	Hindu	334 (89.78)
	Muslim	20 (5.38)
	Christian	18 (4.84)

### Awareness about RSBY

It is an undisputed fact that the proper utilization of any government welfare scheme is possible only if the beneficiaries are fully aware about the various aspects of that scheme. The RSBY is a government scheme, which provides financial security for hospitalization-related expenses to BPL families. An attempt is been carried out in this study to find out whether respondents are aware about some key aspects of this scheme, that is, the RSBY coverage of healthcare, transportation charges, cashless hospitalization, OPD benefits and documents. Associations between the level of awareness of respondents in these areas with selected demographical variables namely, age, gender and educational level, are also done in this study and presented in Tables 2–6.

**Table 2: Comparison of Age, Gender and Educational Qualifications of Respondents among the Aware and not Aware Respondents about RSBY Coverage (Healthcare)**

<i>Sr.No.</i>	<i>Charac- teristics</i>	<i>Particulars</i>	<i>RSBY Coverage (Healthcare)</i>		<i>p- value</i>
			<i>Aware</i>	<i>Not Aware</i>	
1	Age	18-35 years	28 (44.44)	114 (36.89)	0.34
		35-50 years	24 (38.10)	117 (37.86)	
		>50 years	11 (17.46)	78 (25.24)	
2	Gender	Male	37 (58.73)	104 (33.66)	<0.001
		Female	26 (41.27)	205 (66.34)	
3	Education	No Education	13 (20.63)	93 (30.10)	0.211
		Primary Education	23 (36.51)	114 (36.89)	
		Secondary or Higher Education	27 (42.86)	102 (33.01)	

Low level of awareness about RSBY Coverage (healthcare) is clear from Table 2 as majority, 309 (83.06%), are not aware that the amount of insurance coverage per year under RSBY scheme is Rs. 30,000. There is

significant statistical difference between male and female respondents in their level of awareness about healthcare coverage under the RSBY.

**Table 3: Comparison of Age, Gender and Educational Qualifications of Respondents among the Aware and not Aware Respondents about RSBY Coverage (transportation charges)**

<i>S. No.</i>	<i>Characteristics</i>	<i>Particulars</i>	<i>RSBY Coverage (Transportation Charges)</i>		<i>p-value</i>
			<i>Aware (Rs. 100)</i>	<i>Not Aware</i>	
1	Age	18-35 years	1 (20.00)	141 (38.42)	0.134
		35-50 years	4 (80.00)	137 (37.33)	
		>50 years	0 (0.00)	89 (24.25)	
2	Sex	Male	2 (40.00)	139 (37.87)	0.922
		Female	3 (60.00)	228 (62.13)	
3	Education	No Education	1 (20.00)	105 (28.61)	0.912
		Primary Education	2 (40.00)	135 (36.78)	
		Secondary or Higher Education	2 (40.00)	127 (34.60)	

“Do you know what amount is paid as transportation charges per visit under RSBY scheme?” was the question asked to the respondents to see whether they are aware about the RSBY coverage under transportation charges. A shockingly poor level of awareness among respondents is clear from Table 3, that is, very few respondents 5 (1.34%) knew that up to Rs.100 is paid as transportation charges per visit under the RSBY scheme. Age, gender and level of education do not bear any significant difference with regards to awareness about transportation charges.

**Table 4: Comparison of Age, Gender and Educational Qualifications of Respondents among the Aware and not Aware Respondents about RSBY Coverage (Cashless Hospitalization)**

S. No.	Charac- teristics	Particulars	RSBY (Cashless Hospi- talization)		p-value
			Aware	Not Aware	
1	Age	18-35 years	8 (53.33)	134 (37.54)	0.415
		35-50 years	5 (33.33)	136 (38.10)	
		>50 years	2 (13.33)	87 (24.37)	
2	Sex	Male	7 (46.67)	134 (37.54)	0.475
		Female	8 (53.33)	223 (62.46)	
3	Education	No Education	1 (6.67)	105 (29.41)	0.022
		Primary Edu- cation	4 (26.67)	133 (37.25)	
		Secondary or Higher Education	10 (66.67)	119 (33.33)	

Awareness about free inpatient treatment or cashless hospitalization covered under RSBY seems to be very low among respondents as only 15 (4.03%) respondents are aware about this benefit while a substantially high proportion of respondents 357 (95.97) are not aware about this very important benefit covered under the RSBY. It is interesting to see that the highest proportion of respondents among the aware group 10 (66.67%) are those who are having education up to secondary or higher education. While p-value (less than 0.05) suggests statistically significant difference between aware and not aware groups with respect to their level of education, their age and gender did not bear any impact on their level of awareness.

**Table 5: Comparison of Age, Gender and Educational Qualifications of Respondents among the Aware and not Aware Respondents about RSBY Coverage (OPD Benefits)**

S. No.	Charac- teristics	Particulars	RSBY (OPD Benefits)		p- value
			Aware	Not Aware	
1	Age	18-35 years	23 (46.94)	119 (36.84)	0.188
		35-50 years	19 (38.78)	122 (37.77)	
		>50 years	7 (14.29)	82 (25.39)	

2	Sex	Male	24 (48.98)	117 (36.22)	0.086
		Female	25 (51.02)	206 (63.78)	
3	Education	No Education	13 (26.53)	93 (28.79)	0.415
		Primary Education	15 (30.61)	122 (37.77)	
		Secondary or Higher Education	21 (42.86)	108 (33.44)	

Majority of respondents 323 (86.83%) are not aware that OPD/consultation charges and medication expenses are not covered under the RSBY in case there is no hospitalization. This lack of awareness regarding one of the very important scheme components among potential beneficiaries makes it clear that this is not a well-explained scheme among potential beneficiaries. No statistically significant differences are noted among aware and not aware groups with respect to their age, gender or educational levels.

**Table 6: Comparison of Age, Gender and Educational Qualifications of Respondents among the Aware and not Aware Respondents about RSBY Coverage (Document)**

S. No.	Charac-teristics	Particulars	RSBY Document		p-value
			Aware	Not Aware	
1	Age	18-35 years	24 (42.86)	118 (37.34)	0.490
		35-50 years	22 (39.29)	119 (37.66)	
		>50 years	10 (17.86)	79 (25.00)	
2	Sex	Male	33 (58.93)	108 (34.18)	<0.001
		Female	23 (41.07)	208 (65.82)	
3	Education	No Education	13 (23.21)	93 (29.43)	0.159
		Primary Educa-tion	27 (48.21)	110 (34.81)	
		Secondary or Higher Education	16 (28.57)	113 (35.76)	

The proportion of respondents aware about “which documents a potential beneficiary needs to carry to a hospital to avail the RSBY scheme benefits” is very low, that is, 56 (15.05). There is a significant difference between male and female respondents with respect to their level of awareness regarding the need of documents they have to carry to

get the RSBY benefits and it is clear from data analysis that compared to women, more men are aware about this aspect of the RSBY. Nevertheless, no statistically significant differences are noted among aware and not aware groups with respect to their age or educational levels.

## DISCUSSION

Findings of this study reveal that only 63 (17%), 56 (15.05%), 49 (13.17%), 15 (4.03%) and 5 (1.34%) respondents were aware about some of the key aspects of RSBY scheme like annual insurance coverage, which document should be carried to avail RSBY benefits scheme, no provision for OPD charges in case there is no hospitalization, provision of cashless hospitalization or free treatment and transportation charges given under the scheme, respectively. This poor level of awareness among the potential beneficiaries makes it clear that this scheme has a very limited acceptance among people irrespective of their age, gender or educational level, even though men seem to be more aware than women with some aspects of the scheme namely RSBY coverage and document needed while the level of education of respondents seems to have significant association with their awareness about cashless hospitalization in the RSBY scheme.

It is worth noting that only 32 (8.60) respondents knew that up to five family members can be covered under one RSBY card and 67 (18.01) knew that the renewal charge is Rs. 30. Majority households 61 (16.40) reported Gram sabha or panchayat members as the main source of information about the RSBY card while around 13% each stated that they get to know about the RSBY scheme from doctors/nurses from government hospital and *anganwadi* workers.

Large majority of respondents 323 (86.83%) are not aware that OPD/consultation charges and medication expenses are not covered under the RSBY in case there is no hospitalization. This lack of awareness regarding one of the very important scheme components among potential beneficiaries makes it clear that this is not a well explained scheme among them. Total lack of knowledge about “no coverage – if no hospitalization” provision in this scheme lead to high-level dissatisfaction and frustration among respondents as many a times, they are made to believe and attempted to get benefits by others who also do not know much about this scheme. Many shared their failed attempts to get the benefits under this scheme even though they were not hospitalized and how disappointed they were.

If suboptimal enrolment, utilization and renewal rates can be considered as conclusive evidences for failure of a scheme like the RSBY, findings of this study prove that this programme has failed as few have enrolled and very few have utilized and renewed their cards. Numerous studies have affirmed this finding like Mayur T. and Deeapk S. (2013) reported that “despite having the potential of changing the ‘access to healthcare’ scenario in the country, the scheme seems to be crippled with many problems being faced by all the stakeholders”.<sup>14</sup>

Out of 372 families 329 (88.4%) were BPL families but only 188 (50.5%) had RSBY card. Out of this, only 33 (17.5%) cards were issued/renewed during 2015–16. When 18 (4.84%) respondents reported the actual utilization of RSBY during hospitalization, 49 respondents reported that they did not use the RSBY despite hospitalization of themselves or family members.

When asked why they could not use their cards for cashless treatment, many said that they did not know how to use it and when to use it. Many had not renewed their cards. Some of them stated they did not know for what this card is used for and most of the respondents lack the knowledge that up to 05 family members are covered under the card and they can use it for their treatments also. One respondent said, “*I was asked for many documents to verify age, relation with the card holder, gender etc and as I could not manage many I did not use the card.*” Research has long confirmed this bottleneck in the utilization of this scheme as it was observed in a study in Gujarat that the claim settlements are done through physical documents. The physical documents like identity proof to verify age and gender at times become a necessity as the quality of smart card data is suboptimal (Mayur Trivedi, 2013).<sup>14</sup>

Non renewal of the card was mainly due to lack of awareness about how to renew it and when and where to do it. Most of the respondents said that they did not know whether there was a renewal drive that happened in their villages.

The fact that only 70% reported they are interested to get enrolled or renew their card is evident for this scheme’s less popularity among marginalized or poor as a health insurance scheme. At the same time, a little less than half of the respondents 177 (47.58) reported they would like to have more information about the scheme.

Catastrophic health expenditure remains a cause of impoverishment in majority of the households in India<sup>6</sup> because India’s health expenditure is met mostly by households through out of pocket payments at the time

of illness.<sup>11</sup> The RSBY is a scheme with a potential to save people from this misery. Access to accurate information stands as a cornerstone in utilization of services in any of the targeted interventions in health, and health insurance programmes initiated by the state are no exception. But findings of this study prove that level of understanding regarding hospitals empanelled, services offered and the facilities therein about the RSBY among potential beneficiaries are alarmingly abysmal and call upon the assessment of policies for enrolment, renewal and utilization under the RSBY. Government and local self-governing bodies will have to play more active role in ensuring 100% enrolment and 100% renewal of BPL households with the RSBY, and in ensuring that all eligible cardholders utilize their cards in the case of hospitalization.

## CONCLUSIONS

Since participation in local institutions provides a “voice” to the people and platform for “collective action”, steps need to be taken to facilitate “bottom-up” or “demand-driven” initiatives that strengthen people’s participation in improving the functioning of public programmes and thereby lead to better development outcomes. Many are still not aware about this scheme even though having the RSBY cards with them. It calls for intervention by authorities to make this programme a popular one among beneficiaries. Compulsory enrolment and free premiums in medical insurance programmes announced in the new healthcare policy by the government of India can be incorporated with its RSBY scheme to rejuvenate this otherwise unproductive or under-productive medical insurance programme.

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