ACHARYA INSTITUTE OF TECHNOLOGY
(Affiliated to Visvesvaraya Technological University, Belagavi, Approved by AICTE, New Delhi and Accredited by NBA and NAAC)

Date: 17/05/2018

CERTIFICATE

This is to certify that **Mr. Abhijeet Doijode** bearing **USN 1AZ16MBA02** is a bonafide student of Master of Business Administration course of the Institute 2016-18 batch, affiliated to Visvesvaraya Technological University, Belgaum. Project report on "**A Study of Various Insurance Scheme on Cancer Disease" at Wenzins Technologies India Pvt. Ltd., Bangalore** is prepared by him under the guidance of **Prof. Sendhil Kumar** in partial fulfillment of the requirements for the award of the degree of Master of Business Administration, Visvesvaraya Technological University, Belgaum, Karnataka.

Signature of Internal Guide

Signature of HOD
Head of the Department
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Soldevanahalli, Bangalore-560 107

Signature of Principal

PRINCIPAL
ACHARYA INSTITUTE OF TECHNOLOGY
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Internship Certificate

This is to certify that **Mr ABHIJEET DOIJODE,USN. NO 1AZ16MBA02** a student of Acharya institute of Technology , Bengaluru has under gone an internship in **Wenzins**, Bengaluru from 15/01/2018 to 24/03/2018

He has completed the **Project report** on topic **"Study of various insurance scheme on cancer disease"** successfully and submitted a detailed report on the work.

For WENZINS TECHNOLOGIES INDIA PVT. LTD.

Wenzins Technologies India Private Limited

DECLARATION

I **ABHIJEET D,** hereby declare that the internship report entitled **"A STUDY OF VARIOUS INSURANCE SCHEME FOR CANCER DISEASE"** for Wenzins Technology, prepared by me under the guidance of **Prof. M SENDIL KUMAR.** Faculty of MBA Department, Acharya institute of Technology and External guidance by **Mr. MANISH KATKE**,

I also declared that this internship work is the partial fulfilment of the university regulation for the award of degree of master of business Administration by Visvesaraya Technological University, Belgaum.

I have undergone a summer project internship for a period of ten weeks. I further declare that this project is based on the original study undertaken by me and has been submitted for the award of any degree Diploma from any other university/ institution.

PLACE: - BANGALORE **SIGNATURE**

DATE: - 17/5/2018

ABHIJEET D

ACKNOWLEDGEMENT

I am truly grateful to my external guide Mr Manish Katke, Founder and Director of Wenzins Technology (India) Private Limited, Bengaluru and my internal research Guide, Mr. M Sendil Kumar, for their research guidance, encouragement, and opportunities provided.

I wish to thank all the respondents from the hospital who spent their valuable time in discussing with me and giving valuable data by filling up the questionnaire. I'm also great full to the Doctor Aradhana K and the staff of KIDWAI hospital for helping me in completing the project.

I deem it a privilege to thank our Principal, Dr. Sharanabasava Pilli, Dr. Mahesh, Dean Academics and our HOD Dr.Nijaguna for having given me the opportunity to do the project, which has been a very valuable learning experience.

My sincere and heartfelt thanks to all my teachers at the Department of MBA, Acharya Institute of Technology for their valuable support and guidance.

Last, but not least, I want to express my deep appreciation to my parents for their unstinted support.

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Executive Summary

The research was conducted on the topic "A study of various Insurance schemes for cancer disease" at Wenzins technology pvt ltd, Bengaluru for a period of 10 weeks that is from 15th of January to 24th of March.

Every business firm aims to expand the areas of their operation in order to grow and become a well-known brand which is recognised in all the levels of business chain.

The purpose of this research is to learn the government schemes available in the health care sector for the cancer diseases, what are the procedure to enrol in the scheme and how the scheme is implemented to provide maximum benefit for the insured people.

Wenzins operates in the Health Eco system to develop a sensible and information driven health care delivery system with big selection of product and services to satisfy the requirements of the organization and to provide a one stop solution for all the information regarding Health care sector and to educate the users of the service of the company.

The research is conducted in Kidwai Memorial Hospital of Oncology, Bengaluru, which is one of the largest cancer research center in India and has a high number of cancer patients being treated under various insurance scheme. The patients treated in the hospital helped to collect the primary data by the answering the questionnaires and the sample size being 50.

As per the data collected majority of the people belong below poverty line and have very less knowledge about the insurance schemes available for cancer disease. The scheme like Vajapaye Arogya shree reduces the financial burden of the patients. There is a need to provide information about the insurance scheme to the people to help them to fight the disease like cancer

Chapter1

Introduction

Introduction about Internship

An internship is professional training given to the undergraduate or postgraduate students who are studying in university, to understand the operations which are carried out for the smooth running of an organization. It is given for the particular period of months and stipend is provided as remuneration to the intern's these organization hire typically students who are pursuing their masters or under graduation and in their final year of completion. The recruited interns will assist in organization and try to develop their skills and get an experience in particular field,

Internship at Wenzins technologies private limited was based on analysing and understanding the various government insurance schemes offered to the Oncology patients in the Kidwai memorial institute of oncology. The review concentrates on investigating the insurance schemes in the healthcare industry and impact on the patients and their family.

The various government insurance schemes are studied to identify the number of patients in different schemes. To understand the procedure which a patient has to follow in order to avail the benefits of the scheme.

1.1 Industry profile

Profile of Healthcare Industry in India

The healthcare industry is a sector in the economy which offers drugs, medicines and other services for patients with preventive, healing, rehabilitative, and soothing care. patients with preventive, healing, rehabilitative, and soothing care. Thus, we are able to say that health care services comprise the grouping of tangible and intangible aspect wherever intangible options dominate the tangible aspects. Rooms, beds and different decors are enclosed in tangible things.

The various kinds of services relating to health and welfare are provided health industry. The section is taken into account as social section that is ruled underneath the help by state and central level government. this business is split into several sub- divisions and ruled with numerous knowledge base groups of skilled professionals and paraprofessionals to cater the health desires of people.

Background of Indian Health Industry:

There are the evidences of the existence of health care even throughout the time of Sanskrit literature and Mahabharata, however it's modified considerably with the passage of your time and has older important changes and upgraded tons with the up gradation of bioscience and technology.

Substantial increments in aid facilities and within the variety of aid personnel is appear to be happened throughout 1950's and 1980's, however the entire variety of certified medical professionals looks to be fallen down in as we've got four practitioners per 10000 in Eighties that is reduced to three per 10000 in 1981. The reason behind this decrement is that the quick increment in country. there have been around 10 beds on 10000 people in 1991. the expansion within the variety of primary health centers is additionally looks to be happen throughout the last decade. These centers are thought of to be the keystone for rural health care system there have been around 22400 primary health centers, 11200 hospitals and 27400 dispensaries were established in Asian country within the year 1991.

These services were initiated as a vicinity of layer aid system with attention to supply most routine facilities to the overwhelming majority of individuals in city and refer only critical cases to urban hospitals which are having more advanced facilities. These centers would basically trust on skilled professionals to fulfil their maximum requirements.

The healthcare industry of India functions with the help of both public and private sector. Both the governments state level and central level control all the services and facilities which are in public healthcare industry. The system is helpful in a way as it provides varied number of services and other facilities at free of cost or at concessional rates to the people of rural areas as well as the to the people of lower income group in urban areas. Yet there is a long way to go as till now the industry is going through a phase of development.

Segments of Healthcare industry

The health care sector consists of eight segments.

Hospitals: Hospitals are of utmost necessary among them. Hospitals deliver complete medical aid facilities, begins with diagnoses to surgical treatments, or to continuous nursing facilities. many hospitals area unit there having specialization in treating and handling mentally sick patients or in cancer patients or some area unit in treating kids. These facilities area unit provided either on Associate in Nursing patient or patient basis. the mixture of pros needed by hospitals varies in step with geographical locations, size or capital structure of the organizations or on the idea of values, goals and management philosophies. As before long as organization strives towards efficiencies, facilities starts to move towards patient basis.

Nursing and residential Care: another phase that work together with hospitals area unit the ability of nursing and residential care. These services contain following aspects like rehabilitation, patient nursing and health-related attention to the individuals needed and should not need any hospital services. the opposite facilities of convalescing area unit associated with assist those, WHO needed minimum support. In addition, the facilities associated with residential care offers twenty-four hours personal and social care to adulthood individuals, to kids and to people who area unit unable to worry themselves.

(Offices of Physicians): Physicians and surgeons covers around thirty-seven maximize business. They either follow in camera or in teams having specializations either in similar or totally different fields. the' numerous practitioners area unit willing to figure in teams in order that they're going to be able to cut back the overhead expenses and additionally get consultation with their colleagues. Nowadays Doctors showing their interest in acting on remuneration basis for giant teams, for different medical clinics, or for integrated health systems.

(Offices of Dentist): Dentist occupied around 20% of the health sector. they supply preventative, cosmetic, or emergency care to the patients needed them. Some establishments having specialization solely especially branch of odontology like dental medicine or dentistry.

Offices of Health Practitioners: one important section of the system covers

"Health Practitioners". The section includes the offices of optometrists, podiatrists, chiropractors, occupational and physical therapists, psychologists, speech-language pathologists, audiologists, dietitians, and different health practitioners. The demand of those services is somewhere involving the power of payment of attention client either directly or through insurance. The phase conjointly covers the offices of practitioners of alternate medication, like homeopaths, hypnotherapists, acupuncturists and naturopaths.

Outpatient Care Centre: different varied institutions during this cluster contain health maintenance organization, medical centres, urinary organ chemical analysis centres, drug abuse centres, patient mental state and detached surgical and emergency centres.

Different ambulant Health Care Services. This phase is comparatively little as compared to different segments of the business. It covers ambulance and heavier-than-air craft transport services, blood and organ banks, and different ambulant health care services, like pacemaker watching services and smoking halt programs

Medical and Diagnostic Laboratories: These laboratories facilitate the physicians by providing diagnosis and analytical services to them or they supply these facilities to patients additionally on the prescription of Doctors. These organizations conduct blood tests, ultrasounds, imaging scans, X-rays and different clinical investigations.

Market Size of Indian Health care:

The Indian attention business is one among the most important and quickest developing sector of world. attention will kind an enormous a part of nation's economy by intense over ten of GDP of assorted developed countries The Bharath attention sector is accounted to be Associate in Nursing business of US$ fifty billion and is that the second-largest service-sector in India by giving employment to quite four.5 million persons either directly or indirectly.

The health sector of India can increase upto US$ one hundred billion by 2015. consistent with ratings agency, Fitch. It is calculable to be price US$ 275.6 billion by 2020. Presently, Bharat spent its eight per cent of GDP on attention. consistent with adult male Pradipta, K Mohapatra, Chairman, government & Business coaching job Foundation Bharat Ltd and former chairman of CII, India must pay a minimum of US$ eighty billion a lot of within the next 5 years to fulfill targets.

Recent trends and investment in attention business may be witnessed through numerous factors like recently Apollo Hospitals Enterprise Ltd and University faculty London have signed a note of understanding to collaborate their efforts in coaching and clinical analysis. The aim of this company alliance is to conduct and promote analysis and academic initiatives in medical sciences. A positive trend has additionally been seen within the rural attention sector.

According to the agricultural health Survey Report 2010, discovered by Health ministry, 2010 specified the number of Sub-Centers existing on March 2010 inflated from 146,026 in 2005 to 147,069 in 2010. The report expressed that there is an increase of 437 primary health centres (PHCs) in 2010. Moreover, no. of nurses at PHCs and community health centres (CHCs) has inflated from 28930 in 2005 to 58450 in 2010. in keeping with the report of Department of business Policy and Promotion (DIPP), the drugs and prescription drugs sector has attracted foreign direct investment (FDI) worth US$ 2.4 billion between April 2000 and April 2011, whereas hospitals and diagnostic centres have received FDI worth US$ 1.03 billion inside constant quantity. As per Investment Commission of Republic of India, more than 12 percent has been recorded in last four years annually. Public health sector and is predicted to grow that driven by various factors like: rising lifetime, rising financial gain levels of Indian households, increasing penetration of insurance and rising incidence of lifestyle-related diseases within the country has crystal rectifier to inflated disbursement on care delivery.

1.2 Company profile

Wenzins Technologies (india) Private Limited is a Private company conceptualized in 03 April 2013. It is a private firm and is registered under Registrar of Companies, Bangalore. It is a software developing firm and also involved in Other computer related activities such as maintenance of websites of other firms, creation of multimedia presentations for other companies etc. Wenzins vision is to use technology and rework information into intelligence for larger accessibility and improved potency.

Combined trade experience of quite 200+ years with big selection of domain and analysis experience in medical profession, company and enterprise. Headquarter and R&D workplace in Banglore, India. Wenzins has onshore selling offices within the America & Singapore.

Wenzins tending science offers property, innovative and sensible knowledge-based enterprise product and platform services. Differentiation through scalable micro-vertical and business intelligence giving (Integrated plug-able service operations).

B2B Services

B2B services has become integral want for exchange of data and services between the companies. At wenzins we've intrinsically parts with established integration methodologies to supply business method integration across the selective services for secured content synchronization, automation and improvement. Wenzins cross domain experience helps more to usher in device, analytics capabilities to boost overall operational potency.

Mobility

Mobility has become maybe the necessary catalyst for thought info technology (IT) and their business processes to be created out there on the finger tips. At Wenzins, we have a tendency to use quality in reworking business paradigm into knowledge for right context with higher expertise. during this vertical we provide true end-to-end quality service partnership; from strategic aiming to device management to end-user applications and readying. Wenzins deep trade experience in device, analytics and solutions can facilitate improve structure business engagement while not diluting material possession and business advancement.

Health Sciences

Health Sciences is a vital foundation for on-going improved health and patient care. At wenzins we glance on the far side the normal information-management systems and focuses on building a sensible and information driven health care delivery system for each stake holder. With Wenzins Health Science we have a tendency to connect individuals, follow and systems with our big selection of product and services to satisfy the requirements of organizations of each size for these days and consider tomorrow. Our aim is to incessantly contribute to the analysis and implementation of patient-centred care ideas for optimized medical outcome.

1.3 Promotors: Manish Katke (Founder and Director)

Anantha Murty Manohar (Director)

1.4 Vision:

- To organise and simplify every event in the Healthcare domain.

Mission:

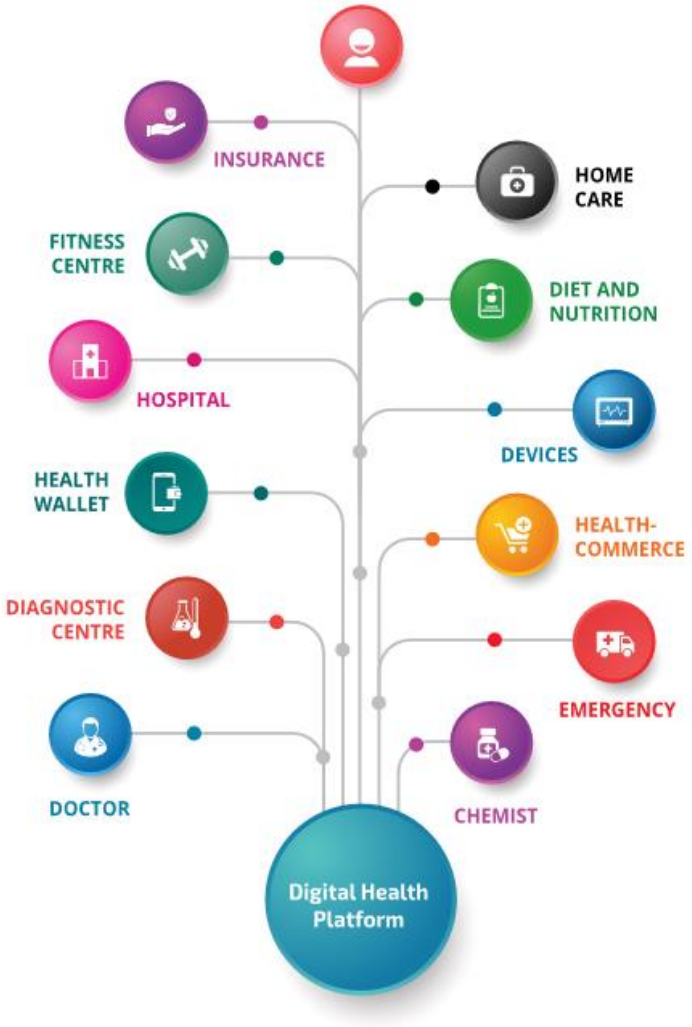
- To develop a multi-dimensional streamlining of companies in tending.
- To guide towards reliable high-quality health care services at cheap value.
- To streamline the day to day operations & businesses, with optimised clinical workflow processes.
- To modify a worth chain creation to achieve bent poverty-stricken customers by facultative a high visibility window across the health care business verticals.

Quality policy:

Emphasis on the focus of improvement being on systems and processes rather than on the individuals; also, that all functions employees have to participate in the improvement process

- Provide technological solutions to the clients.
- End-to-end work flow automation.
- Timely access to health records.
- To promote quality education and training initiative for the workers.
- To develop a culture of continuous improvement across the organization.

1.5 Products and services



Product: Winzins developed a healthcare app Writzo in the year 2017. "WRIZTO" is a platform system that allows shoppers to manage his/her and family health account (Medical and health information management facility). additional it provides Associate in Nursing mixture managed service from ill health, fitness to eudaimonia. WRIZTO are going to be the platform of the long run and can revolutionize supply and improve communication between the supplier to supplier and with client.

How writzo helps patients?

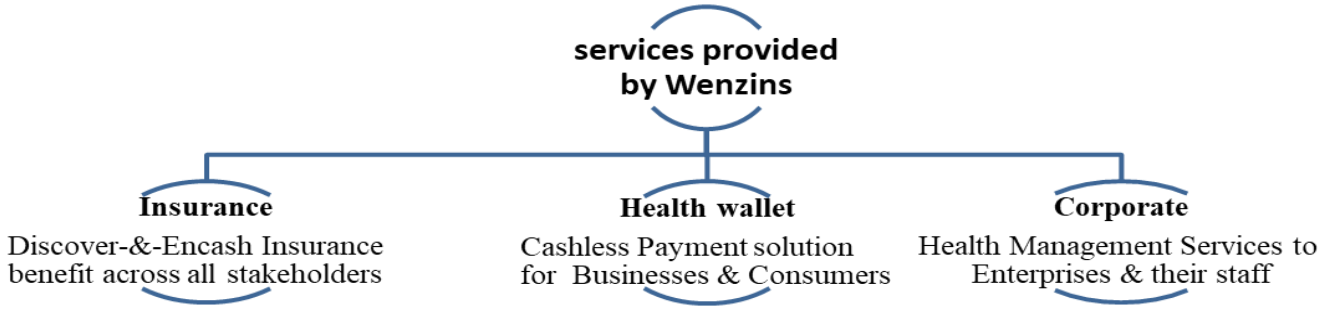
Wrizto is an mobile app developed to help the user manage all their health records of a user's as well as the family.

The app, according to the company, provides a platform to access, share and manage health records as well as provide insight into the healthcare services the family has access to.

One can also create alerts and notifications based on the health information in the portal. The health account acts as a holistic health management system at no cost to consumer, according

"You can click the picture of medical records/upload the attachment from your device and save it in your Wrizto account. Details of doctor visits, Prescriptions, Bills, Reports, Insurance policy details, current medications, Allergies, important updates, Reminders of next visit to doctor, medicine stock etc," the firm said in a statement.

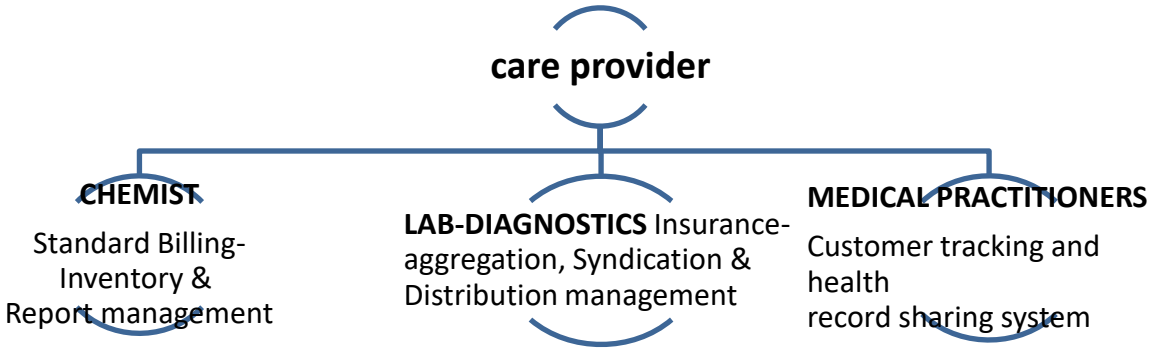
Wrizto helps in providing guided value-chain healthcare service delivery between all the stakeholders e.g. Policy holders, Care providers, Insurance and Corporates. **K**ey benefits: Improved Quality-Care, Cost-containment & Decision supports tools.



CARE PROVIDERS

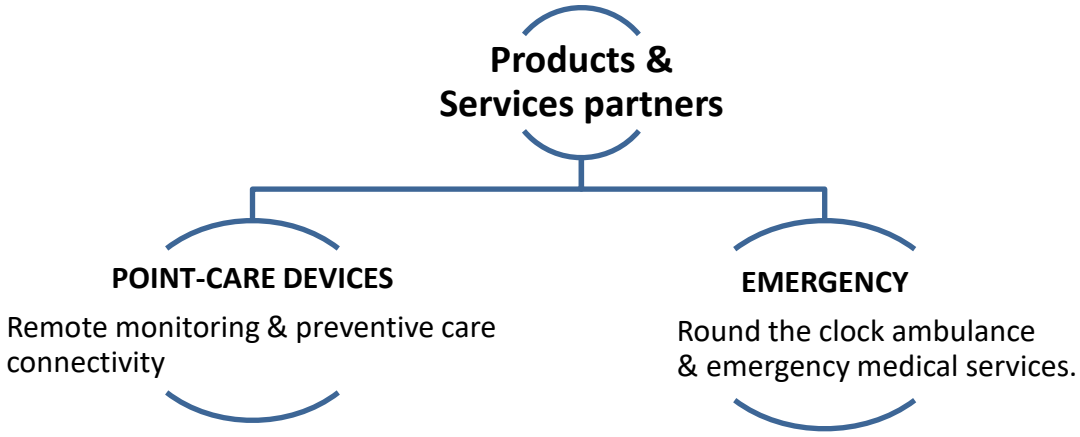
Wrizto helps care providers to redefine engagement experience with the customers with one-window Billing-&-Reporting system.

Key benefits: Corporate footfalls, Home-care & On-line queries



PRODUCT & SERVICE PARTNERS

In the rapidly acceptable digital health systems, Wrizto plays an increasingly critical role to its partners to discover consumers across businesses. **K**ey benefits: Identification & Connectivity to addressable customers



Area of operation

Wenzin's Technology India Private Limited operates in health care domain.

It is a technological company having products for tracking patients clinical journey and provide solutions to the clients with end to end work flow automation, timely access to the patients health records for both the families and hospitals.

1.6 Infrastructure

Wenzins has a registered office is located at the envious part of the Bangalore, Basavanagudi.

#1, 3rd Floor, "Praachi", 2nd Cross, 5th Main, N. R. Colony, Bangalore - 560019, Karnataka, India

Wenzins at present provides working space for almost 15 employees. It has its own well-furnished meeting room with projectors and led screens. The company provides desktops to every employee and has A/C facility.

Few other facilities provided by the company are clean washrooms, store room, hygienic drinking water and clean working environment

1.7 Competitor information:

iCT Health technology Services India Pvt Ltd

Pradot Technologies Private Limited

1.8 SWOT ANALYSIS

Strength:

- Highly skilled with expertise in health care industry.
- Developed a mobile application to maintain health related records of patients.
- The company has a well-known presence in health care domain.
- It works with advance technology based on cloud computing.
- It provides low cost products and services.
- Good internal communication in an organization.

Opportunities:

- The company can expand to other various geographical areas.
- To develop new technologies to track patients clinical journey.

- To provide better and easy solutions to clients with work flow automation.
- Targeting new markets to provide service's.
- Educating patients and hospital staff about Writzo application.

Weakness:

- Lack of marketing activities and promotional activities.
- Lack of knowledge about the application in public.
- Small area of operating.
- Low number of downloads due to unawareness of application.

Threats:

- Potential competitors who will enter the market in near future.
- Sudden change in insurance policies.
- Sudden change in government policies.
- Lack of knowledge to operate technical devices and application at users end.

1.9 Future growth and prospects:

Wenzins technologies private limited aims to become a major healthcare technologies company in pan India and to develop new health care technologies in the domain.

Awards and Recognition:

- Best start-up excellence award in 2015.
- In-house products EMR (Electronic Medical Records), HMS (Hospital Management Services)

Chapter 2

Conceptual background and literature review

2.1 Theoretical background of the study

The delivery of reasonable and even-handed cancer care is one in all India's greatest public health challenges. Public spending on cancer Patients in India remains below $10 per person (compared to the spending for cancer is $100 per person in high-income countries), and overall public expenditure on health care remains solely slightly on prime of book of gross domestic product.

Out-of-pocket payments, that account for quite three-quarters of cancer expenditures in Asian nation, square measure one among the best threats to patients and families, and a cancer identification is progressively liable for harmful expenditures that negatively erect not solely the patient however additionally the welfare and education of many generations of their family. we have a tendency to explore the complicated nature of cancer care systems across Asian nation, from state to government levels, and address the crucial problems with infrastructure, work force shortages, and also the pressing ought to develop cross-state solutions to interference and early detection of cancer, additionally to governance of the for the most part unregulated non-public sector and also the value of recent technologies and medicines.

We discuss the role of public insurance schemes, the necessity to develop new political mandates and authority to line priorities, the requirement to greatly improve the quality of care, and additionally the drive to understand and deliver efficient active cancer care programmes.

YESHASVINI CO-OPERATIVE FARMERS HEALTH CARE SCHEME:

The Yeshasvini Co-operative Farmers Health Care scheme (YCFHCS) can be the first insurance scheme that was initiated by the government of province in 2002, though came into operation in 2003.It is reported to be the largest self-funded healthcare scheme in the world as of 2006 and aims at meeting the healthcare requirements of farmer co-operators throughout the state of Karnataka. The success of the scheme is evident in the wide membership base it commands apart from the more telling fact that this social security scheme has been in operation for seven years now.

The Yeshasvini insurance scheme is being implemented under the aegis of the Karnataka State Co- operative Department. It provides insurance cover primarily for surgical treatment, besides certain medical emergencies and free OPD treatment. The scheme places co-operative societies at the heart of the enrolment process, with members being enrolled through these and the societies playing the role of facilitators

in securing the benefits under the scheme. It is administered by the Yeshasvini Trust and is implemented by a Third-Party Administrator and Family Health Plan Ltd. (FHPL) was TPA since inception to 30-11- 2010 but subsequently this was replaced by Medi-Assist India. Healthcare is provided through an identified network of hospitals that meet certain prescribed standards and cashless treatment is envisaged. The cost of treatment and the reimbursement of medical expenses are the purview of the TPA and the Trust, for the range of treatments and surgical procedures covered under the scheme. Assessments of the performance of the Yeshasvini scheme have revealed that a large majority of stakeholders have expressed satisfaction with and appreciation of the scheme. The scheme has evolved in the last eight years or so to expand the range of benefits and streamline the functioning of the system to increase efficiency in performance.

Yeshasvini Co-operative Farmers' Health Insurance Scheme, the benefits it seeks to provide, the roles and responsibilities of stakeholders involved, the processes involved in implementation and the performance of the scheme till date. The descriptive accounts are based on information available to us through the evaluation studies previously commissioned by the Government of Karnataka to examine the scheme, through the National Bank for Agriculture and Rural Development (NABARD) in 2007 and the International Labour Organization (ILO) covering the period 2006-08. This has been supplemented with information from the official Yeshasvini website. We aim to provide a keener understanding and insight into the working and performance of the scheme to highlight its successes, address any constraints to efficient functioning and identify possible points of convergence with other health insurance schemes operational in the State. Convergence can aid the Government in eliminating duplication and focusing its resources more effectively to achieve the goals envisaged in its health policy.

The Scheme aims at bringing quality health care within the reach of every co-operator in the State. It is a self-funded scheme that translates into contributions from members enrolled in the scheme and a relatively large component of subsidy from the Government of Karnataka. The NABARD evaluation study (2007) defines a self-funded scheme as: "A Self-Funded Health Scheme ensures that the insured has the advantage of making comparatively low contribution. A corpus is created and maintained by a group or Society with the contributions made either in full or part by the insured and also the contribution from the promoter". It is reported to be one of the largest self-funded health insurance schemes in the world.

Several stakeholders are involved in the implementation of the scheme. Their roles square measure printed in short below and can be examined in bigger detail later.

- Members of all rural co-operative societies square measure eligible to enrol and acquire advantages from the theme
- The govt. of Karnataka provides grant for the scheme, that forms an important and sustaining part.
- Co-operative societies enrol members within the scheme.
- Co-operative banks, District Central Co-operative Banks (DCCBs) and Karnataka State Co-operative Apex Bank Ltd., play a critical role in the collection of premiums
- Medi-Assist India is the Third-Party Administrator (TPA) responsible for implementing the scheme, administering claims and monitoring the functioning of the scheme
- Network of Hospitals are responsible for delivering benefits
- The Yeshasvini Co-operative Farmers Health Care Trust is responsible for policy decisions, implementation and financial management of the scheme. the basis for identification of membership at the 449 network hospitals empanelled under the scheme. Cashless transactions are thus facilitated at the network hospitals.

The scheme is operated on a Public-Private Partnership basis. Until recently, Family Health Plan Limited operated as a Third-Party Administrator. The current TPA is Medi Assist India TPA Pvt Ltd. The Government contributes a subsidy of Rs. 30 per annum per individual while the Member's contribution, constituting the premium amounts to Rs. 150 per annum. The limit for insurance cover is Rs.2 lakh per annum per individual, with a cap of Rs. 1 lakh per surgery per individual; both restricted to one incidence per annum. The Yeshasvini profit package provides insurance protect 1600 outlined surgical procedures and stabilization for outlined medical emergencies. Maternity edges and neo-natal care area unit coated. A study conducted by NABARD practice services within the year 2007 reveals that sixty per cent of the beneficiaries expressed satisfaction with the scheme.

VAJPAYEE AROGYASRI

The Vajpayee Arogyasri insurance scheme was introduced by the govt. of state with result from twentieth February 2009.

It is instead referred to as the Suvarna Arogya Suraksha scheme. it's being enforced below the aegis of the Department of Health and Family Welfare, Government of state. it's been launched for 14,39,167 BPL households in six districts of the Gulbarga division (viz. Bidar, Bellary, Gulbarga, Koppal, Raichur and Yadgir) in February 2010

and for 16,91,646 households in seven districts of the Belgaum division (Bagalkot, Belgaum, Bijapur, Dharwad, Haveri, Gadag and Uttar Kannada) 2010 ahead.
The scheme seeks to provide health insurance to the Below Poverty Line (BPL) population of the state. The scheme is modelled along the lines of the enormously successful 'Arogyasri' scheme of Andhra Pradesh. The singular thrust of the scheme is on providing insurance cover for super- specialty treatment to the Below Poverty Line population of the state for catastrophic illnesses. Catastrophic illnesses necessitate large expenditure on health care which can have a particularly devastating impact on the poor and could potentially exacerbate their conditions. As a consequence, this scheme is especially significant as it is not a mere tool for implementation of the Government's health policy but also a significant measure of poverty alleviation.
As conferred within the official web site, the target of the theme is to provide BPL families access towards quality medical aid for treatment of harmful diseases involving hospitalization, surgery and therapies, through associate empanelled network of Super Specialty care suppliers.

The rationale for the introduction of the scheme is to remedy the insufficient health insurance cover available to the BPL population of the state. Although other major health insurance schemes are being implemented in the state such as the Yeshasvini scheme by the Department of Co-operation and the Rashtriya Swasthya Bima Yojana by the Department of Labour, a significant proportion of the BPL population is not benefited by these schemes, or the benefits may be inadequate for the purposes of health care. Secondly, the Yeshasvini scheme targets members of co-operative societies in rural areas. As a consequence, non-members and members of cooperative societies in urban areas are not eligible for benefits under the scheme. Thirdly, most of the schemes provide insurance cover for secondary healthcare and tertiary health care, particularly for catastrophic illnesses, may be neglected as a consequence.

All members of the BPL population of the state, in rural and urban areas, are eligible for benefits under the scheme. Thus, the universal coverage of the scheme is to be extended to 78 lakh BPL households in the state in a phased manner. The BPL cards issued by the Food and Civil Supplies Department to members of the BPL population are used for identification under the scheme. The scheme is applicable to a BPL household, providing insurance cover on a family floater basis to the head of the BPL family, the spouse and two or three dependents, subject to a maximum of five members in a household. It may be noted that the households holding BPL cards are automatically enrolled into the scheme. Members of the family, whose names and photographs are printed on the BPL cards, are eligible for benefits under the scheme. With regard to the question on which five household members become eligible under the scheme, it was answered by the Trust that those five members who have become sick.

It was planned to issue bio-metric ID cards to beneficiaries to facilitate identification at the hospital. However, no such ID cards have been issued; instead, the ration cards have been used for the identification. In the case of permanent ration cards, beneficiaries have been asked to take their ration card since this will have the names and photographs of all the household members. In the temporary BPL ration card holders, they should obtain a certificate from Tahsildar that the ration card is still valid for that particular household.

The benefits provided under the scheme are the following. Insurance cover is provided for tertiary care for catastrophic illnesses at the identified Network Hospitals. Tertiary care includes hospitalization, surgery and therapies that require super-specialty treatment. The list of catastrophic illnesses includes: i) Cardiovascular diseases; ii) Cancer treatment; includes surgery and chemotherapy and radiotherapy; iii) Neurological diseases; iv) Renal diseases; v) Burns; vi) Poly trauma cases (that are not covered by Motor Vehicle Insurance); and, vii) Neo-Natal care, among others. Pre-existing diseases are lined underneath the scheme.

The profit package provides insurance protect tertiary health look after ruinous diseases. The limit for insurance cover is Rs. 150,000 per family per annum, on a family floater basis. An additional buffer of Rs. 50,000 per annum for the family may be provided on a case to case basis if the health care expenditure exceeds the limit of Rs. 150,000 in a given year. The premium is entirely subsidized by the Government of Karnataka and the beneficiary has to make no contribution whatsoever to avail benefits under the scheme. The government is to pay the premium of Rs. 300 per family per annum in two instalments to the Suvarna Arogya Suraksha Trust directly. The period of insurance cover is one year from the date of commencement of the policy.

The scheme envisages cashless transactions at the empanelled network hospitals for treatment that is covered by the scheme. Coverage for cashless treatment extends from the date of admission to discharge from the hospital and for a period of ten days after discharge to address any complications post treatment as per the benefit package.

CGHS

Central Government Health Scheme(CGHS) was introduced throughout 1954 with a plan of providing comprehensive medical facilities to the Central Govt staff, other entitled categories and their family members and is available as of now approximately in 37 cities of India. The beneficiaries of CGHS Bengaluru can avail healthcare services in different systems of medicine such as Allopathy (Modern Scientific Medicine), Homoeopathy, Unani & Ayurveda Functioning of CGHS is inside the orbit of the principles and regulation ordered down from time to time by the board of directors of CGHS, below Ministry of Health & Family Welfare, Government of India. CGHS Bengaluru caters to a population of roughly one lakh twenty-five thousand. There are Ten Wellness Centres, One Polyclinic, One Dental unit (modern medicine), Two Ayurveda units, One Homeopathy unit and one Unani unit. All wellness centres are easily accessible and all have been provided with basic health care infrastructure. The CGHS Wellness Centre no. 7, Koramangala, Bengaluru won the nation's best performing unit award for the year 2010.

ELIGIBILITY FOR JOINING CGHS

All Central Govt. staff drawing their pay from Central Civil Estimates and their dependant relations residing in CGHS lined areas.

- Central Govt. Pensioners/family pensioners receiving pension from central civil estimates and their eligible dependent relations.
- Sitting and Ex-members of Parliament.
- Ex-Governors & Lt. Governors.
- Freedom Fighters.
- Ex-Vice Presidents.
- Sitting and Retired Judges of Supreme Court.
- Retired choose of High Courts.
- staff and pensioners of bound autonomous/statutory bodies like Delhi Police personnel and Journalists commissioned with PIB are extended CGHS facilities in Delhi solely.
- Railway Board staff.
- And the other entitled persons as notified by the govt of Asian country from time to time.

2.2 LITERATURE REVIEW

Chirantan Chatterjee, Radhika Joshi, Neeraj Sood P. Boregowd (2018) analysed the role of diffusion of knowledge and used the implementation of insurance programs in Mysore that provided free tertiary care to poor households they administrated the condition and the location of the patients that were hospitalized from the program. They found that healthcare is associated with an increase in healthcare use in the same local are in future time period i.e. new hospitalization nowadays ends up in 0.35 extra future hospitalizations for constant condition these effects area unit stronger in inhabited areas. Thus, the insurance program becomes more useful and word of mouth becomes pronounced way of the diffusion of information in the developing economy.

Nair,K. S.Raj, S.Tiwari V.K and Piang L.K (2013) Assessed the treatment pattern and expenditure incurred by the cancer patients undergoing treatment In Asian nation and conducted a study on the cancer patients that were haphazardly elite hospital funded by central and state governments.. Gathered info involving direct prices, indirect prices and cost incurred on the investigation and treatment. it absolutely was found that regarding forty fifth of the patients use personal health facilities for the investigation of the cancer connected unwellness and thirty second publicly hospitals. A majority of patients face financial problems during the period of treatment. This highlight the importance of primary healthcare system in cancer prevention activities.

Ranson, M.K., (2003) has discovered that there's an increase in international agencies that support community-based insurance schemes as a vicinity of answer to enhance the access for care in India. The paper reviewed CBHI impact the health system goals, like hospitalization and protection from debts and various factors. The CBHI scheme area unit numerous in terms of their designs and implementation. The review suggests that there's a requirement for insurance theme for poor to enhance their access to patient care. The theme has done very little to deal with the problem of caliber of health schemes in India and also the data of the insurance schemes is incredibly restricted.

Sood, Bendavid, E.Mukherjii, A.Wagner, Z. Nagpal. and Mullen, P (2014) evaluated the effects of government insurance program for the people below the poverty line in Karnataka. A study on geographic regression was conducted in 572 villages across Karnataka to gather information on government insurance scheme Vajpayee Arogya shree that provided tertiary care to the poor people. It was founded that only 0.32% of households were eligible for the scheme where as 0.90%were among ineligible. Eligible households significantly reduced out of pocket expenditure for the admissions in the hospital and resulted in reduction in mortality. Insuring poor households for costly health service improves population health in India.

Pramesh,C.S. Badwe,R.A. Borthakur, B.B. Chandra, M. Raj, E.H. Kannan, T, Kalwar, A., Kapoor, S. Malhotra, H. Nayak, S. and Rath, G.K., (2014) suggested that cancer care is one of the largest health care challenge in India. The overall expenditure on health care is slightly above 1% of GDP where as other expenditure is up to three-quarters and has a negative effect on the patients and their family and insured the expenditure. In the study issues related to the state to government level, infrastructure, manpower shortage was explored. There is a necessity to address these issues and gradually improve the quality of care.

Rajasekhar D. and Manjula, R. (2012) conducted a comprehensive study on the healthcare policies of Karnataka government which emphasized on equity, integrity and quality. The government has been implementing schemes such as Yeshasvini and Arogyasri to reduce the expenses incurred by the poor and provide hospital facilities for the workers. The study compared the benefits obtained by the beneficiaries, examined healthcare schemes and formulated new recommendations.

Rao, M. Kadam, S, Sathyanarayana, T.N. Shidhaye, R. Shukla, R. Ramachandra S.S. Bandyopadhyay S. Chandran, A. Anitha, C.T. Sitamma, M. and George, M.S (2012), Evaluated the Rajiv Araogayasri which was introduced in the state of Andhra Pradesh to improve ill health, poverty, indebtedness among families among below poverty line. The study found that 65% of the treatments were administered under the scheme for the cancer, cardiac and neurological disease. It was also found that there was a decline in utilization rate for the scheme between two major cities. The satisfaction level of beneficiary was high for doctors, nurses and cleanliness and low for the information provided about the scheme.

Akashdeep, S. C. Prinja, S. Ghoshal, S. Verma, R. & Oinam, A. S. (2018) designed a study to estimate the cost of treating head and neck cancer with the aim of determine package rates.the study Was undertaken in the hospitals of North India. The collected data gives the expenditure of the patients, the amount spent on radiology, salaries (42.6%) equipment (29%), space rent (20.7%) and over heads (7.7%). The study estimates that it can be used for developing package rates of various schemes of health insurance and planning new cancer centers.

Mallath, M.K. Taylor, D.G. Badwe, R.A. Rath, G.K., Shanta, V. Pramesh, C.S. Digumarti, R. Sebastian, P. Borthakur, B.B. Kalwar, A. and Kapoor, S. (2014) Stated that cancer is a profound social and economic consequence for India, which leads to societal inequity of the families. Although the rate of incidence is quite low in the country as compared to the western Europe. In the study it is estimated that about 600000-700000 deaths are caused by cancer in India. Many cancer cases are associated with tobacco use, infectious, and other avoidable causes. Inequalities are major determents of cancer burden in India, poor people are more likely to die from cancer.

Pal, S.K. and Mittal, B. (2004) suggested that are increasing rapidly at an alarming rate and will increase by 50% till the year 2020.this is mainly because of current trends of smoking and adoption of unhealthy lifestyles, the reports have discovered that cancer is that the major public pathological state in developing country. In India there has been a gradual growth of cancer affecting both men and women over the last 15 years. Lung cancer is the second most common cancer in men whereas cervical cancer and breast cancer had the highest number of cases over the years among women.

Vasan, A Karpagam, S. and Seethappa, V (2014) In this paper the authors have tried to analysethe commercialization of healthcare sector regarding the tertiary care and the uptake of private health care insurance and its promotions. The paper attempts to answer weather the patients demand is disorted or the planning of state led insurance scheme. Based on a field study with the objective to understand the design and implementation of Vajpayee Arogyashree.it records the peoples experience with these schemes.

Karpagam, S. Vasan, A. and Seethappa, V. (2016) focuses on the problems faced by the women from the poor background accessing health care through the schemes like Rastriya Swasthya Bima Yojana and Vajapayee Arogyasri and draws attention to its design and implementation. The article illustrates how the nom profit government facilities of preventing diseases are diverted towards more profitable tertiary care services in the private sector. It brings the opaque administration structure in the light, each with own trusts making it difficult to hold accountable for violations and lapses in the schemes.

Singh, S. & Outteridge, G. (2013). Stated that India's health care system under serves the basic needs of its population. India`s has been below the benchmark performance in key health indicators. The public healthcare spending is just 1.7% of its GDP, which is very low. In order to rectify these issues a planning commission was formed with the permission of prime minister`s permission, a focus group of experts was established to construct a framework in India.

Rao, Y.N. Gupta, S. and Agarwal, S.P. (2002) stated that cancer is the leading cause of deaths in India and over 7 lakh new cases. The National Cancer written record indicates the leading sites of cancer area unit oral lungs, gullet and abdomen among men and cervix, breast among feminine. The number of cancer cases can be brought down by educating the public about the cancer-causing substance, educating about the various schemes which are working for the prevention of cancer in India.

Savitha, S. & Kiran, K. B. (2015). The study was to grasp the impact of inadequate public expenditure on health, lack of insurance and low penetration of personal insurance that which can be reduced by micro health insurance schemes. it evaluates the effect of Sampoorna Suraksha Programme in Karnataka. The data was collected from the insured households and it included the out of pocket expenditure. the study showed that the members who were insured incurred out of pocket expenses. the study supports that micro health insurance plays a large role in health financing in India

Mallath, M.K. Taylor, D.G. Badwe, R.A. Rath, G.K., Shanta, V. Pramesh, C.S. Digumarti, R., Sebastian, P. Borthakur, B.B. Kalwar, A. and Kapoor, S. (2014) Stated that cancer is a profound social and economic consequence for India, which leads to societal inequity of the families. Although the rate of incidence is quite low in the country as compared to the western Europe. In the study it is estimated that about 600000-700000 deaths are caused by cancer in India. Many cancer cases are associated with tobacco use, infectious, and other avoidable causes. Inequalities are major determents of cancer burden in India, poor people are more likely to die from cancer.

Ward, E. Halpern, M. Schrag, N. Cokkinides, V. DeSantis, C. Bandi, P. Siegel, R. Stewart, A. and Jemal, A (2008) stated that early detection and treatment of cancer has decreased the rate of deaths in cancer patients over a decade. All the segments have benefited but it suggests there is a difference related to lack of health care. Lack of health insurance is the main hurdle to receive appropriate health care service. The article provides info on insurance system in us, demographic and socioeconomic characteristics and association between insurance and cancer utilization and outcomes. It suggests that it is important to identify the barriers of optimal cancer care for the patients and the provider in the health systems.

Ayanian, J.Z. Kohler, B.A. Abe, T. and Sir Jacob Epstein, A.M. (1993) analysed that there's a distinction between personal insurance are less probably than in camera insured girls UN agency ar diagnosed with carcinoma. The study addresses the queries involving uninsured patients and lined in health care had a lot of advanced carcinoma than in camera insured patients once the initial diagnoses and also the death rate of each the categories of patients.

The Economic Times; New Delhi (2016) mentioned that the patients might be paying more than they are supposed to pay in hospitals in Karnataka as the Government has made its first public health policy with a template for standard treatment costs. the health care schemes formulated by the government of Karnataka for the common procedures under the specialities

of cancer, orthopaedics, neurosurgery and cardiology have no idea of costs for the patients. a survey was conducted in the four government run hospitals and four private hospitals. the templates are useful for the patients who are covered under the government healthcare scheme.

Purohit, B. C. (2001) analysed that there's an impact of structural adjustment within the Indian health care system that reduced the grants to state public health and diseases management programs that affected the poorer states. As a result, state expenditure on health care is proscribed. there's an increase within the investment for international corporations in nosology about to capture the Indian attention market.
Keeping in mind the importance of such economic process and policy responses are shaping future health care situation in Republic of India. The study examined the aspects and implication for Indian health care sector.

Chapter 3

RESEARCH METHODOLOGY

TOPIC OF THE STUDY:

"Study of various Insurance scheme for Cancer Disease"

3.1 Statement of the problem

As Wenzins technology India private limited operates in the Health Eco system for consumers in healthcare domain there was no pervious study carried out on the government schemes available in the healthcare market.

The various government insurance schemes are studied to identify the number of patients in different schemes. To understand the procedure which a patient has to follow in order to avail the benefits of the scheme.

"The study on various government scheme for cancer patients" will be an addition to the company database to design new software in Health eco system and to provide more efficient precise service to the business partners, as well as the customers of the Writzo application.

3.2 Need for the study:

The present study is to know what type of expenditure has an economic as well as psycho-economic impact on the patients and their families and identify the gaps in the government schemes. In this study an attempt is made in Wenzins technology India private limited to learn the uncovered economic factors in insurance and schemes in the industry that come into light regarding cancer patients

3.3 Objectives:

1. To study the Insurance schemes for cancer patients
2. To study the various disease pattern among the govt insured cancer patients
3. To study the disease vs insurance pattern
4. To study the expenses covered in the govt scheme.

3.4 Scope of the study:

The study on government scheme for cancer patients was covered in KIDWAI Memorial Institute of Oncology which is one of the leading research institutes in India for cancer. The hospital provides various insurance scheme for the benefit of the patients and has a organised structure of treatments for the patients of different types of cancer.

3.5 RESEARCH METHODOLOGY

This chapter focuses on research methodology that was used in the study. It provides a detailed description of the research approach adopted in this study. Research design, target population, research instruments, data collection and analysis methods used were presented in the subsequent sections.

Methodology clarifies techniques used for gathering data to the step touch are as follows:

RESEARCH DESIGN

- **Descriptive Research**:

Descriptive analysis style getting used. Descriptive analysis includes gathering of information that describe no. of events so organizes, tabulates and describes information| assortment it's evidence-based analysis style wherever quantitative information is gathered and used for applied mathematics abstract thought (SI) on the right track population through data analysis.

- **Exploratory Research**:

Exploratory Research is concerned with finding general way of the issue and the factors that are identified with research study.

Sample design.

Simple random sampling was used to select the respondents. 50 respondents were randomly selected on the basis of their treatment stage. This was an effective sampling technique since it gave us the advantages to focusing on important sample size and allowed to use different sampling technique for improving the accuracy of outcome.

Data Collection

The research involves both the mode of data collection, primary and secondary data collection. primary data, which was collected using well-structured questionnaire. Data was collected through questionnaires from the respondents which took several days and their responses used for analysis and interpretation of data to make it meaningful information. The questionnaire had both open-ended questions and close ended questions to guide the respondent through filling of the questionnaire as well as probe them for more information.

Validity and Reliability

Validity and reliability has been proved through pilot testing, which was carried out to identify any type of flaws on the questionnaire to reduce errors of measurement and test for consistency.

Data Analysis

Statistical tools were used to analyse this data. The mean responses, standard deviation and other relevant statistics were computed to better understand the data. The data collected through survey was compiled and edited to check for error correction and logical inconsistencies. The info collected through survey was compiled and altered to visualize for error correction and logical inconsistencies the info was then coded in line with the responses

Relationships between responses was analysed and given with the tables and graphs and analysis was done exploitation Regression and Correlation analysis was applied during this study to reveal relationships among variables within the findings from the info.

TYPES AND SOURCES OF DATA

For this research study two sources of data have been collected and those are:

1) Primary Data

2) Secondary data

Primary Data:

Data collected by a researcher is known as primary data.

The data is collected through interviewing patients undergoing treatment in KIDWAI Memorial cancer hospital Bangalore,

Secondary Data:

Data which is readily available and is collected by the researcher for reference purpose.

The data is collected through Articles from journals, magazines, newspapers and related publication.

Data is also collected from official websites of the company and other related websites.

SAMPLING

Sampling Design: Simple Random Sampling

Sampling Frame: Patients under cancer treatment in K.M.I.O

Time Periods: 10 weeks

Sample Size: 50

Questionnaire

It shows the most widely recognized type of estimation of data. To such an extent, as much its function is estimation.

The Questionnaire design included Open-ended questions, Multiple-Choice questions, and Dichotomous questions.

Open-Ended Questions

The questions come out of the respondents feel free to provide the answers that seem appropriate in the light of the questions.

A questionnaire was included that administered an open-ended question to ascertain the expectations of respondents in life insurance.

Multiple-Choice Question

Numerous decisions are quickly trailed by a rundown of conceivable from which the respondents must pick one alternative.

Dichotomous Question

Dichotomous questions speak to an outrageous type of the numerous decision address, permit just two reactions, for example “Yes or No”.

Likert Scale

Likert scaling is a bipolar scaling method, measuring either positive or negative response to a statement.

The format of a typical five-level Likert item is:

1. Very Low
2. Low
3. Average
4. High
5. Very high

3.6 Hypothesis:

Null Hypothesis:

H0: The relationship between family income and satisfaction with timely treatment is insignificant

Alternative Hypothesis:

Ha: The relationship between family income and satisfaction with timely treatment is significant

Data analysis procedure and Statistical tests

Graphical Representation method

Graphs greatly reduce complexity of visualization of data by using images as a medium to emphasize on data patterns or trends which is helpful to summarize quantitative data.

The data gathered by the questionnaires are visualized through the use of donut chart graphs and Bar chart graphs

Percentage analysis method

In percentage analysis method, the raw streams of data are converted in to percentage form to understand in better way.

In order to analysis the data obtained through survey I used the percentage analysis method which is based on the following expression.

Peecentage Analysis Method = No. of Respondents/ Totall No. of respondents * 100

Testing of Hypotheses

Hypothesis just refers to a mere assumption or a couple of suppositions to be evidenced or disproved. It is a proposition set onward as an outline for the incidence of some specific set of phenomena either declared strictly as a conditional conjecture to conduct some investigation or accepted as extraordinarily probable within the lightweight of recognized proof. The level of significance is a significant concept in the context of hypothesis examining. In this research we seize the significance as 0.05 or 5%, and then this implies that

Ho (null hypothesis) will be discarded when sample result has a less than 0.05 likelihood of counting if Ho is true.

Testing of hypothesis using parametric test

Chi-square test is a technique of hypothesis testing to compare the observed data with expected data. This is the theoretical assessment of data for goodness of fit.

3.7 Limitations:

1. There was a limited time constraint provided for the study.
2. The study was conducted only in KIDWAI Hospital.
3. Less knowledge of the patients regarding the schemes.
4. Patients inability to recall the expenses made in the past.
5. literacy level of the patients to understand the questions.
6. Respondents getting emotional while answering the questions.

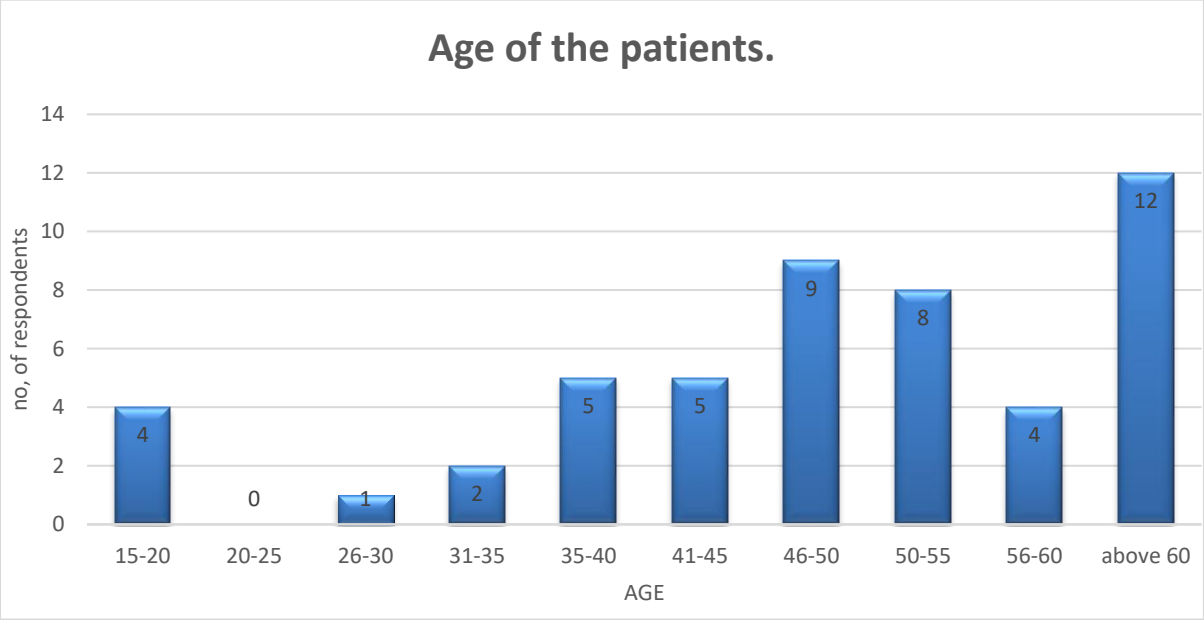
Chapter4

Data Analysis and interpretation

4.1 Table showing the age of the patients.

Age	No. of Respondents	Percentage of Respondents
15-20	4	8%
20-25	0	0%
26-30	1	2%
31-35	2	4%
35-40	5	10%
41-45	5	10%
46-50	9	18%
50-55	8	16%
56-60	4	8%
above 60	12	24%
Total	**50**	**100%**

4.1 Chart showing age of the patients



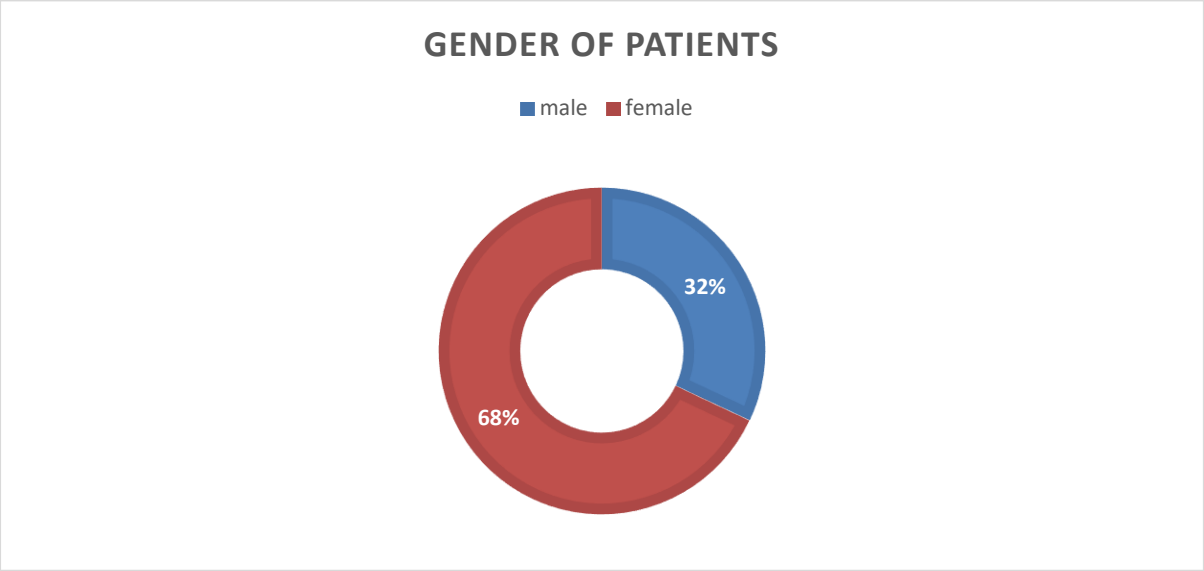
Interpretation:

From the above table it is inferred that the 24% of respondents age is above 60 years and the lowest age group is 26-30 years is 2%

4.2 Table showing the gender of the patients.

Gender	No. of Respondents	Percentage of Respondents
Male	16	32%
Female	34	68%
TOTAL	50	100%

4.2 Chart showing gender of the patients.



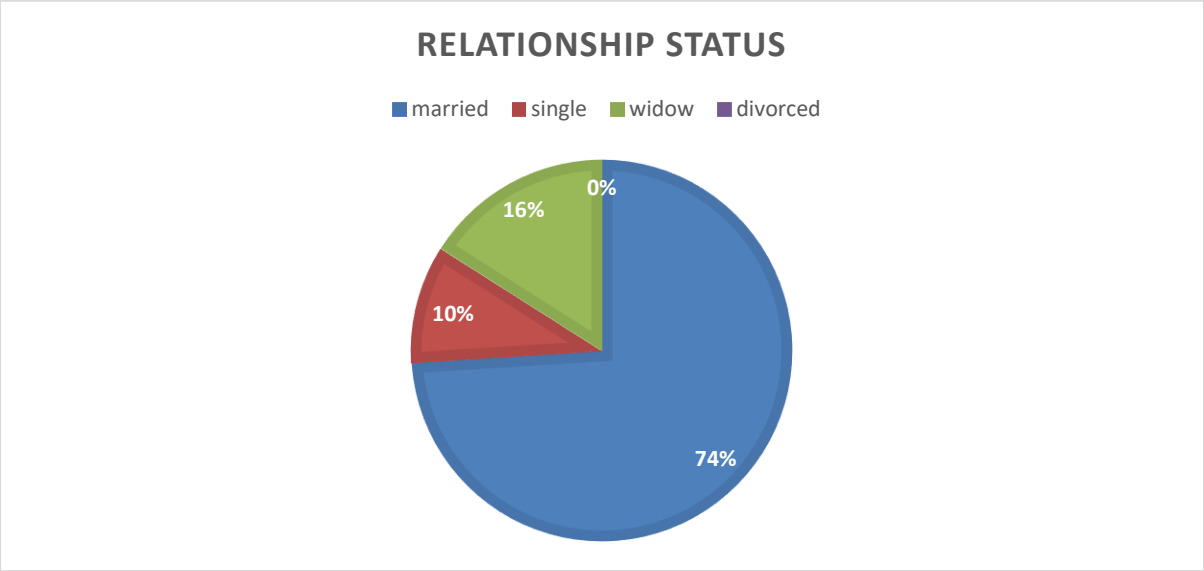
Interpretation:

From the above table it can be inferred that 68% of the respondents are female and 32% of them are male

4.3 Table showing relationship status of the patients.

Relationship Status	No. of Respondents	Percentage of Respondents
Married	37	74%
Single	5	10%
Widow	8	16%
Divorced	0	0%
TOTAL	50	100%

4.3 Chart showing relationship status.



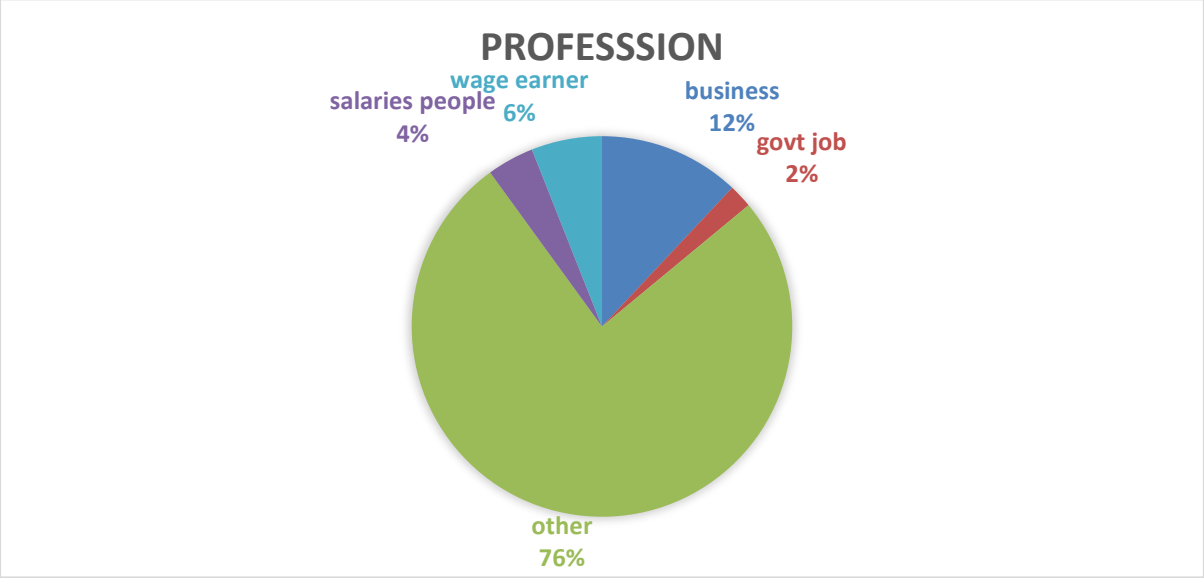
Interpretation:

From the above table it can be inferred that 74% of the respondents are married and only 10% are single.

4.4 Table showing profession of the patients.

Profession	No. of Respondents	Percentage of Respondents
business	6	12%
govt job	1	2%
other	38	74%
salaries people	2	4%
wage earner	3	6%
TOTAL	50	100%

4.4 Chart showing profession of the patients.



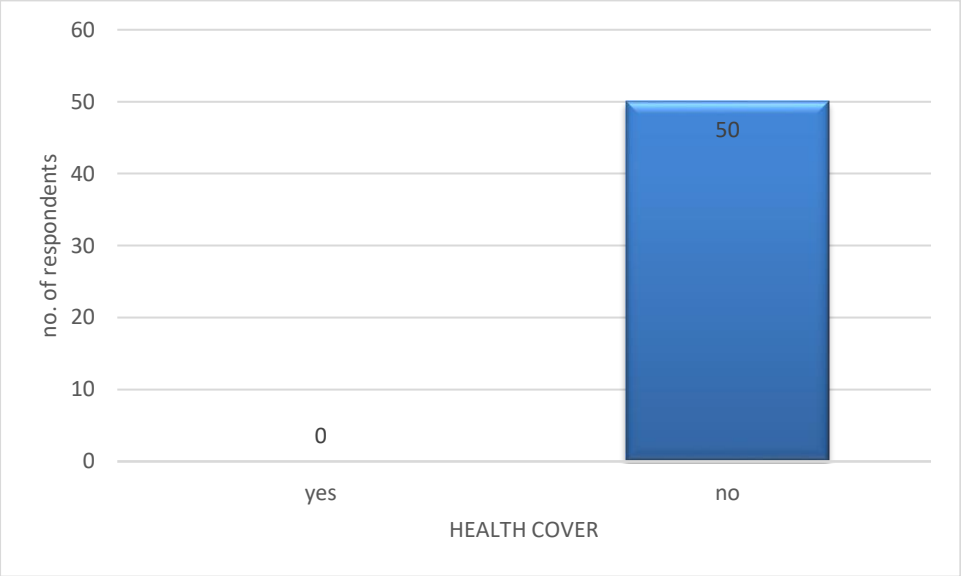
Interpretation:

From the above table it can be inferred that 76% of the respondents are in other profession,12% have business, 6% are wage earner, 4% are salaries people and only 2% are in govt job.

4.5 Table showing health insurance cover provided by the company

Health cover	**No. of Respondents**	**Percentage of Respondents**
yes	0	0
No	50	100%
TOTAL	50	100%

4.5 Chart showing health insurance cover provided by the company.



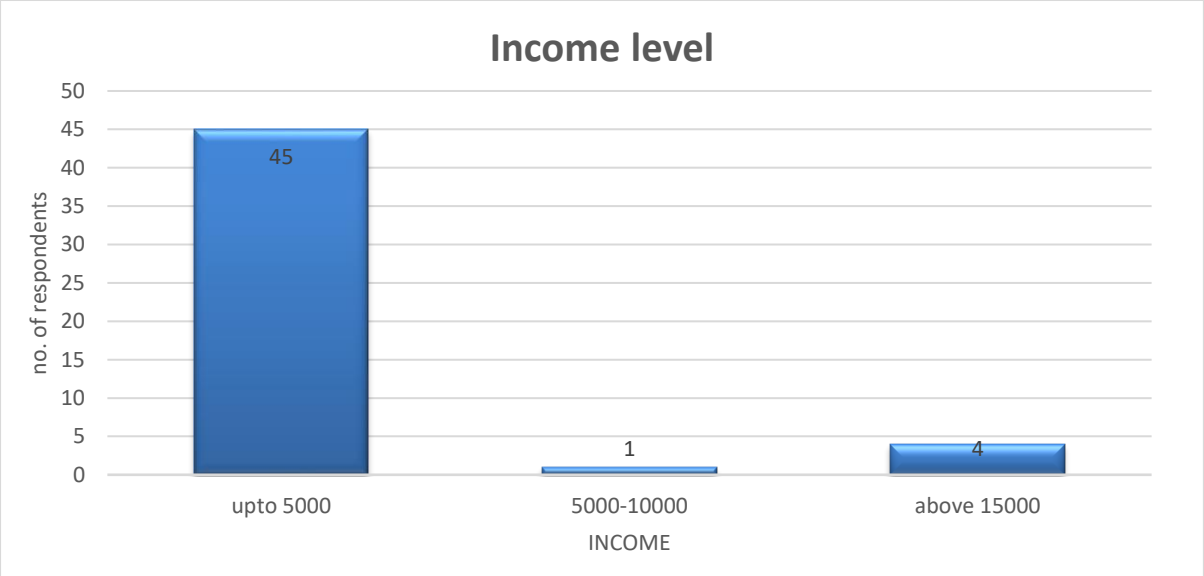
Interpretation:

From the above table it can be inferred that 100% of the respondents do not get health insurance cover from the company.

4.6 Table showing Income level of the patients.

Income level	No. of Respondents	Percentage of Respondents
Up to 5000	45	90%
5000-10000	1	2%
above 15000	4	8%
TOTAL	50	100%

4.6 Chart showing Income level of the patients.



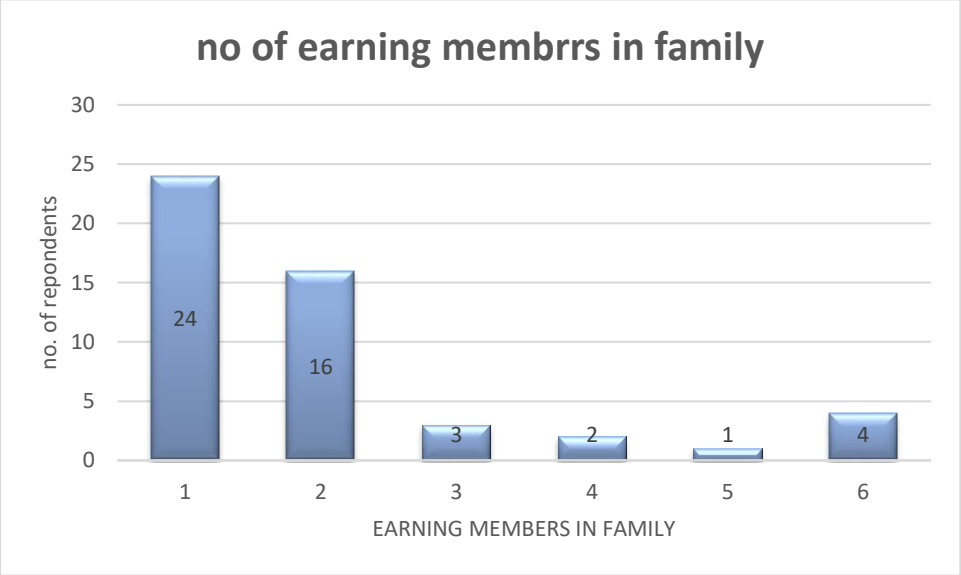
Interpretation:

From the above table it can be inferred that about 90% of the respondent's income level is up to 5000, about 8% have above 15000 and 2% have 5000-10000

4.7Table showing no. earning in the family

No. of earning members in family	No. of respondents	Percentage of Respondents
1	24	48%
2	16	32%
3	3	6%
4	2	4%
5	1	2%
0	4	8%
TOTAL	50	100%

4.7 Chart showing no. of earning in family



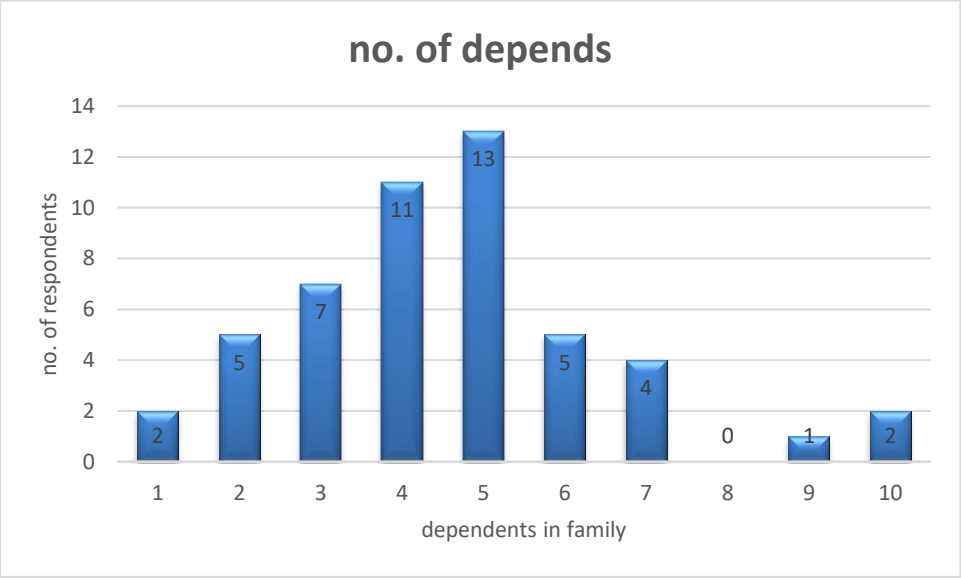
Interpretation:

From the above table it can be inferred that the highest no. of earning members in the family are 1 is 48%, 2 members are 32% and the lowest are 5 is 2%.

4.8Table showing no. of depends in the family

No. of depends	No. of Respondents	Percentage of Respondents
1	2	4%
2	5	10%
3	7	14%
4	11	22%
5	13	26%
6	5	10%
7	4	8%
8	0	0%
9	1	2%
10	2	4%
TOTAL	50	100%

4.8 Chart showing no. of depends in the family



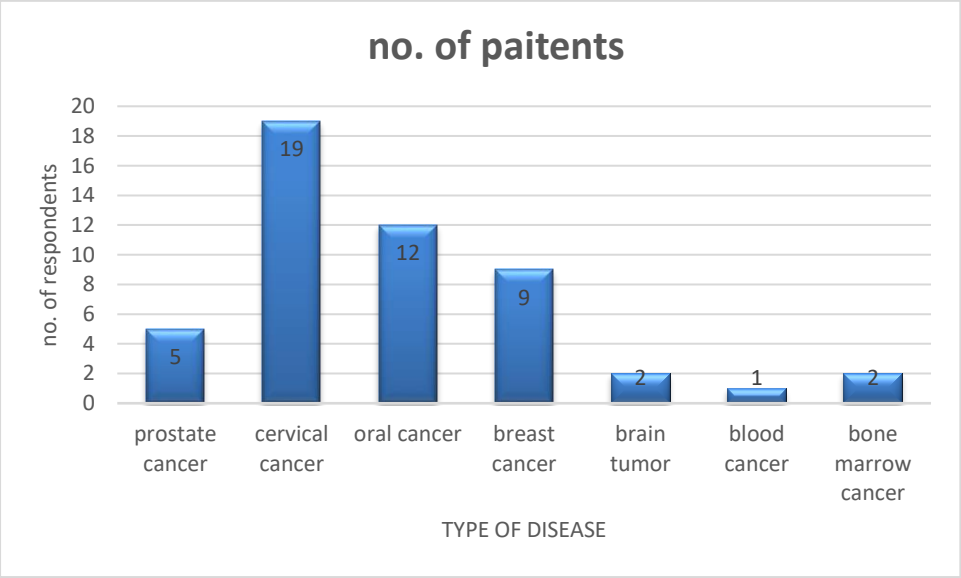
Interpretation:

From the above table it can be inferred that the highest no. of dependents in the families is 5 which is 26%, 4 is 22%, and the lowest is 9 which is 2%.

4.9 Table showing type of disease in patients.

Disease	No. of respondents	Percentage of Respondents
prostate cancer	5	10%
cervical cancer	19	38%
oral cancer	12	24%
breast cancer	9	18%
brain tumour	2	4%
blood cancer	1	2%
bone marrow cancer	2	4%
TOTAL	50	100%

4.9 Chart showing type of diseases in patients.



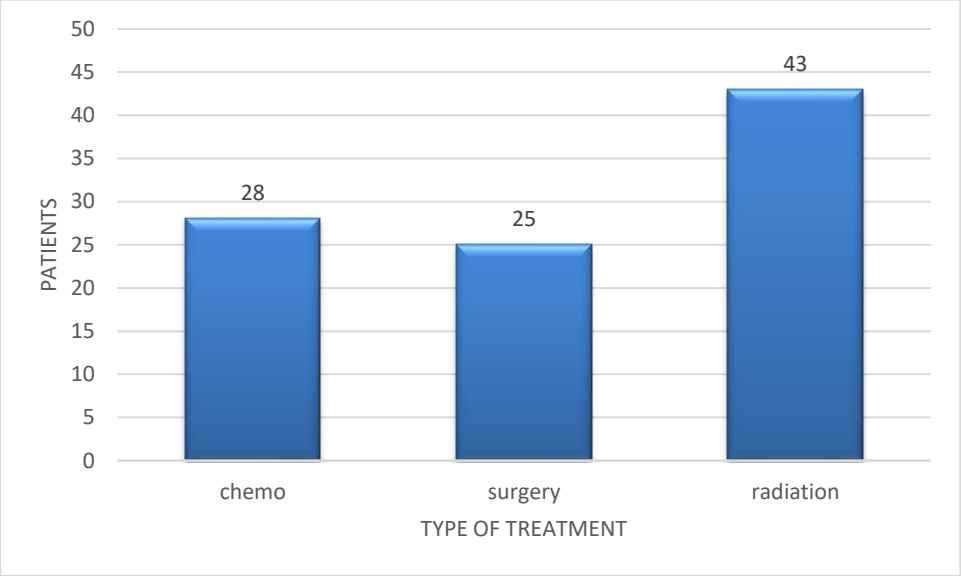
Interpretation:

From the above table it can be inferred that 38% had cervical cancer 24% had oral cancer 18% had breast cancer 10% had prostate cancer 4% had brain tumour and bone cancer 2% had blood cancer.

4.10 Table showing type of treatments

Treatment	No of Respondents
chemo	28
surgery	25
radiation	43

4.10 Chart showing type of treatment.



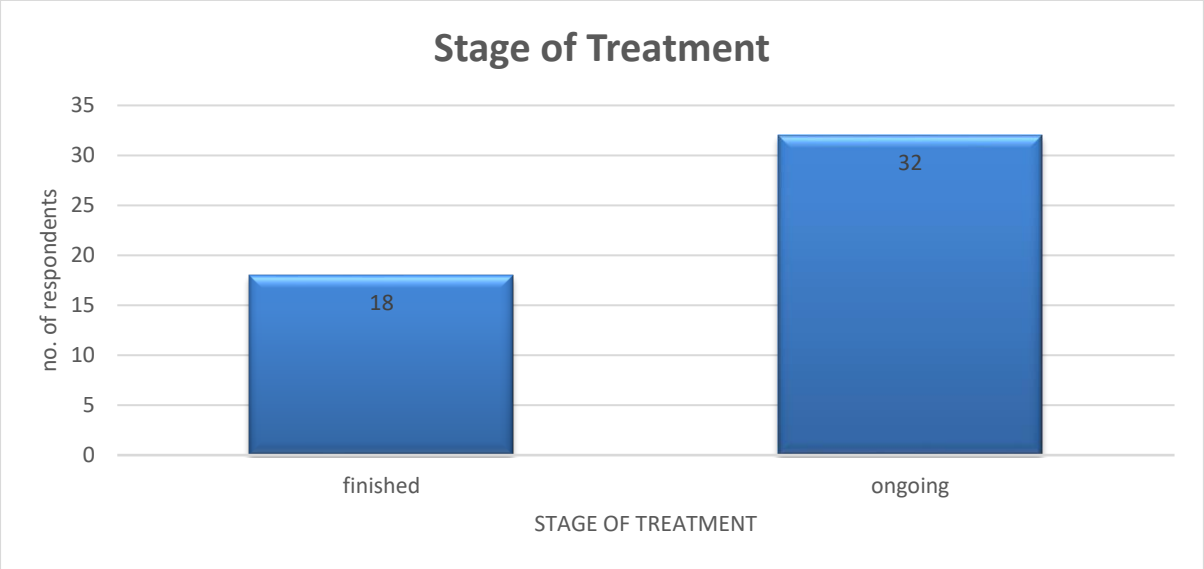
Interpretation:

From the above table it can be inferred that 43 patients had radiation 28 patients had chemo and 25 had surgery.

4.11 Table showing stage of the treatment

Stage of treatment	**No. of respondents**	**Percentage of Respondents**
Finished	18	36%
Ongoing	32	64%
TOTAL	**50**	**100%**

4.11 Chart showing stage of the treatment



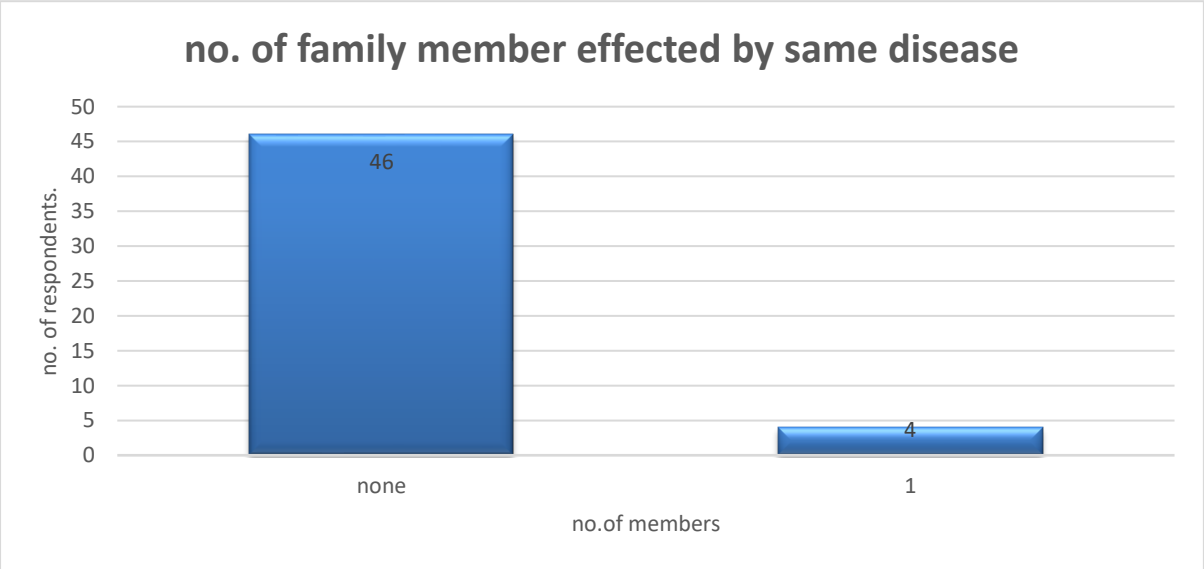
Interpretation:

From the above table it can be inferred that 64% of the patient's treatment is ongoing and 36% have finished the treatment.

4.12Table showing no. of family members having similar diseases.

Family member with same disease	No, of Respondents	Percentage of Respondents
none	46	92%
1	4	8%
TOTAL	50	100%

4.12 Chart showing no. of family members having similar diseases



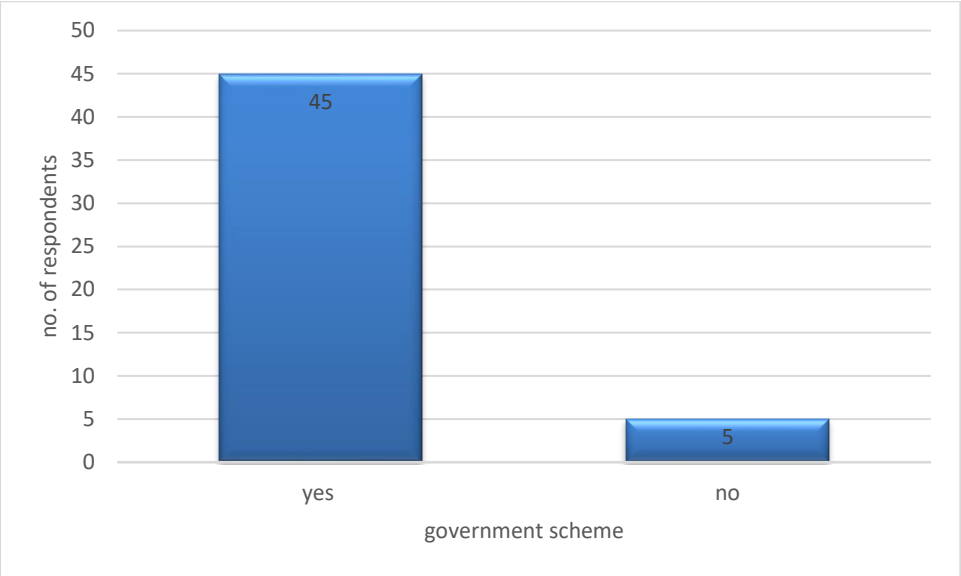
Interpretation:

From the above table it can be inferred that 92% of the respondent's family members do not have same disease

4.13 Table showing no of patients having government scheme

Do you have Govt insurance	No. of respondents	Percentage of respondents
yes	45	90%
No	5	10%
TOTAL	50	100%

4.13 Chart showing no of patients having government schemes.



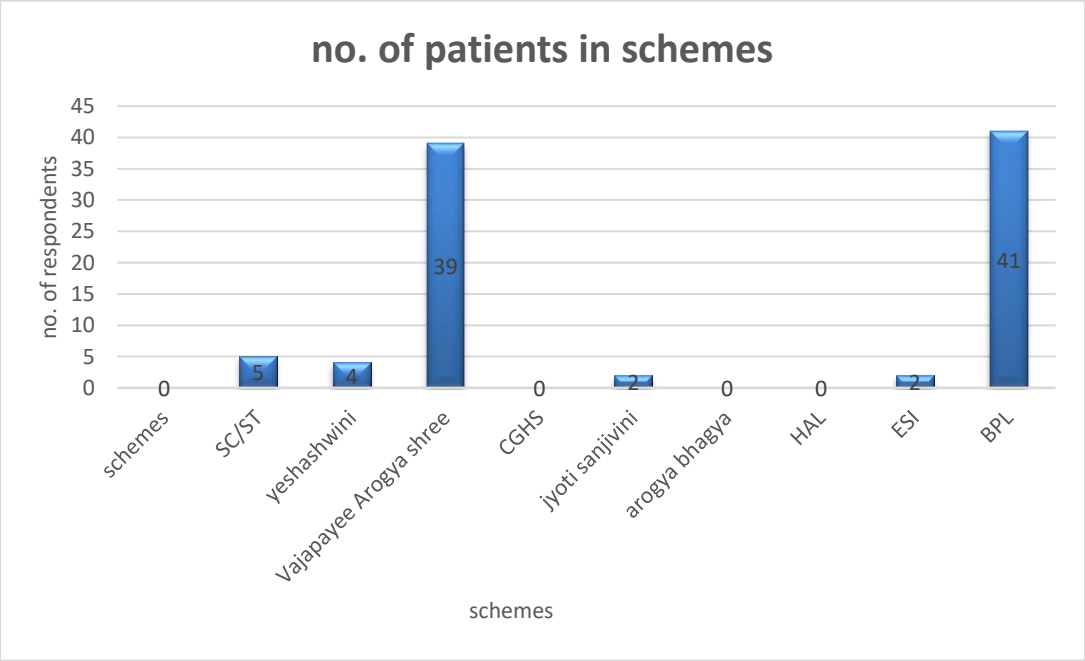
Interpretation:

From the above table it can be inferred that 90% have government scheme and 10% do not have any scheme.

4.14 Table showing No of respondents in different schemes

Schemes	No. of Respondents
SC/ST	5
Yeshashwini	4
Vajapayee Arogya shree	39
CGHS	0
jyoti sanjivini	2
arogya Bhagya	0
HAL	0
ESI	2
BPL	41

4.14 Chart showing different schemes.



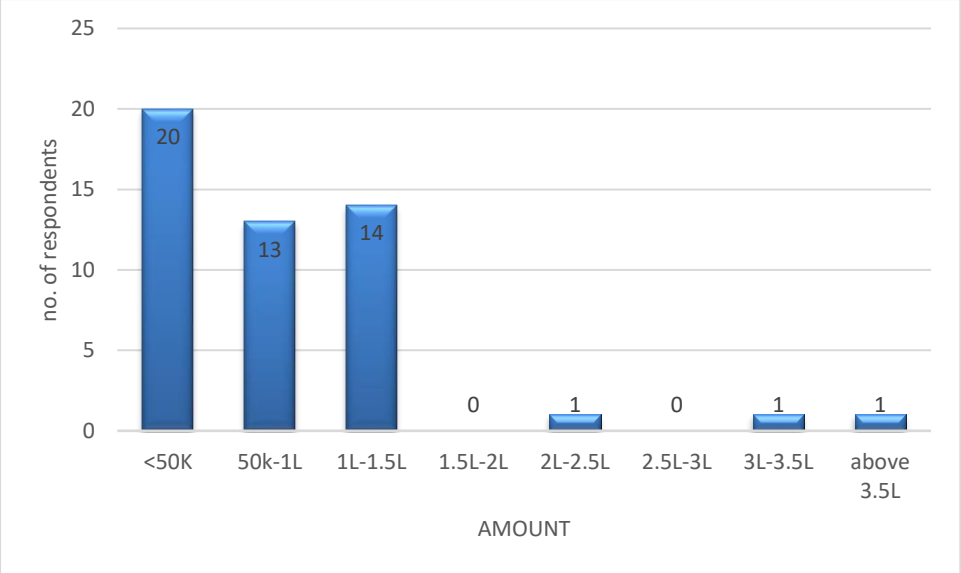
Interpretation:

From the above table it can be inferred that 41of the respondents had BPL card, 39 had Vajapayee Arogya shree, 5 had SC/ST scheme 4 had Yeshashwini scheme and 2 had ESI.

4.15 Table showing amount of cover received under insurance.

expenses covered under insurance	**No. of Respondents**	**Percentage of respondents**
<50K	20	40%
50k-1L	13	26%
1L-1.5L	14	28%
1.5L-2L	0	0%
2L-2.5L	1	2%
2.5L-3L	0	0%
3L-3.5L	1	2%
above 3.5L	1	2%
TOTAL	50	100%

4.15 Chart showing amount of cover received under insurance.



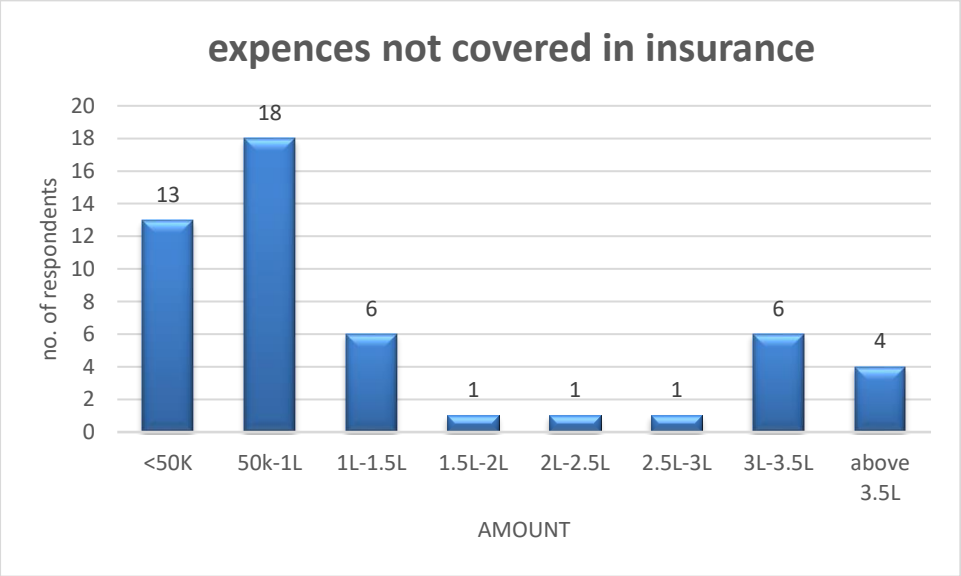
Interpretation:

From the above table it can be inferred that the highest 40% is the amount of cover received under insurance and the lowest is 2%.

4.16 Table showing amount of insurance not covered under insurance.

Amount spent	No. of Respondents	Percentage of Respondents
<50K	13	26%
50k-1L	18	36%
1L-1.5L	6	12%
1.5L-2L	1	2%
2L-2.5L	1	2%
2.5L-3L	1	2%
3L-3.5L	6	12%
above 3.5L	4	8%
TOTAL	50	100%

4.16 Chart showing amount of insurance not covered under insurance.



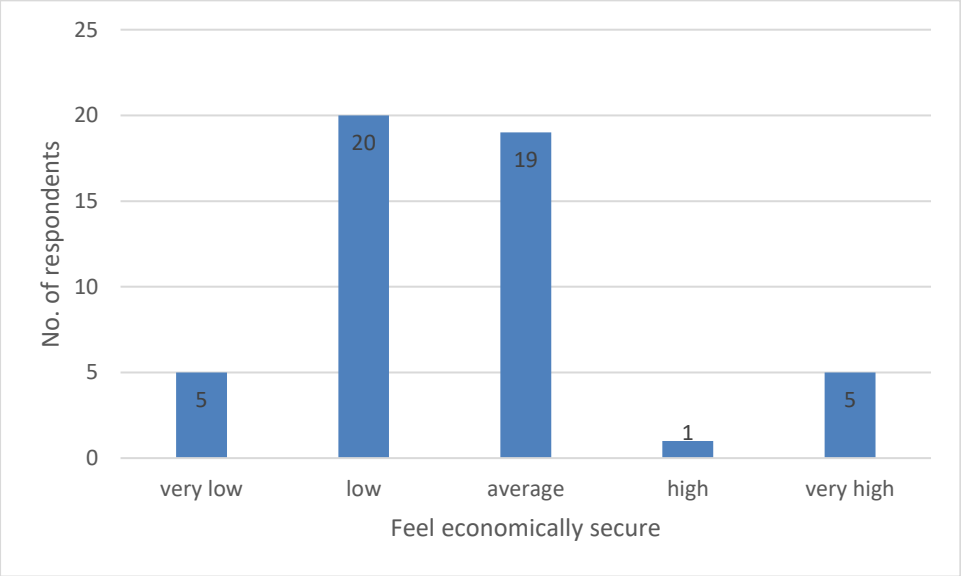
Interpretation:

From the above table it can be inferred that the highest 36% is the amount spent by the respondents and the lowest is 2%.

4.17 Tables showing how respondents feel to be covered in insurance.

Feel economically secure	No. of Respondents	Percentage of Respondents
very low	5	10%
low	20	40%
average	19	38%
high	1	2%
very high	5	10%
Total	50	100%

4.17 Chart showing feeling economically secure



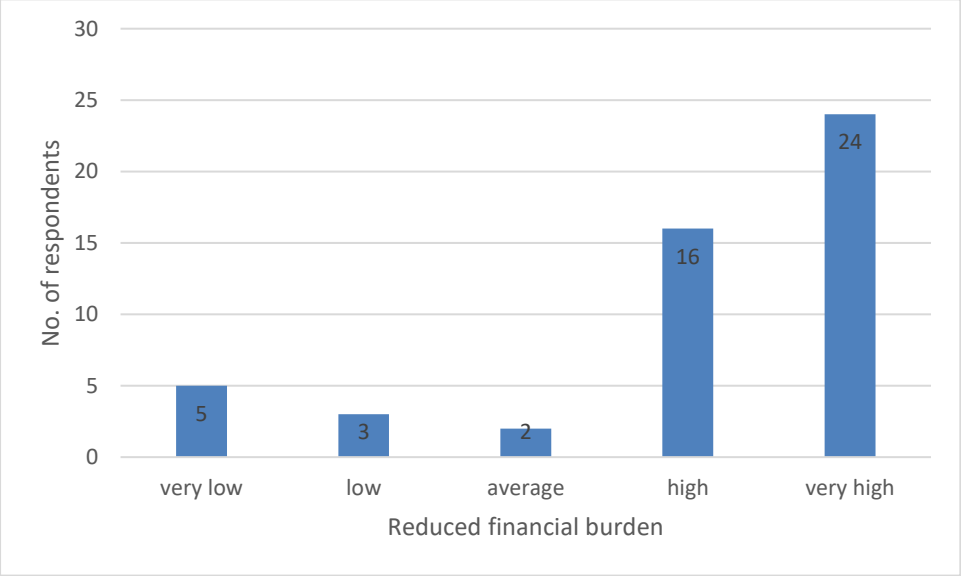
Interpretation:

From the above table it can be inferred that the 40% of respondents feel low economically secure

4.18 Table showing the reduced financial burden.

Reduce financial burden	No. of Respondents	Percentage of Respondents
very low	5	10%
low	3	6%
average	2	4%
high	16	32%
very high	24	48%
Total	50	100%

4.18 Chart showing reduced financial burden.



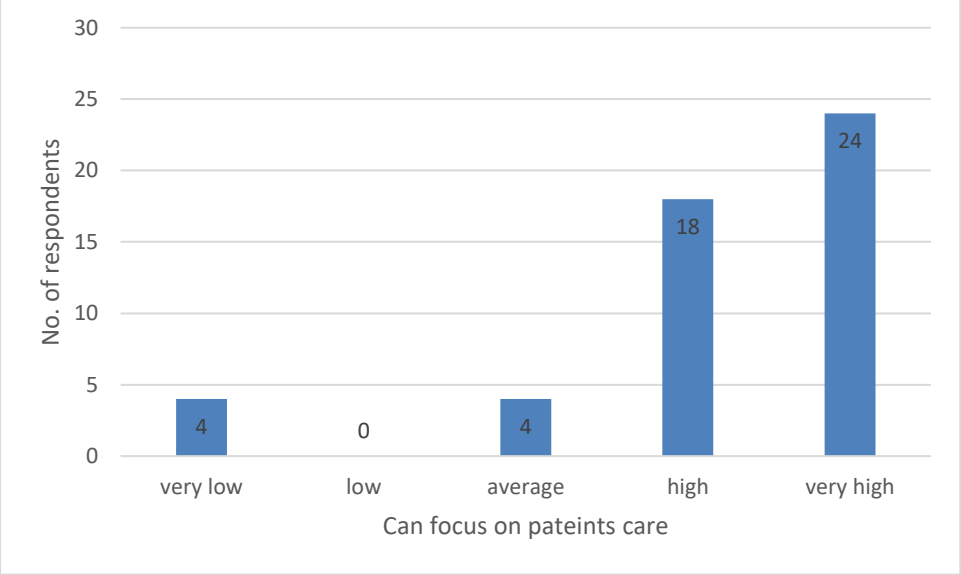
Interpretation:

From the above table it can be inferred that 48% of the respondents feel reduced financial burden

4.19 Table showing focus on patients care.

Can focus on patient`s care	No. of respondents	Percentage of respondents
very low	4	8%
low	0	0%
average	4	8%
high	18	36%
very high	24	48%
Total	50	100%

4.19 Chart showing focus on patients care.



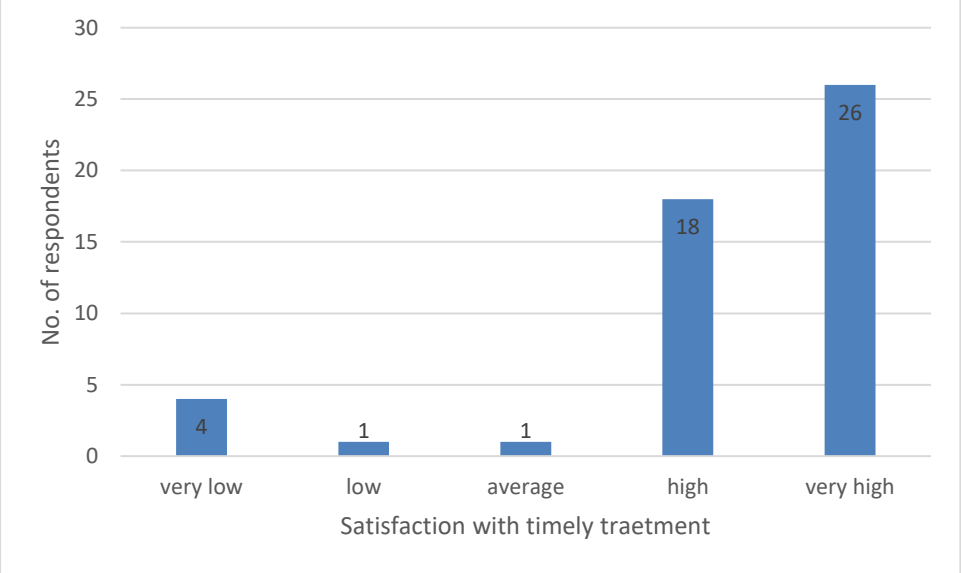
Interpretation:

From the above table it can be inferred that 48% of the respondents can focus on the patients care.

4.20 Table showing satisfaction with timely treatment.

Satisfaction with the timely treatment	No. of respondents	Percentage of respondents
very low	4	8%
low	1	2%
average	1	2%
high	18	36%
very high	26	52%
Total	50	100%

4.20 Chart showing the satisfaction with timely treatment.



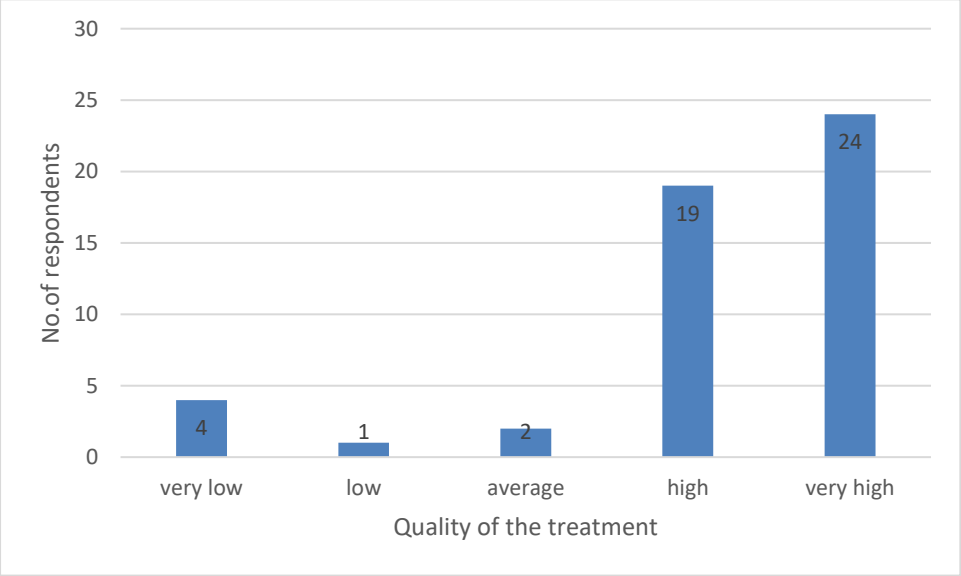
Interpretation:

From the above table it can be inferred that 52% of the respondents are satisfied with the timely treatment.

4.21 Table showing the Quality of the treatment.

Quality of the treatment	No. of respondents	Percentage of respondents
very low	4	8%
low	1	2%
average	2	4%
high	19	38%
very high	24	48%
Total	50	100%

4.21 Chart showing the Quality of the treatment.



Interpretation:

From the above table it can be inferred that 48% of the respondents are satisfied with the quality of the treatment.

4.22 Table showing cover received in different schemes to patients.

	AMOUNT							
SCHEME	**50k-1L**	**1L-1.5L**	**1.5L-2L**	**2L-2.5L**	**2.5L-3L**	**3L-3.5L**	**above 3.5L**	**Grand Total**
AROGYA BHAGYA								**0**
CGHS								**0**
HAL								**0**
JYOTI SANJIVINI					2			**2**
SC/ST	5							**5**
VAJAPAYEE AROGYA SHREE			39					**39**
YESHASHWANI		4						**4**
TOTAL	**5**	**4**	**39**	**0**	**2**	**0**	**0**	**50**

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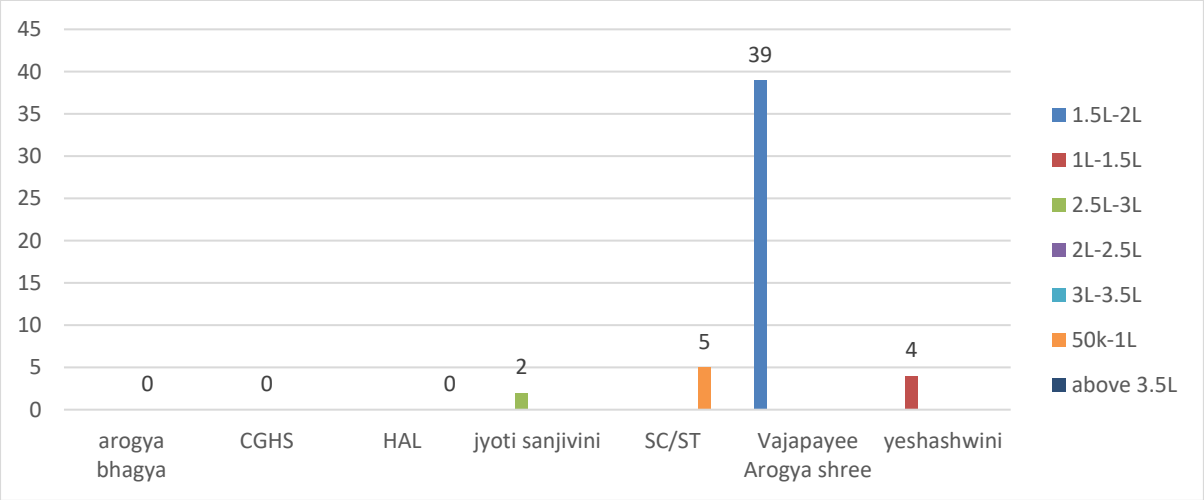
4.22 Chart showing cover received in different schemes to patients.



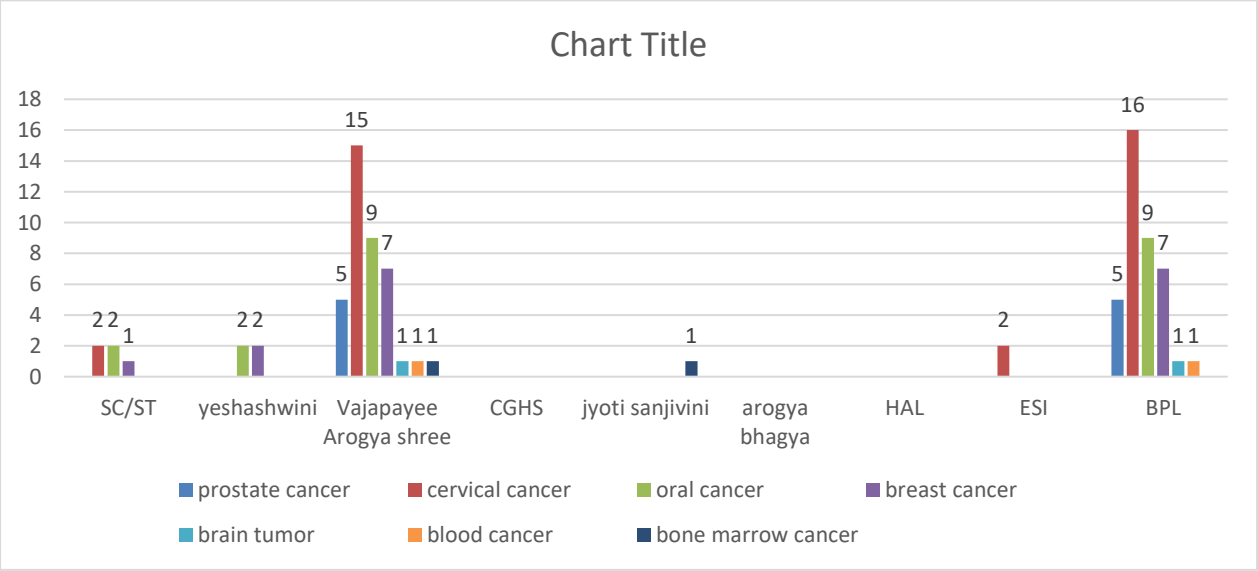
Interpretation:

From the above table it can be inferred that 39 respondents have received 1.5L-2L in Vajapayee Arogya shree, 5 received 50K-1L in SC/ST scheme, 4 received 1L-1.5L in Yeshashwini, and 2 received 2.5L-3L in Jyoti sanjivini

4.23 Table showing no. of patients with disease in different scheme

DISEASE / SCHEMES	prostate cancer	cervical cancer	oral cancer	breast cancer	brain tumour	blood cancer	bone marrow cancer	TOTAL
SC/ST		2	2	1				5
yeshashwini			2	2				4
Vajapayee Arogya shree	5	15	9	7	1	1	1	39
CGHS								0
jyoti sanjivini							1	1
arogya bhagya								0
HAL								0
ESI		2						2
BPL	5	16	9	7	1	1		39

4.23 Chart showing no. of patients with diseases in different scheme.



Interpretation:

From the above table it can be inferred that the 39 respondents have Vajapayee Arogya shree and BPL, 5 have SC/ST scheme, 4 have Yeshashwini, 2 have ESI and 1 have Jyoti sanjivini.

STATISTICAL TOOL RESULT:

Hypothesis:

H0: The relationship between family income and satisfaction with timely treatment is insignificant

Ha: The relationship between family income and satisfaction with timely treatment is significant

satisfaction with the timely treatment

	N	Mean
upto 5000	45	4.4222
5000-10000	1	5.0000
above 15000	4	1.7500
Total	50	4.2200

Interpretation: From the above descriptive table shows that the satisfaction with timely treatment is influenced by Income level of the family. The Income level upto 5000 has the mean value 4.422 and 5000 to 10000 is 5.00 which higher compared to the Income level 15000.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	27.791[a]	8	.001	.042		
Likelihood Ratio	16.812	8	.032	.004		
Fisher's Exact Test	21.506			**.004**		
Linear-by-Linear Association	17.772[b]	1	.000	.000	.000	.000
N of Valid Cases	50					

Interpretation:

The above Chi-Square table shows that; the fisher's Exact test value is 0.004 which is less than 0.05. It means the relationship is positive and significant. The family Income level influences the satisfaction level with treatment.

Chapter 5

FINDING, CONCLUSION AND SUGGESTION

5.1 FINDINGS

1. Most of the respondent's income level is less than 5000 per month.
2. The number of Female respondents with cervical cancer in more, following with male respondents with oral cancer.
3. The number of respondents associated with Vajapayee Arogya shree scheme is higher than the other schemes.
4. The insurance cover received to the respondents through the scheme is not adequate.
5. The cost incurred by the respondents which are not covered under the scheme is high.
6. The respondents are satisfied with the timely treatment in the hospital.
7. Respondent's had very less knowledge about the disease from which they are suffering.
8. Many of the respondents were under debt due to the treatment for the disease.
9. The respondents find the information about the scheme after being diagnosed with the disease.

5.2 SUGESSTION:

1. The information about the government scheme should be made easily available to the public.
2. There should be more programs for the earlier detection of the disease.
3. The government schemes should also provide cover for the additional variables which increase the expenses of the patients.
4. The information about the eligibility, implementation and amount of insurance cover should be mentioned clearly.
5. People should be educated regarding the disease and the available scheme for timely treatment of the disease.
6. More steps should be taken to educate the public, to avoid the disease-causing substances.

5.3 CONCLUSION:

From the above study we can come to a conclusion that majority of the people affected by the disease are above the age of 60 and the number of female is more with in the respondents. Majority of the people are Below Poverty line who are suffering from a chronic disease which makes it difficult for the to take the treatment in time.

The government schemes provided to the patients have been beneficial and reduced the economic burden from the people. Vajapaye Arogya shree scheme and BPL are the most utilized government scheme which has helped the patients to fight with the disease.

There is a need of more extensive study regarding all the variables which come to light for regarding the expenses, and the government should also include such variables in the schemes.

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http://wenzins.com/

http://www.kidwai.kar.nic.in/

ANNEXURE

Study of various insurance scheme for cancer disease

1. Hosp no :
2. Age: 1) 15-20 ( ) 2) 23-25 ( ) 3) 26-30 ( ) 4) 31-35 ( ) 5) 35-40 ( ) 6) 41-45 ( ) 7) 46-50 ( ) 8) 50-55 ( ) 9) 56-60 ( ) 10) And above ( )
3. Gender: M ( ) , F ( )
4. Relationship status: 1) Married ( ) 2 Single( ) 3 Widow ( ) 4 Divorced ( )
5. Profession: 1) wage earner ( ) 2) govt job ( ) 3) salaries people ( ) 4) corporate job ( ) 5) business ( ) 6) other profession ( )
6. Do you get health cover from your company. Yes ( ) No ( )
   Mention in rupees:
7. a) Family Income -> check the def low medium & high:
   1) up to 5000 ( ) 2) 5000-10000 ( ) 3)10000-15000 ( )4) Above 15000 ( )
   b) No of earning family
8. No of dependents in family:
9. Type of disease:
10. Type of treatment:
11. Stage of the treatment: ongoing ( ) finished ( )
12. How many family members are under treatment: none ( ) a) ( ) b) ( ) 3 ( )

A) 1. Do you have Insurance: Yes ( ) No ( )

2. which insurance do you have:

Government ( ) private (

3. which all schemes you have been covered:

GOVT scheme:

a) SC/ST scheme b) yeshashwini

c) vajapayee Arogya shree d) CGHS

e) Jyoti sanjivini f) Arogya bhagya

g) HAL h) ESI

i) BPL

PVT scheme:

a) ICICI Pru cancer protect
b) AEGON Reigare iCancer insurance
c) HDFC Life cancer care
d) Aditya Brila health insurance
e) MAX Bhupa
f) Bharti AXA cancer insurance
g) LIC cancer cover
h) Mediclaim
i) Cigna TTK
J) Metlife
k) Star Health

10. The total amount of insurance cover received under these schemes for this treatment is:
a) < 50k b) 50k -1L c) 1 L- 1.5 L d) 1.5 L – 2L e) 2 L- 2.5L f) 2.5 L- 3L g) 3 L- 3.5L h) above 3.5L

a. Expenses incurred for diseases not covered under insurance

a) < 50k b) 50k -1L c) 1 L- 1.5 L d) 1.5 L – 2L e) 2 L- 2.5L f) 2.5 L- 3L g) 3 L- 3.5L h) above 3.5L

12. How you feel to have been covered with health insurance please tick as 1 for lowest & 5 for highest

Psychological factor	1	2	3	4	5
Feel economically secure					
Reduce financial burden					
Can focus on patient's care					
Satisfaction with the timely treatment					
quality of the treatment					

ACHARYA

ACHARYA INSITUTE OF TECHNOLOGY

DEPARMENT OF MBA

INTERNSHIP WEEKLY REPORT(16MBAPR407)

NAME OF THE STUDENT- ABHIJEET D

INTERNAL GUIDE- PROF. SENDHIL KUMAR

USN NO- 1AZ16MBA02

SPECIALIZATION- MARKETING & HUMAN RESOURCE

TITLE OF THE PROJECT- A STUDY OF VARIOUS INSURANCE SCHEME FOR CANCER DISEASE.

COMPANY NAME- WENZINS TECHNOLOGY INDIA PRIVATE LIMITED

LOCATION- BENGALURU

WEEK	WORK UNDERTAKEN	EXTERNAL GUIDE SIGNATURE	INTERNAL GUIDE SIGNATURE
15-01-18 To 20-01-18	Introduction about Wenzins technology pvt . ltd		
22-01-18 To 27-01-18	Learning about different types of products and services		
29-01-18 To 03-02-18	Orientation and gathering information about the growth of the company		
05-02-18 To 10-02-18	ANALYSIS of the position of the company		
12-02-18 To 17-02-18	Research problem identification		
19-02-18 To 24-02-18	Preparation of the research instrument for data collection in KIDWAI hospital		
26-02-18 To 03-03-18	Theoretical background of the study		
05-03-18 To 10-03-18	Data collection and data Analysis in KIDWAI Hospital		
12-03-18 To 17-03-18	Interpretation of the data gathered during the survey		
19-03-18 To 24-03-18	Final report preparation and submission		

Head of the Department.

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