

# Ayushman Bharat Yojana – A Beneficiary Level Study

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## **ABSTRACT:**

*Ayushman Bharat Yojana, a nationwide public health insurance initiative administered by the Indian government, aims to provide free health insurance coverage to low-income individuals in the country. It is also referred to as PMJAY or Pradhan Mantri Jan Arogya Yojana. Launched on September 23, 2018, this program is designed to achieve the Sustainable Development Goals (SDGs) and their underlying commitment. Under the Ayushman Bharat scheme, approximately 100 million impoverished and vulnerable families in India will be covered, offering up to Rs. 5lakhs per family per year for secondary and tertiary care hospitalizations. Additionally, the initiative proposes the establishment of 150,000 health and wellness centers nationwide, providing comprehensive primary healthcare services. Both public and privately affiliated medical facilities are eligible to offer healthcare services to beneficiaries of the insurance program. This program stands as one of the largest publicly funded health insurance initiatives globally. This paper is based on a combination of primary and secondary data sources. Primary data was collected from selected respondents in the study village of Parakuchi in the Kamrup Rural District of Assam. Secondary data was obtained from various online reports and articles. Among the 80 sample respondents, 38 individuals have already received their Ayushman Bharat cards, while 42 are still awaiting theirs. However, none of the respondents have utilized their cards yet, as they have recently received them and do not currently experience any major health issues.*

**Keywords:** *Ayushman Bharat Yojana, Pradhan Mantri Jan Arogya Yojana, Health Insurance, Economically poor, Health Coverage.*

## **Introduction:**

India, one of the world's developing nations, has 1.4 billion people, 66% of who are living in rural areas and 34% in urban areas. According to the Organisation for Economic Cooperation and Development (OECD), healthcare costs in India account for 3.8% of the country's GDP, with out-of-pocket costs making up 58.78% of those costs. About 55% of Indians use healthcare services from the private sector, according to the National Sample Survey Office's (NSSO) 75th round report. Out-of-pocket hospital expenses cost approximately INR 15,937 in rural areas and INR 22,031 in urban areas (S S V Prasad, 2023). Since the

majority of Indians come from middle-class or lower socioeconomic backgrounds, health care costs are a major cause of family debt. The Indian government launched the National Health Policy (NHP) in 2017 to address these issues. By strengthening and enhancing the services, NHP 2017 seeks to ensure UHC and enhance public confidence in the healthcare system. By 2025, it seeks to raise the government's health spending as a share of GDP from the current 1.15% to 2.5%. The Indian government, which consists of both state and national governments, has put in place a number of health security programmes, including Ayushman Bharat, a 100% central government-funded programme, to assist reduce this spending while providing essential health care. To fulfil the Sustainable Development Goals (SDG) and their underlying commitment, the honourable Prime Minister of India launched this initiative on September 23, 2018, in Ranchi. It is fully supported by the government, and according to the rules now in effect set forth by the Ministry of Finance, funding is divided between the federal and state governments. No one was to be left behind as a result of the implementation of the objective of universal health coverage. This programme allows the government to offer up to five lacs in annual family health insurance coverage. One of the main initiatives, Ayushman Bharat, is designed to offer financial security for those seeking secondary and tertiary level medical care. The Pradhan Mantri Jan Arogya Yojana (PMJAY) and Health and Wellness Centres (HWCs) are the two main parts of the Ayushman Bharat programme. The PMJAY is a state funded health insurance programme for the urban and rural populations in certain occupational categories who are socioeconomically disadvantaged. It aspires to reach 100 million households and nearly 500 million individuals in the nation, or about 40% of the entire population. Cashless treatment up to 500,000 rupees per family per year on a family floater basis is included in the benefits package under the PMJAY.

## **Literature Review**

(Angell, 2019) conducted research that examines the AB-PMJAY is a unique opportunity to enhance the health of hundreds of millions of Indians and get rid of a significant cause of the country's poverty. However, there are significant obstacles that must be removed for the Indian people to experience these benefits and for the program to sustainably advance India's pursuit of UHC. Under the Sustainable Development Goals, universal health coverage (UHC) has emerged as a crucial benchmark for health systems worldwide as a means of enhancing population health and eradicating the scourge of medical-related poverty. The people's ability to receive healthcare services, the sorts of services that are delivered, and the level of financial protection that is provided to the population are indicators of UHC's performance.

The success—or failure—of the AB-PMJAY program in moving forward on these three measures will also depend on addressing several current and related structural shortcomings of the Indian system, such as problems with public and private sector governance, stewardship, quality control, and health system organization. To do this, the program's implementation will need to be carefully monitored to track progress toward important budgetary, service, and financial protection goals and prevent unforeseen outcomes. In many cases, it is possible to discern that the current arrangements in these fields are the result of vested interests and a system that is not set up to reward constructive change. It will need extensive reform, intervention, and leadership at all levels of the Indian system to change these incentives to promote universal

and high-quality treatment for all Indians. Therefore, even though these flaws make it more difficult for planned changes to achieve their lofty goals, AB-PMJAY offers the country a chance to address ingrained problems with long-term governance, quality assurance, and stewardship.

(Pandey, 2021) on “Ayushman Bharat: Service Adoption Challenges in Universal Healthcare System”.

According to his research the study focuses a strong emphasis on performance expectations, accessibility of service access, positive societal effect, and enabling conditions for Ayushman Bharat service delivery. The Ayushman Bharat scheme's performance expectancy refers to how being well personally would help one perform better at work. The ease with which an Ayushman Bharat scheme participant can access the service at the hospital with hospital accreditation is known as the effort expectancy. The positive social impact would result from friends, classmates, and neighbours' acceptance of the Ayushman Bharat programme. The government's ability to provide the organisational and technological infrastructure needed to enable this universal healthcare programme is one of the Ayushman Bharat scheme's facilitating conditions.

Research was conducted on “Coverage, Utilization, and Impact of Ayushman Bharat Scheme among the rural field practice area of Saveetha Medical College and Hospital, Chennai” by (GV, 2021) from this study it was found that in households that are covered by a health insurance programme, the financial burden associated with medical expenses is smaller. However, many were unable to properly use or take advantage of the system due to a lack of sufficient understanding. Right now, this programme does not provide coverage for the middle class of the population. These families may fall into poverty as a result of such high or unexpected medical costs. In the previous year, the initiative resulted in the naming and shaming of approximately 111 hospitals for malpractices. These types of fraud can be stopped by effective governance and monitoring. The fact that participants can use services wherever in India is one of this program's main advantages. The fundamental component of success will continue to be raising awareness, but claim processing and infrastructural changes in hospitals are also crucial.

(Devanbu 2020) “V. G., Pradhan Mantri Jan Arogya Yojana–Ayushman Bharat”, examined that the Government of India has taken a significant step towards achieving the aim of universal health care; therefore, if properly carried out, it might be a game changer.

(Gupta, 2021) the article “Application of Health Technology Assessment for Oncology Care in India: Implications for Ayushman Bharat Pradhan Mantri Jan Arogya Yojana” observed that overall, the use of HTA has advantages for improving the effectiveness, accessibility, and equity of health services, particularly those linked to cancer practise. The issue is with how Indian healthcare is financed, which results in a multipayer system where a patient's ability to pay determines whether or not to get a service. The first stage would be to make enough investments in health to produce a solitary huge consumer. Second, the AB PMJAY's judgements would have to be supported by HTA data. The objectives of universal coverage and an effective healthcare system for Indian patients would be greatly advanced by supportive legislative measures to promote HTA.

(Shrisharath, 2022) conducted a research on “A study on the utilisation of Ayushman Bharat Arogya Karnataka (ABArK) among COVID patients admitted in a Tertiary Care Hospital”. According to which one of the best social security programmes is PMJAY, which offers health insurance. By organizing public awareness campaigns, the implementation of this programme needs to be further improved. The families would benefit by having less out-of-pocket expense and burden in attending the healthcare facility if people were encouraged to use the programme. In order to effectively reduce out-of-pocket costs, Ayushman Bharat may be used for curative therapies as well as prevention and control measures. One of the social security programmes offered by the Indian Central Government to patients hospitalised to the general ward during the pandemic is this one.

(Chellaiyan, 2020) conducted research on “Pradhan Mantri Jan Arogya Yojana– Ayushman Bharat” which examined that to improve the health of the world's population and end the scourge of medical-related poverty, universal health coverage has emerged as a major global health care guiding target. If funds are managed properly and the recipients of the PMJAY programme are given high-quality care, the programme can succeed. Both to forward the plan, the public and private sectors should collaborate. With new diseases being discovered frequently, health insurance programmes like these are crucial in developing countries.

(Khan, 2021) in the article “Impact of Ayushman Bharat Scheme on the Prevalence of Distress Financing and Catastrophic Health Expenditure Among Patients Attending a Tertiary Care Teaching Hospital” observed that there will be a considerable influence on health indices if AB-PMJAY is able to minimise out-of-pocket expenses, distress finance, and catastrophic health spending.

Research was conducted on “A Critical Analysis of The World's Largest Publicly Funded Health Insurance Program: India's Ayushman Bharat” by (Kamath, 2023) according to which in each of the states where the ABPMJAY is in operation, the government could schedule impact evaluation studies. The National Health Authority, the government agency overseeing and implementing the ABPMJAY may be able to advise the government on policy and take the necessary operational action as a result of any high-quality feedback that is received. The ABPMJAY PFHI could have a negative impact on the ongoing process of the government health-care system's continual reinforcement and development at all levels—primary, secondary, and tertiary—which is another cause for concern. Continuous recalibration and route modifications based on high-quality feedback can help ABPMJAY lessen the catastrophic OOPHE that affects 500 million Indians. The largest group ever served by a single PFHI, this group represents more than 6% of humanity.

(Agrawal, 2021) conducted an article on “Universal Health Coverage Initiatives for Elderly-A Review of Ayushman Bharat Program in India” where it is estimated that India will overtake China as the most populated nation in the following six years. In a nation the size of India, PMJAY, if successfully implemented, will prove to be a health care panacea, especially for the poorest of the poor. If not, it will result in the catastrophic error that extensively misused limited resources. The target population of AB-PMJAY is enormous, with the majority of them living in rural areas. As a result, it is a continuous, difficult process to appoint new hospitals under this scheme in order to cover a larger geographic area and offer

services to the target beneficiaries within their reach. Lack of adequate resources—both in terms of skilled personnel and infrastructure—is one of the major problems the healthcare sector, particularly the public healthcare sector, is dealing with. As a result, for some specialised services, the public is forced to turn to the private sector, which contributes to overcrowding in some hospitals. To improve the effectiveness of the programme, the government must make investments in both of these areas. The public private cooperation in the PMJAY is still another deciding element. A strong hand-in-hand coordination and support system should be maintained with the private players because many private hospitals are empanelled under this programme to provide various specialised and preventive services to respond to the demands of a wide population. Similar to this, the first difficulty is the cost of the packages provided by PMJAY. Private hospitals consider package rates as unsustainable since they are so cheap compared to the costs borne by them for the same.

The government is currently working on other areas and has already changed several of the packages. Another issue is malpractice by the accredited hospitals. Although the regulating body has put in place a tight process to ensure the prevention of malpractices, there are still instances of the same. To prevent similar incidents from happening again in the future, rigorous measures against corruption's precursors should be taken, along with a robust monitoring system. For the governing body, determining the level of service quality under this scheme is a challenge since, without it, the policy will be missing an important component—evaluation—which it should not. An uniform criteria should be used to distinguish between good and bad services offered by this system in order to assess service quality.

(Reddy, 2020) in the article “Awareness and Readiness of Health Care Workers in Implementing Pradhan Mantri Jan Arogya Yojana in a tertiary care hospital at Rishikesh” observed that the average doctor's awareness score was just under 50% of the highest attainable score. Faculty members are more aware than residents are. There is an increase in readiness among the study population as awareness rises. Workshops on PMJAY are required to be held for stakeholders.

(Rao, 2022) conducted a research on “A study on the Utilization of Ayushman Bharat Arogya Scheme among Patients Admitted to a Tertiary Care Hospital during Covid pandemic” examined that public awareness campaigns must be performed in order to increase the use of this programme. As a result, access to healthcare facilities would be facilitated and out of pocket costs would be reduced.

(Paul, 2019) in the article “Appropriateness of Percutaneous Coronary Intervention Under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY)” observed that due to the high and rising number of cardiac revascularization procedures performed in India, even a little decrease in the percentage of unsuitable cases could have a significant influence on health outcomes, which should be examined. It's possible to decrease such unneeded treatments and raise the standard of care with the right education, sensitization, and application of the appropriate use criteria. The PM-JAY programme could subsequently save a lot of money by preventing unnecessary cardiac revascularizations.

## Objective of the Study:

This study was conducted with the following objectives:

- To measure the level of awareness about the Ayushman Bharat Yojana and the benefits under this scheme among the villagers.
- To study the beneficiaries availing the benefits of the Ayushman Bharat Yojana
- To study the problems faced by the beneficiaries under the Ayushman Bharat Yojana.

## Limitations:

The present study is carried out among the sample respondents Parakuchi village of Kamrup (rural) district of Assam. The findings of this study are limited to the selected sample village only.

## Research Methodology:

The present study has adopted a methodology in which both primary and secondary data is used to examine the objectives of the study. The primary data were collected through a field survey by using the direct personal interview method. An interview schedule was used to collect the required data and the interview schedule was tested before the final field 23 survey among the targeted respondents in the study area, Parakuchi Village. The field survey was conducted during the month of April 2023. A total of 80 respondents were randomly selected using the purposive method of sampling. And the secondary data is collected from the various sources available online and also departmental reports. The collected data are analyzed by using simple statistical tools and presented by using the diagram and table.

## Research Gap:

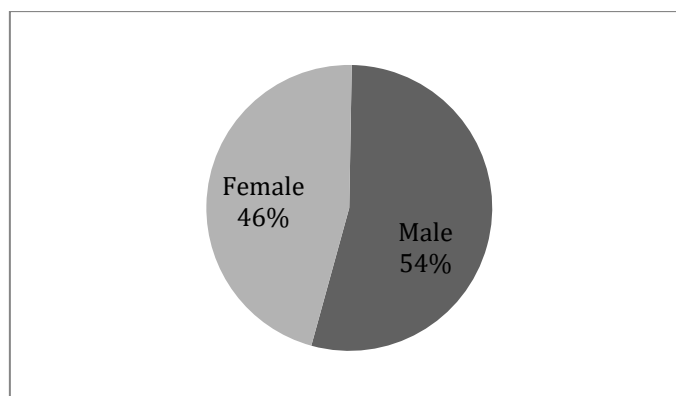
The Ayushman Bharat Yojana has introduced in the year 2018. There are some research works carried out in some areas but no such kind of study was found in the Parakuchi village of Kamrup (Rural) district of Assam. Therefore, the present study is an attempt to examine the level of awareness, beneficiaries, and problems faced by the beneficiaries in the study area.

## 5.1 Basic Demographic Profiles of the Respondents:

In the dissertation an attempt is made to study some of the basic profile of the sample respondents in addition of the three objectives of the report. These are presented in the following segment.

### 5.1.1: Sex-wise Distribution of the Respondents

Figure 5.1: Sex Wise Distribution of Respondents

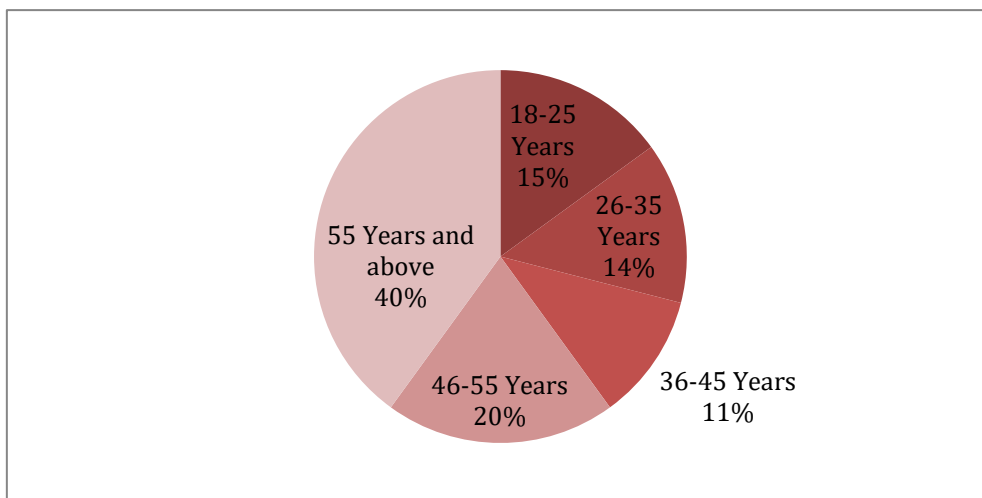


Source: Compiled by author

Figure 5.1 depicts the gender distribution of the respondents, where 54% percent of them are male while 46% percent are female.

**5.1.2: Age Group**

Figure 5.2: Age Distribution of the Respondents

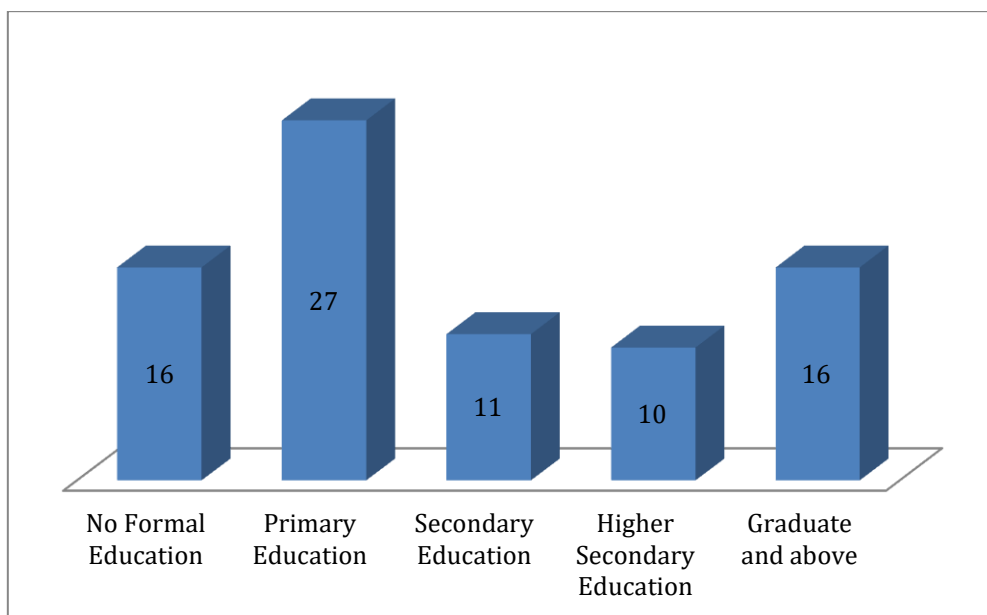


Source: Compiled by author

Figure 5.2 shows the respondents based on the different age groups of the 80 respondents. According to the field survey, 15 percent of all respondents are between 18 and 25 years old, 14 percent are between 26 and 35 years old, 11 percent are between 36 and 45 years old, 20 percent are between 46 and 55 years old and 40 percent are between 55 and above.

**5.1.3: Educational Background**

Figure 5.3: Educational Background of the Respondents

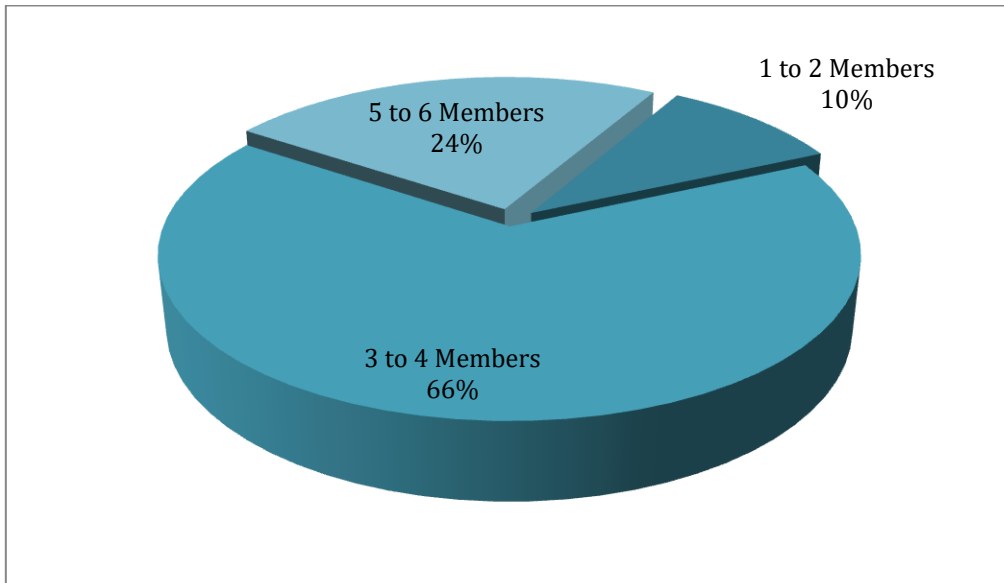


Source: Compiled by author

The survey depicts that out of 80 respondents 16 respondents are not having any formal education, 27 are have primary education, 11 are secondary education, 10 are higher secondary education and 16 are graduate and above.

### 5.1.4: Family Size

Figure 5.4: Family Size of Respondents

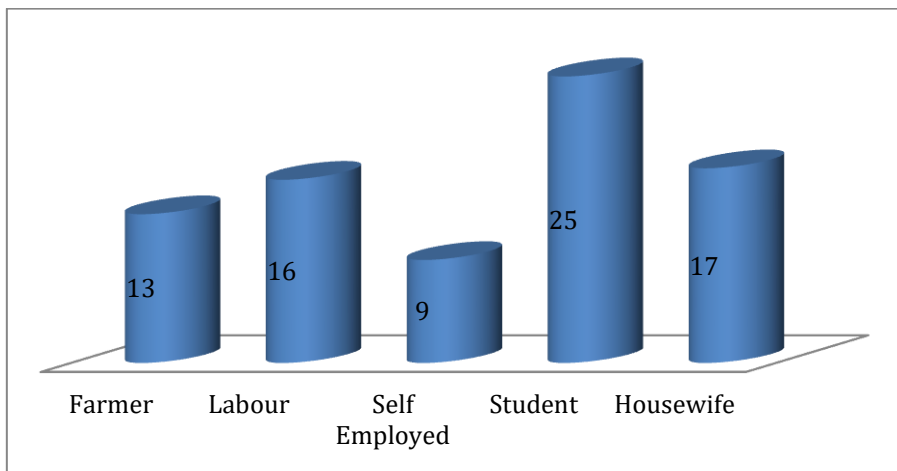


Source: Compiled by author

Figure 5.4 above depicts the respondent's family size. According to the survey, 24 percent of all respondents have 5-6 members, 66 percent have 3-4 members and 10 percent have 1-2 members. The 100 percent of the respondents have nuclear family.

### 5.1.5: Occupational Distribution

Figure 5.5: Occupational Distribution of Respondents



Source: Compiled by author

Figure 5.5 depicts the occupational distribution of the respondents. According to this survey out of 80 respondents, 13 are farmer, 16 are labour, 9 are self-employed, 25 are students and 17 are house-wife.

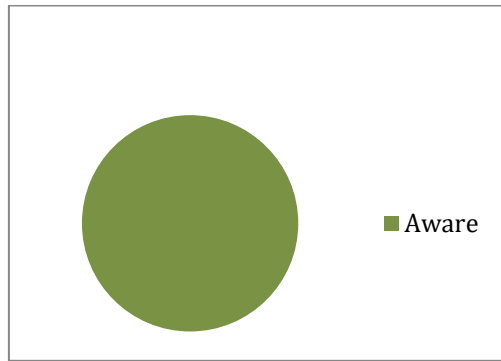
## 5.2: Awareness of Ayushman Bharat Yojana

With respect to the objectives of the present dissertation the researchers have made an attempt to examine the level of awareness about the Ayushman Bharat Yojana among the respondents. These are presented below:



**5.2.1: Level of Awareness**

Figure 5.6: Distribution of Respondents on the basis of level of awareness

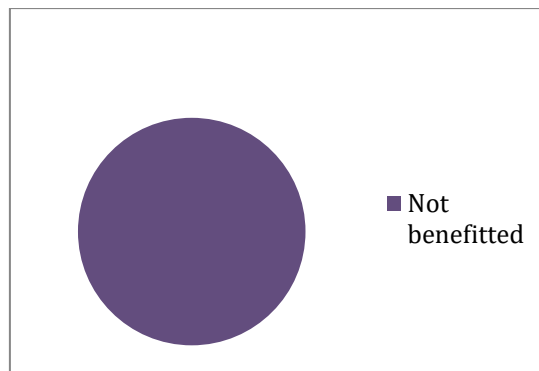


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Figure 5.6 shows the level of awareness among the respondents. According to the survey out of 80 respondents, all are aware and heard about this scheme. Thus, they are aware of this scheme.

**5.2.2: Registered under Ayushman Bharat Yojana**

Figure 5.7: Distribution of respondents Registered under Ayushman Bharat Yojana

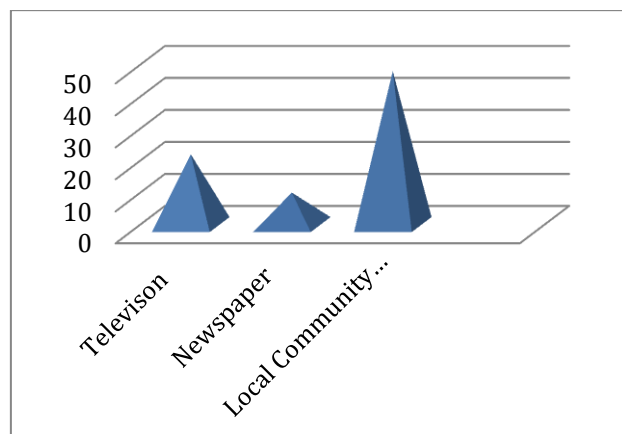


Source: Compiled by author

Figure 5.7 depicts no. of respondents who benefitted from the Ayushman Bharat Yojana. It is found that though all the respondents are registered under this Yojana, none of them benefitted because they did not suffer from any major diseases or health problems after the receipt of their cards and thus, they did not use their cards under this scheme.

**Figure 5.2.3: Sources of Awareness**

Figure 5.8: Distribution of sources of Awareness of the respondents



Source: Compiled by author

Figure 5.8 depicts that out of 80 respondents who are aware about this scheme, 22 of them heard about this scheme through television, 10 of them through newspaper and 48 of them are through local community leaders.

## 6.1 Findings:

In this study it is observed that out of 80 respondents, 42 respondents did not receive the card yet and 38 respondents has received the card very recently, about in 3 or 2 months ago. During this period, they did not suffer any major medical issues and therefore, they did not use the card. As the respondents have not suffered from any major medical problems and they did not experience the use of health card they received and therefore, whether there is any problem or not they do not recognize since they are not experienced it.

## Analysis:

1. Awareness among the respondents: It is found that all the sample respondents are aware of the Ayushman Bharat Yojana.
2. Beneficiaries: All the sample respondents are registered beneficiaries of this scheme, Ayushman Bharat Yojana but they are not benefited by this scheme because they have not used their cards. As the respondents have not suffered from any major medical problems and they did not experience the use of health card they received.
3. Problems faced by beneficiaries: There may be some problems in availing the health care facilities under this scheme but it is not found yet in the study area because cent percent of the respondents are yet to experience the facilities under this scheme.

## 7. Conclusion:

The AB-PMJAY provides a special chance to enhance the health of hundreds of millions of Indians, specially, the economically poor in the society. The beneficiaries under Ayushman Bharat Yojana receive health expenses up to Rs.5 lakhs in a year. The scheme has covered many major diseases, the medical treatment of those are very expensive. The economically poor people cannot afford to spend on their health care. But, this scheme has provided the poor people to avail the health facilities of upto Rs.5 lakhs in a particular year. However, there are substantial challenges that need to be overcome to enable these benefits to be realized by the Indian population and ensure that the scheme makes a sustainable contribution to the progress of India towards UHC. Though this scheme was launched on 2018 but the awareness among the people increase gradually now. After giving responsibility of applying the Ayushman card to local community leaders the awareness is increasing since they help to aware the people about this scheme.

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