

EFFICACY OF PRADHAN MANTRI JAN AROGYA YOJANA (PM-JAY) IN THE HEALTH SECTOR- A STUDY OF DEHRADUN CITY

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ABSTRACT

Health is the intersection of our physical mental, emotional, social and spiritual state of being. At any time it is the most important aspect of our existence. It refers not only to the absence of disease but other problems related to physical well being. It has the power to influence economic status through education and higher skill improvement. Good health also leads to an increase in per capita income, human capital and has a positive and significant effect on socio- economic development. The scheme Ayushman Bharat, now renamed as Pradhan Mantri Jan Arogya Yojana (PM-JAY) aims to provide free health coverage at the secondary and tertiary level to its bottom 40% poor and vulnerable population. It plays a very important role in the health sector of India and its importance can hardly be overemphasized in the present times of the pandemic Covid-19, when more than 40 percent of Indians are without any health insurance cover. The current study is based on primary as well as secondary data with the aim to draw attention towards the benefits received by the flagship program by the individuals of the society. The primary data has been collected from Dehradun, the capital city of Uttarakhand. This paper also suggests ways in which the functioning of the scheme can be enhanced so that in near future the best outcome of Government initiative is achieved.

Keywords: Health, Beneficiaries, Yojana, Wellness, Vulnerable.

INTRODUCTION

Ayushman Bharat Yojana , also known as the Pradhan Mantri Jan Arogya Yojana (PM-JAY), is a scheme that aims to help economically vulnerable Indians who are in need of healthcare facilities. Prime Minister Narendra Modi rolled out this health insurance scheme on 23 September 2018 to cover about 50 crore citizens in India and already has several success stories to its credit. As of September

2019, it was reported that 18,059 hospitals have been empanelled, over 4,406,461 lakh beneficiaries have been admitted and over 10 crore e- cards have been issued. The Ayushman Bharat Yojana- National Health protection Scheme, which has now been renamed as Pradhan Mantri Jan Arogya Yojana, plans to make secondary and tertiary healthcare completely cashless.

The PM-Jan Arogya Yojana beneficiaries get an e-card that can be used to avail services at an empanelled hospital, public or private, anywhere in

the country. The coverage includes 3 days of pre-hospitalization and 15 days of post-hospitalization expenses. Moreover, around 1,400 procedures with all related costs like OT expenses are taken care of in all, PM-JAY and the e-card provides coverage of Rs. 5 lakh per family, per year, thus helping the economically disadvantaged obtain easy access to healthcare services.

The PMJAY scheme aims to provide healthcare to 10 crore families, who are mostly poor and have lower middle income, through a health insurance scheme providing a cover of Rs. 5 lakh per family. The 10 crore families comprise 8 crore families in rural areas and 2.33 crore families in urban areas. Broken into smaller units, this means the scheme will aim to cater to 50 crore individual beneficiaries.

However, the scheme has certain pre-conditions that determine who can avail of the health cover benefit. While in the rural areas the list is mostly categorized on lack of housing, meager income and other deprivations, the urban list of

PMJAY beneficiaries is drawn up on the basis of occupation.

The flagship scheme of Pradhan Mantri Jan Arogya Yojana has received no boost in Union Budget 2020, with allocation for the scheme remaining the same as the last year. The scheme insures poor families for an annual amount of five lakh rupees for availing hospital care. Finance Minister Nirmala Sitharam stated that PM-JAY will receive Rs 6400 crore in financial year of 2020-21 from the central government.

Thus the scheme of the Indian government's National Health Policy aims to provide free health coverage at the secondary and tertiary level to its bottom 40% poor and vulnerable population. It plays a very important role in health sector of India. PM-JAY is the world's largest and fully state sponsored health assurance scheme which covers a population of the combined size of USA, Mexico and Canada. It was launched in September 2018, under the aegis of Ministry of Health and Family welfare in India

Table1: Statistics relating to health in India

Total population (2020)	1,380,004,385
Gross national income per capita (PPP international \$, 2013)	5,350
Life expectancy at birth m/f (year 2016)	67/70
Probability of dying under five (per 1000 live birth,2018)	37
Probability of dying between 15 and 60 years m/f(per 1000 population,2016)	214/138
Total expenditure on health per capita (intl\$, 2014)	267
Total expenditure on health as % of GDP(2014)	4.7
Total population (2020)	1,380,004,385

Source: Manual on Health Statistics in India

Table2: Statistics relating to health in Uttarakhand.

Total population (2020)	100.86 lakh
Literacy rate in %	78.80
District level hospital (2017-18)	13
Community health centre	85
Infant mortality rate(per 1000 population 2019)	32
Life expectancy at birth (2014)	71.7
Maternal Mortality Ratio (per 1,00,000 live births ,2015)	162
Total fertility rate (as per year 2017)	1.9

Source: Manual on Health Statistics in India

UTTARAKHAND AND HEALTH CARE

Formed on November 9, 2000, Uttarakhand is India's 27th state. Located at the foothills of Himalayas, it share borders with China and Nepal and is a neighbor to Himanchal Pradesh, Uttar Pradesh, Punjab and Haryana (**Uttarakhand year Book, 2012**). The new state is a culmination of a long standing struggle for separate statehood and represents the aspirations of its people to usher in all round socio-economic development. It was carved out of Uttar Pradesh by separating the hilly region, with a geographical area of 53,483 sq. km (constituting 1.63% of the land area of the country). It lies between 28 degree 44' and 31 degree 28' N Latitude and 77 degree 5' and 81 degree 01' Longitude. Out of the total area, 53,483 sq. km is covered by mountains, while 3,800 sq. km is Terai plains. Uttarakhand with a population of 100.86 Lakh(1,00,86,292) and a density of 189 has been traditionally divided in two parts, namely Kumaun and Garhwal. The state has 13 districts subdivided into 98 Tehsils, 7,555 village Panchayats and 16,793 villages (**Census of India, Statistical Diary 2013-14**). Out of the total area of 56,72,636 hectares (12.44%) is actually used for agricultural activities and only 47.81% of the total agriculture land is irrigated. Wheat, rice, maize, potato and pulses are the primary grown crops in Uttarakhand with a total production of 8,077.37 thousand metric tons. Out of the total population, 12.82% people are directly engaged in agricultural activities making it the largest employer of Uttarakhand with tourism in the second place. 76% of the population has own business enterprises and 28.5% out of total population are working people. The state's "Gross State Domestic Product" (for year 2020-21 at current prices) is 2,93,488 crore rupees with an increase of 9.5% from the last year. The literacy rate of Uttarakhand is 79.63%, it is 88.33% in men while it is 70.70% in women. Despite the availability of various resources and labor force, the state has not achieved the expected growth, due to problems like poor infrastructure, unemployment and migration on the peak.

Uttarakhand Health & Family Welfare Society was constituted in the year 2002 with the aim to serve as umbrella society for all national programs with the help of external funding agencies such as USAID.

By vertical merger of all 6 important National Programs and recruitment of skilled staff the objective was to bring operational efficiencies in implementation of NPs at state and district level through smooth and effective fund flow, reporting mechanism and monitoring to oversee that the programs are running as planned and are on schedule in order to achieve the better health outcomes. All funds from Gol for operating the NPs are received in UKHFWS and then released to program officers of different programs at state and district societies as envisaged in state and district action plans. Under Health and Family welfare Budget Provision for 2019-20 Rs 440 crore and Rs 150 crore have been allocated to National Health Mission and Atal Ayushman Uttarakhand Yojana, respectively.

Since 2000, Uttarakhand has been progressing on many fronts. However, there always remains a need to introspect on various dimensions related to development with due consideration of the issues that create barriers in the onward progress of the state. Such exercise is indispensable for the transformation of this nascent state into a developed state of country with high average living standard across the state including both hills and plain regions.

PRIOR STUDIES

- **Bakshi H, Sharma R, Kumar P(2018):** "Ayushman Bharat initiative: What we stand to Gain or lose" In this paper, the author discusses about the efforts made by central/ state government to provide health care through country wide network of three tier health care institutions and various national health programs.

- **Angell BJ, Prinja S, Gupta A, Jha V, Jan S (2019):** “The Ayushman Bharat Pradhan Mantri Jan Arogya and the path to universal health coverage in India: Overcoming the challenges of stewardship and governance”. In this paper, the author focuses on the inter related issues of governance, quality, control and stewardship. In this paper, the author also questions the likelihood of successful implementation of the Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (PM-JAY).
- **Dhaka R, Verma R, Agrawal G, Kumar G (2018) :** “Ayushman Bharat Yojana: A Memorable Health Initiative for Indians” In this paper, the author discusses the aim of this program as that of providing a service to create a healthy, capable and content new India and two goals are to creating a network of health and wellness infrastructure across the nation to deliver comprehensive primary healthcare services.
- **Keshri VR, Gupta S (2018) :** “Ayushman Bharat and Road to Universal Health Coverage in India” In this paper the author discusses the progressive step taken by government towards Universal health coverage (UHC) in India. This paper also focuses on the PM-JAY scheme for the socio-economically deprived rural and selected occupational category of the urban population.
- **Mundra D (2018):** “Ayushman Bharat- India’s National Health Protection Mission” In this paper, the author focuses on NHPM that has been labeled as -visionary, populist, pro-private insurance market, scaled-up version of old schemes, and more.

policies and programmes including published sources, Journals, books and available Govt. websites. Primary data has been collected through a field study and is based on analysis of structured questionnaire and schedule. Primary data is used to verify the secondary data and also to see the on ground situation.

(B) STUDY LOCATION

Dehradun is the capital of Uttarakhand, a state in India. Located in the Garhwal region, it lies 236 Kilometres (147mi) north of India’s capital New Delhi and 168 kilometres (104 mi) from Chandigarh. It is one of the “Counter Magnets” of the National Capital Region (NCR) being developed as an alternative centre of growth to help ease the migration and population explosion in the Delhi metropolitan area and to establish a smart city at Dehradun.

Dehradun is located in the Doon Valley on the foothills of the Himalayas nestled between the river Ganges on the east and the river Yamuna on the west. The city is famous for its picturesque landscape and slightly milder climate and provides a gateway to the surrounding region. This district consists of 6 tehsils, 17 towns and 764 villages.

(C) SAMPLE SIZE

The sample size chosen for the study is 100 in which, 36 households which are registered under Ayushman Bharat Yojana and have availed the facility of the scheme. 52 households which are registered under Ayushman Bharat Yojana but have not availed any benefits yet. 12 households which are not registered under Ayushman Bharat Yojana at all. In addition to households, first hand information has also been obtained from government offices/hospitals etc.

RESEARCH METHODOLOGY

(A). STUDY DESIGN

The study is based on both Primary and Secondary data. Secondary data is collected from secondary sources by way of access to various Government

RESEARCH FINDINGS AND ANALYSIS

Study of the sample reveals that most households are enrolled under Ayushman Bharat Yojana and have taken benefits of it.

GROUP A

This sample shows that many households (36%) are registered under Ayushman Bharat Yojana and have taken the benefits of it and are aware or have knowledge about it and also know the facilities given by the government under Ayushman Bharat Yojana. The findings indicate that most respondents are happy/satisfied from the service given under Ayushman Bharat Yojana but some respondents are not happy or satisfied from the service given under it because of delayed work or long process. Most respondents are satisfied from the promptness of delivery mechanism but few respondents are disappointed due to inadequate delivery mechanism. Some people have gone at the last stage of disease and that is why they could not be treated for long and succumbed to their serious ailments. The reason behind it is the lack of awareness, not taking medical problems seriously, not acting in right time, distrust on the safety and securities given by Government. etc. Thus, it is the responsibility of the Government to spread awareness and provide more safety and security so that more people can get treatment at the right time.

GROUP B

The sample shows that most households (52 %) are registered under Ayushman Bharat Yojana but have not taken the benefits of it. Various factors are responsible for this. The main reasons being that some are not in need of it, delayed work, long process. On the basis of analysis of our findings, we can clearly say that most respondents are ready to take advantage of Ayushman Bharat Yojana if needed but some respondents are not ready to take the advantage of this scheme because of availability of money, private and lucrative health insurance plans, long process involved in government schemes, not a complete safety and security net, apathy of the government staff, and inadequate service. Many respondents want more facility, awareness, short process and faster work. So the Government should create more awareness, provide more facility, service delivery should be quick and prompt as it may lead

to more and more people coming forward to take advantage under Ayushman Bharat Yojana.

GROUP C

The sample shows that a very low percentage of respondents (12%) are not yet registered under Ayushman Bharat Yojana and have therefore not taken advantage of it. The reasons behind it are- lack of time, not interested, not needed and unsure, private and lucrative health insurance plans etc. The findings indicate that more respondents will be willing to get registered under Ayushman Bharat Yojana if government provides more facilities, more awareness and more safety and security as has been shown in the Figure 8. Those respondents which are not registered yet, wanted more information, more awareness and more facility from government under the scheme Ayushman Bharat Yojana. So that it is a responsibility of Government to provide more information, more awareness and more facility to the respondents. NGOs and Self Help Groups can also come forward to supplement the efforts of the government in this direction.

CONCLUSIONS AND SUGGESTIONS

Being the largest health insurance plan, from global perspective, with its vision is to cover 50 crore beneficiaries (Poor and Vulnerable), if effectively implemented, the National Health Protection Scheme (NHPS)/ABY is expected to make a substantial difference in the Indian health care system over the next decade.

In present times and in the near future, a country which has a population of 130 crore and 44% of those 130 crore have no health insurance cover what so ever. So there is need of health care scheme or health insurance which covers these people or takes care of their medical expenses in case they are affected by other medical problems. We cannot over emphasize or underestimate the importance of health care scheme in the present times of the world wide pandemic. In present times, food security and social security are essential but along with this, health security is of primary

importance. ABY aims to reach almost all the people through an affordable Government scheme for this purpose.

In the wake of the Novel Coronavirus, as reported in the **Times of India dated 25th April 2020**, the Defence Research and Development Organisation (DRDO) has decided to provide medical-grade oxygen plants to hospitals in far-flung areas to generate their own supplies of the gas that is crucial in treating Coronavirus disease (Covid-19) patients. All India Institute of Medical Sciences Director, Dr. Randeep Guleria said many of the Covid-19 patients can be saved by just giving them oxygen. If they do not get oxygen, it can trigger various other problems. So, it is important to give them oxygen to solve various other cumulative problems. The installation of these plants will reduce the dependence of hospitals on oxygen cylinders. They will be of great help in high altitude and in the inaccessible, remote areas.

AB-PMJAY offers a unique opportunity to improve the health of millions of Indians and eliminates a major source of poverty affecting the nation. If implemented well, PM-JAY could dramatically change the picture of health sector and directly benefit more than 50 crore poor people. ABY has been designed on the fundamental perspective that prevention is better than cure, and that no one should fall into poverty because of expenditures on healthcare, or die, because they cannot afford treatment. PM-JAY is an ambitious scheme of the Indian Government as it seeks to cover a population larger than that of Canada, the United States and Mexico put together.

Mostly middle class income group is enrolled under ABY and have taken benefits from it. The reason behind this is that they are educated and more aware which is not seen in poor class income group people and it was seen that people in upper income are showing clear preference for the private sector health insurance schemes like Star Health, and other such schemes. It is apparent that since they have to pay high premium for those schemes, they believe that they will offer quicker and faster delivery mechanism and this could be a probable reason why

they were not enrolled under ABY. They clearly preferred private health insurance plan to this probably because of the efficiency and service quality that is associated with the private sector.

They have a perception about ABY that being a government scheme it will not have an efficient delivery mechanism as the private health plans will offer them. It was also found during the course of the field study that many people did not get full medical attention under ABY because the stage at which they reach the hospital to take the benefit of the scheme is very late.

Considering the inputs taken from the Government, it has been observed that it is an ambitious scheme of the government which will involve a huge challenge with respect to expenditure. It is also a challenge for the Government to make the health care cheap, efficient, sufficient and fast. It is surely going to be costly for the Government as it entails finding technological solutions, data consolidation, setting up of diagnostic labs, expansion of health care infrastructure, need more doctors and health workers etc on a fairly large scale. Now in the wake of Novel Coronavirus, it has become a mammoth challenge for the Government because the risk of infection in the hospitals has to be also considered and tackled, so that its spread from the hospitals can be arrested. It is important to control the infection rate, so that the beneficiaries can easily take the benefit without any fear of catching the infection from the government hospitals. This challenge before the government involves a huge expenditure for making ABY effective, efficient, sufficient and faster. And in the present situation, it becomes an even more challenging task for the Government. In the present circumstances, the scheme such as ABY in the health sector is a very- very meaningful, timely and very essential scheme for a developing country like India where the people do not have access to basic health care.

Some households are not enrolled under ABY and have not taken benefits of it because they are illiterate, not aware, do not understand the need of a health insurance cover. According to the empirical findings, ABY has provided a sum upto Rs. 5 lakh per

family (as reported by the respondents who have availed the scheme) per year for secondary and tertiary care-hospitalization and also provided cashless and paperless access to service for the beneficiary at the point of service. Entitled families are able to use the quality health service they need without facing financial hardship. PM-JAY focuses on secondary and tertiary care. The current package prices are too low to encourage private sector hospitals to fully participate in the scheme.

Hospital insurance addresses only a small amount out of pocket expenditure. When PM-JAY is fully implemented covering nearly 100% of the country's population, then it will become the world's largest fully financed health protection scheme of government sector. It is a visionary step towards advancing the agenda of universal health coverage.

SUGGESTIONS

- Harnessing the potential of collective bargaining which could deliver more affordable healthcare by negotiating better prices for various devices, implants and supplies, and also leveraging other policies such as Make in India.
- Ensuring quality treatment of patients by prescribing and ensuring adherence to standard treatment protocols.
- Strengthening the linkage between HWCs and PM-JAY will improve the backward and forward referrals and enhance overall healthcare services, especially to the poor.
 - As some households are not enrolled under ABY and want more facility or more awareness on the scheme from government, it is the responsibility of Govt. to provide more facility and more awareness to ensure a higher enrollment ratio under ABY.
 - Innovative Public-Private Partnership (PPP) models to address infrastructure and services demand particularly in the field of diagnostic labs and technological solutions.
- States with no past experience of implementing healthcare schemes need to work harder to scale up their progress. Government focus on primary, secondary and tertiary health care and also public health related investment should be treated as equally important at all these three levels. This in turn will help to reduce inequality in the Health sector.
- The Government should spread more awareness, provide more facility or benefits to all class groups (high, middle, poor), and especially to the poor income groups so that they may highly be attracted to this scheme and enroll in ABY to take benefit of it.
- Provide training to health staff in hospitals and Health and wellness centres.
- Conduct screening camps for identifying patients across key therapy area.
- Provide infrastructure support to Health and wellness centres and public and private hospitals.
- The Government should work out ways through taxation, cess etc from the citizens and a basic premium/fees from the beneficiaries to be able to bear and sustain the expenditure aspect of such an ambitious scheme.
- Big companies in the corporate sector should come out and contribute some amount on regular basis from time to time towards such a noble and well meaning scheme to fulfill their corporate social responsibility (CSR).

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