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Overview Of the Ayushman Bharat (Pmjay) In the Mathura Region

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Abstract

Plenty of people lives in the Uttar Pradesh state's Mathura region, where obtaining economical and high-quality healthcare services can be difficult. By giving access to healthcare facilities and health insurance, Ayushman Bharat seeks to alleviate these problems. For up to INR 5 lakh (about USD 6,700) per household per year in the Mathura region, eligible beneficiaries of Ayushman Bharat have access to cashless healthcare services. This insurance plan covers a variety of medical procedures, hospital stays, and treatment costs. In order to guarantee that they receive high-quality medical care, beneficiaries can seek treatment in hospitals that have been accredited, both public and private. The economically challenged groups of society in the Mathura region have benefited greatly from the implementation of Ayushman Bharat. It has boosted families' financial security by protecting them from the burden of high medical costs. The programme has lessened the financial burden on families and made sure they can obtain vital medical care without financial restrictions by offering cashless benefits.

In the Mathura region, Ayushman Bharat has significantly improved the state of healthcare. The programme has improved access to high-quality healthcare services for the economically needy population by offering health insurance coverage, creating Wellness Centres, and guaranteeing mobility of benefits. In the Mathura region, it has reduced financial pressures and enhanced the general well-being of people and families.

Keywords: Ayushman Bharat, Health Care facility, Financial Facilities

1. Introduction

Healthcare costs in India account for 3.8% of the GDP, with out-of-pocket costs making for 58.78% of this total. According to the National Sample Survey Office's (NSSO) 75th round report, 55% of Indians (rural: 52% and urban: 61%) use private healthcare facilities. Nearly INR 15,937 in rural areas and INR 22,031 in urban areas are spent on out-of-pocket medical expenses for hospitalisation. Given that the majority of Indians come from middle-class or lower socioeconomic backgrounds, health care costs place many families in debt.

To prevent healthcare cost imbalance and unequal access to healthcare, a high-level United Nations meeting recommended universal health coverage. The present campaign for universal health coverage (UHC) got its start in reaction to heightened public awareness of problems like poor access to healthcare, subpar care, and high financial risk. The Indian government, which consists of both state and national governments, has put in place a number of health security programmes, notably Ayushman Bharat, a 100%

central government-funded programme, to assist reduce this spending and provide adequate health care. The honourable Prime Minister of India launched this initiative on September 23, 2018, in Ranchi. Ensuring that no one is left behind was the goal of putting the concept of universal health coverage into action. One of the main initiatives, Ayushman Bharat, aims to offer financial security when receiving secondary and higher level medical care. The health and wellness centre and the Pradhan Mantri Jan Arogya Yojana (PMJAY) are the two parts of this plan. The largest publicly sponsored health insurance programme in the world, PMJAY covers both rural and urban residents of India. The main goals of PMJAY were to improve prolonged hospitalisation, reduce catastrophic out-of-pocket costs, and provide the most coverage in the shortest amount of time. Before the start of the Pradhan Mantri Jan Arogya Yojana (PMJAY) health insurance system in India, a number of health insurance schemes, including the Rashtriya Swasthya Bheema Yojana (RSBY), the Aam Aadmi Bheema Yojana, the Central Government Health system, etc., are already in place. Many health insurance plans do, however, have some restrictions. For instance, the OPD cost has increased in the RSBY family by 23%, and RSBY has a cap on family size and the cost of care (INR 30,000). Only 6.7% of Mathura residents were found to be aware about PMJAY. Additionally, previous solitary research conducted in India revealed a poor level of awareness. There is a paucity of research on the assessment of Ayushman Bharat-PMJAY awareness at the community level in India. Studies evaluating PMJAY at the community level are extremely rare. According to data from the Mathura government, just 50% of the population was eligible for Ayushman Bharat in 2020. Ayushman Bharat-PMJAY has been in place in Mathura for almost three years now, which denotes that there would be a change in the level of awareness. Therefore, the goal of this study is to investigate how Ayushman Bharat-PMJAY is used and understood in a Mathura.

2. Review of Literatures

Ayushman Bharat's micro level effectiveness was assessed by Kumar et al. in 2019. It was suggested that actuarial methods and data mining methodologies be combined to improve the efficiency of Ayushman Bharat. Ayushman Bharat-Pradhan Mantri ethical analysis Dholakia (2020) created the Jan Arogya Yojana. It was stated that a solidarity strategy based on out-of-pocket contributions would be preferable than an entitlement system. In order to ensure equity, accountability, and sustainability of PMJAY, the private sector must take on a stewardship role. Collaboration across many stakeholders, according to Tiwari and Anjum (2015), is essential for improved results. Ayushman Bharat implementation issues faced by patients and doctors were examined by Pandey et al. in 2021. It was believed that the UTAUT paradigm could improve Ayushman Bharat's effectiveness. Joseph et al. (2021) looked at how hospitals were enrolled in PMJAY in all 50 states and the union territories. It was discovered that 4% of private hospitals were not for profit and that 40% of hospitals were from the for profit private sector. It was suggested that public hospitals are still essential for rural areas. Garg and John (2022) looked into how blue-collar employees in Gurgaon were perceived. It was discovered that there are differences based on schooling and the state of origin. It was suggested that technology should be used to serve the demands of the immigrant community. The readiness and awareness of healthcare professionals working in tertiary hospitals in Eastern India for Nirala (2022). It was discovered that healthcare professionals in tertiary institutions knew less about PMJAY. It was discovered that an increase in awareness score results in a 0.432 unit rise in preparedness score. Singh et al. (2022) discovered that the average cost per day for inpatient care ranged from US$13.40 to US$35.60, the average cost per day for ICU care was US$74, and the average cost per outpatient appointment was US$2.60 to US$4.10. Beneficiaries of the Ayushman

Bharat-Pradhan Mantri Jan Arogya Yojana in Uttar Pradesh and Jharkhand were investigated by Furtado et al. in 2022. Support organisations in both states encountered difficulties in evaluating hospital clinical judgements. The level of satisfaction among PMJAY recipients in Gujarat and Madhya Pradesh was evaluated by Trivedi et al. in 2022. Gujarat had much higher beneficiary satisfaction than Madhya Pradesh. For the PMJAY to be successful, Sawant and Luhar (2022) advised proper representation of the private sector. Moore (2020) examined the Philippines' universal healthcare system for the underprivileged. It was discovered that because of universal healthcare programmes, poor people have better access. However, there are difficulties because of ignorance and hefty out-of-pocket costs. In the USA, Zieff et al. (2020) looked into universal healthcare. It was stated that universal healthcare benefits those in lower socioeconomic echelons and lowers the financial costs of an unwell country. In South Korea, Sohn et al. (2020) looked into the effects of health care disparities on individual health. It was shown that low-income independent contractors require additional assistance because of their deteriorating health. Since it is an internal phenomenon tied to people's underlying motivations and behavioural characteristics, good governance cannot be pushed from without (Tiwari et al.2022). By rationalising insurance premiums, healthcare equity could be enhanced. Brazilian and Thai universal healthcare systems were contrasted by Harris and Maia (2021). It was discovered that while the private sector does not have a monopolising impact on health insurance or policy making, it has grown to be dominant in Brazil. The effect of universal healthcare programmes on the frequency of visits to emergency rooms was studied by Diwas and Tongil in 2022. It was discovered that universal healthcare programmes decreased the number of visits to the emergency room.

3. Objectives

- To know the features of Pradhan Mantri Jan Arogya Yojana.
- To Study the journey of Pradhan Mantri Jan Arogya Yojana
- To study the awareness level of Pradhan Mantri Jan Arogya Yojana in Mathura Region.

4. Research Methodology

The study was carried out in the Mathura region in Uttar Pradesh. There are 10 blocks in Mathura region with the total population of 25.41 Lacs of which 53.84 % is males and 46.16 % females. Density of population is 770 person/Sq.km (Census 2011).

4.1 Duration of the Study: 1 months

4.2 Sample Size: 100 (The study population included heads of families who are permanent residents or have resided for a minimum period of one year)

4.3 Source of Data: Secondary as well as Primary data is used for research Secondary data collect from official websites and reports. Primary date collected through structured questionnaire.

4.4. Tools: chi-square test

5. Features of Pradhan Mantri Jan Arogya Yojana

1. **Pradhan Mantri Jan Arogya Yojana:** Ayushman Bharat is made up of Jan Arogya Yojana (PM-JAY). It is a health insurance programme that covers secondary and tertiary care hospitalization costs up to INR 5 lakh (about USD 6,700) per family annually. More than 10 crore (100 million) vulnerable families are covered by the programme, which includes both rural and urban areas.

2. **Coverage and Qualification:** Surgery, medical operations, and nursery treatments are all included in the scope of Ayushman Bharat's medical care. Pre-existing conditions are covered, and cashless benefits are available at affiliated hospitals. The Socio-Economic Caste Census (SECC) database was used to identify the scheme's target population: impoverished and vulnerable households.
3. **Empaneled Hospitals:** The programme has a network of private and public hospitals that are authorised to offer medical care. To guarantee that beneficiaries receive high-quality care, these facilities must adhere to specified quality criteria.
4. **Portability:** Ayushman Bharat offers benefits portability, enabling recipients to receive care all over the nation. This means that, regardless of their location or the state they are registered in, eligible beneficiaries may obtain care at any empaneled hospital.
5. **Cashless and Paperless:** The programme seeks to give recipients a seamless and trouble-free experience. It runs on a cashless and paperless system so that qualified patients can obtain care without having to make an upfront payment or fill out a tonne of paperwork.
6. **Wellness Centres:** Ayushman Bharat also emphasises building and enhancing the infrastructure for primary healthcare. Ayushman Bharat Health and Wellness Centres (AB-HWCs) are being established nationwide as part of the programme. The recipients are given access to these facilities' full range of primary healthcare services as well as necessary medications.
7. **Fraud Control:** To prevent and control fraud, Ayushman Bharat has put in place a several of safeguards. It makes use of technologically advanced monitoring and surveillance capabilities as well as a powerful grievance redressal system.

6. Journey of Pradhan Mantri Jan Arogya Yojana

The National Health Policy 2017 was made public by the Indian government in 2017. It was created after a lengthy consultation process and envisioned the delivery of comprehensive healthcare with the integration of preventive and curative services at all administrative levels, the gradual development of primary healthcare, and the establishment of a system of medical education that would include preventive and social medicine.

With the launch of Ayushman Bharat (AB) and its two pillars, the Pradhan Mantri Jan Arogya Yojana (PMJAY) and Ayushman Bharat- Health and Wellness Centres (AB-HWCs), we witnessed the practical manifestation of the programme within a year, in 2018.

The most vulnerable people are protected from catastrophic costs thanks to PMJAY, the largest health assurance programme in the world, as the government covers hospital costs up to Rs 5 lakhs per household for a population of about 50 crore.

The AB- HWCs were established to provide universal, comprehensive primary health care, and they consist of a number of elements that are grounded in the following two axioms:

The first is to make wellness a focal point of service delivery and to make sure that curative reatment is given just as much consideration as preventative, promotional, rehabilitative, and palliative care. In actuality, this shifts the focus of health from simply being the absence of disease or bad health.

The second is to broaden the scope of services to include, in addition to the existing emphasis on maternal, newborn child care, and identifiable communicable diseases, non-communicable diseases, mental health, ENT, ophthalmology, dental health, geriatric and palliative care, and trauma care.

When the Hon. Prime Minister opened the first Ayushman Bharat Health and Wellness Centre (AB-HWC) in the remote Jangla of the Bijapur district in Chattisgarh on April 14, 2018, India began a journey towards

comprehensive, preventive, and promotional health care. We note with joy that the nation has not only surpassed the goal of having 1.1 lakh AB-HWCs by the end of March 2022, but has significantly outperformed expectations by having 1, 17,440 AB-HWCs now functioning.

The conversion of SHCs, PHCs, and UPHCs to AB-HWCs is a 9-point reform covering all facets of the healthcare systems, including financing, access to a wider range of essential medications and diagnostics, building IT systems to facilitate continuum of care and paradigm shift in services delivery, community involvement, and an expanded package of services.

Why AB-HWCs are significant compared to current subcenters and primary healthcare facilities? In order to provide every Indian citizen with free, high-quality healthcare close to their homes, the four primary health care pillars of community involvement, appropriate technology, fair distribution, and inter-sectoral coordination are being anchored in and around AB-HWCs. The use of AB-HWCs has significantly changed primary healthcare from a disease-centric to a whole-of-society perspective.

Prior to recently, the focus of primary healthcare was on the requirements of mothers and children in terms of healthcare. The HWCs that are now in operation offer treatment for acute uncomplicated illnesses as well as communicable and non-communicable diseases, mental health, geriatric and palliative care, as well as for pregnant women, mothers, new moms, and children. An positive trend can also be seen in screening for the primary prevention of chronic diseases like diabetes, hypertension, and common malignancies. At the end of March 2022, there were more over 85.87 crore visitors to the HWCs, of whom 17.95 crore had undergone screenings for hypertension, 14.87 for diabetes, and 17.75 crore for three cancers: oral, breast, and cervical. It is particularly encouraging that more women are using the HWCs for non-communicable illness care because, until recently, they did not have easy access to these treatments.

Free access to necessary medications, particularly those for chronic illnesses, in HWCs not only lessens patient suffering but also has the potential to cut down on out-of-pocket costs and stop secondary consequences, assuring wellness and long lives for many.

It has been overdue to incorporate yoga and wellness into the framework for delivering healthcare services because they are fundamental to Indian culture. Preventive healthcare was referred to be the first pillar during the first-ever high-level discussion on universal health coverage at the UN in September 2019. The Government of India has integrated Yoga and India's rich legacy of the native healthcare system into the healthcare delivery system through HWCs. At AB-HWCs, yoga and wellness classes are offered, and as of April 14, 2022, 1.05 crore wellness classes had been held at AB-HWCs nationwide. Aside from hosting regular yoga classes and organising marathons and triathlons, health and wellness centres are also becoming the hub for other forms of exercise, such as laughter clubs, talks on the Eat Right campaign and the Fit India movement, drug and tobacco cessation, and community best practise exchanges.Through an Annual Health Calendar, these institutes' scheduled programmes for a variety of lifestyle changes are raising public awareness and encouraging preventive fitness practises. In order to promote lifestyle changes during the formative years, which may prevent or delay the emergence of chronic diseases in adulthood, school teachers are also being trained as Ayushman Ambassadors or Health and Wellness Ambassadors.

The community ownership of the facilities and the public's confidence in the services are crucial for the survival and impact of AB-HWCs. To increase public ownership of public health facilities and the health care team's accountability to the public, Jan Arogya Samitis (JAS) is being developed at AB-HWCs. Each JAS has close to 20 members, with the elected representative from the local government serving as its

chair. This gives the populace a chance to take advantage of the resources for public health that are legally theirs. These JAS should collaborate with community-based organisations like Mahila Arogya Samitis (MAS) in urban areas and Village Health and Sanitation Committees (VHSNCs) in rural regions to improve action on socioeconomic and environmental determinants of health and facilitate village health planning at the local level. Self-help organisations will improve community ownership and local accountability of the centre through social audit. The Jal Jeevan Mission and the Swachh Bharat Abhiyan are two initiatives that are sure to help India on its path to wellness. An encouraging step in this direction is the increase of the untied fund for the Sub-Health Centre Health and Wellness Centre to Rs. 50,000.

On April 16, 2022, the 4th anniversary of AB-HWCs officially began. "eSanjeevani HWC- Health and Wellness through teleconsultation" is the subject of the nationwide celebrations. The theme is a nod to the original Ayushman Bharat Scheme objective of using technology to reach the unreached. Amazingly, as of April 12, 2022, 94,049 AB-HWCs had conducted over 2.47 crore teleconsultations, and that number is rising by the hour.

Today, after four productive years, we have been able to address the anticipated hurdles in enhancing primary health care because to the painstaking effort put forth by the Government, the healthcare professionals, and the community. For me personally, seeing this idea implemented as a purpose is satisfying. The fourth anniversary of AB-HWCs is a chance to honour India's long journey towards Universal Health Coverage while also recognising and honouring the health warriors who have been working tirelessly to "reach out to the unreached" and dedicate themselves to a healthier and happier India.

7. Analysis

Variables	**Categories**	**Aware study participants, n (%)**	**Aware and eligible study participant, n (%)**
	Coverage Amount	(72)	(76)
	Card portability	(31.5)	(34.3)
	Treatment package	(13.1)	(15.2)
	Diagnostics covered	(12.7)	(14.6)
	Transportation expenses	(5.3)	(5.8)
Components of Ayushman Bharat	Knowledge of empaneled providers	(4.9)	(5.5)
	Post-discharge benefits	(4.5)	(5.2)
	Number of beneficiaries per family	(3.1)	(3.6)
	Addition of new family member.	(2)	(1.1)
	Grievance Mechanism	(1.6)	(1.1)
	Treatment without E-card	(1.1)	(1.1)

	Age limit of the dependents	(0.7)	(0.3)
	Don't know about eligibility	(86.2)	(83.7)
Regarding the eligibility criteria of the families	SC/ST households	(6.7)	(9.7)
	Landless families who derive major income from daily labor	(5.3)	(4.4)
	Others*	(1.2)	(2.2)
Ayushman Bharat health card	Ayushman Bharat health card	(95.3)	(97.8)
	All members of the family	(88.7)	(94.2)
Families covered in Ayushman Bharat-PMJAY	Elderly	(0.5)	(5.5)
	Don't Know	(7.09)	(0.3)

Table 1: Awareness of the Ayushman Bharat-PMJAY's components

	Utility	**Aware study participants, n (%)**	**Aware and eligible study participants, n (%)**
	Need of separate card for each family member	(80.7)	(87)
Utilization of Ayushman Bharat-PMJAY	Need of Ayushman Bharat card always in hand to avail of benefits.	(76.3)	(80.7)
	Ayushman Bharat card is useful during emergency treatment.	(54.0)	(59.4)
	Usage of Ayushman Bharat Health Insurance Scheme in other than a residential state.	(31.5)	(32.3)
	Renewal is not needed	(71.6)	(78.2%)

Pre-utilization of Ayushman Bharat	No Premium money is needed for the AB-PMJAY	(71.1)	(77.3%)
	A pre-health check-up is not necessary to become eligible for Ayushman Bharat Health Insurance	(70.7)	(75.7)

Table 2: Knowledge of pre-utilization procedure and use of Ayushmann Bharat card features

Variables	Categories	Yes %	No%	p-value*
	< 30 years	(64.6)	(35.45)	
Age group	30-45 years	(80.6)	(19.4)	0.039
	45-60 years	(77.4)	(22.6)	
	≥60 years	(78.9)	(21.1)	
Education level	No formal education	(75.3)	(24.7)	
	Education up to 10th class	(80.5)	(19.5)	0.296
	Education above 10th class	(83.3)	(16.7)	
Gender	Male	(77.9)	(22.1)	0.080
	Female	(91.2)	(8.8)	
Religion	Hindu	(78.5)	(21.5)	0.475
	Muslim	(91.7)	(8.3)	
Category	General	(72.4)	(27.6)	0.015[b]
	OBC	(89.5)[x]	(10.5)	
	SC	(80.7)[y]	(19.3)	
	ST	(73.9)[z]	(26.1)	
Type of family	Joint Family	(81.4)	(18.6)	0.093
	Nuclear Family	(76.3)	(23.7)	
	Three-	(87.3)	(12.7)	

	Generation Family			
Socio-economic status[c#]	Upper class	(76.7)	(23.3)	0.850
	Middle class	(76.8)	(23.2)	
	Lower class	(79.4)	(20.6)	
Occupation[d]	Unemployed	(95.1)	(4.9)	<0.0001[b]
	Skilled and Unskilled workers	(73.7)	(26.3)	
	Farmers and shopkeepers	(87.7)	(12.3)	
	Semi-professional and above	(77.8)	(22.2)	
Ration card	Present	(82.4)	(17.6)	<0.0001
	Not present	(52.7)	(47.3)	

Table 3: Association of the research participants' awareness of their eligibility with other characteristics

8. Findings

This research involved 100 study participants in Mathura, Uttar Pradesh, and was community-based and cross-sectional in nature. There aren't many studies of this kind conducted in India's rural areas. Only 50% of the participants in our study knew what health insurance was. In the current study, a higher percentage of participants—nearly 68%—knew about the AB-PMJAY than in studies conducted in India's other northern states. A research from rural Jammu found that only 28% of people were aware of the AB-PMJAY programme, whereas a study from rural Tamil Nadu found that 77% of people were. In Ilorin, Nigeria, there was 78.9% awareness of the national health insurance programme. There is a definite regional distribution that can be seen, with the southern states knowing more about health insurance than the northern states do. This can be ascribed to the shift in sociocultural factors and variations in state literacy rates.

In the current study, a higher percentage of participants—nearly 68%—knew about the AB-PMJAY than in studies conducted in India's other northern states. A research from rural Jammu found that only 28% of people were aware of the AB-PMJAY programme, whereas a study from rural Tamil Nadu found that 77% of people were. Additionally, ASHA frequently travels to the villages for a variety of reasons,

including to distribute the Ayushman Bharat Prime Minister's Letter, which made them the main information source for the Ayushman Bharat-PMJAY.

In this study, only 4.5% and 1.6% of the participants were aware of the post-discharge benefits and the grievance mechanism, whereas 31% of study participants were aware of card portability, 72% of study participants were aware of the coverage amount, and 54% of study participants were aware that this scheme can also be used in emergencies.

Only research participants (1.3%) used the Ayushman Bharat Health Scheme in the current study, and they all underwent surgical procedures. This represents an extremely low level of usage. Even though they possessed the Ayushman Bharat-PMJAY, two research participants still had to pay extra. Ayushman Bharat-PMJAY was used in (47.2%) cases, of which (16.67%) were for medical conditions, (51.66%) for surgical conditions, and (31.67%) for combined medical and surgical conditions.

The COVID-19 pandemic, which significantly impacted regular and non-COVID-19 medical services in Mathura, may be to blame for (10%) homes having to spend more money despite using the Ayushman Bharat scheme, which is a greater rate of utilisation than the present study.

9. Conclusion

The infrastructure for primary healthcare has been strengthened in the Mathura region thanks in large part to Ayushman Bharat. In order to offer comprehensive primary healthcare services with a focus on preventative and promotional healthcare, Health and Wellness Centres have been built. These facilities provide necessary medications, diagnostic services, and professional medical advice, all of which improve the beneficiaries' general health.

For two out of every three members of the rural population who were aware of the Ayushman Bharat scheme, friends and family served as the primary information source. Nearly three-fourths of the eligible study participants were aware of the Ayushman Bharat scheme, and accredited social health activists (ASHA), anganwadi workers (AWW), and healthcare workers (HCW) were the main sources of information. The participants' knowledge of the various Ayushman Bharat-PMJAY components was uneven and limited. The awareness of Ayushman Bharat-PMJAY was significantly correlated with the eligible participants' occupation, category, and ration card status. Ayushman Bharat-PMJAY advertising through IEC materials and telecommunication, as well as routinely fortifying the health care worker network at the grassroots level such ASHA and AWW to increase the link in the community, should be improved methods of raising awareness. To make the most of the Ayushman Bharat-PMJAY, it is important to identify the eligible participants.

Beneficiaries in the Mathura region can access treatment across the nation thanks to the mobility aspect of the programme. People who might require specialised medical care that is not easily accessible in their local area would particularly benefit from this flexibility.

Ayushman Bharat also includes safeguards to prevent fraud and guarantee the scheme's effective operation. To protect the interests of beneficiaries and the integrity of the programme, effective monitoring and surveillance measures are in place to spot any potential fraudulent actions.

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