To Access the Enrolments, Awareness and the Implementation of Ayushman Bharat in Morbi District of Gujarat, India

By

Priyanka Lamba

Dissertation submitted in partial fulfillment of the requirements of the degree

MBA Hospital and Health Management

Academic year, 2017-2019

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INSTITUTE OF HEALTH MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that **Ms. Priyanka Lamba**, student of Health Management from The IIHMR University, Jaipur has undergone internship training at **National Health Mission, Gujarat** from 4 February 2019 to 3 May 2019.

The Candidate has successfully carried out the study assigned to her during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfilment of the course requirements.

I wish him all success in all his future endeavours.

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Sr.No./DHS/Certificate of dissertation

District Health Society, Morbi

District Panchayat - Morbi

ડીસ્ટ્રીક્ટ હેલ્થ સોસાયટી, મોરબી.

જિલ્લા પંચાયત – મોરબી.

Date : 02 /05/2019

The certificate is awarded to

Priyanka Lamba

In recognition of having successfully completed her
Internship in the department of

Ayushman Bharat (PMJAY)

And has successfully completed her Project on

To study the enrollments, awareness and the Implementation of Ayushman Bharat in Morbi district of Gujarat, India

4th May 2019

National Health Mission

he/She comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning

We wish him/her all the best for future endeavors

Dr. J.M. Katira

Chief District Health Officer (CDHO)

District Panchayat, Morbi

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "**To Access the enrollments, awareness and the Implementation of Ayushman Bharat in Morbi district of Gujarat, India**" and submitted by **Ms. Priyanka Lamba** MBA-HM 22 Enrolment No. **0631** under the supervision of **Dr. Piyusha Majumdar** for award of MBA in Health Management of the University carried out during the period from 4 February 2019 to 3 May 2019 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Signature

“To Access the Enrolments, Awareness and the Implementation of Ayushman Bharat in Morbi district of Gujarat, India”

By

PRIYANKA LAMBA

Abstract

The Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) conspire is a medical coverage model at present being actualized by the legislature of india. It is a model, be that as it may, at present in early state, subject to strains and esteem testing. This short examination attempted in the Morbi locale of Gujarat uncovers that AB-PMJAY spread the populace living Below the Poverty Line (BPL). While, there is inconsistency in the consistency of data and learning in regards to the plan among the recipients who are themselves proceeding to acquire high out-of-pocket costs.

There are consequently serious issues in Awareness and responsibility inside the AB-PMJAY conspire. Except if the general wellbeing conveyance framework is fortified and the private division directed and for sure checked, the plan won't yield the ideal outcomes, and the expense of social insurance will additionally heighten for poor people. Ayushman Barat is effectively executed in the Morbi District of Gujarat.

Contents

ABBRIVIATIONS

TPA- Third Party Administration

DPMU- District Program Management Unit

HPD-High Priority District

HSC- Health Sub Centre

NRHM-National Rural Health Mission

NUHM- National Urban Health Mission

NHPS- National Health Protection Scheme

NHA- National Health Agency

PHC-Primary Health Centre

SECC- Social Economic Cast Census

SHA- State Health Agency

SDH-Sub-District Hospital (Civil Hospital)

SHC-Sub-Health Centre

SPM-State Program Manager

SPMU- State Program Management Unit

NATIONAL HEALTH MISSION

The National Health Mission was launched by Hon'ble Prime Minister on 12th April 2005, to provide accessible, affordable, and quality health care to the rural population, especially vulnerable groups. The Union Cabinet vide its decision dated 1st May2013, as approved the launch of National Urban Health Mission (NUHM) as a Sub-mission of over-arching National Health Mission (NHM), with National Rural Health Mission (NRHM) being the other submission of National Health Mission.

The push of mission is on building up of completely useful, network possessed, decentralized wellbeing conveyance framework with between sectoral assembly at all dimensions, to guarantee concurrent activity on a wide scope of determinants of wellbeing, for example, water, sanitation, instruction, nourishment, social and sex equity. Institutional reconciliation inside the divided wellbeing part was relied upon to give an attention on results, estimated against Indian Public Health Standard for all wellbeing offices.

NHM has six financing components:

- NRHM-RCH Flex pool,
- NUHM Flex pool,
- Flexible pool for Communicable diseases,
- Flexible pool for Non-Communicable diseases including Injury and Trauma
- Infrastructure Maintenance and
- Family Welfare Central Sector component.

The state would be responsible for district action plans, and activities to be performed in state level. The state Program Implementation Plan (PIP) will also include individual district plan. It will strengthen local planning at district level, ensure approval of adequate resources for high priority districts plans and communicate plan to districts and state at the same time.

The state PIP is firstly appraised by the National Programme Coordination Committee (NPCC). NPCC includes Mission Director as a chairman and representatives of the state, technical and programme divisions of the MoHFM, national technical assistance agencies providing support to the respective states, other departments of the MoHFW and other Ministries as appropriate.

After appraisal state PIP is approved by Union Secretary of Health & Family Welfare as Chairman of the EPC.

GOALS

Results for NHM in the twelfth Plan are synonymous with those of the twelfth Plan, and are a piece of the general vision. The undertaking is guarantee accomplishments of those marker in Box 1. Explicit objectives for the states will be founded on existing dimensions, limit, and setting. State explicit development would be supported. Procedure and result pointers will be created to reflect value, quality, proficiency, and responsiveness. Focuses for transferable and non-transmittable malady will be set at state level dependent on nearby epidemiological examples and considering the financing accessible for every one of these conditions.

Box 1

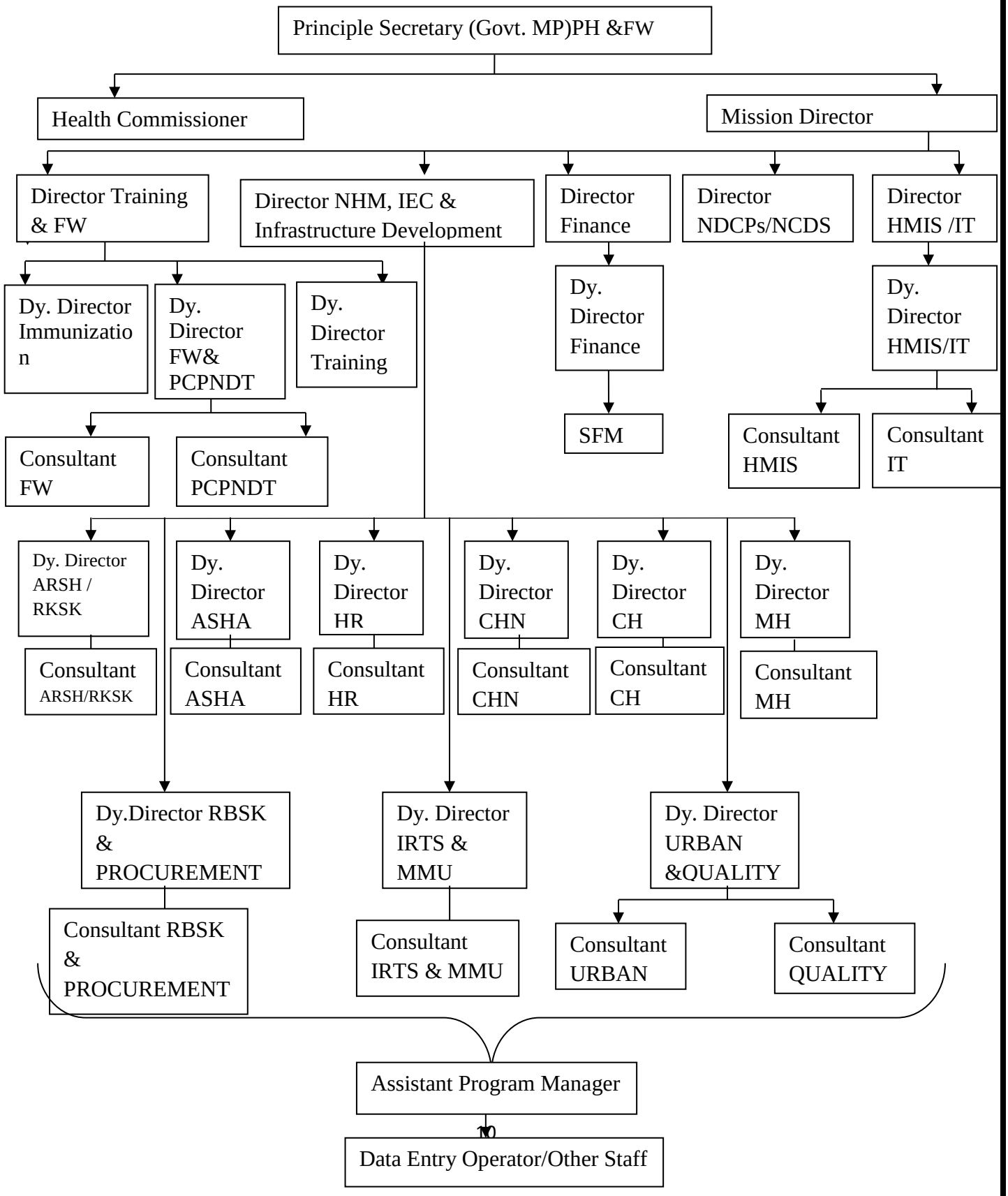
1. Reduce MMR to 1/100000 live births
2. Reduce IMR to 25/1000 live births s
3. Reduce TFR to 2.1
4. Prevention and reduction of anaemia in women aged 15-49 years
5. Prevent and reduce mortality & morbidity from communicable, non-communicable; injuries and emerging diseases
6. Reduce household out of pocket expenditure on total health care expenditure
7. Reduce annual incidence and mortality from Tuberculosis by half
8. Reduce prevalence of Leprosy to <1/10000 population and incidence to zero in all districts
9. Annual Malaria Incidence to be <1/1000
10. Less than 1% microfilaria prevalence in all districts

and responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health."

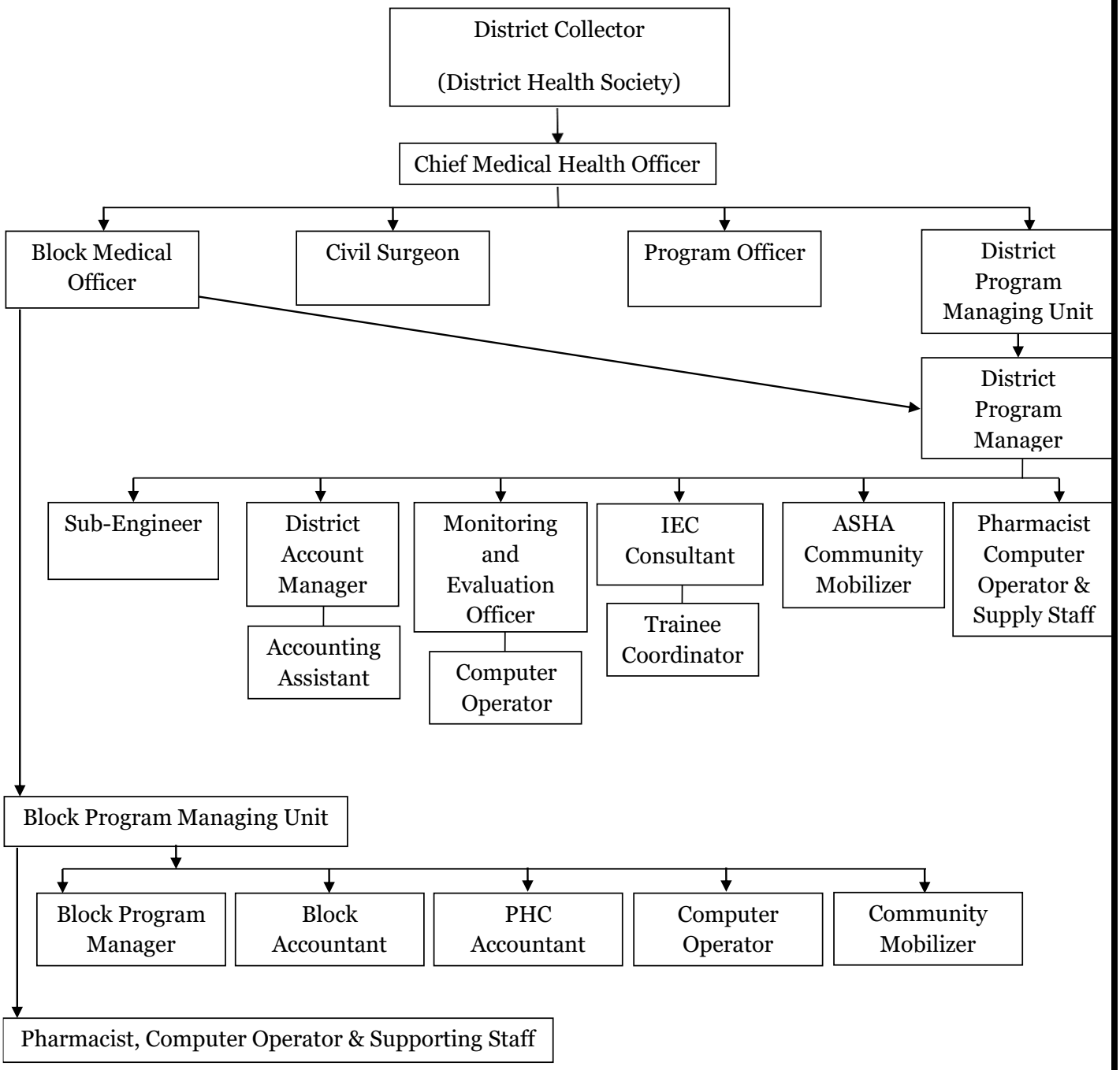
CORE VALUES

- To give compelling medicinal services to rustic populace all through the nation with extraordinary spotlight on 18 states, which have powerless general wellbeing markers and additionally feeble foundation.
- 18 unique center states are Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Himachal Pradesh, Jharkhand, Jammu and Kashmir, Manipur, Mizoram, Meghalaya, Madhya Pradesh, Nagaland, Orissa, Rajasthan, Sikkim, Tripura, Uttaranchal and Uttar Pradesh.
- To raise open spending on wellbeing from 0.9% GDP to 2-3% of GDP, with improved course of action for network financing and hazard pooling.
- To embrace building adjustment of the wellbeing framework to empower it to successfully deal with expanded designations and advance approaches that fortify general wellbeing the board and administration conveyance in the nation.
- To renew neighborhood wellbeing conventions and standard AYUSH into the general wellbeing framework.
- Effective mix of wellbeing worries through decentralized administration at locale, with determinants of wellbeing like sanitation and cleanliness, nourishment, safe drinking water, sexual orientation and social concerns.
- Address bury State and entomb region variations.
- Time bound objectives and report openly on advancement.
- To improve access to country individuals, particularly poor ladies and kids to impartial, reasonable, responsible and successful essential social insurance.

STATE PROGRAM MANAGEMENT UNIT: ORGANOGRAM



1. DISTRICT HEALTH SOCIETY: ORGANOGRAM



Gujarat State Profile

The number of Population in Gujarat was 60,383,628 (31,491,260 guys and 28,948,432 females) as indicated by the 2011 statistics information. The populace thickness is 308 km−2 (797.6/sq mi), lower than other Indian states. According to the registration of 2011, the state has a sex proportion of 918 young ladies for each 1000 young men, one of the most minimal (positioned 24) among the 29 states in India with Rajkot as its capital city.

As per NFHS-4 More than 4 of every 10 of Gujarat's family units (45%) are in urban territories. All things considered, family units in Gujarat are included 4.6 individuals. (13%) of family units are going by ladies, with (11%) of the populace living in female-headed families.

More than one-tenth (11%) of family units in Gujarat have family heads who have a place with a booked rank, (15%) have a place with a planned clan, and (41%) have a place with another regressive class (OBC), and (15%) have a place with a booked clan. Short of what 33% (31%) of Gujarat's family unit heads don't have a place with booked standings, planned clans, or other in reverse classes.

Twenty-six percent of Gujarat's populace is under age 15; just (7%) is over the age of 65. The general sex proportion of the populace is 950 females for each 1,000 guys, and the sex proportion of the populace under seven years old is even lower (884 females for every 1,000 guys). 79% of people have an Aadhaar card.

More than seventy five percent (77%) of family units in Gujarat live in a pucca house and practically all families (96%) have power. Twenty-nine percent of families don't utilize a sanitation office, which implies that family individuals practice open crap, a generous improvement from 45 percent at the season of NFHS-3. Open crap is significantly more typical among provincial families (48%) than urban families (6%). Sixty-eight percent of families in Gujarat have water channeled into their home, yard, or plot.

Ninety-one percent of families utilize an improved wellspring of drinking water, however just 68 percent have water funneled into their home, yard, or plot. Urban family units are almost certain (81%) than country families (58%) to have water channeled into their abode, yard, or plot. 4 80% of families treat their drinking water to make it consumable (generally by stressing through a fabric). The greater part of families (53%) utilize a spotless fuel for cooking.

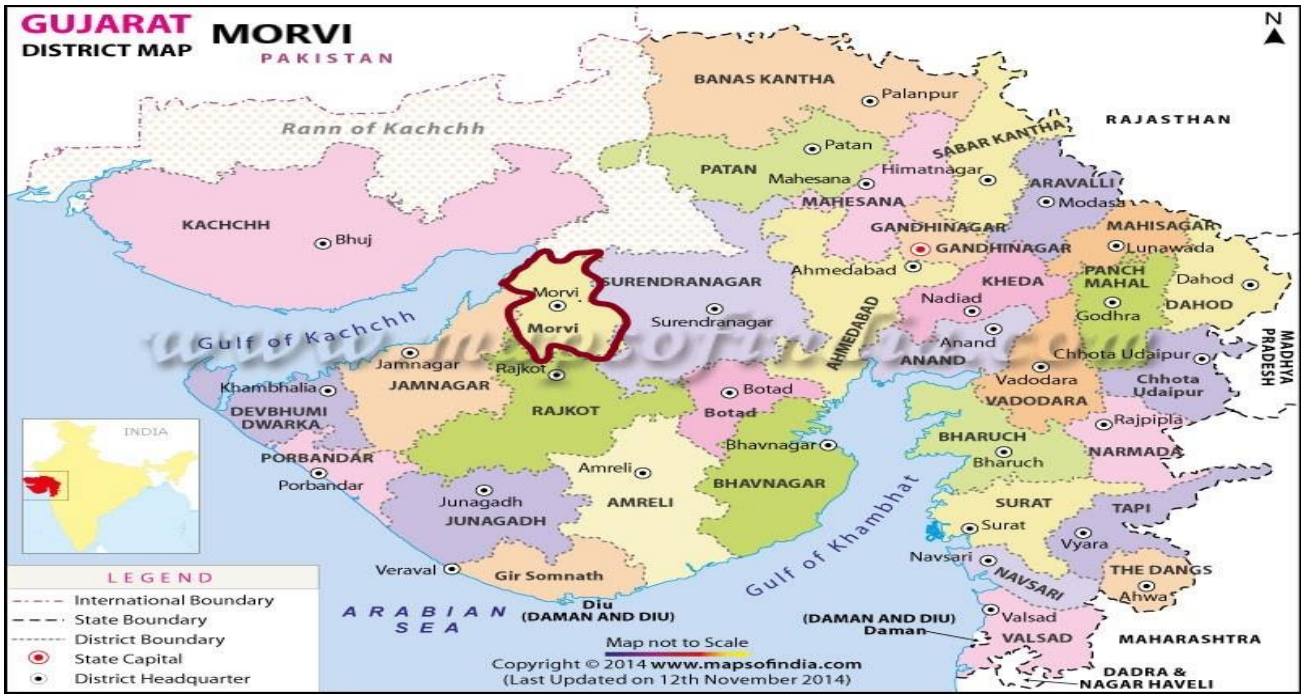
In NFHS-4, educated people are the individuals who have either finished in any event standard six or breezed through a basic proficiency test directed as a major aspect of the overview. As indicated by this measure, 73 percent of ladies age 15-49 and 90 percent of men age 15-49 are educated.

Just 21 percent of ladies and 27 percent of men age 15-49 in Gujarat have finished at least 12 years of tutoring.

Twenty-three percent of ladies and 8 percent of men age 15-49 have never been to class. Just 21 percent of ladies and 27 percent of men age 15-49 in Gujarat have finished at least 12 years of tutoring.

Media presentation is high among ladies and men in Gujarat. Around 8 out of 10 ladies and men stare at the TV in any event once per week. Notwithstanding, men (51%) are significantly more likely than ladies (29%) to peruse a paper or magazine in any event once per week. Just 13 percent of men and 18 percent of ladies are not normally presented to print or different types of media.

Not long after it appeared in 2000, Gujarat propelled a progression of wellbeing segment changes all together improve its general wellbeing framework The general wellbeing framework in Gujarat as of now has around 7274 Health Sub-Centers, 1178 Primary Health Centers and 300 Community Health Centers notwithstanding 24 District Hospitals and 12 Medical Colleges set up.



DISTRICT PROFILE

Morbi District is in the Gujarat State, India. It was shaped on August 15, 2013, alongside a few different areas, on the 67th Independence Day of India. Morbi city is the authoritative base camp of the area. The area has 5 talukas - Morbi, Maliya, Tankara, Wankaner (already in Rajkot locale) and Halvad (beforehand in Surendranagar region). Morbi city is the managerial base camp of Morbi locale. The town of Morbi is arranged on the Machchhu River, 35 km from the ocean and 60 km from Rajkot. According to 2011 enumeration information, the city had a populace of 2,10,451 and normal education rate of 83.64%.

This area is encompassed by Kutch locale toward the north, Surendranagar region toward the east, Rajkot region toward the south and Jamnagar region toward the west.

Total No. of Services in State

Particulars	No. of Services
District Hospitals	24
Sub District Hospitals	30
Community Health Centers	300
Primary Health Centers	1208

No. of Services in State

Taluka	No. of District Hospitals	No. of Sub District Hospitals	No. of Community Health Centers	No. of Primary Health Centers	Non Functional Primary Health Centers
Halvad			1	5	
MaliyaMiyana			1	3	
Morbi		1	1	6	
Tankara			1	1	
Wankaner			1	4	
Total	**0**	**1**	**5**	**19**	

Introduction

Giving money related insurance against the expense of sick wellbeing is expressed as one of the essential destinations of wellbeing frameworks. This is in acknowledgment of the way that the wellbeing of people and that of the populace are seriously influenced by the quickening cost of wellbeing. The wellbeing framework in India intends to give all inclusive inclusion to the whole populace of the nation offering preventive just as corrective wellbeing administrations. The wellbeing sub-focus (HSC), essential wellbeing focus (PHC), people group wellbeing focus (CHC) and locale medical clinic assume a significant job in obliging the social insurance requests at different levels9. By and by, India stays one of the nations with poor government spending towards wellbeing and a record of high out of pocket costs.

In India, the private division represents over 80% of the absolute human services spending in India. Notwithstanding private segment spending, the offer of out of pocket consumption in the nation runs high which at last makes a budgetary weight on the family units, pushing them progressively towards destitution.

India in a state of epidemiological health transition i.e shifting from communicable to non-communicable diseases. The annually 3.2% Indians falling belo0w the poverty line and three forth Indians spending their entire income on health care and purchasing drugs. The government of India announced a Ayushman Bharat Yojana- National Health Protection Scheme (AB-NHPM) in the year 2018. The aim of this programme is to 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 and to provide health insurance cover to at least 40% of India's population which is deprived of secondary and tertiary care services. This Yojana will be implemented through Health and Wellness Centres that are to be developed in the primary health centre or sub-centre in the village and that will provide preventive, promotive, and curative care for non-communicable diseases, dental, mental, geriatric care, palliative care, etc. These centres would be equipped with basic medical tests for hypertension, diabetic and cancer and they are connected to the district hospital for advanced tele-medical consultations. The government has aims to set up 1,50,000 health and wellness centres across the country by the year 2022.

After seven decades of self-governing independence, India is yet to provide its people with a successful and widely accessible health protection program. A step in that direction, “The National Health Protection

Scheme," touted as one of the largest government-sponsored health insurance schemes in the world, was announced by the finance minister during the budget speech in parliament. The union cabinet under the prime minister approved the launch of this scheme meant to benefit more than 10 crore poor and vulnerable families, targeting 50 crore individuals, with a family cover of Rs 5 lakhs per family per year. The National Health Policy 2017 aimed at providing universal health care and quality services to all at an affordable cost, which was in line with the Sustainable Development Goal 3 of universal health care. The National Health Protection Scheme (NHPS) is an ambitious project of the government of India, aimed at providing quality health care to the poor and vulnerable families, and achieving its commitment on universal health care. The Pradhan Mantri Jan Arogya Abhiyaan (Ayushman Bharat) will be rolled out on 25 September,2018 on the occasion of Pandit Deendayal Upadhyay's birth anniversary, as announced by the hon'ble Prime Minister on 15 August 2018 Independence Day speech. An official website 'abnhpm.gov.in' has been launched by the government of India for the mission. Ayushman Bharat-National Health Protection Mission (AB-NHPM) will subsume the on-going centrally sponsored schemes – RashtriyaSwasthyaBima Yojana (RSBY) and the senior citizen health insurance scheme. However, despite the RSBY having functioning for more than a decade now, the verdict on the effectiveness of this government-sponsored health insurance scheme is at best mixed in this backdrop will the NHPM succeed where the RSBY could not, or is the ambitious NHPM merely old wine in a new bottle? This paper outlines the details of the NHPM, as available from public documents and MoHFW press releases, and also some of the problems envisaged in its implementation.

Background to Ayushman Bharat

- RSBY was propelled in the year 2008 by the Ministry of Labor and Employment and furnishes cashless medical coverage plot with advantage inclusion of Rs. 30,000/ - per annum on a family floater premise [for 5 members], for Below Poverty Line (BPL) families, and 11 other characterized classes of sloppy specialists
- To coordinate RSBY into the wellbeing framework and make it a piece of the far reaching social insurance vision of Government of India, RSBY was exchanged to the Ministry of Health and Family Welfare
- During 2016-2017, 3.63 crore families were canvassed under RSBY in 278 areas of the nation and they could profit restorative treatment over the system of 8,697 empanelled emergency clinics
- The NHPS comes in the background of the way that different Central Ministries and State/UT Governments have propelled medical coverage/assurance plans for their very own characterized set of recipients
- There is a basic need to unite these plans, in order to accomplish improved productivity, reach and inclusion

Ayushman Bharat Design

The main activity under Ayushman Bharat visualizes the setting up of around 1.5 lakh wellbeing and health focuses that will give extensive human services, including non-transferable illnesses, maternal and tyke wellbeing administrations just as arrangement of free fundamental medications and analytic administrations. While the Government has made an assignment of Rs 1,200 crore, it likewise imagines commitment of private division by means of CSR just as from charitable establishments.

The second lead program intends to give wellbeing front of up to Rs 5 lakh for each family every year for optional and tertiary consideration hospitalization to 100 million poor and defenseless families, making it the world's biggest Government financed human services program. The recipients will be settled based on financial station evaluation, which utilizes criteria, for example, family structure, resources, etc. The plan has been propelled in the soul of helpful federalism, as states have the choice to pick the modalities for usage and extension.

AB-PMJAY is said to be established in a 'plan of action' in which "every one of the partners as the specialist co-op, the insurance agency and so on have direct advantages, would play a proactive job in making this plan successful14. The State requires a private or an open insurance agency for the offering procedure. A portion of the prerequisites of the legislature on the offers submitted incorporate an arrangement for assistance as a cashless office where brilliant cards are issued to all passing people. Similarly, the bundle looks to encourage commitment with neighborhood mediators (NGOs and so forth) for contacting BPL families and for helping individuals to use wellbeing administrations after enrolment. A rundown of empanelled emergency clinics taking an interest in the cashless course of action is required to be put together by the Insurer to qualifying network individuals. The empanelled open or private clinics must meet the fundamental least of government prerequisites, these being, size and enrollment; the setup of an uncommon Arogya mintra work area and prepared staff. The qualification of BPL family units for the reasons for the plan is given by issuing brilliant Cards to every single recipient family.

Enrolment

According to the AB-PMJAY site, around 2,89,63,698 of the BPL families are as of now enlisted on the AB-PMJAY conspire across the country (www.pmjay.gov.in).

Upwards of six lakh recipients have been enlisted by Common Service Centers (CSCs) for Ayushman Bharat conspire in Jammu and Kashmir.

Almost 3,500 Common Service Centers (CSCs) - a system that is a piece of the administration's country outreach program for conveyance of computerized administrations - have been restricted in for enlistment and check of Ayushman Bharat recipients, the authority included.

Top enlistments have been accounted for from Jharkhand, J&K, Gujarat, Madhya Pradesh, Uttar Pradesh and Bihar.

Uttar Pradesh, which has confirmed 1.18 crore families as recipients, has completed 4,000 confirmations over the most recent two months. Bihar, with 1.09 crore families recognized as recipients, led 1,176 affirmations as of November 23

Uttar Pradesh had done just around 1,000 affirmations in the primary month of the plan's dispatch, while Bihar had just overseen 100-200 in that time, as indicated by information from NHA.

PMJAY, which was propelled on September 23, guarantees wellbeing inclusion of Rs 5 lakh for each family to more than 10 crore poor families. Over 3.4 lakh recipients have been treated under the plan since its dispatch until November 24, as per the National Health Agency.

Empanelment

The government has empanelled public as well as private hospitals under the AB-PMJAY scheme giving families the choice of selection depending on their accessibility and convenience.

Ayushman Bharat in Gujarat

The largest health insurance scheme, Ayushman is meeting India's most beneficiary in Gujarat hospitals. So far, under this scheme of the Government of india, insurance is being given to the people in 29 states annually for five lakh rupees but for this the beneficiaries have got the highest number of Gujarat. After this Chhattisgarh is included in the top states. Since the implementation of the scheme on 23 September 2012, till January 3, 2019, 1.47 lakh beneficiaries have been admitted to the hospital in Gujarat. In whose treatment the government has spent Rs 138 crores

Speaking of Chhattisgarh, 1.27 lakh beneficiaries have got treatment of 78 crore rupees so far. According to the Union Health Ministry, since the implementation of Pradhan Mantri Jan ArogyaYojana, 7 lakh 14 thousand beneficiaries have been admitted in hospitals till now, in whose treatment the centre and state government have spent Rs. 704 crore together. According to a senior authority of the Ministry, so far, in the states like UP, Haryana, Himachal Pradesh and Uttarakhand, it is getting slow momentum.

16 in UP, one in Uttarakhand, two in Himachal Pradesh and about 3 thousand beneficiaries in Haryana have got free treatment in hospitals. It is being told that there are frequent UP and Bihar on the margins of medicine, but in these two states, work on Ayushman India is getting quite sluggish. In Bihar, only 5000 beneficiary families have been identified.

Ayushman Bharat in Morbi Gujarat

In GujaratAyushman Bharat launched in 23 September 2018 and Morbi was the first district to perform knee replacement surgery in Indiaunder Ayushman Bharat scheme.

The partners of the scheme are the Government; the Insurance Company; the Third-Party Administrator (TPA) and the empanelled hospitals.

AB-PMJAY scheme is currently functional in all the districts of Gujarat. Only 25% of all the total of **19222248** BPL families have been enrolled for the purpose of the scheme (Table 1). The enrolment rates vary across the districts with Amerili having the highest (50%) and Narmada the lowest (11%) rates (Table 1). The district of our study – Morbi – has a total of 1,24,096 BPL families out of which currently 62,012 families (49.9%) have been enrolled and is on second position.

Table 1:- Ayushman Bharat State Wise Enrollments

AYUSHMAN BHARAT PRADHAN MANTRI JAN AROGYA YOJANA(PMJAY)					
PROGRESS REPORT AS ON 4th May 19					
S.NO	**Name Of District**	**Estimated Beneficiaries**	**Total Beneficiaries Verified**	**Total Approved**	**Percentage**
1	AHMADABAD(438)	1948588	299654	299120	15.37800705
2	AMRELI(439)	413449	208107	207925	50.33438223
3	ANAND(440)	669407	124519	124468	18.60138899
4	ARVALLI(672)	303817	111821	111759	36.80537955
5	BANAS KANTHA(441)	964877	297702	297252	30.85388086
6	BHARUCH(442)	491800	131787	131455	26.79686865
7	BHAVNAGAR(443)	588795	124891	124520	21.21128746
8	BOTAD(676)	123943	61295	60894	49.45418458
9	CHHOTAUDEPUR(668)	452343	123686	123623	27.34340976
10	DANG(444)	150061	56087	56064	37.37613371
11	DEVBHUMI DWARKA(674)	86112	34221	34195	39.74010591

12	DOHAD(445)	894628	241404	241217	26.98372955
13	GANDHINAGAR(446)	354363	104019	103967	29.35379822
14	GIR SOMNATH(675)	180763	85987	85878	47.56891621
15	JAMNAGAR(447)	415092	68015	67942	16.38552417
16	JUNAGADH(448)	550404	145504	145313	26.43585439
17	KACHCHH(449)	591143	98933	98758	16.73588286
18	KHEDA(450)	784071	129735	129647	16.54633318
19	MAHESANA(451)	594058	214586	214021	36.12206216
20	Mahisagar(669)	364808	123082	122978	33.73884345
21	MORBI(673)	124094	62339	62276	50.23530549
22	NARMADA(452)	373941	113956	113587	30.47432616
23	NAVSARI(453)	519973	208784	208702	40.15285409
24	PANCH MAHALS(454)	538111	138067	137907	25.65771746
25	PATAN(455)	534503	193756	193513	36.24974977
26	PORBANDAR(456)	167636	58705	58685	35.01932759
27	RAJKOT(457)	884845	211175	211016	23.8657618

28	SABAR KANTHA(458)	520954	167393	167265	32.13201166
29	SURAT(459)	2168469	344463	342935	15.88507837
30	SURENDRANAGAR(460)	560806	92775	92579	16.54315396
31	TAPI(641)	461949	151489	151478	32.7934469
32	VADODARA(461)	840061	170610	170281	20.30923945
33	VALSAD(462)	604387	186971	186844	30.93564223
	Total of All Districts	**19222248**	**4885518**	**4878064**	25.41595551

The Morbi District

The district of our study, Morbi, had a total of 434AB-PMJAY cases as of April 2019. The majority of cases (81%) were from private hospitals while only (19%) were from public hospitals. The information accessed from the District Programme officer (DP0) shows that compared to private hospitals, a higher percentage of cases from public hospitals were rejected by the Insurance company (Table2).

Table 2:- Number of Cases in Public & Private Facility

Type of Facility	**No. of cases**
Private	354
Public	80
Total	434

Review of Literature

- Harsh et al (2018) conducted a study Ayushmanbharat initiative(1) what we stand to gain or lose and concluded that Success of the scheme will depend upon focusing on health and not merely sickness. Reducing disease burden through robust primary care, focus on allied determinants of health, quality outdoor and indoor services in public hospitals and incorporation of indigenous school of medicine and technology will all help in checking farcical and wasteful expenditure. Instead of shrinking its role in health-care provision, participation of government system has to be increased progressively

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progress of India towards UHC. Thus, whilst these weaknesses pose a threat to the ability of proposed reforms to meet their ambitious objectives, by providing the impetus for systemic reform, AB-PMJAY presents the nation with a chance to tackle long-term and embedded shortcomings in governance, quality control, and stewardship.

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Study Objectives and Methodology

Objective

The primary objective of the present study is to assess Enrollments, Awareness And implementation of the Ayushman Bharat scheme in Morbi District of Gujarat

And to identify AB-PMJAY gaps and program inconsistencies in terms of enrolment; information dissemination; service utilization; empanelment; availability of services in hospitals;and the extent of out-of-pocket expenditure incurred by beneficiaries.

RESEARCH METHODOLOGY

Research Design

Descriptive and Cross-sectional Study.

Study Area:

The study was carried out in the hospital in district Morbi of Gujarat.

Duration of the study

3 months (from Feb,4,2019 to May,3,2019)

Type of Data collection

Primary data collection: -

Primary data was gathered through patient interviews availing the AB-PMJAY scheme both from public and private health facilities and was collected during Feb to April 2019. The selection was done as per patients available on the particular days researchers visited the hospitals.

An attempt was made to cover 20 cases (20 such patients who had utilized the AB-PMJAY scheme) per hospital.

Secondary data collection:

Secondary data was collected from the AB-PMJAY website www.pmjay.gov.in first accessed in March 2019 and then in April 2019. Data analysis was undertaken on equity aspects: enrolment; coverage; hospitalization and empanelment.

Sample size:

n=52

Where n= Number of Ayushman Bharat Card holder Patient

Sampling:

District selection

The district of Morbi was selected as I was posted to that District. And it had the highest percentage of Enrollments under the scheme at the time (Feb 2019) and was the first district to carry out knee replacement in India under this scheme.

Hospital selection

Data was collected from one public hospitals and five private hospitals in the Morbi district of Gujarat. The selection of the hospitals was based on those with the highest number of cases served under the AB-PMJAY scheme, as per data provided by the District Programme Management Unit (DPMU). One public hospital with the highest number of hospitalizations were selected for our study. The private hospitals were selected through convenience sampling from among those with the highest utilization.

Table 3 : Details of sample hospitals

Name of hospital	Type	Number of cases under the ab-pmjayscheme as of april 2019	No. Of respondents
General hospital	Public	80	07
Krishna multispecialty hospital	Private	59	15
Ayush hospital	Private	235	22

N r doshi hospital	Private	28	09

Sample selection

A total of 7 people from public and 45 people from private hospitals were interviewed. This comprises of 4% of total hospitalized cases in the Morbi district and 2% of total cases in Gujarat (as of 30 April 2019). The study covered one out of the total of 41 empanelled public hospitals and Twoout of the total 6 empanelled private district hospitals study (Table 3).

Interview method

The study was undertaken using a structured questionnaire in the form of exit interviews. The questionnaire used was first pilot tested on five patients. Information regarding the awareness of the scheme and enrolment procedure was gleaned by assessing sources of available information on AB-PMJAY; public awareness of the breadth of coverage; knowledge of treatment covered; enrolment sites and public awareness of costsincurred in reaching enrolment sites and venues; awareness of the registration fee incurred and knowledge of the validity of the Golden Card.

To elicit information on hospital procedures, our questionnaire focused on the illness/symptoms that prompted patients to seek health assistance; the hospital approached for treatment; the mode of travel to hospital; the assistance received at the AB-PMJAY counter; the diagnostic test undertaken and knowledge of credits blocked from the card following hospitalization and those remaining to be utilized.

Information was also gathered on access to medicine; expenditures incurred through out-of-pocket expenses during hospitalization (whether these be for medicines or tips). Our questionnaire sought to elicit responses on the procedures undergone by the patients and whether they had been duly informed of diagnostic procedures and the respective costing thisincurred.

A copy of questionnaire is also prepared in local language as not all the patients are well familiar with Hindi & English. For their convenience questionnaire is also prepared in Gujrati language

ANALYSIS OF STUDY

Demographic profile/s

Table 4: Distribution by demographic characteristics (n=52)

Particulars		Percentage%	Number
Sex	Female	40	21
	Male	60	31
Age	Below 5 years	0	0
	5-18 years	8.5	4
	19-59 years	53.5	28
	60 years and above	38	20

Level of schooling	Primary	48	25
	Secondary	25	13
	Illiterate	21	11
	illiterate but can write name	6	3
Number of family Members			
	1 -4	36.5	19
	5-6	32.5	17
	more than 6	31	16

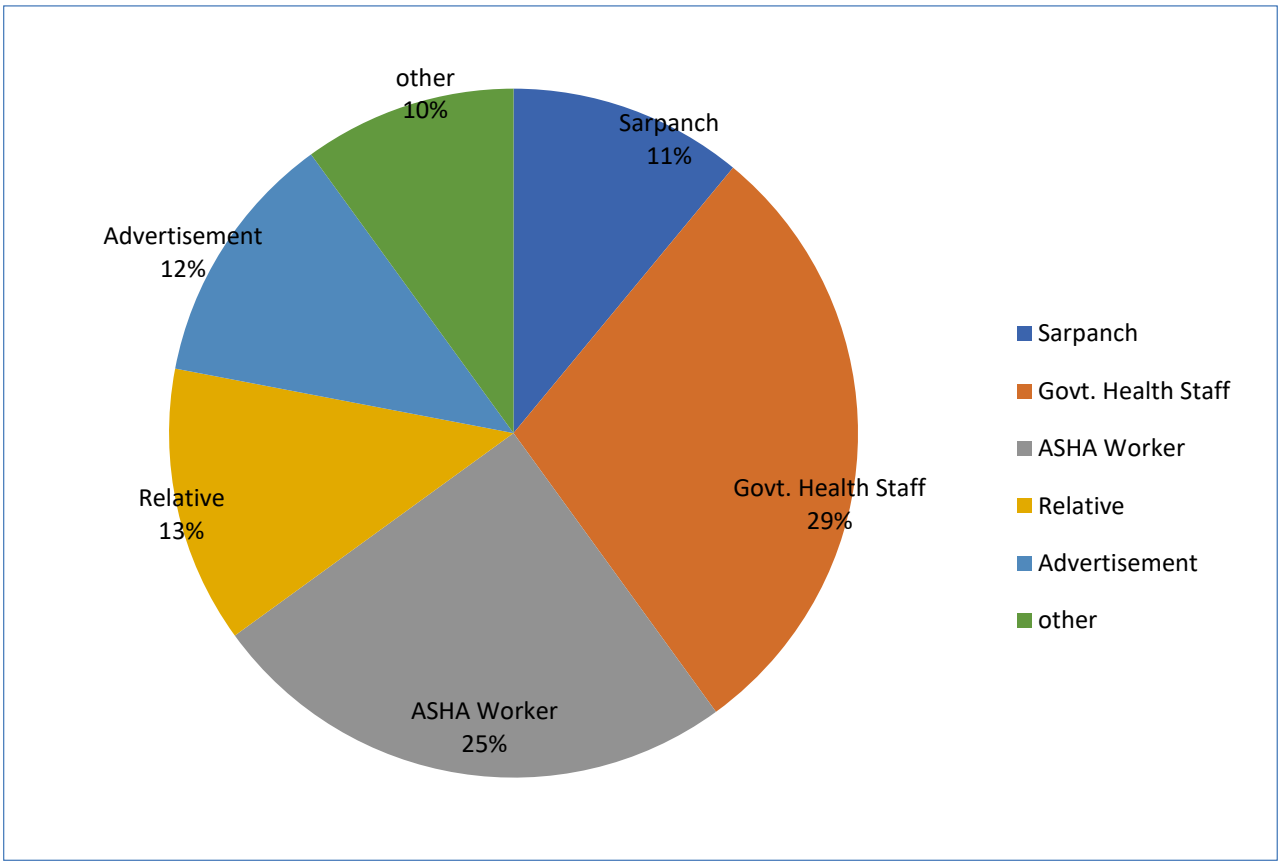
Our study collated responses from a sample of 52 beneficiaries who were admitted and treated at public and private sector hospitals.

40% (21) of the respondents were female and 60% (31) male (Table 4). There were 5 male and 2 female respondents were from public hospitals with 26 male and 19 female respondents from private hospitals. Most of the cases were aged between 19 and 59 years.

Among the respondents, around one fourth was not literate. Though the average number of family members of the respondents was 5, significantly, 16% had more than five members in their family.

Awareness of Ayushman Bharat and respective enrolment procedures

Figure 1: Source of information about Ayushman Bharat



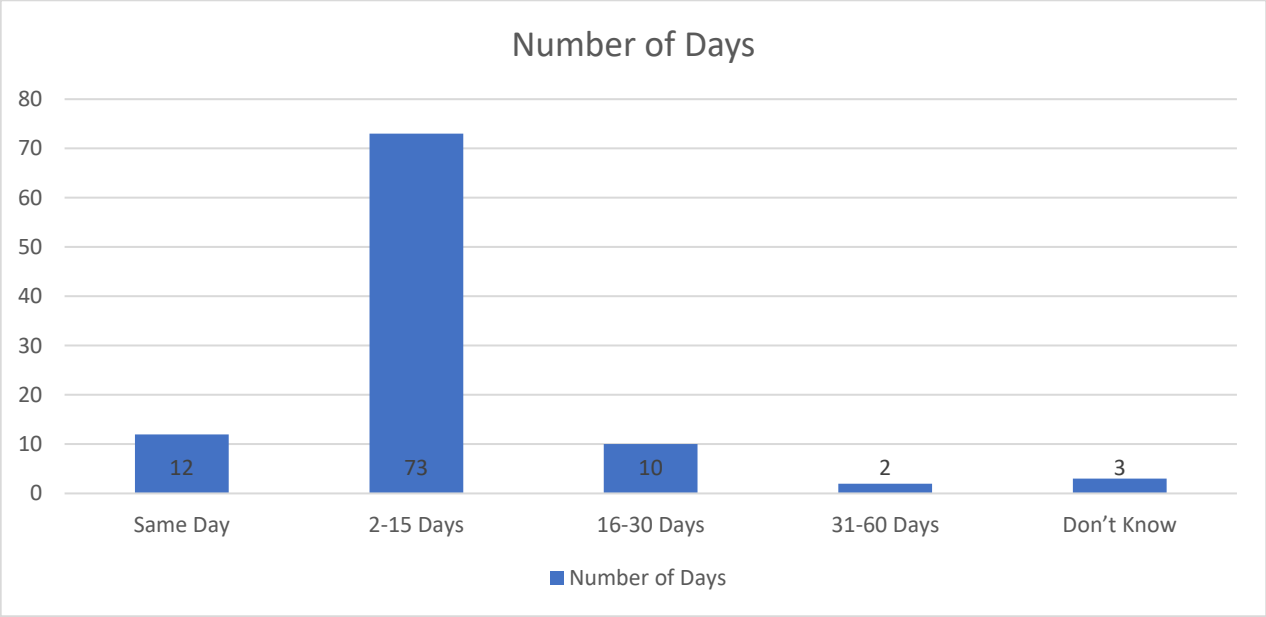
The program success depends on the awareness levels of the people it is meant to engage with. A significant number of the respondents came to know of the scheme through Government health Staff (29%), this being understood as word-of-mouth. None of the respondents affirmed that they had received Ayushman Bharat information through TPA.

Table 5: AB-PMJAY Awareness

PARAMETER	Aware	Unaware
Awareness regarding amount covered under scheme	65%	35%

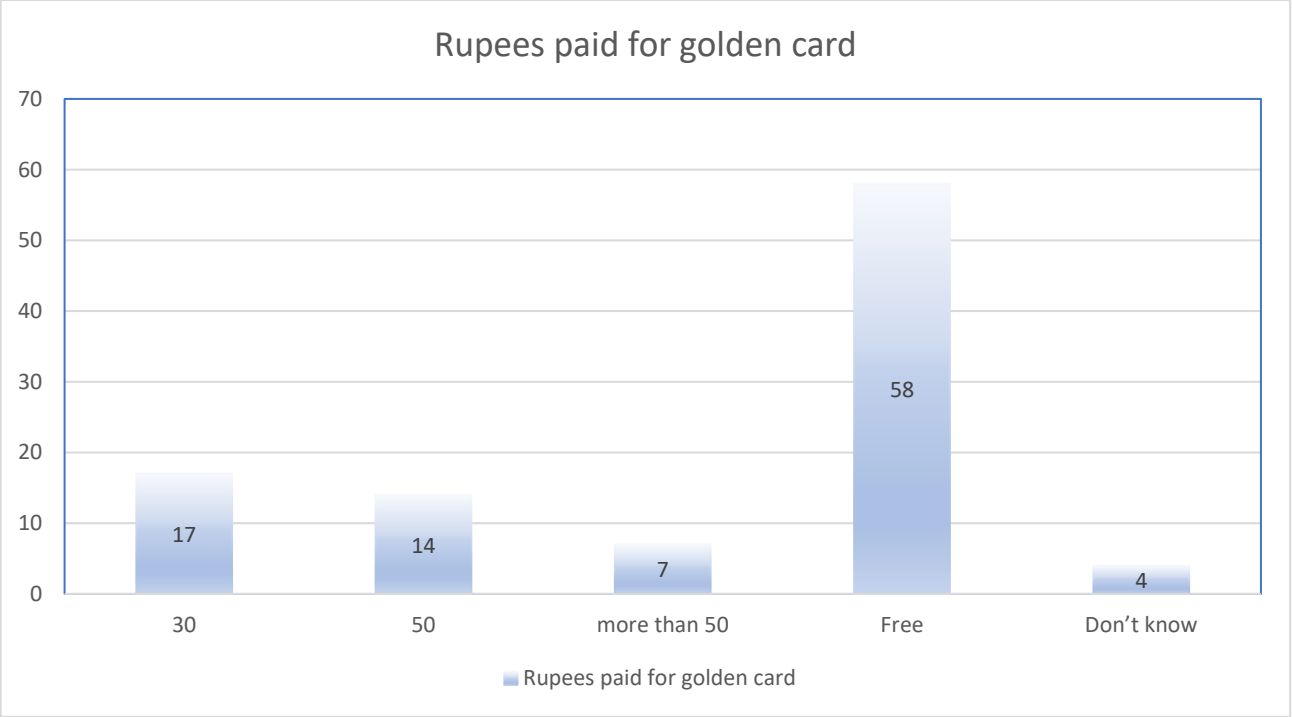
When inquired as to the purposes of the Golden Card, what it stood for and how it could be utilized, the majority of patients simply understood it to be along the lines of "health insurance" or a "free medical services". Patients, however, remained unaware of the details of scheme entitlement and usage. Although awareness regarding the amount available under the scheme was high (65%).

Figure 2: Waiting time for the Golden Card



The average number of days taken to receive the Golden Card was 8. Only 12% of the respondents received the card on the same day, whereas for the rest, the time taken to receive their cards ranged from two to an excess of 60 days (Figure 2). The guideline, however, states that the card is supposed to be given to the beneficiary on the 8thday of enrolment as the AB-PMJAY entitlement starts from that day itself. A delay in receiving the Card thus can logically signal a delay in accessing health care and assistance

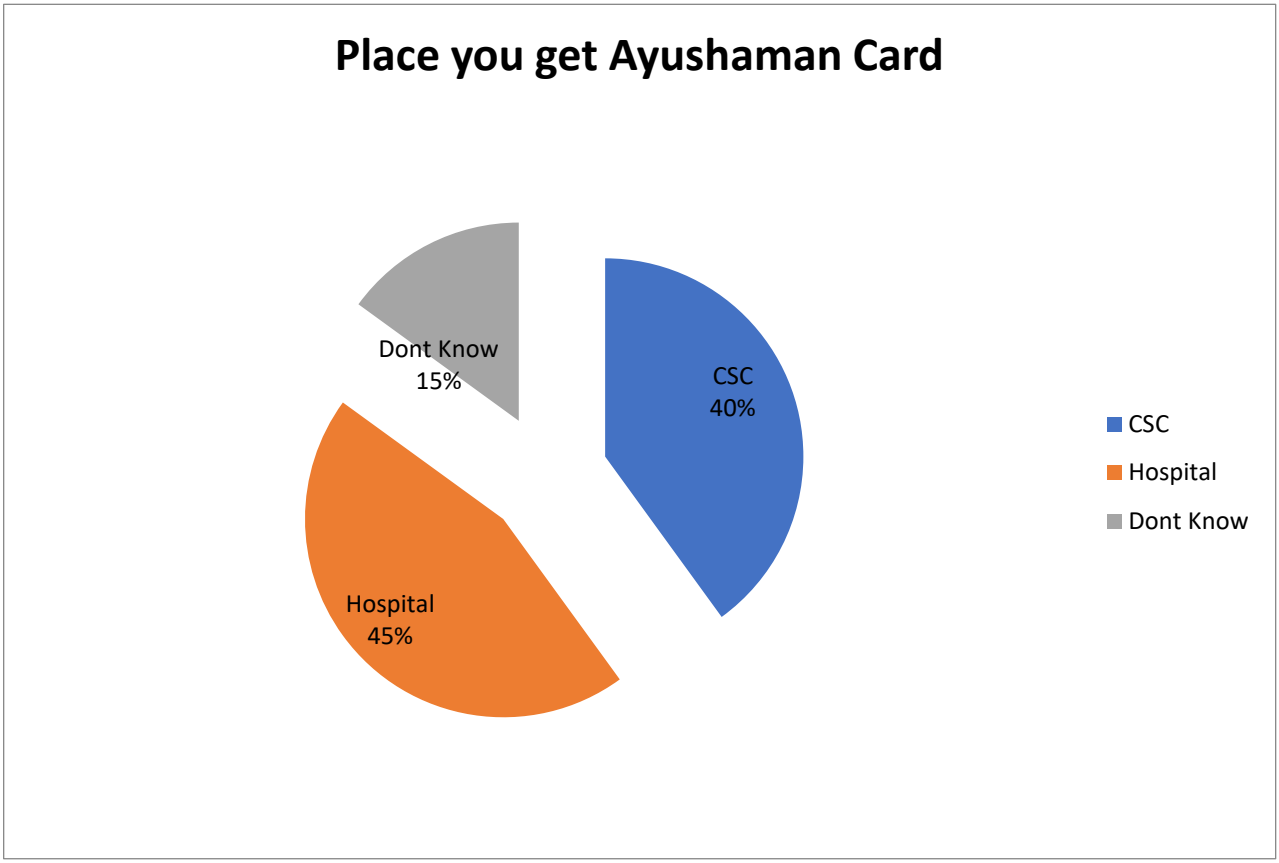
Figure 3: Money Spent to get Ayushman Bharat Card



The study evident that (58%) majority of beneficiary get enrolled for free and 17% respondents stated that they pay 30 rupees, while 14% said that they pay 50 rupees to get Ayushman Bharat (Golden Card) while the remaining 4% don't know how much they pay to get the Golden card.

According to the AB-PMJAY guidelines beneficiary have to pay rupees 30 at CSC, PHC, &CHC for golden card and in hospital its free of cost for patient who requires treatment.

Figure 4: Where beneficiary get Ayushman Card



Enrolment onto the Ayushman Bharat scheme is undertaken by the CSC Manager. And Hospital & PHC CHC can also print the card. The procedure includes taking thumb prints and photographs of the family members to be covered and a deposit of Rs.30 per beneficiary. After that the Application goes for approval and if match then approval comes within a week. The Golden Card is prepared with the enrolment team handing over the card to the beneficiary within a week. The card becomes functional.

Our study found that one third (45%) of Respondents issued their golden cards from Hospital itself. and 40% of respondents get their cards from CSC and remaining one fourth patients don't know from where they get their card. At the time of enrolment, both thumbprints and photos were effectively taken of all the respondents. All the respondents reported paying the registration fee of Rs 30.

Hospital selection

Figure 5: Who suggest respective facility

The respondents were asked as to who had suggested services/treatment from the respective hospital: 15% stated neighbors; 15% stated the ASHA as the source of information; 32% said that relatives who enrolled them were the source of information; 19% stated that health staff and 19% stated that others had recommended access services from a particular hospital. If we compare the respondents at the public facility and the private facility, it was found that 87%% of the patients at former were informed to access services from private facility while only 13% the health staff and ASHA Workers suggested Public hospitals (Figure4).

Reasons for which medical care was sought

Table6: Reason For Hospital Visit

Reason for Hospital visit / admission	Male % (n=31)	Female % (n=21)	Total % (n=52)
Medicine	24	19	23
Surgery	34	28	32
Abdominal pain	3	10	5
Delivery	0	14	5
Orthopedics	18	19	19
Others	21	10	16

In terms of the reasons for which medical care and assistance was sought, 32% said they did so because of Surgery; 23% stated Medicine; 5% said they came for Delivery; 5% due to abdominal pain, and 19% because of Orthopedics. Other than this, 16% sought treatment for Paralysis and Dialysis.

Hospital experience

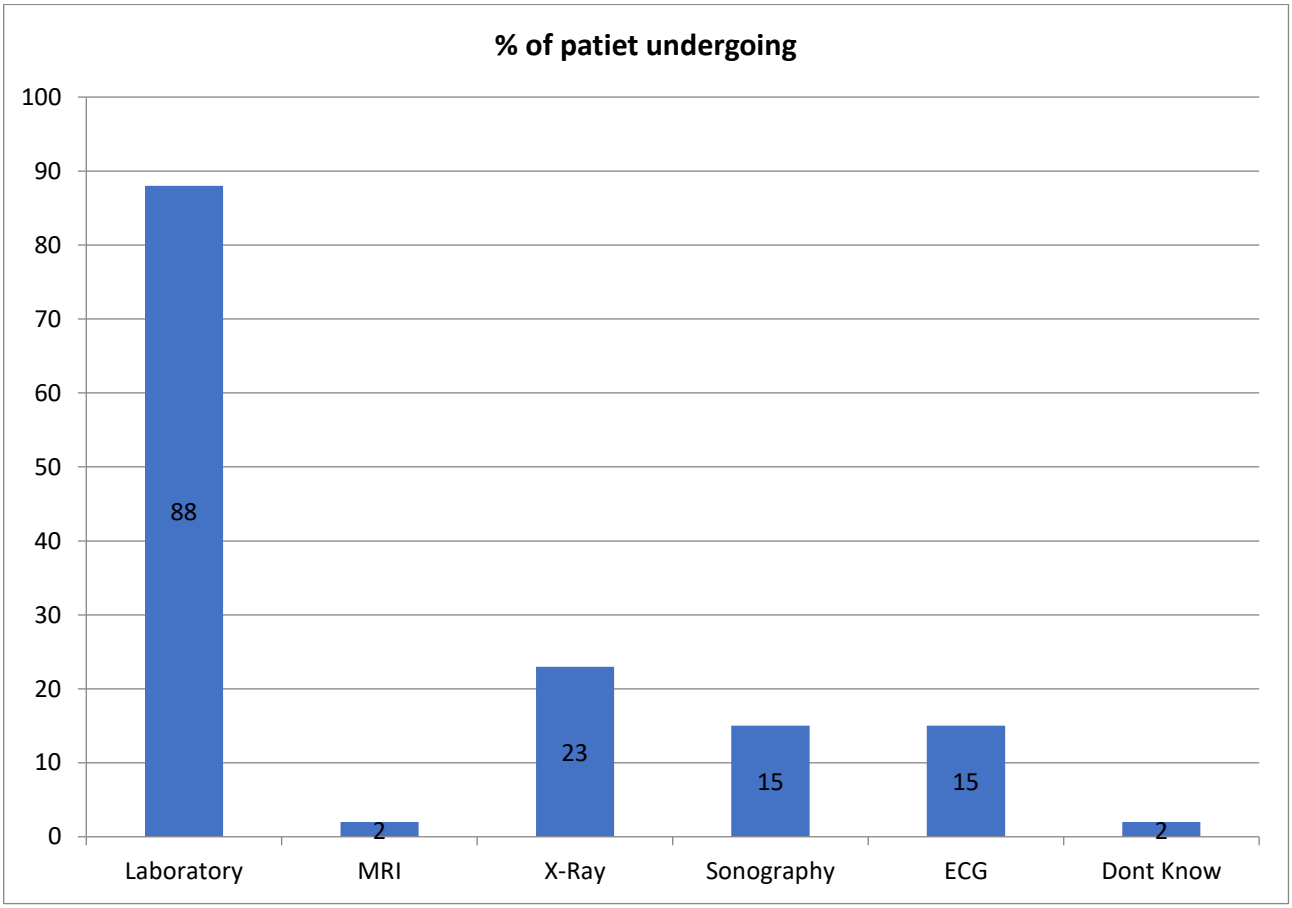
At the hospital, 97% said that their card was seen first and verified by the AB-PMJAY Arogya Mitrra. For the remaining 3% the card was generated at hospital and then verified by Arogya mitra. According to registration norms and AB-PMJAY protocol, it is mandatory for the hospital to verify the card first and then pre authorization is taken in TMS and within 6 hours state will approve /reject the case submitted by Arogya mitra.

83% of Patients were aware of Golden Card verification. In 7% of cases, the Arogya Mitra had requested the card be verified.

The average waiting time for verification of Card was 5-15 minutes.

Diagnostic facilities and medicines

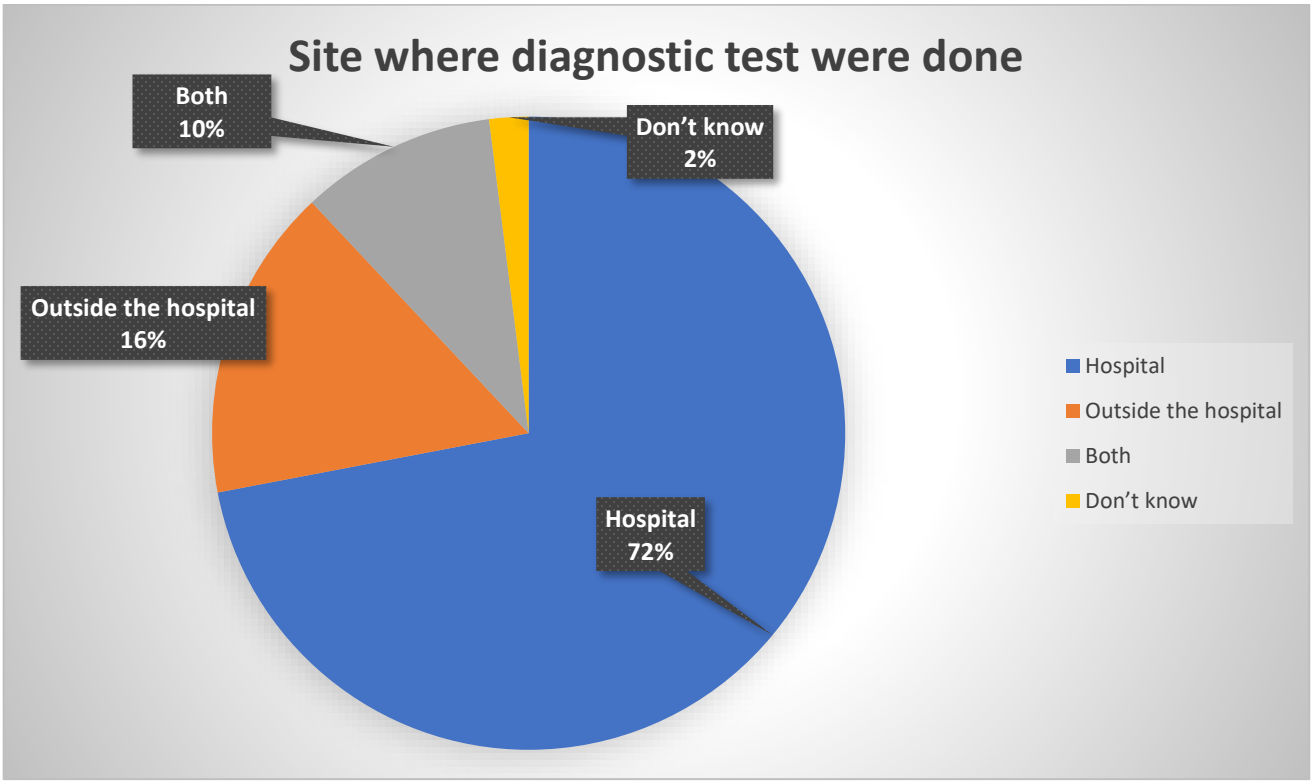
Figure 6: Diagnostic tests (n=52)



Diagnostic tests were indicated for all of patients. Patients in the public hospital and private hospital were asked to get diagnostic tests done. Of the patients who were prescribed tests, nearly all had to get their blood tested (Figure 6). Other tests were those of X-Ray (23%); Sonography (15%); ECG (15%) and MRI.

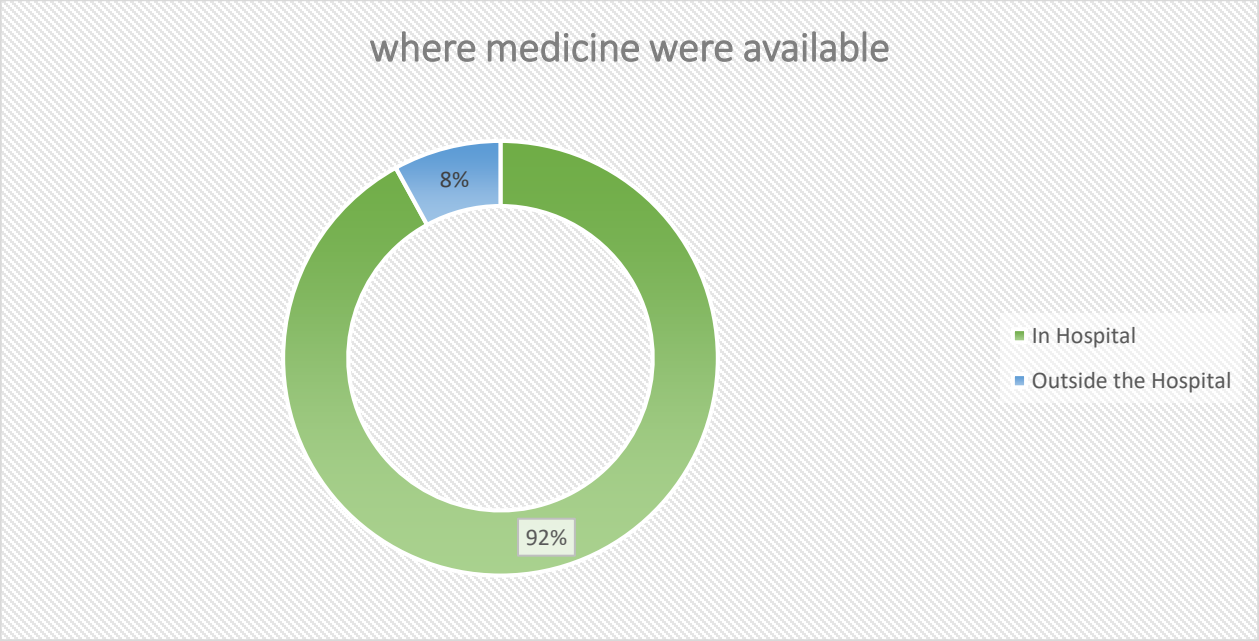
Place where Diagnostic Tests wore Done

Figure 7: Site of diagnostic test



In 72% of cases, the requisite tests were undertaken on site at the hospital itself, with 16% of cases being undertaken outside the hospital in private laboratories & 2% Dont Know where the test has been done (Figure 7)

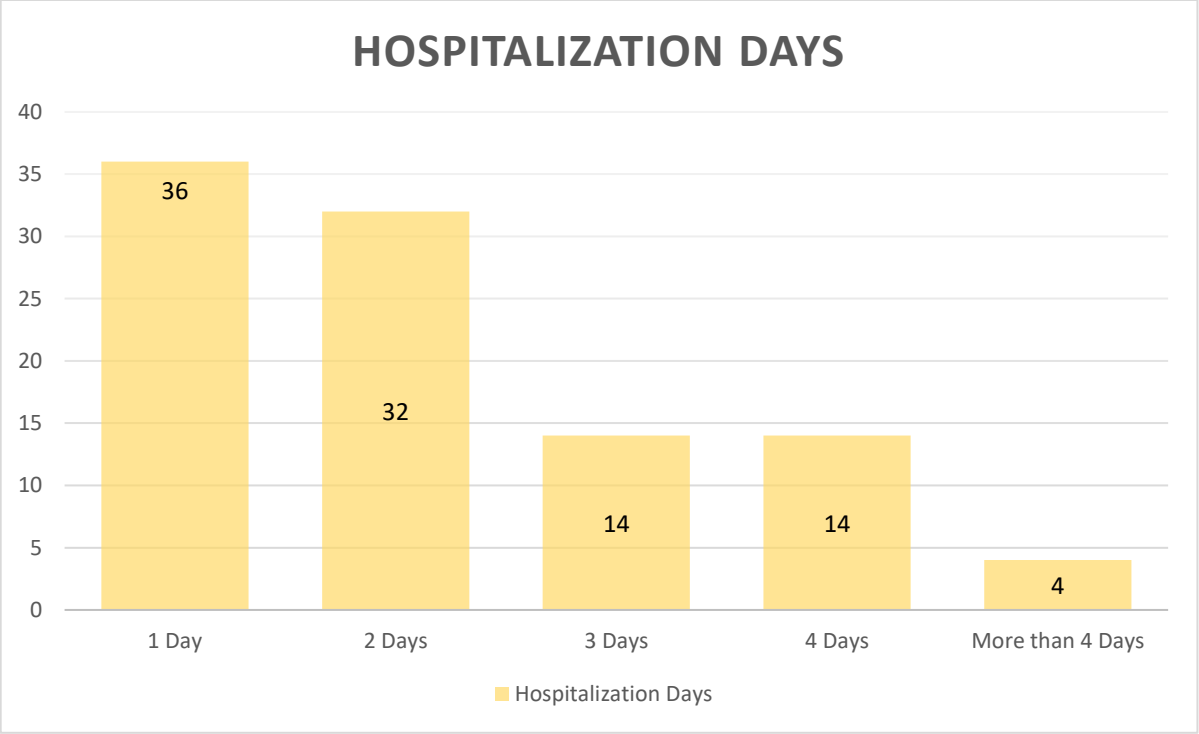
Figure 8: Availability of medicines



For 92% of the respondents, medicines were available in the hospital while for 8%% of patients, medicines had to be purchased from private pharmacies (Figure 8).

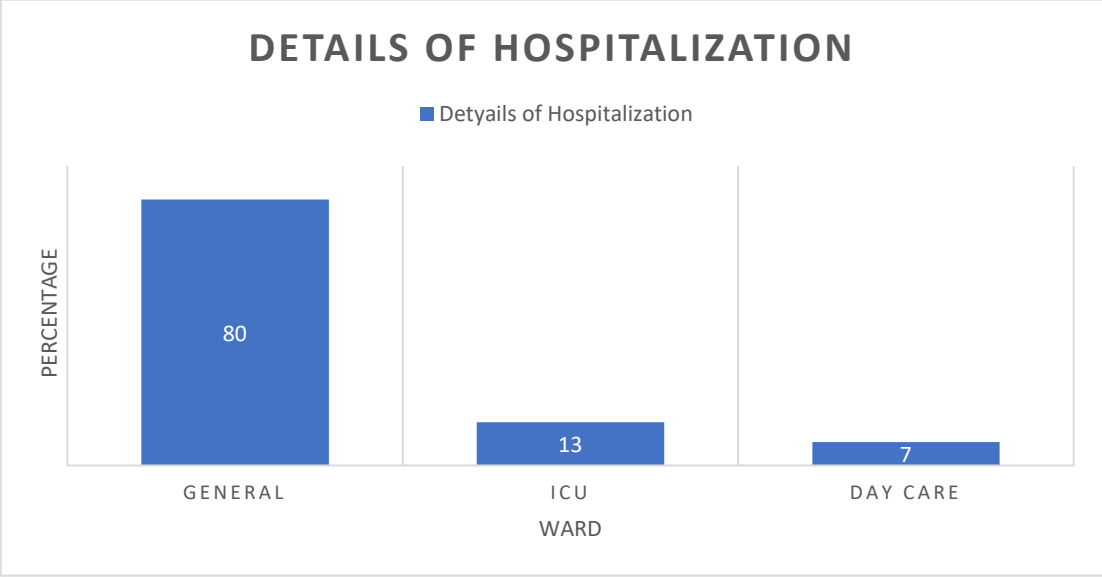
Hospitalization period

Figure9 : Number of Days patient admitted in Hospital



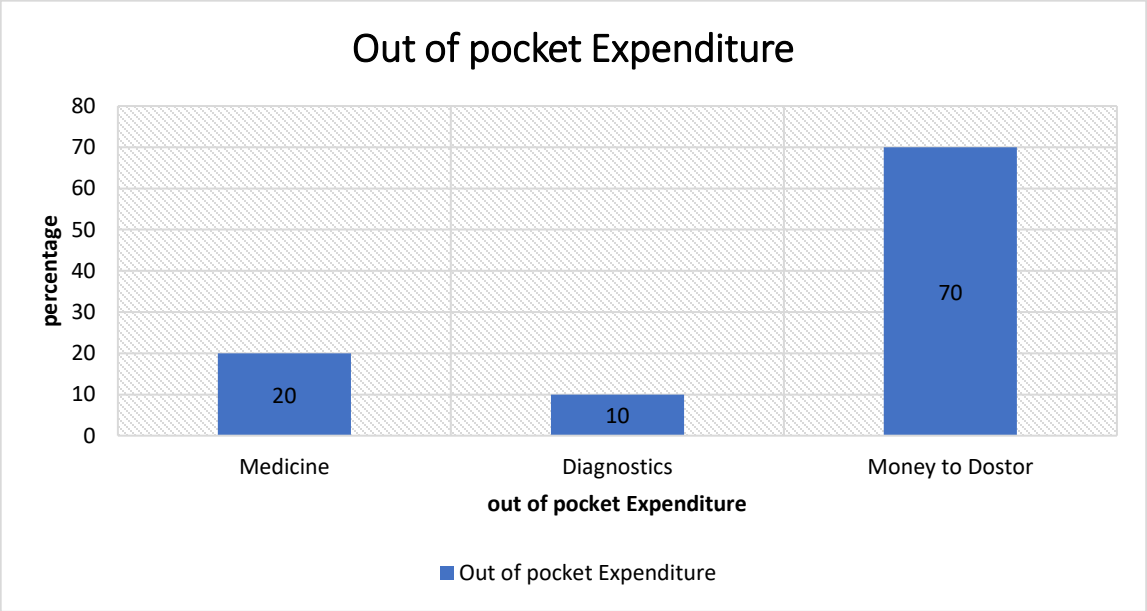
The average days of hospitalization recorded were Two. Though all patients were recorded as being hospitalized. 7 of these patients were from the public hospitals and 45 were from private sector hospitals.

Figure 10: Details of hospitalization



Of the persons hospitalized, (80%)most of them were admitted to the general ward (Figure 10). Furthermore, 13% of patients were in ICU & remaining 7% required a form of procedure during their stay.

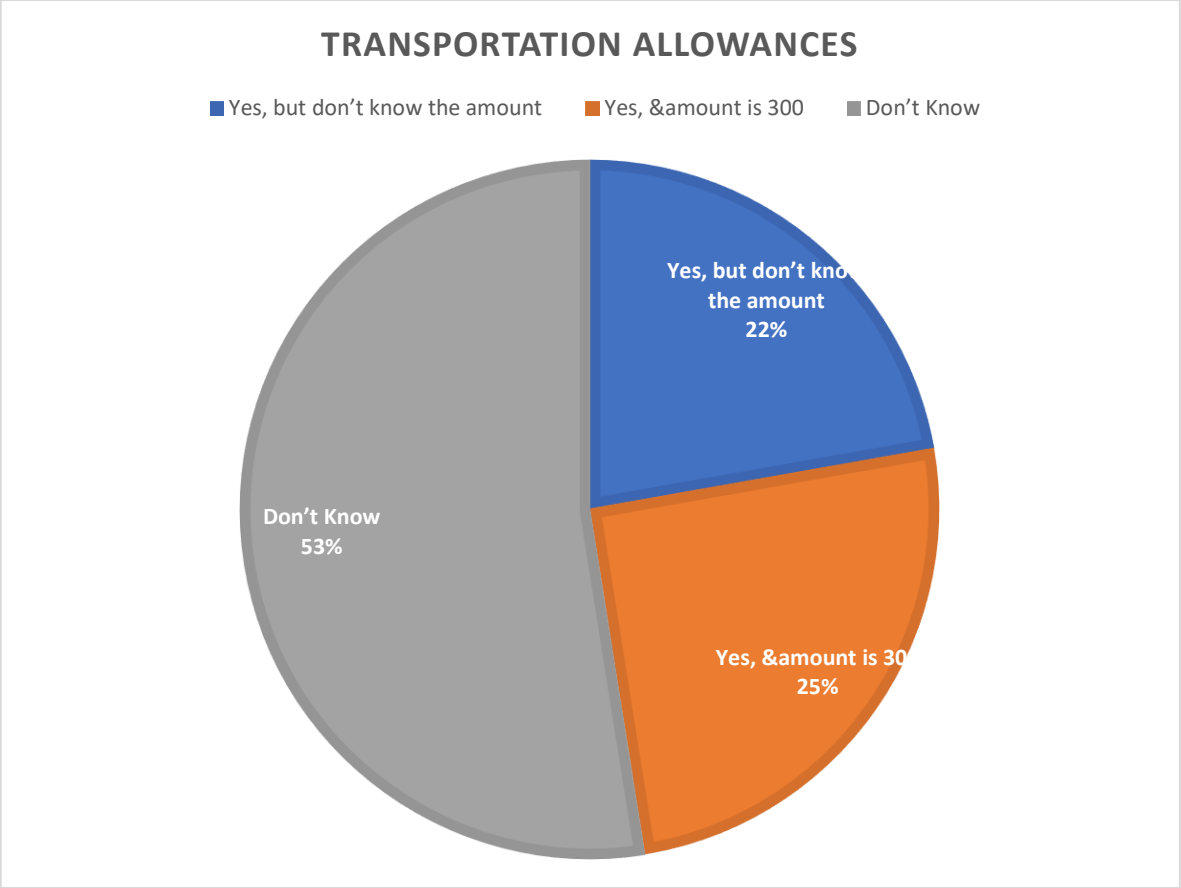
Figure 11: Out-of-pocket expenditure



From this study respondent stated that they don't have to pay any type of bills related to medicine, diagnostic tests and doctor fees. So majority of respondents were satisfied by this Scheme and they are getting good quality of treatment due to this scheme.

Awarenes regarding provision of Transport Allowances in Ayushman Bharat

Figure 12:Transport Allowances in Ayushman Bharat



Majority of patients were not aware of provision of transport cost allowance in Ayushman Bharat whereas, 22% of them where aware of that allowance but were not aware of exact amount under this provision & only 25% of them were well aware of cost of transportation allowances.

Result

- It was evident from the study that the implementation of Ayushman Bharat Scheme is successfully in Morbi district of Gujarat. sample of 52 beneficiaries who were admitted and treated at public and private sector hospitals. 40% (21) were female and 60% (31) male (Table 4). Most of the cases were aged between 19 and 59 years.
- Respondents came to know of the scheme through Government health Staff (29%),
- However, Patients remain unaware of the details of scheme entitlement and usage. Although awareness regarding the amount available under the scheme was high (65%).
- According to the AB-PMJAY guidelines beneficiary have to pay rupees 30 at CSC, PHC, &CHC for golden card and in hospital its free of cost for patient who requires treatment.
- 83% of Patients were aware of Golden Card verification. In 7% of cases, the Arogya Mitra had requested the card be verified.
- The average waiting time for verification of Card was 5-15 minutes.
- For 92% of the respondents, medicines were available in the hospital while for 8%% of patients, medicines had to be purchased from private pharmacies (Figure 8).
- Though the average number of family members of the respondents was 5, significantly, 16% had more than five members in their family.

Discussion

Coverage of Poor Families in District

Enrolment and coverage of the poor: Analysis of secondary data shows that half of BPL families in the district and 25% from State have been enrolled onto the AB-PMJAY scheme. It also emphasizes the need for

Number of family members covered: According to new GR that comes on by the end of April Stated that there is no limit for family members to be covered under this scheme.

AB-PMJAY Awareness study shows that Government Health Staff (29%) have played an important part in introducing the scheme to the people while in rural areas ASHA (25%) also proved instrumental in facilitating scheme access. Nevertheless, community awareness regarding the details of the scheme was low. And only 65% were aware of amount covered under scheme. A brochure along with the list of hospitals was to be distributed at the time of enrolment, as scheme protocol. Consequently, the respondents saw PMJAY as a health insurance scheme; they were unaware of pre and post hospitalization coverage; diagnostic, transportation, follow-up

Enrolment procedures

It was observed from the study that the Golden Card has to be given to the beneficiary after it is approved by SHA the normal time to deliver the card is 8 Days.

The enrolment procedure itself did not cause inconvenience incurring little financial burden other than Rs 30 and 50 per registering family. Whereas, in hospitals it was free of cost for those who needs treatment Requisite scheme information such as the list of empaneled hospitals, an AB-PMJAY brochure or key phone numbers of the respective officials was lacking.

Empanelled institutions

In Morbi 19% of the empaneled facilities are public and 81% of the empaneled hospitals are from the private sector.

In Morbi district their majority of Hospitals are of orthopedic, the first keen replacement was done in Ayush Multispecialty Hospital, Morbi under this scheme.

Out-of-pocket expenditure

From the study it was evident that they don't have to pay any money to doctors and for medicine and for any diagnostic test so patients are satisfied with this scheme.

More than half of beneficiaries were not aware of transportation allowances under this scheme**.**

Suggestions

More awareness regarding Ayushmanbharat – national health protection scheme should be there among the people.

- So that more and more enrollments will be done
- No poor should be left behind
- identifying the reasons for low enrolment, as well as the necessity for stricter monitoring of the ASHA and Other Health Staff For Awareness and formulating strategies in order to ensure that the poorest are not excluded.
- Awareness camps should be conducted and provide ICE material with the list of empanelled hospitals & the surgery is done under hospital under this health scheme.
- More and more enrolments should be done and golden card should be delivered within 8^{th} day of registration as per guidelines by SHA.
- Hospitals play a very important role in awareness as there is a direct contact between patient and doctor
- Patient trust doctor so they can easily guide about the health insurance scheme.
- Csc manager should take only 30 rupees for black and white golden card and for leminated they will charge 50 according to the guidelines
- Strict monitoring should be there to ensure all these guidelines are implemented on the field and paper less and cash less services are provided to the benificieary.

conclusion

- AB-PMJAY is successfully implemented in the Morbi district of Gujarat, people are well aware of scheme and utilising it affectively.
- It reduces the out of pocket expenditure
- It provides the medical benefits to poor families by covering almost secondary and tertiary hospitalization.

References

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Annexure

AB-PMJAY Field Audit

Hospital Name:
Date:

1. **Name: _____**

2. **Gender (M=Male, F=Female):_____**

3. **Occupation: _____**

4. **Age**
   - Below 5 years
   - 5-18 years
   - 19-59 years
   - 60 years and above

5. **Level of schooling**
   - Primary
   - Secondary
   - Illiterate
   - Illiterate but can write name

6. **Number of family members**
   - 1-4
   - 5-6
   - more than 6

7. From where you get to know about the scheme?

- Sarpanch
- Govt. health staff
- ASHA workers
- Relatives
- Advertisement
- Other
-

8. What is the total cost covered under Ayushman Bharat?

- 5 Lakh
- More than 5 Lakh
- Don’t know

9. From where you get Ayushman card?

- CSC Center
- Hospital
- Don’t know

10. How much rupees you pay to get GOLDEN card”?

- 30
- 50
- more than 50
- free
- Don’t know

11. Time Taken To Receive a Ayushman Bharat Card

- Same Day
- 2-15 Day
- 16-30 Day
- 31-60 Day
- Don’t know

12. Type of hospital?

- Public
- Private

13. Persons suggesting a Private/Public facility

- Neighbours
- Relatives
- ASHAS
- Health Staff

- Others

14. Do you have Ayushman Card at a time of admission?

- Yes
- No

15. Was card seen first and verified by the Ayushman Bharat Arogya Mitra?

- YES
- NO

16. Does patient knows about Ayushman Card verification by Arogya Mitra?

- YES
- NO

17. Howlong didthepatient havetowait before he/she wasattendedby the Arogya Mitra in hospital?

- Less than 5 minutes
- Between 5 to 15 minute
- Between 15 to 30 minutes
- Don't know

18. Reasons for which medical care was sought

Reason for Hospital visit / admission?

- medicine
- Surgery
- Abdominal pain
- Delivery
- orthopedics
- Others

19. When he/ she was admitted in the hospital?

20. Since how many days patient is admitted?

21. Patient undergoing diagnostic test?

- Laboratory Test
- MRI
- X-Ray
- Sonography
- ECG
- CT Scan
- Don't know

22. Where tests were undertaken?

- Hospital
- Outside the Hospital
- Both
- Don't know

23. Medicines were available in the hospital?

- Yes
- No

Hospitalization period

24. Details of hospitalization?

- General
- ICU
- Day Care
- Not Hospitalized

25. Out-of-pocket expenditure

- Medicines
- Diagnostics
- Money to Doctor

- Others

26. Have you paid any Medical Expenditure for Treatment During Stay at Hospital till now (Rs.)?

- Doctor's / _____
- surgeon's fee _____
- Medicines From hospital _____
- From outside _____
- Diagnostic tests _____
- Bed charges _____
- Attendant charges _____
- Physiotherapy_____
- Personal medical appliances_____
- Blood, oxygen cylinder, etc. _____
- Services (ambulance, etc.) _____
- Any other Expenditure_____

27. Do you know about provision of transport cost allowance in Ayushmanbharat?

- □ Yes but do not know the amount
- □ Yes and amount is Rs. 300
- □ No

28. Have you get a good treatment in a hospital?

- □ Yes
- □ No

29. Are you satisfied with the scheme?

□ Yes

□ No

30. Would you like to give suggestions or feedback about Yojana?

Patient Signature