UNDERSTANDING AWARENESS OF PRADHAN MANTRI JAN AROGYA YOJANA (PM-JAY) IN MEERUT DISTRICT OF UTTAR PRADESH

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By

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Under the Supervision and Guidance of

Dr Mamta Chauhan

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Experience Certificate

This is to certify that **Dr Pratik Taran** student of IIHMR University Jaipur has successfully completed his internship at GIZ (Indo-German Universal Health Coverage) starting from 1st April 2024 to 31st August 2024.

During this period, he has worked on the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PMJAY) project in collaboration with the National Health Authority (NHA). Served as the State Coordinator for Union Territories of India, focusing on the thorough implementation of the (AB PM-JAY) across the states. His key responsibilities included: Providing advisory and on-ground support to State Health Agencies to enhance the effectiveness of the scheme's implementation. Assisting in the data migration process, supporting both Trust/Insurance mode implementation. ollaborating with team members on health financing, public healthcare systems, and digital health initiatives.

He demonstrated a high level of professionalism, dedication, and expertise in his work. We appreciate his contributions to the project and wish him success in all his future endeavors.

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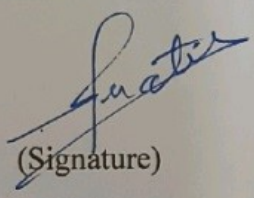
I hereby declare that this dissertation titled **Understanding Awareness of Pradhan Mantri Jan Arogya Yojana (PM-JAY) in Meerut District of Uttar Pradesh** is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.



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This is to certify that dissertation titled **Understanding Awareness of Pradhan Mantri Jan Arogya Yojana (PM-JAY) in Meerut District of Uttar Pradesh** is a record of the research work undertaken by **PRATIK TARAN** in partial fulfilment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and ~~her~~ approach to the research study has been sincere, scientific, and analytical.

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ABSTRACT

The Ayushman Bharat Pradhan Mantri Jan Arogya Yojna (AB-PMJAY) was launched in 2018 by the Government of India to achieve Universal Health Coverage. The goal is to provide quality care and financial protection from health expenditure to the target population of bottom 40% population identified through the SECC 2011 & National Food Security Act database. The AB-PMJAY provides secondary and tertiary level care up to INR 5 lakhs per family per year through empanelled public & private hospitals. As many as 4.97 crore cards has been created till mid-February 2024 under AB PM-JAY scheme and 5219 hospitals have been empanelled under the scheme in Uttar Pradesh.

This study aims to understand the level of awareness about AB-PMJAY, assess the reasons for utilizing or not utilizing the services, study the nuances of the patient's journey, access to information; financial burden experienced by the beneficiaries; beneficiary's satisfaction with the experience of hospitalization under AB PM-JAY. Further, the study assesses the differences in health seeking behaviour of women and decision-making process related to health by women due to AB PM-JAY.

Methodology Uttar Pradesh was picked from Northern India after consulting with the NHA, and the district of Meerut was chosen at random. Blocks were stratified and chosen at random using the Probability Proportional to Size (PPS) approach. Five to six Primary Sampling Units (PSUs) were chosen at random from each block using the SECC 2011 database. 140 homes in Meerut, Uttar Pradesh, were the subject of data collection since 5 randomly selected houses were selected from each PSU. Three groups were compared using a descriptive statistical analysis: those who did not have an AB card, those who had one but did not use it, and those who did.

Results: Many beneficiaries, averaging a score of 0.3 on a 0-1 scale, exhibit low awareness about AB-PMJAY, often relying on informal sources such as friends and neighbors for information. A significant portion, 65.2%, of eligible households with cards have not utilized them in the past year, and hospitalization rates remain low at 4.0%. Most cards (98.7%) are generated pre-enrollment, with Common Service Centres being the preferred locations for

card creation. Self-verification is the most common method at 62.4%, and satisfaction with this process is high, with an average score of 5.26. Over 90% of patients had consultations with doctors, although wait times were long at 5 hours, while consultation times were shorter for PMJAY users. Self-reported patient experience scores were positive, with an average of 5.84.

Conclusion: Despite program benefits, awareness of AB-PMJAY remains low. Efforts are needed to improve outreach and educate beneficiaries about their entitlements. Strategies to encourage card generation and increase utilization, particularly among non-users, are crucial.

Keywords: AB-PMJAY, awareness, utilization, patient experience, healthcare access, India

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Last but certainly not least, a sincere thank you to all the participants who had kindly given their time and shared their experiences with the survey. Their cooperation was indispensable for the completion of this study, and I appreciate it greatly. I thank my parents & friends for their continuous support & motivation. I perceive this internship as a vital part of my professional development.

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TABLE OF CONTENT:

1. Introduction…….……..…1

1.1. Motivation for the current study…….…….……...2

1.2. Objectives…….…….……3

1.3. Aim……..…...3

2. Review of literature…….…...4

3. Methodology……...……...6

3.1. Research methodology

3.1.1 Research question……6

3.1.2 Research design……..…..6

3.1.3 Type of research……...……...….6

3.1.4 Study setting…….....6

3.1.5 Study map…….....7

3.1.6 Study approach…….....7

3.1.7 Study populations…….....7

3.1.8 Sample Size……...8

3.1.9 Study tools…….…...8

3.1.10 Duration of study……..8

3.1.11 Sampling technique……...8

3.1.12 Data analysis plan…….....8

3.2 Ethical considerations……...8

4. Results……..9

5. Recommendations……..….17

6. References……19

7. Annexures……57

ABBREVIATIONS

AB – ‘Ayushman Bharat’

ANM – ‘Auxiliary Nurse Midwife’

ASHA – ‘Accredited Social Health Activist’

AWW – ‘Anganwadi Worker’

CSC – ‘Common Service Centre’

GDP – ‘Gross Domestic Product’

GIZ – ‘Deutsche Gesellschaft für Internationale Zusammenarbeit’

IGUHC – ‘Indo-German Universal Health Coverage Programme’

IEC – ‘Information, Education, and Communication’

INR – ‘Indian Rupee’

MoHFW – ‘Ministry of Health & Family Welfare’

NHA – ‘National Health Authority’

NSSO – ‘National Sample Survey Office’

OBC – ‘Other Backward Class’

PMJAY – ‘Pradhan Mantri Jan Arogya Yojana’

PPS – ‘Probability Proportional to Size’

PSU – ‘Primary Sampling Unit’

SC – ‘Scheduled Caste’

SECC – ‘Socio-Economic Caste Census’

ST – ‘Scheduled Tribe’

UHC – ‘Universal Health Coverage’

CHAPTER 1: INTRODUCTION

In India, out-of-pocket expenses make up 58.78% of healthcare spending, which amounts for 3.8% of GDP. According to the 75th round report of the National Sample Survey Office (NSSO), around 55 percent of Indians (rural: 52%, urban: 61%) receive their healthcare from private providers. Almost INR 15,937 is spent on out-of-pocket hospitalization medical expenses in rural areas and INR 22,031 in metropolitan ones. Given that most Indians are middle-class or lower-class socioeconomic beings, healthcare costs force many families into debt. The global movement for universal health coverage (UHC) began as it became apparent that there were many issues, including limited access to healthcare, subpar care, and significant financial constraints. In response, the Indian government, at both state and central levels, has introduced various healthcare initiatives, notably Ayushman Bharat, a fully federally funded program which encompasses a range of measures aimed at expanding healthcare coverage, reducing the cost of medical treatments, and enhancing the country's public health infrastructure. This multifaceted initiative rests on four key pillars: the Pradhan Mantri Jan Arogya Yojana, Health and Wellness Centers, the Ayushman Bharat Digital Mission, and the Pradhan Mantri – Ayushman Bharat Health Infrastructure Mission. The Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB PM-JAY), is a Government of India (GoI) began a government-sponsored health insurance program in September 2018 as a component of its broader plan to achieve Universal Health Coverage (UHC). For the poor and vulnerable, who constitute the lowest 40% of the population, the program provides secondary and tertiary health care costing INR 500,000 per family annually. Because AB PM-JAY benefits are transferable, recipients can use cashless insurance to obtain medical treatment from any certified public or private hospital in India. The Socio-Economic Caste Census 2011 (SECC) is the entry point for AB PM-JAY enrollment and eligibility determination. Households in rural regions can apply for the scheme if they meet any of the five automatic inclusion requirements or one of the six SECC deprivation criteria.In urban areas, 11 broad categories of unorganized workers are entitled to the scheme. Households enrolled in the erstwhile (RSBY) are automatically eligible for the scheme. As of February 2024, PM-JAY data shows impressive reach with 34.31 Crore cards issued and 6.51 Crore treatments provided nationally. A wide network of 30,166 empanelled hospitals ensures accessibility for beneficiaries, with Uttar-Pradesh

boasting 5480 empanelled hospitals and indicates that the PM-JAY scheme has achieved notable penetration, with around 5.08 Crore cards issued.

This research seeks to shed light on the level of awareness surrounding PMJAY in this populous state. Informing beneficiaries about the scheme is of utmost importance as AB PM-JAY operates on an entitlement basis without requiring prior enrolment. In order to educate beneficiaries about the scheme, various activities focused on Information, Education, and Communication (IEC) were conducted. Nevertheless, there are notable variations among states regarding the percentage of potential beneficiaries who possess knowledge about and utilize the scheme.

Understanding the experiences of beneficiaries in navigating the hospitalization process, accessing necessary information, and coping with financial burdens is crucial for evaluating the effectiveness and efficiency of the AB PM-JAY scheme. Furthermore, as patient-centered care gains prominence in healthcare systems worldwide, it is essential to investigate the extent to which the AB PM-JAY scheme aligns with patient expectations and preferences towards providing a comprehensive health coverage, including financial protection. By examining beneficiary experiences, it becomes possible to identify gaps, address shortcomings, and design interventions that promote patient empowerment, dignity, and choice. Moreover, by studying the behavioural changes among beneficiaries, such as utilization patterns, healthcare-seeking behaviours, and preventive practices, it is possible to evaluate the scheme's impact on population health outcomes. This knowledge can contribute to evidence-based decision-making, resource allocation, and targeted interventions to address the specific needs and challenges faced by beneficiaries across different regions.

The National Health Authority (NHA), the apex body under the Ministry of Health & Family Welfare (MoHFW) responsible for implementing the AB PM-JAY scheme, has been working with the Indo-German Universal Health Coverage Programme (IGUHC), which is funded by the German Ministry for Economic Cooperation and Development and implemented by Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, to provide technical support for the program's implementation.

1.2 Aim:

This study aims to comprehensively evaluate the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) program in Uttar Pradesh, India. It seeks to assess the level of awareness and understanding of the scheme among the target population, identify factors influencing whether eligible households utilize the program, and evaluate the patient experience of those who have used AB-PMJAY services. By examining these aspects, the study aims to inform strategies for improving program effectiveness and reach in Uttar Pradesh. This will ensure that the program achieves its goals of financial protection and improved healthcare access for the intended beneficiaries.

1.3 Objectives:

1. To identify the factors influencing awareness, enrolment, and utilization of PMJAY in Uttar Pradesh.
2. To understand the level of awareness about AB-PMJAY and its key features among target population
3. To suggest strategies and recommendations for enhancing the effectiveness and reach of PMJAY in Uttar Pradesh based on the study findings.

CHAPTER 2: REVIEW OF LITERATURE

S.No.	Author and Year	Title/ Objectives of the study	Study Design	Key Findings
1.	Author- Abhishek Verma, Samrah Butool Faridi(2023)	"Knowledge and Utilization of Pradhan Mantri Jan Arogya Yojana- Ayushman Bharat(PMJAY-AB) Scheme Among Eligible Families."	Non-experimental descriptive survey with convenience sampling.	1. 38.67% had moderate knowledge, 32.67% had inadequate knowledge, and 28.67% had adequate knowledge of the scheme. 2. 90.67% poorly utilized the scheme, 6.67% had average utilization, and 2.67% fully utilized the services. 3. Positive correlation between knowledge and utilization, indicating higher knowledge leads to better utilization. 4. No significant association between knowledge/utilization scores and demographic variables such as age, gender, education, and income.

2.	Author- Prasad, S. S. V., Singh, C., Naik, B. N., Pandey, S., Rao(2023)	"Awareness of the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana in the Rural Community: A Cross-Sectional Study in Eastern India To assess awareness and utilization of the AB-PMJAY scheme among the rural population in Bihar and identify factors associated with awareness and utilization."	Community-based Cross-sectional	1. 68.6% of the population was aware of the AB-PMJAY scheme, with 78.9% awareness among eligible participants. 2. Only 1.3% of eligible participants utilized the scheme 3. Awarenesswas significantly associated with category, ration card status, and employment status. 4. Moderate awareness but very low utilization; suggests training grassroots healthcare workers to improve scheme utilization.
3.	Author- Diletta Parisi, Swati Srivastava, Divya Parmar, Christoph Strupat	"Awareness of India's national health insurance scheme (PM-JAY): a cross-sectional study across six states"	Cross- sectional	1. 62% of respondents are aware of PM-JAY, and among those, 78% know they are eligible for the scheme. 2. Awareness is higher among older individuals with higher education and salaried jobs, but lower in certain states like Meghalaya and Tamil Nadu.

				3. Socio-economic status, caste, and state-specific differences significantly influence awareness levels.

CHAPTER 3: METHODOLOGY

This study aims to assess changes in financial protection of entitled beneficiaries of the AB PM-JAY scheme. To achieve this, three distinct groups of entitled beneficiaries were targeted as part of this study:

1. Eligible, but does not have Ayushman Bharat (AB) card (often referred to as Group 1 in this report)
2. Eligible and has AB card, but has not availed treatment under the PMJAY scheme (often referred to as Group 2 in this report)
3. Eligible, has AB card and has availed treatment under PMJAY scheme (often referred to as Group 3 in this report)

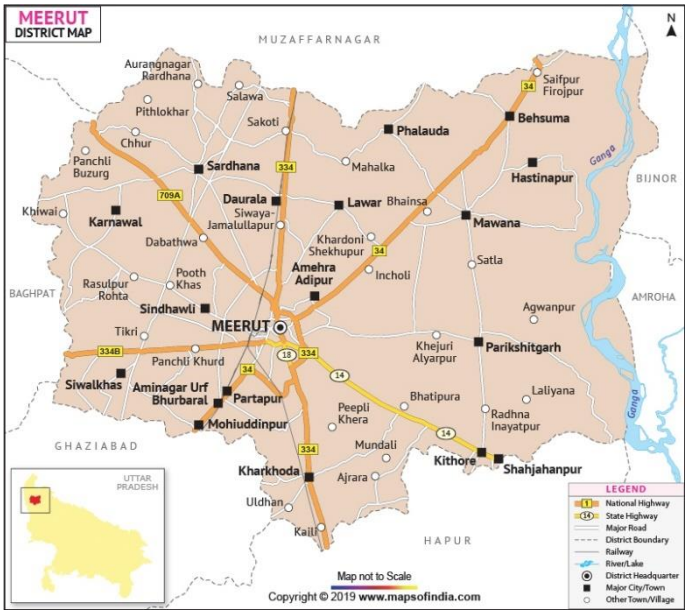
To facilitate this assessment, a household level survey was conducted and was the key component of this study. The main respondent for the household-level study was the household head, as she/he was the most knowledgeable to answer questions around health services availed, related expenditure, insurance coverage etc., on behalf of all household members. Alternatively, the most knowledgeable adult person in the household was chosen as the respondent, who was best placed to give the responses (like other adult male, who can provide relevant information most accurately).

3.1.1 Study Design: This is a community-based Cross-sectional study.

3.1.2 Type of study: Primary Research

3.1.3 Study Setting: Rural and Urban Block of Meerut districts.

3.1.4 Study Area Map:



Map of the Intervention area

3.1.5 Sampling Strategy:

Utilizing a multi-stage stratified selection strategy, this study aims to select participants for investigating PMJAY awareness in Meerut, Uttar Pradesh, chosen as a representative of Northern India, will serve as the focal state. Within Uttar Pradesh, Meerut district will be the subject of detailed investigation, with a specified sample size of 140 participants.

The district will undergo stratification, followed by the random selection of blocks using the Probability Proportional to Size (PPS) method. From each block, 5-6 Primary Sampling Units (PSUs) will be randomly chosen based on the SECC 2011 database. Subsequently, within each PSU,5 households will be randomly selected from the SECC 2011 list. Additionally, efforts will be made to identify potential beneficiaries not included in the SECC 2011 list through consultations with health providers, frontline workers of the PSUs, and village heads, ensuring comprehensive representation in the study. The data collection procedure will involve conducting face-to-face interviews with either the household head or the most knowledgeable adult member.

3.1.6 Study Populations:

Entitled beneficiaries of the PMJAY scheme residing in Meerut in Uttar Pradesh.

3.1.7 Study Tools: Structured questionnaires, interviews, focus group discussions, and surveys.

3.1.8 Duration of study: 3 months

3.1.9 Data Analysis Plan:

- Software: Statistical analysis was conducted using EXCEL.
- Descriptive Statistics: Descriptive statistics were used to summarize the characteristics of the study sample, including frequencies, percentages, means, and standard deviations.
- Level of Significance: A significance level of $p < 0.05$ was used to determine statistical significance for all analyses.

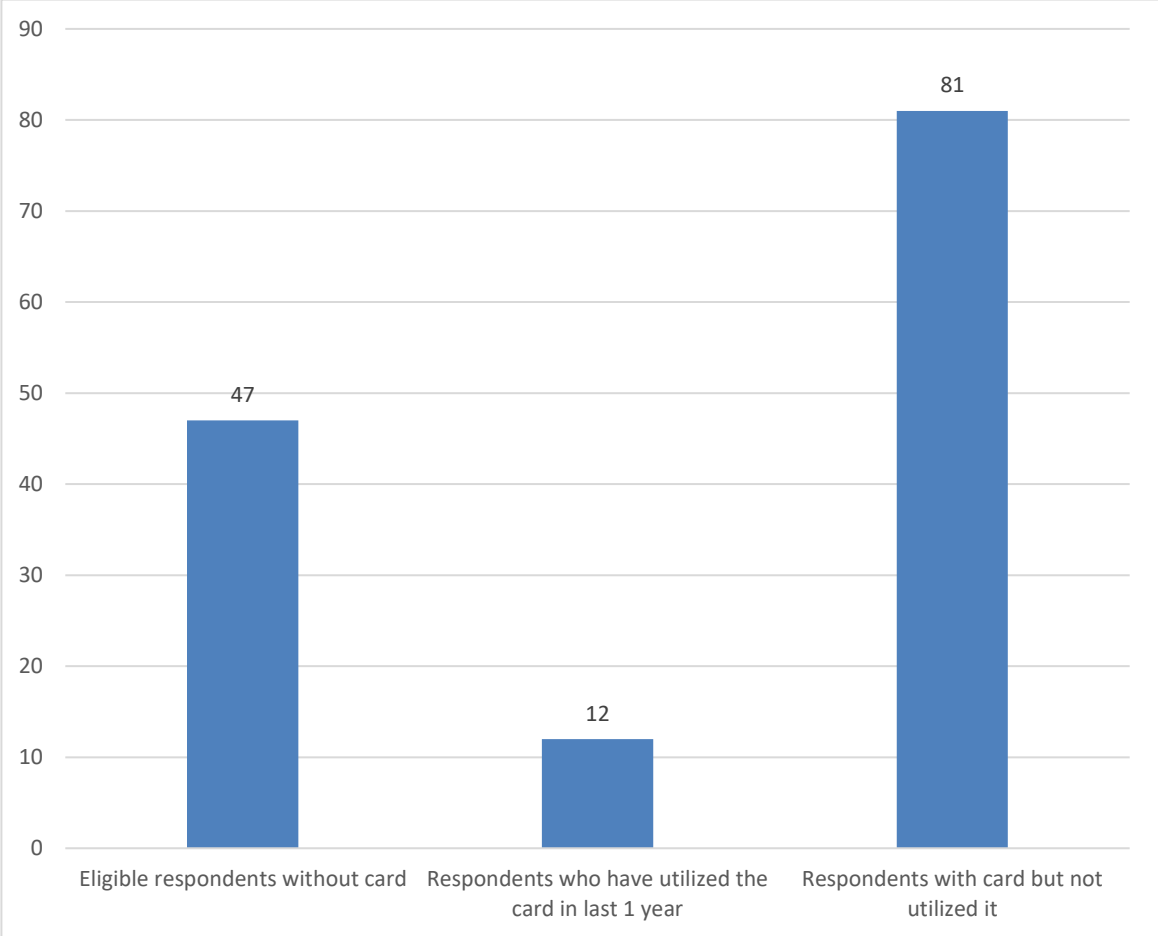
3.2 Ethical Considerations:

- Informed consent was obtained from all participants before data collection.
- Measures were taken to ensure data security, privacy, and confidentiality.

CHAPTER 4: RESULTS

Sample covered

Overall, data was collected from 140 households in Meerut (UP), out of which 33% were from eligible households without a card, 58% were from eligible households with a card but had not used it in last 12 months, and 9% were households which have utilised the card in the last 12 months.



Household characteristics

Socioeconomic background of the household

Almost two thirds of the primary respondents were male across all three categories. Around 87.0% of the respondents were Hindu. Almost half the sample in Uttar Pradesh belonged to the OBC category (48%), followed by SC (27%), General (12%) and ST (13%). Around 51.6% of the sample resided in pucca households, 38.6% in semi-pucca and 9.8% in kutcha houses. At the individual level, close to 34% of all household members have 5-9 years of schooling, while 22% are illiterate or have completed 1-4 years of schooling. More individuals from the "Eligible HHs without a card" were illiterate.

Awareness about AB PM-JAY

Category	Eligible w/o Card (n=47)	Card (not used) (n=81)	Card (used) (n=12)	Total (n=140)
Number of members who can be covered	1.33	2.73	0.47	4.61
Knows how to check eligibility for schemes	2.61	5.1	0.83	8.64
Treatment in private hospital	1.36	3.95	1.04	6.34
Benefits of the scheme are portable across the country	0.69	1.95	0.55	3.19
Pre-existing diseases are covered	0.17	0.49	0.22	0.88
Provides cashless access to health care services for the beneficiary at the point of service	1.64	3.29	0.33	5.3
Treatment outside home state	1.26	2.77	0.39	4.51
Knows correct coverage amount	2.34	4.69	0.9	8.08

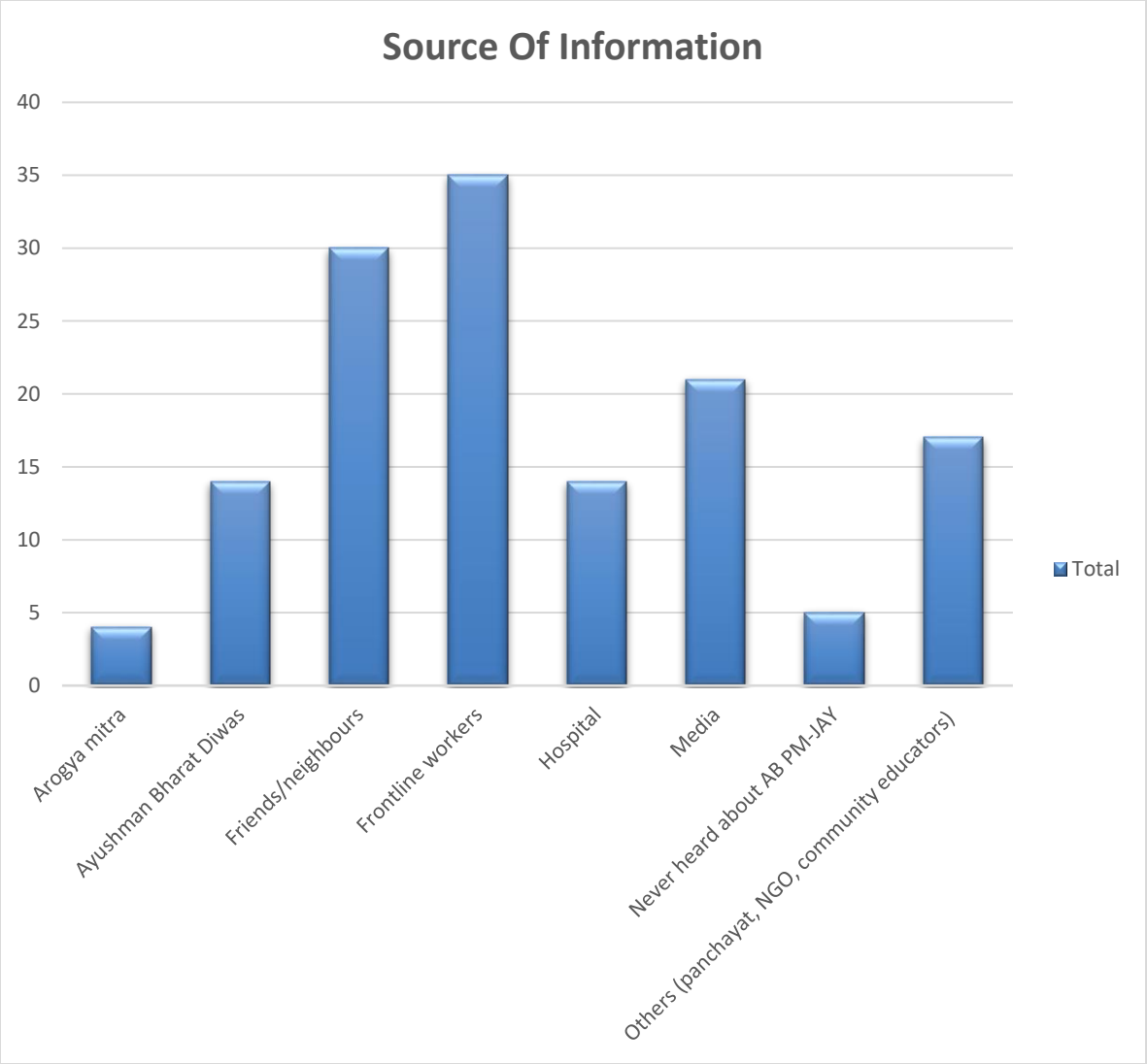
No restriction on the family size, age, or gender	0.25	0.78	0.24	1.35
All pre-existing conditions are covered from day one	0.4	1.12	0.45	2.1
Transportation allowance	0.2	0.44	0.07	0.72
15 days of post-hospitalization expenses such as diagnostics and medicines	0.72	1.04	0.16	1.88
Awareness about helpline number	0.1	0.44	0.09	0.68
Covers up to 3 days of pre-hospitalization	0.03	0.2	0.07	0.33

Source of information and awareness about AB PM-JAY

Majority of respondents reported frontline workers including ASHA, ANM and AWW (25%) as their primary source of information, followed by friends/neighbours (21%).

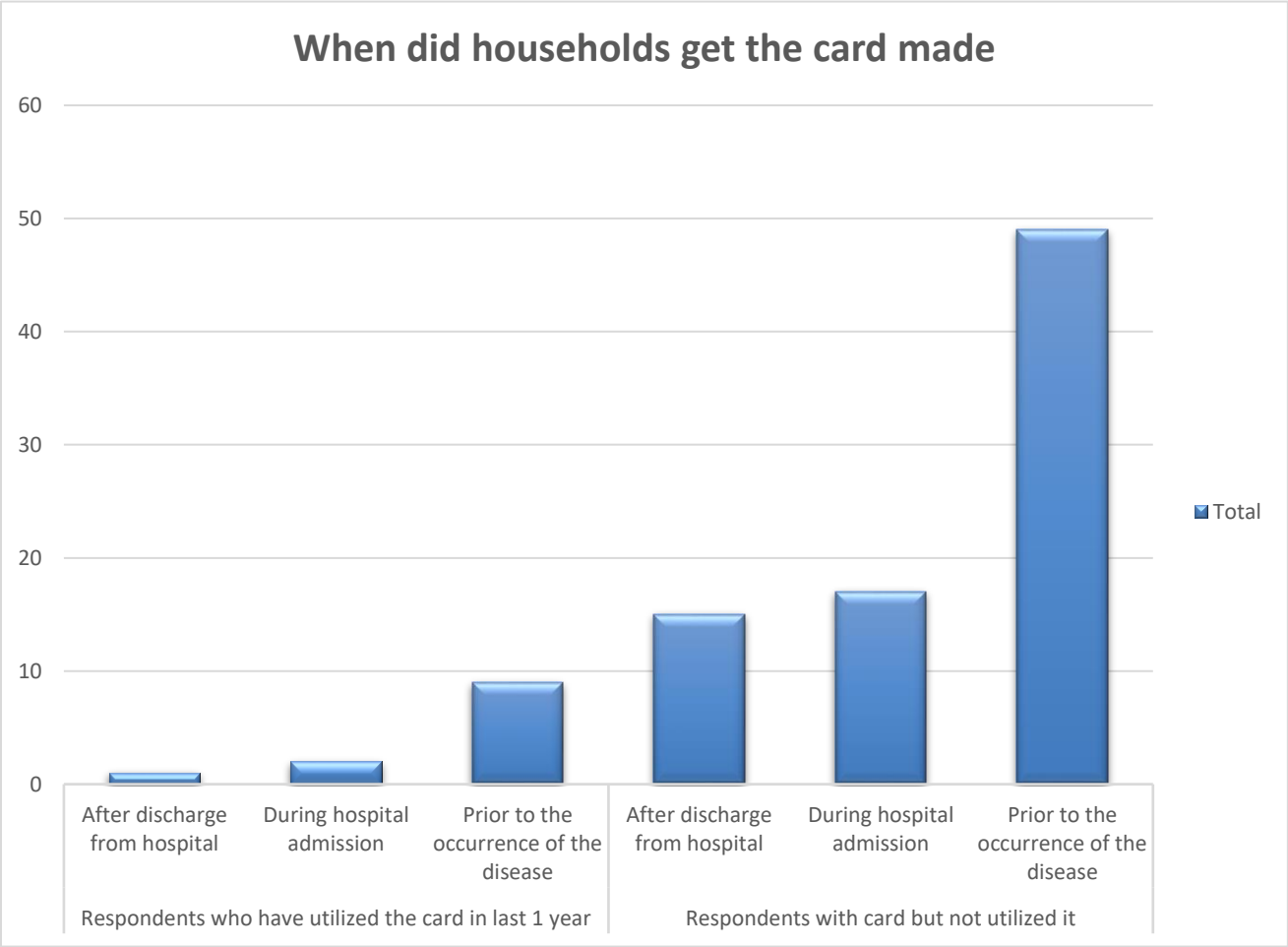
Overall, higher awareness was observed for the following heads: awareness on how to check eligibility for the scheme (76.6%), coverage amount (71.6%) and whether treatment can be availed outside home district (55.5%).

Low awareness was reported for grievance redressal mechanism (0.2%), that the scheme covers up to three days of pre-hospitalisation (2.9%), awareness about helpline number (6.0%).

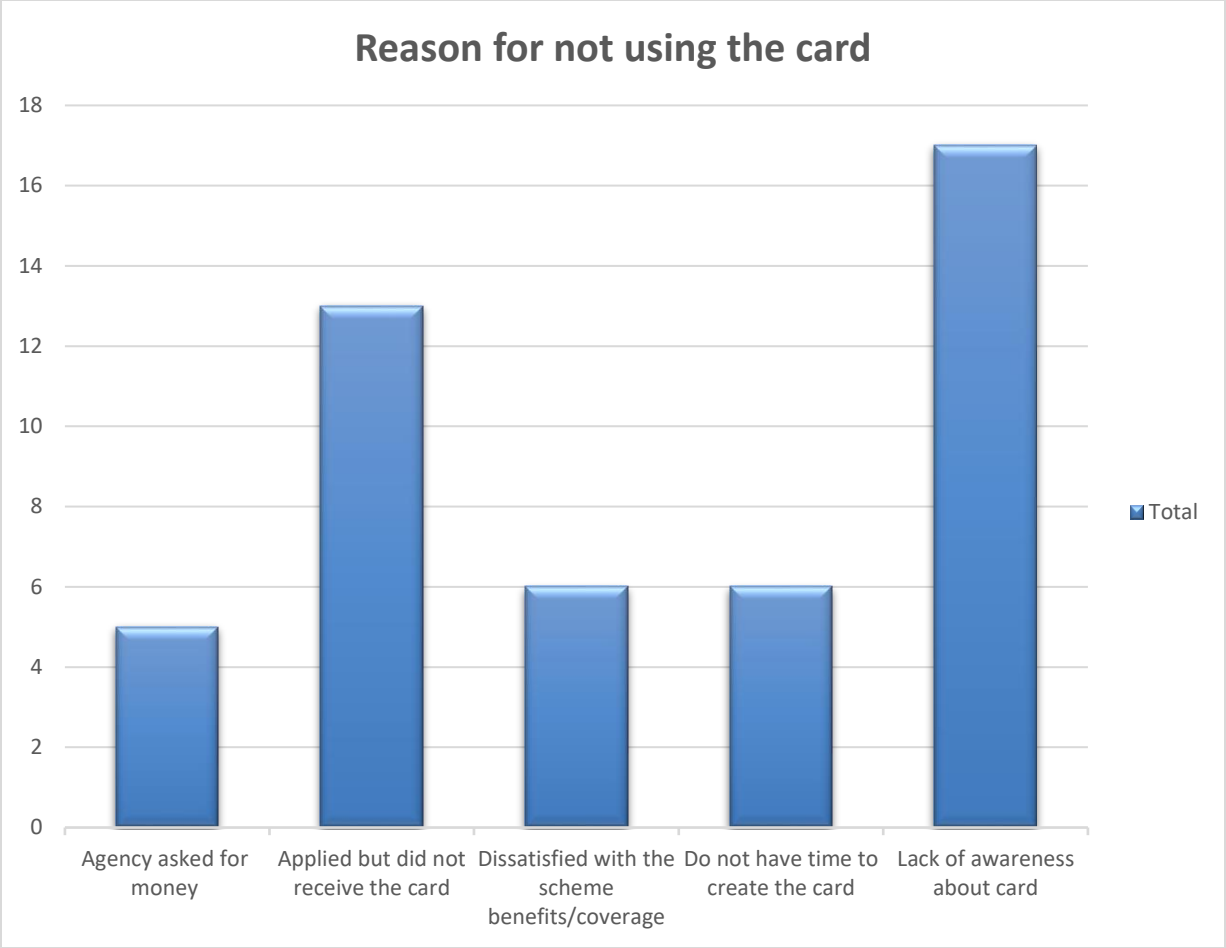


Ayushman Golden Card

Overall, more than 95% of the households got the card prior to the occurrence of disease. While 99.4% were from (eligible households with a card but did not use it), 94.6% were from (households which had used the card in the last 12 months). While majority of the households from (eligible households with a card but did not use it), got the card made at Panchayat Bhawan (31.1%), the respondents from (households which had used the card in the last 12 months) primarily used Common Service Centre (40.0%) for getting the card made. This was followed by card generation camps (30.2%-25.4%).



Majority of the respondent who didn't have card (i.e. Eligible households without card) reported a lack of awareness (36%) when asked about the reason for not getting the Golden Card made, followed by 28% who said they had applied but were waiting to receive the card.



Utilisation

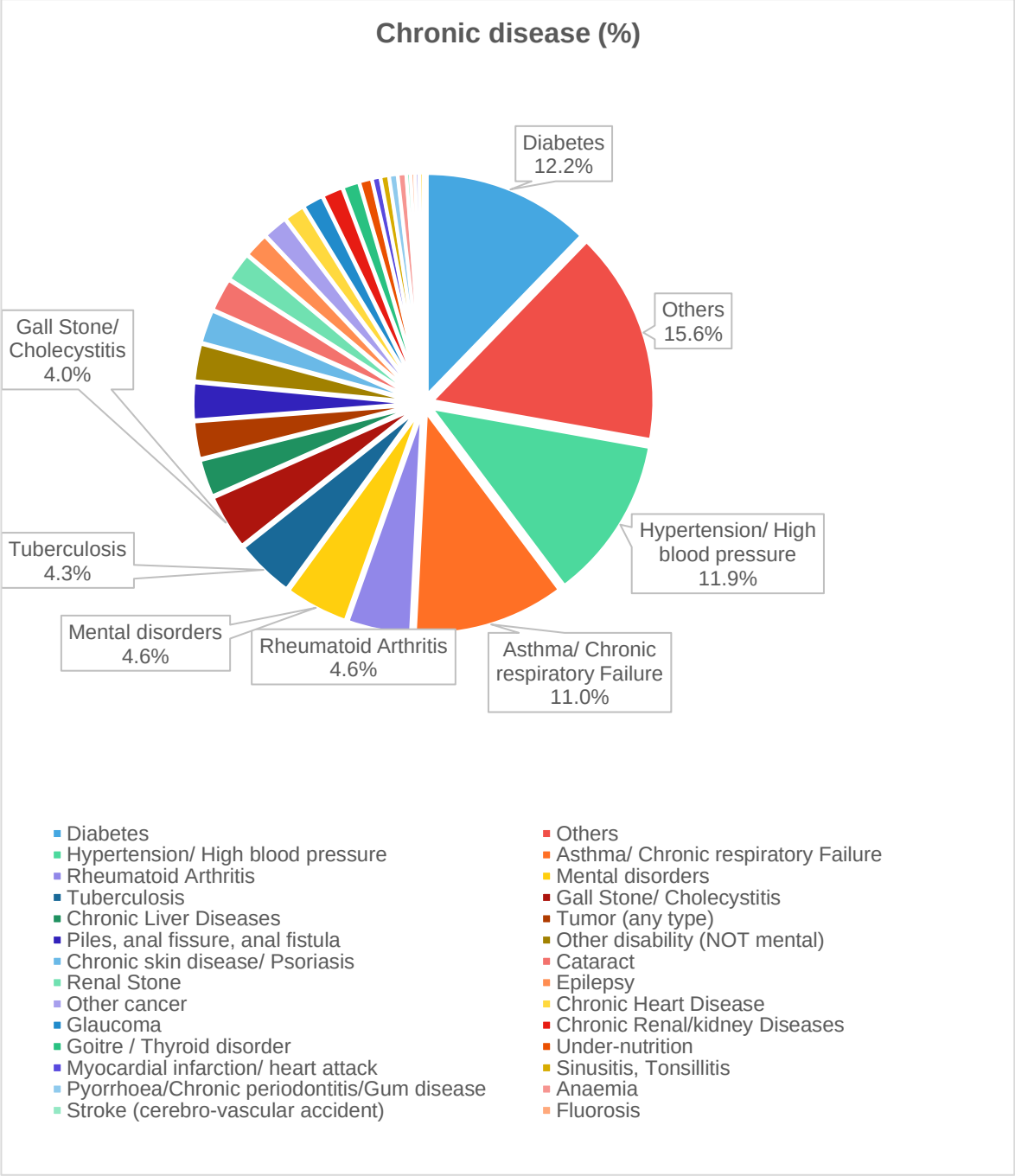
Household overall disease profile and disability

Overall, about 6.4% of the individuals from the HHs of Group 3 reported of having any chronic illness in last 30 days, while this was 5.7% and 4.6% from Group 1 and Group 2 respectively (**Error! Reference source not found.**). However, for the acute illness, the reported incident in last 30 days was 4.5% in Group 1, 4.2% in Group 2 and 3.4% in the Group 3. Regarding hospitalization, while 2.6% of the individuals from the HHs of Group 1 and 2.0% from Group 2 reported of at least one event in last 12 months, expectedly it was much higher for Group 3 (18.7%).

Disease and Disability Profile	Eligible Households without a Card	Eligible Households with a Card (but not used it)	Households which have Used the Card in the Last 12 Months	Total
Percentage with chronic illness (last 30 days)	5.7%	4.6%	6.4%	5.1%
Percentage with acute illness (last 30 days)	4.5%	4.2%	3.4%	4.2%
Percentage hospitalized (last 12 months)	2.6%	2.0%	18.7%	4.0%
Percentage with disability	1.2%	1.8%	1.2%	1.6%
Total (N)	**47**	**81**	**12**	**140**

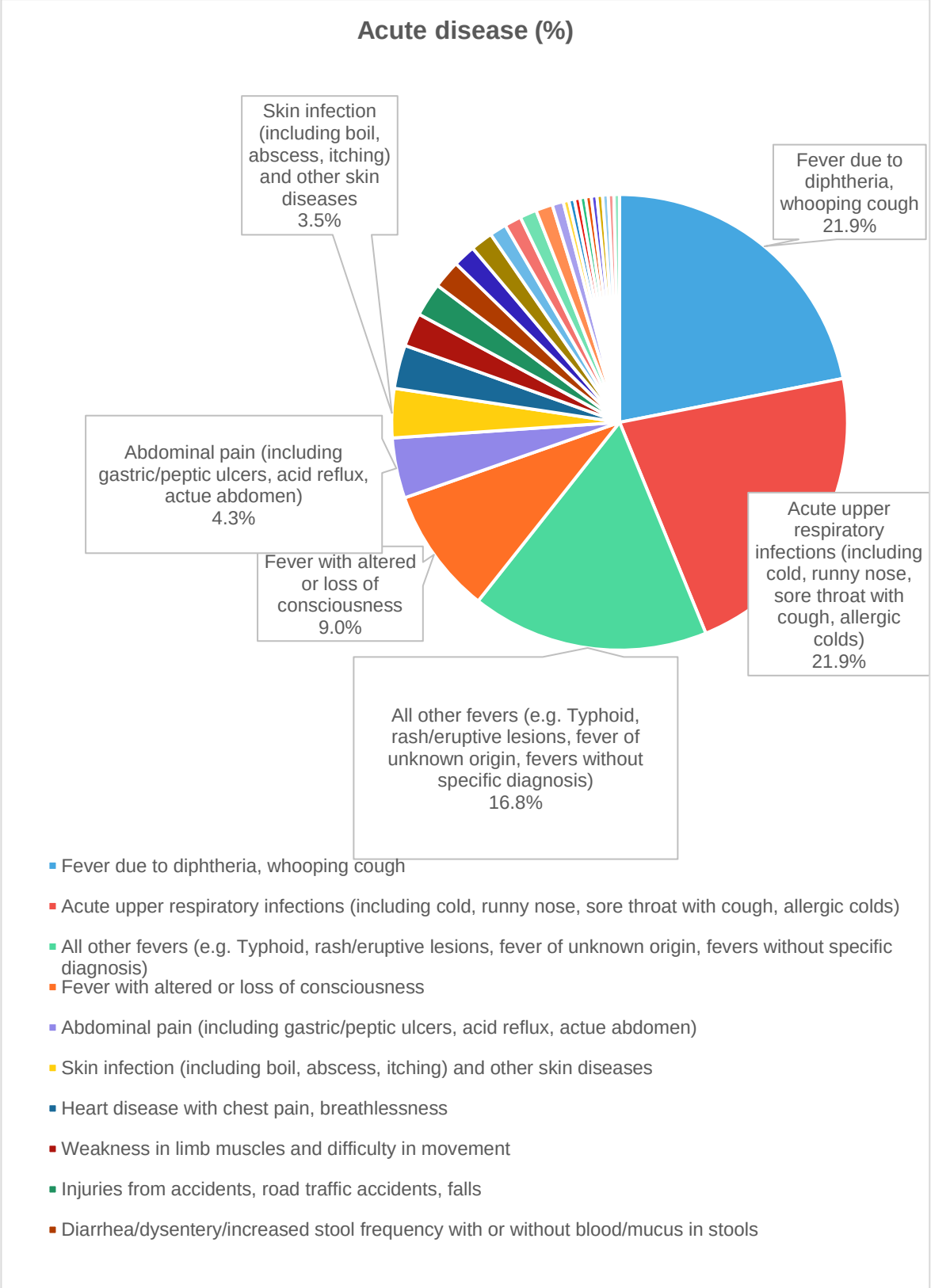
Chronic illness utilisation

Diabetes (12.2%), Hypertension (11.9%) and Asthma (11.0%) were the most common chronic diseases among the sample population.



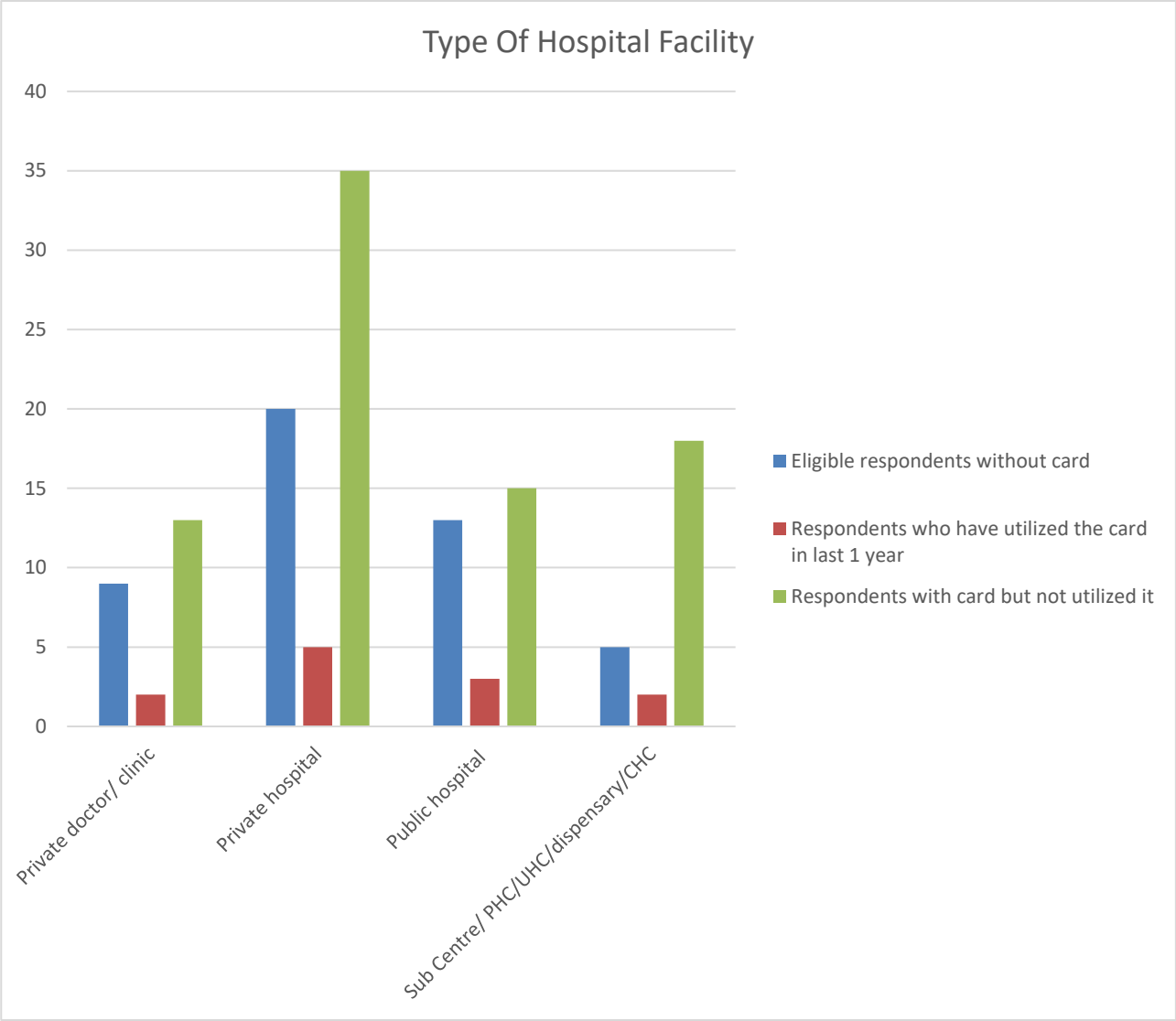
Acute illness utilisation

Among the most prevalent acute illnesses were fever due to Diphtheria or Whooping Cough (21.9%), Acute upper respiratory infections (21.9%) and other types of fevers like Typhoid/fevers of unknown origin etc (16.8%)

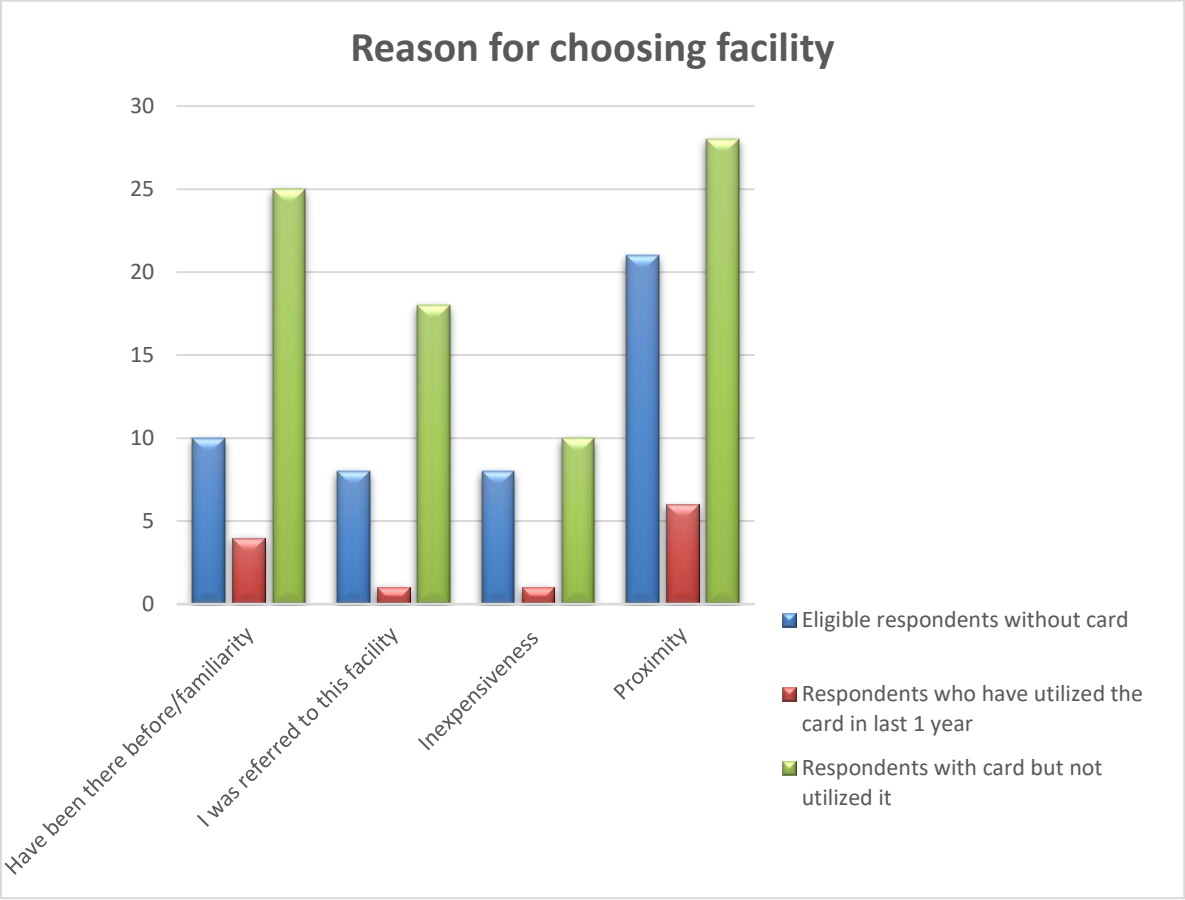

Acute disease (%)
Skin infection (including boil, abscess, itching) and other skin diseases 3.5%
Fever due to diphtheria, whooping cough 21.9%
Abdominal pain (including gastric/peptic ulcers, acid reflux, actue abdomen) 4.3%
Acute upper respiratory infections (including cold, runny nose, sore throat with cough, allergic colds) 21.9%
Fever with altered or loss of consciousness 9.0%
All other fevers (e.g. Typhoid, rash/eruptive lesions, fever of unknown origin, fevers without specific diagnosis) 16.8%
Fever due to diphtheria, whooping cough
Acute upper respiratory infections (including cold, runny nose, sore throat with cough, allergic colds)
All other fevers (e.g. Typhoid, rash/eruptive lesions, fever of unknown origin, fevers without specific diagnosis)
Fever with altered or loss of consciousness
Abdominal pain (including gastric/peptic ulcers, acid reflux, actue abdomen)
Skin infection (including boil, abscess, itching) and other skin diseases
Heart disease with chest pain, breathlessness
Weakness in limb muscles and difficulty in movement
Injuries from accidents, road traffic accidents, falls
Diarrhea/dysentery/increased stool frequency with or without blood/mucus in stools

Hospital service utilisation

Across the three study groups, private hospitals were the most visited type of facility (62.5% for Eligible households without a card and 62.5% eligible households with a card but did not use it), 90.1% for (households which had used the card in the last 12 months). This was followed by public hospitals with overall number being 10.4%.



Across the three groups, proximity (54.3%) and familiarity (have been there before) of the facility (48.7%) were reported as the primary reasons to choose the facility.



CHAPTER 5: Discussion

The findings reveal both progress and persistent challenges in the implementation and uptake of this ambitious health insurance program.

Awareness on the Rise, But Gaps Remain: The study shows that a moderate number of eligible individuals are aware of AB-PMJAY, with 76.6% knowing how to check their eligibility and 71.6% aware of the coverage amount. However, the depth of knowledge varied. While basic awareness is spreading, many details remain unclear. For example, only a handful knew about the helpline number or pre-hospitalization expense coverage. This highlights the need for clearer communication about the scheme's full benefits. Interestingly, the study found frontline workers and neighbors to be the primary sources of information. While this shows the value of community engagement, it also raises concerns about accuracy. Misinformation can spread easily through informal channels. To bridge this gap, more official communication channels and targeted information campaigns are crucial.

Enrollment on Track, But Outreach Needed: The high pre-enrollment card generation rate (over 95%) points towards proactive efforts. Making use of Common Service Centres and camps for enrollment shows a commitment to accessibility. However, a significant number of eligible households without cards (36%) blamed lack of awareness for not enrolling. This suggests outreach efforts need to be strengthened to ensure everyone who qualifies has the opportunity to participate.

Card Ownership Doesn't Equal Usage: Surprisingly, only 9% of cardholders used it in the previous year, according to the report. It is not always the case that having a card means utilizing it. To find out why cardholders aren't taking use of the program, more investigation is required. There may be a shortage of nearby empaneled facilities, a preference for private hospitals, or a limited understanding of covered services.
It's interesting to see that hospitalization and chronic illness rates were greater among individuals who really used their cards. This shows that AB-PMJAY's mission of providing financial security for medical care is being achieved by helping those who need it the most.

Beyond Cost in Hospital Choice: The preference for private hospitals, which is more than 60% for non-users and nearly 90% for card users, is an important finding for all groups. This pattern indicates how selection of hospital is influenced by factors other than price,

such as location and perceived quality of care. In order to promote increased utilization of the AB-PMJAY network hospitals, the program may need to address public perceptions of quality.

Location Is Important: When choosing a hospital, people give importance to familiarity (49%) and proximity (54%). This emphasizes how crucial it is for the AB-PMJAY network to include a large network of reputable and easily accessible hospitals.
Limitations and Future Directions: Though this study gives valuable data, it is difficult to generalize its findings to other areas because of its narrow focus on a single district in Uttar Pradesh. To provide a more thorough picture, future research should cover more districts or perhaps various states. Furthermore, qualitative research focusing on the causes of beneficiaries' low card usage may provide deeper understandings, assisting in the guidance and improvement of policy decisions.

CHAPTER 5: Recommendation

The study highlights critical areas for improvement in the Ayushman Bharat PMJAY scheme's reach and utilization within Meerut.

Improve Comprehensive Awareness: While 76.6% knew how to check eligibility and 71.6% were aware of the coverage amount, only 6% knew about the helpline number and 2.9% knew about pre-hospitalization coverage. Develop targeted awareness campaigns focusing on lesser-known benefits. For example, create simple infographics or short video clips in local languages highlighting specific features like the helpline number, pre-hospitalization coverage, and transportation allowance. Distribute these through existing channels like ASHA workers and local media.

Diversify Information Sources: Result: 25% of respondents cited frontline workers as their primary source of information, followed by friends/neighbors (21%). While continuing to leverage frontline workers, and expand information dissemination channels. Partner with local community organizations, religious institutions, and schools to conduct regular information sessions. Develop a peer education program where beneficiaries who have successfully used the scheme can share their experiences.

Implement a door-to-door awareness and enrollment campaign in areas with low card penetration. Consider mobile enrollment units that can reach remote areas.

Address Preference for Private Hospitals: Result: 62.5% of non-users and 90.1% of card users preferred private hospitals. Increase efforts to empanel more trusted private hospitals into the scheme.

Improve Understanding of Low Utilization: Result: Despite having cards, many beneficiaries are not using them. Conduct a focused survey or series of focus group discussions with cardholders who haven't used their cards to understand specific barriers to utilization. Use these insights to refine the scheme and develop targeted interventions.

CHAPTER 6: References

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