

Synopsis

Understanding Awareness of Pradhan Mantri Jan Arogya Yojana (PM-JAY) in Meerut District of Uttar Pradesh

Introduction

In India, 3.8% of the gross domestic product (GDP) is spent on healthcare expenditure, and out-of-pocket expenditure accounts for 58.78%. As per the National sample survey office (NSSO) 75th round report, about 55% of the Indian population (rural: 52% and urban 61%) avail of healthcare services from the private sector. In rural areas, almost INR 15,937, and in urban areas, INR 22,031 are spent as out-of-pocket medical expenditures for hospitalization. Health care expenses push many families into debt, as most of the Indian population belongs to the middle class or lower socio-economic class. The global push for universal health coverage (UHC) emerged in recognition of widespread challenges such as restricted healthcare access, inadequate treatment, and substantial financial burdens. 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 Centres, the Ayushman Bharat Digital Mission, and the Pradhan Mantri – Ayushman Bharat Health Infrastructure Mission.

This study delves into the awareness levels of the Pradhan Mantri Jan Arogya Yojana (PMJAY) scheme among entitled population of Meerut in Uttar Pradesh, India. Launched in 2018, PMJAY aims to bridge the gap towards Universal Health Coverage by offering financial protection and quality healthcare services. Targeting the bottom 40% of the population identified through SECC 2011 data and the National Food Security Act database, this scheme empowers families with coverage of up to INR 5 lakhs per year for secondary and tertiary care through a network of empanelled public and private hospitals. 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.

Research Question:

- What are the key factors influencing awareness, enrolment, and utilization of PMJAY among the population of Meerut District of Uttar Pradesh?
- How can we address these factors to maximize the scheme's effectiveness and reach in Meerut District ?

Objectives:

This study aims to understand the following:

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.

Methodology:

- **Study Design:** community-based cross-sectional study design.
- **Setting:** Rural and Urban Block of Meerut districts.
- **Study Population:** Entitled beneficiaries of the PMJAY scheme residing in Meerut in Uttar Pradesh.

Inclusion Criteria:

- Residents of Uttar Pradesh
- Belonging to socio-economically disadvantaged households

Exclusion Criteria:

- Not enrolled in the PMJAY scheme

Data Collection Tools: A structured questionnaire to gather data on awareness levels and understanding of PMJAY.

Sample Size and Sampling Technique:

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.

		Range per Block
Block	(Tehsil-Meerut) Jaani, Kharkhoda, Meerut, Rajpura, Rohta	
PSUs	28	range (5,6)
Households	5	20

- A total of 5 blocks were selected from Meerut district using PPS sampling.
- For each block, a random selection of 5-6 PSUs was made from the SECC 2011 database.
- A total of 5 households will be selected from each PSU.

Data Analysis Plan: Descriptive statistics will be utilized to analyse awareness levels and sources of information regarding PMJAY.

Ethical Considerations:

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

Implications of Research: The findings of this study will offer valuable insights into the effectiveness of current PMJAY awareness campaigns and pinpoint areas for

improvement. The results will inform policymakers and stakeholders about strategies to enhance beneficiary understanding of PMJAY in Uttar Pradesh, thereby potentially improving healthcare utilization and outcomes.

References:

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