

SYNOPSIS

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TITLE:

Barriers to Implementation and Utilization of e-Sanjeevani: Evaluating India's Flagship Telemedicine Program.

1. INTRODUCTION

Digital transformation in healthcare has gained considerable momentum in India, especially after the COVID-19 pandemic. One such significant initiative is **e-Sanjeevani**, a national telemedicine platform developed by the **Ministry of Health and Family Welfare (MoHFW)** to provide equitable and accessible healthcare services. The platform offers two primary modes: **e-Sanjeevani OPD** (patient-to-doctor) and **e-Sanjeevani AB-HWC** (doctor-to-doctor consultations), both of which aim to bridge the urban-rural healthcare divide and reduce dependency on tertiary hospitals.

Despite its success in achieving over 10 crore consultations by 2023, the **utilization of e-Sanjeevani remains uneven across Indian states** (MoHFW, 2023). Some states like Tamil Nadu, Uttar Pradesh, and Andhra Pradesh show high adoption rates, while others lag behind. Several **implementation and adoption barriers**—such as **lack of digital infrastructure**, **inadequate training of frontline workers**, **connectivity issues**, **low public awareness**, and **administrative delays**—have been identified as significant challenges in scaling this telemedicine model uniformly.

This study seeks to explore these **barriers systematically** through secondary data sources and literature review, to provide strategic insights for improving the platform's reach and efficiency.

2. RESEARCH QUESTIONS

- What are the primary implementation barriers affecting the performance of e-Sanjeevani?
- How do **infrastructural**, **administrative**, and **behavioural factors** contribute to low utilization in some states?

- What lessons can be learned from **high-performing states** to strengthen implementation across India?

3. OBJECTIVES

- To evaluate the **vision and evolution** of e-Sanjeevani under the Ayushman Bharat Digital Mission.
- To identify **technological, infrastructural, human resource, and administrative challenges** in its implementation.
- To analyse **state-wise performance** using available data from government dashboards.
- To propose **recommendations for scaling and optimizing** the use of e-Sanjeevani in underserved areas.

4. HYPOTHESES

- H1: The **lack of training, connectivity, and technical support** are significant deterrents to effective use.
- H2: Enhancing **awareness**, simplifying the **user interface**, and providing **policy-level incentives** can improve adoption.

5. MATERIAL AND METHODS

STUDY DESIGN:

This is a **descriptive, cross-sectional study** based on **secondary data and document analysis**.

DATA SOURCES:

- e-Sanjeevani usage dashboards (MoHFW).
- National Health Mission (NHM) state reports.
- Government evaluation reports.
- Policy documents from NITI Aayog and WHO.
- Peer-reviewed journal articles on digital health in India.
- Media reports on challenges in public health digitization.

METHODOLOGICAL APPROACH:

A **narrative literature review** will be conducted to categorize and synthesize barriers under themes such as infrastructure, human resources, technology, administration, and socio-cultural context. **Comparative insights** will be drawn from **high- and low-performing states**.

6. DATA ANALYSIS PLAN

- **Thematic analysis** of implementation and adoption challenges.
- **Descriptive summaries** of state-level performance metrics.
- Review of trends based on **MoHFW e-Sanjeevani data**.
- Policy analysis to evaluate **programmatic bottlenecks**.

7. ETHICAL CONSIDERATIONS

Since this dissertation is based on publicly available documents and literature, **no human participants are involved**. There is no need for ethical clearance. All sources will be properly cited to ensure **academic integrity** and **transparency**.

8. IMPLICATIONS OF THE STUDY

This study will provide valuable insights into the **key operational and strategic challenges** limiting the success of e-Sanjeevani in India. The findings can guide **policy interventions**, inform future **digital health strategies**, and help ensure **more inclusive, accessible, and efficient** telemedicine services across the country.

9. REFERENCES

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