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A Demographic and Psychological Study on Universal Health Care Pmjay Model and Its Experience

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Abstract

Good Health is a fundamental requirement and right of every individual in any society. It is the duty of the Government to ensure Best Health Care Support to allits citizens. Financially Weaker and Poor section of the population are the worst hit if there is no access to health care support or if the health care support is inadequate for them. Most of the earlier schemes in India have run in to rough weather due to multiple reasons. Government's resources cannot be allowed go wastedown the drain.To overcome the problems, Government of India introduced the new health care programme called Ayushman Bharat. The current study provides empirical evidence with regard to its coverage (comprehensiveness), linkage (Awareness and Availability of facilities), transmission and efficiency (final outcome).To understand whether the AB Scheme takes care of all expectations of the targeted population, 35 actual beneficiaries and their families were personally interviewed through administering a comprehensive questionnaire encompassing over areas of coverage (adequacy), linkage (access), and transmission(timely support) to share their actual experience and opinion**.** The answers given are tubulated and analysed using SPSS 25 Software.It is found that, awareness level was very low as majority of the people have got to know of this programme only on getting admitted in hospital. However, the beneficiaries are quite happy with the treatment delivery mechanism as their experience at the time of admission and discharge is noted to be very good. So also, the comfort level and medical care whilst in the hospital is also found to be very good**.** As the programme is expected to be run on the lines of Universal Health Care, the scheme needs to be made available to all people irrespective of one's economic status. The awareness needs to be scaled up by giving Top Priority.

Keywords: PM JAY, Ayushman Bharat, Health insurance; Sustainable development goals; Universal health coverage.

1.0 INTRODUCTION

In this globally competitive environment, people are in a race towards achieving nothing less than excellence. It is true of individuals, entities and also the nation, as such. However, this excellence cannot be achieved in the absence of good health. As a result, organizations and institutions around the world are striving towards achieving universal coverage for health. The World Health Organization has therefore suggested and mandatedUniversal health coverage as a means to provide better, promotive, curative and preventive health services to all the people and communities. The major idea is to provide quality and timely health services without exposing people to financial hardship (WHO, 2018). The United Nations made it a target for sustainable development, after which many countries started their universal health coverage programs and schemes.

Universal health coverage is embedded upon three related objectives:

- Equity in Accessibility: Services should be accessible to everyone, not only to those who can afford to pay for them.
- Quality Service: Emphasis is on better quality of health services that have the ability to bring improvementin the physical, mental and social health of those at the receiving end.

- Offering Financial Relief: In case of anyone requiring to availany type of medical treatment, the sameshould notcause financial hardship to people.

To accomplish this objective, the Indian government announced its Universal Health Coverage Plan through its Ayushman Bharat (Pradhan Mantri Jan Arogya Yojana-PM JAY) in 2018. The Ayushman Bharat is a flagship programme that is launched under the broad National Health Protection Mission (NHPM), a vastly improved programme in all respects than any other earlier schemes of any previous Government. The scheme's basic objective is to strengthen the primary or grass-root level health care systems and provide financial protection to the poorest and vulnerable families in India based on the socio-economic caste census data primarily. Moreover, it also aims to extend the scheme to beneficiariesof erstwhile RSBY (Rashtriya Swasthya Bima Yojana, a government initiative in earlier years). The PM-JAY programme promises to provide cover for treatment up to Rs. 500,000 per family towards health care services in public hospitals or empanelled private hospitals in respect of secondary and tertiary treatments, irrespective of family size. The government has estimated that the scheme would benefit around 107.4 million families and beneficiaries will not be required to pay any amount up to Rs. 0.5 million hospitalization expenses. The cost is borne by the Central and State Governments in certain ratio with Central Government taking higher share of expenses. The coverage includes hospitalization charges, pre-hospitalization expenses of three days and post-hospitalization charges up to 15 days (NHA, 2018).

Through this, the scheme is directed towards the development of better health infrastructure in the country especially in the rural and semi-urban areas and through this,the provision of better healthcare services to all its beneficiaries. The majority of these beneficiaries are spread across rural areas in India.The government has listed approximately 1350 medical packages that will cover surgeries and Day Care procedures which include the cost of diagnosis as well. Moreover, the scheme holds women, girl child and people aged above sixty years in special regards for better care, support and close monitoring. For this purpose, there is no cap on the family size and age of beneficiaries unlike earlier schemes. The scheme is cashless and paperless which can be availed at both public hospitals and empanelled private hospitals (Online E. T, 2018).

In India, healthcare has always been a neglected issue by the Government. (Rao, 2019). Till now, the role of private hospitals in promoting government-sponsored health schemes has been significantly low. The apex body of the Central Government, the National Health Authority responsible for the implementation of Ayushman Bharat, has conducted various rounds of meetings with private players seeking their support in the smooth implementation of the scheme. This has been a reasonable success. However, the lack of availability of private medical services in rural and semi-urban areas has been overlooked by the government to great extent. The maximum number of recipients of the Ayushman Bharat healthcare scheme resides in these areas and thereby, it is essential to understand the ground level facilities available to them (Forgia and Nagpal, 2012)). Reports have shown that the maximum number of Indians who are eligible recipients of the scheme regularly visit small scale private hospitals and medium-sized clinics (KPMG, 2021). But most of them are not empanelled private hospitals, which makes it difficult for the end users to receive the scheme's benefits. Insufficient Budgetary allocation done by the Government stands as another problem for the successful implementation of the scheme (Rathi, 2017). The package charges offered is too low to lure the private hospitals and make them agree to extend the service.

One more such challenge has been on the socio-political front. Health Protection or Insurance schemes have always been a major responsibility of the state governments. State Governments have enough flexibility to adjust their budget suitably. Since Ayushman Bharat is a centrally initiated and controlled plan, it would create a rift between state and central government especially in States where the ruling party is different from the one in the centre. Many reports also suggest that the base or the eligibility criteria used by the government for selecting the beneficiaries of the scheme is incorrect, as it takes into account the database generated in 2011. Researchers have suggested using income level only as an economic indicator for the beneficiary (Chowdhury and Mukherjee, 2019). This paper tries to elaborate on Ayushman Bharat and try to identify the gaps and also suggest how various gaps in this scheme can be filled.

1.1 Aims and Objectives

This section highlights the aim of the study in a detailed manner that covers the topic of the present research for addressing the following research objectives:

1. To examine the dimensions of the plan concerning the target group, institutions and paraphernalia
2. To delineate the juxtaposition with other community health schemes.
3. To investigate the gaps in linkages between people, institutions and other stakeholders.
4. To analyse the inadequacy or strenuousness found in transmission concerning process, practices, flow and the final loop between the people.
5. To identify and understand the overall gap areas and propose the policymakers with appropriate solutions.

1.2 Research Questions

This section places the Research Questions based on the research objectives and review the existing literature. To achieve the objectives of the study, a route that will help to navigate the study and draft questions related to the study is finalized. Following are the research questions in alignment with Aims and Objectives:

1. What are the dimensions of the plan concerning the target group, institutions and paraphernalia?
2. What are the juxtapositions with other community health schemes?
3. Which are the gaps in linkages between people, institutions and other involved parties?
4. Explain the inadequacy or strenuousness found in transmission concerning process, practices, flow and the final loop between the people?
5. Identify the gap areas and propose the policymakers with appropriate solutions?

1.3LITERATURE REVIEW

1.3.1 Delineating the aspects of Ayushman Bharat

Several Indian national governments had aimed and portrayed commitment towards attaining the supreme goal of universal health coverage (UHC). However, it still remains an elusive aim for the Government of India. The Healthcare System in India is subject to various deficiencies and drawbacks in respect of infrastructure, quality of services, shortage of workforce and access to health services. Public spending on healthcare has been lowest in India amongst the global countries but has improved with the government of India approving the Ayushman Bharat (AB) during 2018 budgetand rolling out Pradhan Mantri Jan Arogya Yojana (PM-JAY) for hospitalization treatments and also Health and Wellness centres to take care of primary health care, later. The program is particularly hailed by the government of India with the aim of achieving Universal Health Care in India (Angell et al., 2019).

Ayushman Bharat which can be translated in English as “Healthy India”, a major initiative was launched out by Indian Prime Minister during September 2018. The initiative is a crucial part of the National Health Policy of 2017 which is specifically driven by the motive of achieving the aim of Universal Health Coverage (UHC). This programme is strategically designed in alignment with the goals of attaining the Sustainable Development Goal as suggested by World Health Organization. The major motto adopted here is “leave no one behind.”

The program of Ayushman Bharat is mainly an attempt tomove from the existing sectoral and segmented approach that is highly fragmented in its application, to a more comprehensive need-based health care service. PM-JAY as a whole is very comprehensive programme since it focuses on addressing all issues at all levels such as primary, secondary, and tertiary level. This includes taking pertinent steps towards the prevention, promotion, and availability of ambulatory care (NHP, 2021).

Ayushman Bharat was proposed in the 2018-19 union budget of the government of India, but the scheme was implemented in Sep 2018. With a view to confer continuum care on its beneficiaries, the programme is composed of two interrelated components (NHP, 2021):

1. Opening of Health and Wellness Centres - It aims at creating 1,50,000 Health and Wellness Centres that makes it accessible to people in concern withclose proximity to where the people stay. The locations will be strategically targeted towards the provision of Comprehensive Primary Health Care (CPHC), which takes care of maternal and child health care services, non-communicable diseases, supply of essential medicines, and diagnostic/pathological/radiologicalservices.

2. Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB:PM-JAY) AB: PM-JAY is a major bold step towards achieving the Universal Health Coverage (UHC) and Third Sustainable Development Goal (SDG-3). The programme is directed to provide healthcare support for financially weak and vulnerable families and reduce their exposure to financial risks that may arise due to sudden catastrophic health eventswhen they are admitted in hospitals.

National Health Protection coverage through PM-JAY Scheme is a centre sponsored project aimed at providing Rs. 0.5 Million coverage to nearly 10 crores (107.4 million to be precise) families covering 500 million population approximately, based on the Socio-economic caste census and few other criteria. The scheme is specifically directed to provide cashless coverage for secondary and tertiary treatment in any public or empanelled private hospital irrespective of the family size and age. This scheme entitles the beneficiary for cover to all the expenses from day one of the policy or scheme announcement. It will cover all hospitalization expenses, fifteen days of post-hospitalization expenses and even ambulance transportation expenses in case of emergency. One of the core principles of Ayushman Bharat is to provide cooperative federalism and flexibility to states. Every state has a State Health Agency to take care of implementation of the scheme (Lahariya, 2018).

Health and Wellness centresare started to provide primary and comprehensive health care counselling at the grassroots levels by upgrading sub-centres. It will provide a point of care health centres, yoga centres, consultation spaces and free diagnostic centres.

Thus, the services provided in Ayushman Bharat are very ambitious and include a lot of various additional services like ENT, mental health care services, oral health services, emergency medical services, and management of communicable as well as non-communicable diseases. This will also adopt the noting of medical records electronically through advanced IT systems apart from many other innovative ways of scheme implementation by embracing a high level of technology. These include mechanisms to closely monitor the performance of hospitals and various other stake folders, fraud control, training of people involved including Arogya Mitras (now called as Ayushman Mitras) who are critical link, IT infrastructure, connecting with Best Hospitals for better consultations etc (Dholakia, 2020).

1.3.2 Understanding and highlighting the possibility of AB-NHPM in Achieving Universal Health Coverage in India

Ayushman Bharat is one of the most popular and demanded schemes by the public. The provision of health coverage in earlier schemes especially, RSBY was very nominal at Rs. 30,000 per family and also was subject to a number of other conditions and restrictions. Therefore, the current scheme with respect to the coverage offered for pre-existing diseases as well, with no age limit and no limit in terms of number of family members covered, is a significant health benefit to the poor people. With the coverage of Rs. 5 Lakh (INR 0.5 million) available as of now, it is expected that the health care expenses will go up because of medical inflation (NHA, 2021).However, the amount of coverage presently offered along with the types of health issues covered may seem to be just correct at present, but ~~,~~with the rise in medical expenses year on year, there is a dire need for the coverage amount to be increased in the due course of time.

An article published by Gupta et al., (2020) in the Economic and Political Weekly, delineated that, based on the average of medical expenditures available in the previous data, the actual expenditure on healthcare for the nation would stand around Rs. 78000 crores (780,000 million) which is way beyond the Government's fund allocation. Scholar further explained that the three parameters which will impact the scheme's success rate are the hospitalization rate, the expenditure per hospitalization, and the number of beneficiaries covered. Also, a global study done on various health coverages provided in different countries show that the actual rate or expenses of healthcare generally rise over some time, as any scheme gains its momentum as it becomes popular.(Farahani et al., 2020). Initial budget allocation (from Central Government's Budget) for FY 2018-2019 was INR 31350 million which was later reduced to INR 24000 million.Likewise, for FY 2019-20, the requirement was INR 74000 million against which INR 72000 million was allotted but later reduced to INR 64000 million. The implementation of AB-NHPM is largely dependent on the spread or reach of private hospitals in the country (ET, 2019). However, little evidence is available regarding how many private hospitals are available in various districts, regions or states. The national health policy highlighted "strategic purchasing",

which referred to a public-private partnership. This was aimed at introducing stewardship roles directing private investments in the areas where there are fewer or no providers for particular services.
A study was done by Choudhary and Dutta, (2019) which showed that the empanelment of private organizations with insurance companies is relatively low in states with lower per capita income. It was also noted that, private hospitals empanelled with government schemes are lower when compared with private hospitals empanelled with insurance companies. The number of people targeted to be covered is over 500 million which is approximately 40% of the population from the nook and corner of the country. Because of the territorial and local issues, reaching such a huge, targeted number could be a challenge both in terms of creating awareness and providing facilities somewhat at the doorstep (Bakshi et al., 2018).

1.3.3 Comprehending the impact of Ayushman Bharat on people and the different sector

As per the data available as of 15th March 2023, the beneficiaries who availed of the benefits of the scheme had crossed 40million. This was achievable because of the high level of commitment it demonstrated in implementation and its cost control approach. The payments for treatment were majorly decided on a package rate basis in respect of around 1350 procedures. Ayushman Bharat- National Health Authority, an apex body which is chaired by Union Health and Family Welfare Minister was set up for deciding policy matters and promoting coordination between centre and states. This was also possible because of the government's plan to establish over 50000 health and wellness centres in first phase throughout India to support primary health care services for first level counselling. The Government of India gives special attention towards women, girl children, and those over sixty years of age who are provided health benefits with extra care. The scheme is facilitated by cashless and paperless registration making it easier for people to approach and get the needful done (Business Standard, 2021).
As per Financial Express, (2019) the medical equipment segment will be one of the biggest beneficiaries of the scheme. The various segments of the healthcare industry, particularly the medical equipment segment is considered as the biggest beneficiary with incremental revenues of USD 2 billion nearlyequivalent to Rs 14,350 crore. It is also found that, the Indian medical equipments industry is in anelementary stage and is significantly smaller than most of the emerging and developing countries. The per capita expenditure on medical equipments in India is very low at USD 3in comparison to USD 13 in China, and USD 340 in the USA. The overall size of the medical equipment industry in India is just USD 7 billion for a population of over 1.30 billion, but it is expected to grow much faster in the next few years. This increase is possible mainly because of the expected expansion of the patient pool, new types of diseases and thereby an increase in the number of tools or medical equipment. It is anticipated that, this segment will lead to a Compounded Annual Growth Rate (CAGR) of 30%-35% in the coming years (F.E. Online, 2019).
Talking about the scheme's impact on the healthcare sector, there has been an increase in the healthcare delivery segment boosting construction of hospitals of all sizes with all required infrastructure, human resources right from paramedics to doctors and specialists, availability of pharmacies etc to meet the rise in the number of beds and patients. However, it is expected to grow much bigger as days pass by. Even the consumption of medicines or pharmaceuticals is expected to see a rise between 5% to 20% as more people will start availing of the benefits of the scheme.

1.3.4Challenges countered by the beneficiaries using benefits of Ayushman Bharat Scheme

There is a dire need to add more services to the Health and Wellness Centre for it to be beneficial at the grass-root level. The requirement varies from place to place. However, failure to do so will turn out to be a problem if it is not addressed or planned properly by the government as it will underserve its purpose of promotive and preventive measures towards medical problems. Another problem faced by the Ayushman Bharat scheme is the shortage in the availability of the workforce at different levels. As most of the Sub centres are converted into Health and Wellness Centres, there is a serious problem with its financing. Most of the sub-centres do not even have the bare minimum services or amenities that are required for converting to health and wellness service centres. A lot of investment is required to do that. The magnitude of the scheme, i.e., over 10 crores (100 million) families with a total number of 500 million people is a huge number to cover. The government requires proper data collected in the form of area-wise statistics etc. in respect of beneficiaries, problems being faced by

people in different areas and shortfall in existing facilities, etc. to make this scheme more workable (Bhardwaj, 2019).

As per confirmationgained from Ahuja, (2019), from a financial perspective, the government has decided to increase the expenditure on health from 1.15% to 2.5% of GDP by 2025 that is doubling the budgetary allocation. However, the economic data reveals that even such expenditure will not make a big difference when it is adjusted to the inflation rate given the vast benefits rolled out through Ayushman Bharat. This scheme was introduced based on cooperative federalism which means that the states will have to contribute 40% towards the expenses except for a few eastern and Himalayan states who will contribute only 10%. Nonetheless, some states like Delhi, Orissa, West Bengal and Telanganaetc. have their state-sponsored healthcare schemes. This acts as a potential risk to socio-political friction that may arise due to different Governments in power. Systemic inadequacies in health care systems have always been a problem in India. Lack of Primary health care systems has forced doctors to work more on secondary and tertiary care systems (Keshri and Ghosh, 2019)

2.0 RESEARCH METHODOLOGY

A research methodology is a criticalarea of the entire research framework. It directs the researcher in proper flow throughit's minute sections. As the current study is strategically directed towards a detailed analysis of coverage, linkage and transmission of Ayushman Bharat, a sponsored health schemes in India, the research adopts a dual approach of data collection. The study has collected information through both primary and secondary techniques for sufficing the objectives of the research in a concrete manner. The primary data was collected using a quantitative research approach wherein a self-developed questionnaire wasdistributed amongst the beneficiaries of the Ayushman Bharat scheme. To support the same, the secondary data was also gathered through articles and opinions in various journals and magazines. This is to validate the survey results. Furthermore, the study utilizes a descriptive research design. According to Colorafi and Evans, (2016), a descriptive research design is a form or type of research design which provides a micro-level view of the entire process as it happens independently in its verynature without any disruption or interruption. For acquiring data through the users or beneficiaries of the Ayushman Bharat scheme, the study used a purposive non-probability sampling technique. The technique is instrumental in selecting samples based on a particular condition or judgment or purpose. For the current study, the major condition was the actual users of the Ayushman Bharat scheme. Moreover, the sample size of the current study was 35 beneficiaries of the Ayushman Bharat Scheme.

2.1Data Analysis

Data analysis is an extremely important step in the entireresearch work as this helps in moving towards the core objective of research work. The data analysis is done in the form of conversion of raw data intoprocessable quantitativedata forms and extracting the desired outputs for better interpretation of the results of the study for achieving the core objective of the research. (Levitt et. al., 2018).Therefore, after the datacollection, analysisof the data is done which is an important stage in the research framework. In respect of the current research work, an objective oriented comprehensive questionnaire is administered and the same is analysed in SPSS 25 Software followed by necessaryvalidation from authorities who have requisite knowledge of the happenings in public health care scheme.

3.0 RESULTS AND FINDINGS

3.1 DEMOGRAPHIC INFORMATION OF THE RESONPONDENTS

The table 1 depicts the demographic information of the respondents concerning their religion, community, gender, age, educational level, income level, etc.

The religion breakup of respondents between Hindus, Muslim and Christians is 29, 5 and 1 respectively which works out to 83%, 14% and 3%. This is more or less in proportion to overall population spread in the region.

Amongst the respondents 37% of the respondents are from SC and ST (Scheduled caste and Scheduled Tribe) community, 23% are from other backward category and rest 40% comes under other categories. Understanding of community spread is important as the scheme intends to make this programme specifically available to SC and ST community apart from other poor people as laid out in eligibility category.

As far as gender break up of respondents are concerned, male are 16 in number and female are 19 in number which represents 46% and 54% respectively. Gender wise break up will help government to study further and understand the need for developing gender specific health programmes.

Coming to age band break up of participants, 52% is less than 21 years, 34% is between 22 years and 55 years and balance 14% are 56 years and above. This represents actual facts. Generally, higher the age, higher is the exposure to disease. The changing trends suggest that, heart attack and non-communicable diseases are now common even amongst lower age people. However, accidents can happen to person of any age group.

In respect of educational qualification, it is more or less equally spread with literates being very marginally more than illiterates with 51% and 49% respectively. This is understandable given the target population being covered.

Analysing the breakup of head of family's occupation, 12 people are in to agriculture with 6 being agricultural coolies and other 6 being owners of their agricultural land,15 are self-employed which includes people in business and drivers profile. 8 people fall in others category. Thus, the percentage works out to 34%, 43% and 23% respectively.

Overall family income is less than INR 36,000 in respect of 86% of the people and balance 14% are from income category between INR 36,000 to INR 72,000. This is important to understand whether the benefits are going to really economically poor people.

Status of hospitalization was found to be 17% being discharged from hospital or awaiting discharge and rest 83% in hospital.

49% of the people availing treatment was found to be self and balance being dependents in the family.

It was noted that, 97% of the respondents had undergone hospitalization earlier and thus are able to give comments qualitatively with experience.

TABLE 1: RESPONDENT'S DEMOGRAPHIC PROFILE

Variables		Frequency	Percentage
Religion	Hinduism	**29**	**82.9**
	Islam	**5**	**14.3**
	Christianity	**1**	**2.8**
Community	SC	**12**	**34.3**
	ST	**1**	**2.8**
	OBC	**8**	**22.9**
	Others	**14**	**40.0**
Gender	Male	**16**	**45.7**
	Female	**19**	**54.3**
Age	0-5 years	**1**	**2.9**
	6 to 21 years	**17**	**48.6**
	22-45 years	**3**	**8.6**
	46-55 years	**9**	**25.7**
	56-65 years	**3**	**8.6**

	66-75 years	**1**	**2.8**
	76 and above	**1**	**2.9**
Education Qualification-head of the family	Illiterate	**17**	**48.6**
	Literate	**17**	**48.6**
	Literate Graduate	**1**	**2.8**
Occupation of the head of the family	Daily Worker-Not owning land	**6**	**17.1**
	Agriculturist- Owning Land	**6**	**17.1**
	Self Employed	**15**	**42.9**
	Others	**8**	**22.9**
Family Income Level-per year	Less than 36,000	**30**	**85.7**
	36001 to 72000	**5**	**14.3**
In Hospital	Currently, in Hospital	**29**	**82.9**
	Discharged	**6**	**17.1**
Previously in Hospital	Yes	**34**	**97.1**
	No	**1**	**2.9**

3.2 RESPONSE VARIABLES –CRITICAL POINTS ONLY

TABLE 2: KEY VARIABLES

Key Questions-Variables (Awareness and Service Delivery)	**Mean**	**Std. Dev.**
Awareness:		
1. What are you covered for as per your understanding?	**6.83**	**.382**
2. How did you come to know of this mainly?	**7.14**	**2.002**
3. How many members of your family are covered in this scheme as per your knowledge?	**6.80**	**.406**
Operational Efficiency (Transmission/Outcome):	**8.11**	**3.538**
4. How many hours did it take to get the problem resolved in respect of hospital admission?	**7.40**	**1.701**
5. How many days of hospitalization is/was required?		

From the above table, it can be observed that the question, "How many members in your family are covered in this scheme as per your knowledge?" has a mean of 6.80 and a low S.D of 0.406. Thus, it demonstrates high

reliability. For the sake of easy understanding only relevant questions are considered. Different category of questions had different scale options.

TABLE 3: RELIABILITY STATISTICS

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.535	.758	35

In the above table, Cronbach's alpha value for the overall data is .758 indicating that the data is consistent and reliable for further analysis. The number for standardized items is more relevant as the questions in the instrument were of varying type with different scales and options.

TABLE 4: ANOVA WITH TUKEY'S TEST FOR NON-ADDITIVITY

			Sum of Squares	df	Mean Square	F	Sig
Between People			76.249	34	2.243		
People	Between Items		5916.292	35	169.037	161.933	0.000
	Residual	Non additivity	49.599[a]	1	49.599	49.449	.000
		Balance	1192.609	1189	1.003		
		Total	1242.208	1190	1.044		
	Total		7158.500	1225	5.844		
Total			7234.749	1259	5.746		

From the above table, the F statistics gained is 161. 933 and its corresponding p-value gained is 0.000, which is less than the value of significance.

Here in this total variance explained, the value gained through rotation sum of squared loading has decreased gradually, therefore the model is considered as a good fit model.

4.0 KEY FINDINGS OF THE SURVEY

Some of the other key findings from the Pilot Study are as under. Important points only are noted below (From 5-point Likert Scale responses).

4.1 FINDINGS IN RESPECT OF COVERAGE

TABLE 5: COVERAGE

Sr. No.	Particulars	Response Summary
1	Previous visits to Hospitals for treatment	71.4% of the people just visited hospitals for some or other treatment in the previous 6 months before being admitted to the hospital under the AB scheme
2	Chance to get admitted in hospital of Choice	94.1% could get admitted to a hospital of their choice amongst the empanelled hospitals.
3	Percentage of income spent	91.4% of the people spend up to 10% of their earnings on

	on medical expenses	medical expenses
4	Availability of coverage under AB scheme	100% of the respondents confirmed they are part of the beneficiary under the scheme.

4.2 FINDINGS IN RESPECT OF LINKAGE

TABLE 6: LINKAGE

Sr. No.	Particulars	Response Summary
1	Awareness about the introduction/existence of the scheme	News Paper, TV, Other electronic media etc has NOT helped in creating awareness about the scheme in respect of 80% of people
2	Awareness about the benefits under the scheme	82.9% do not know what they are covered for
3	No. of days before the beneficiary have got to know about the scheme	80% got to know only just in previous one month before admission into hospital or on being hospitalized.
4	Knowledge of the amount up to which the coverage is available, and the number of people covered in family	80% did not know either of these.

4.3 FINDINGS IN RESPECT OF TRANSMISSION

TABLE 7: TRANSMISSION

Sr. No.	Particulars	Response Summary
1	Ease of getting admitted in Hospital	77% of people did not have any problem in getting admitted in Hospital
2	The overall comfort level in Hospital	60% strongly agree and 40% agree about the hospital being comfortable
3	Proper Care at Hospital by Doctor and other staff	60% strongly agree and 40% agree that the Doctors and Staff took good care of them
4	AB scheme saved the respondents from huge financial distress	62.9% strongly agree and 37.1% agree

4.4 OVERALAL SUMMARY

1. Despite a large amount spent by the government on creating awareness about the scheme, the beneficiaries still have poor awareness about the availability of the scheme. There is a strong need for all stake holders to come together and make effort in different ways that suits the region and background of target beneficiaries.

2. The coverage available under the scheme is as per the requirement of the targeted segment and virtually takes care of all types of hospitalization requirements as it marks huge improvement over the earlier schemes.
3. There seems to be obvious gap in terms of all eligible people not being beneficiaries. This warrants review of eligibility criteria. Health department and all other institutions need to take fresh look at it. The eligibility criteria needs to be more logical and should be based on latest census data.
4. The experience in terms of treatment in the hospital and other parameters are extremely good. However, it still remains a challenge for the Government to cope up with increasing incidences of illness or injury warranting hospitalization. Moreover, for achieving the goal of UHC, potential alterations need to be made to eligibility criteria and add more to the list of beneficiaries.
5. As Government needs to work on universal health cover now given their commitment to world health organization, the lessons learnt in Ayushman Bharat should help in developing robust systems and process with all stakeholders being part of it with best of the coordination amongst themselves.

5.0 SIGNIFACANCE OF THE STUDY

This paper elaborates on the importance of Ayushman Bharat, and the benefits gained by the beneficiaries. The people covered under the schemes belong to extremely poor financial conditions. Moreover, devastating vulnerabilities of nature and different types of problems being faced in different parts by individuals make this scheme extremely useful. Thus, the study has rightly focused on understanding the most genuine requirements of people and the means to achieve the objective. The study has attempted to identify the gaps in achieving the end objective of making available the best of health care support without any hassles to the beneficiaries. Thus, the findings will be eye opener to decision makers.

6.0 DISCUSSION ANDCONCLUSIONS

The study has significantly outlined that the weaker and poorer section of the society was longing for a big help from the Government in concern to the healthcare. The initiative through the Ayushman Bharat has proved to be a significant step towards providing health protection in India to poor people. The scheme is different in its orientation and application in comparison to other existing schemes that were developed with a similar framework earlier. The programme specifically differs with regard to the amount of cover, type of cover, eligibility, modus-operandi of the scheme, process to avail benefits including portability, strict monitoring of the programme on several parameters and more. It has tightened all the loose ends and brought together all the stakeholders more effectively. However, it also needs to examine other health care expenses other than hospitalization related, so as to ensure viable health protection from varied angles. Further, the rationale currently used for the selection of beneficiaries need to be revisited to make the scheme benefits available to all needy people.

The Ayushman Bharat health insurance is acting as the game-changer in India’s health sector. The analysis conducted for the present study used both primary and secondary data. From the rich literature and survey, it was found that users are happy with the government service but most of them prefer private hospitals due to better facilities than public hospitals. Government hospitals users have experienced that, the services provided therein are comparatively less quality-driven than private Hospitals. The private health care centres are much more equipped and are well versed than the public health care centres. Thus, to make AB a success, better strategies need to be put in place to reach the poorest of the poor as per their requirement. There is also a strong need for the scheme to gain more popularity concerning its existence, coverage available, and approach to be followed for availing treatment etc. through extensive publicity. The level of awareness on in respect of important areas is quite low. The government needs to focus on scaling up the infrastructure (construction of hospitals and the latest equipment mainly) and with better ones, increased manpower at all levels, delivery mechanisms etc.

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