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Challenges And Barriers In Implementation Of Pm-Jay Scheme In Villages Of Faridkot District

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Abstract
Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), the flagship health insurance program of India, is meant to provide more than 500 million economically vulnerable citizens across the country with financial protection and access to secondary and tertiary healthcare. Although the urban areas have seen some progress because of the scheme, enormous challenges continue to persist in rural pockets, especially in states like Punjab. In the present study a total of 400 individuals were surveyed (beneficiaries and health care representatives) from nine different villages of three different blocks falling under Faridkot district. The present article analyses the barriers and bottlenecks in the implementation of the scheme across selected villages of Punjab- backstopped by field data alongside interviews with beneficiaries and healthcare providers.

1. INTRODUCTION

The Govt. of India has introduced one of the world's largest government-funded health insurance schemes "the Ayushman Bharat - Pradhan Mantri Jan Aarogya Yojana (PM-JAY) to cover over 10 crore poor and vulnerable families providing coverage up to ₹5 lakh per family per year for accessing secondary and tertiary level care.

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 (National Health Authority, 2021). Health care expenses push many families into debt, as most of the Indian population belongs to the middle class or lower socio-economic class. India is a developing country with an expanding population of 1.4 billion (Worldometer. 2022), and Bihar is one of the most populous states/UTs in India (Office of the Registrar General & Census Commissioner, India, 2022). Bihar is among India's worst-performing states in terms of providing health care services, as reflected by health indicators (NITI Aayog, 2022). The proportion of families living below the poverty line in Bihar is 52.2% (Ministry of Statistics and Programme Implementation, 2022). There are various models of health care, and the out-of-pocket model is the most prevalent in less-developed regions and countries where there are insufficient financial resources to construct a medical system similar to the other three models discussed previously. The wealthy receive expert medical treatment, while the poor do not unless they are able to come up with the funds to pay for it (Vera Whole Health, 2022).

A United Nations high-level meeting suggested universal health coverage to prevent healthcare cost inequity with unequal access to health care (Watkins et al. 2017). The current universal health coverage (UHC) movement began in response to growing worldwide awareness of issues such as limited access to health care, substandard treatment, and significant financial risk (Watkins et al. 2017). To help decrease this spending and provide adequate health care, the Indian government, which includes both state and central

governments, has implemented several health security programs, including Ayushman Bharat, a fully central government-funded scheme (National Health Authority, 2021). This initiative was inaugurated in Ranchi on September 23, 2018, by the honorable Prime Minister of India. The aim of implementing the vision of universal health coverage was to ensure that no one is left behind (National Health Authority, 2021). Ayushman Bharat is one of the flagship programs intended to provide financial protection in availing of secondary and tertiary level health care. This scheme has two components: the health and wellness center and the Pradhan Mantri Jan Arogya Yojana (PMJAY). PMJAY is the world's largest public-funded health insurance scheme and applies to India's rural and urban populations. PMJAY's primary purpose was to reduce catastrophic out-of-pocket expenses, cover the most amount in the least amount of time and improve prolonged hospitalization (Press Information Bureau, 2022).
The limited access, insufficient availability, suboptimal or unknown quality of health services, and high out-of-pocket expenditure (OOPE) are amongst the key health challenges in India (Government of India, 2017). These challenges exist alongside a global discourse to achieve universal health coverage
(UHC) – increasing access to quality healthcare services at affordable cost, by all people; and in times of fast economic growth in India (World Health Organization, 2010).

The present study focused on the Healthcare infrastructure limitations and operational challenges in rural areas of Faridkot District. The study illustrates the challenges and barriers faced in the implementation of Ayushman Bharat in the study and to the best of our knowledge is the first study being conducted in the different blocks of Faridkot district.

2. MATERIALS AND METHODS

The present cross-sectional study was conducted across the three different villages of three blocks falling under the Faridkot district of Punjab naming Faridkot: Machaki Mal Singh, Chahal and Bhana; Kotkapura: Sandhwan, Dawariana and Dhimanwali; Bagapurana: Smalsar, Rajiana and Panj Grain Khurd. The villages were chosen based on their representation of rural communities in Faridkot district.

The study surveyed and interviewed a total of 400 participants, including 350 beneficiaries and 50 healthcare providers. A qualitative and quantitative approach was made to interview the local health administrations and beneficiaries for collecting the primary data. A detailed questionnaire for beneficiaries including demographic data (name,age, gender, address, educational qualification, occupation), Ayushman Bharat awareness questions, utilization of the scheme done till date in any circumstances (if the answer was yes, then full details of medical records were extracted), questions regarding the challenges they faced during the implementation of the scheme, perceived impact and the suggestions were taken. For healthcare workers the questionnaire included demographic data, job profile, name of the hospital (name and district), years of working experience, questions regarding awareness and training of Ayushman Bharat scheme, questions regarding challenges in patient registration and service delivery under Ayushman Bharat scheme, challenges in hospital infrastructure and support, observations and impact and their recommendations.

3. RESULTS AND DISCUSSIONS

In the present study, after the detailed survey done on beneficiaries and health care workers of total 9 different villages from three different blocks of Faridkot district, following data was compiled (Table 1 and Table 2).

Key challenges identified during the survey were:

1. Lack of awareness and digital barrier

Just about 39% of the respondents possessed the golden card to access services, and only 54% were aware of the Ayushman Bharat program. Confusion over eligibility criteria and benefits they can avail were the main drawbacks seen in many villagers. Most of the people wrongly associated Ayushman Bharat scheme with the Punjab Sarbat Sehat Bima Yojana. People believed that Sarbat and Ayushman were interchangeable. No genuine attempts were noticed to clarify the distinction. Access was hampered further by ill-equipped Common Service Centers (CSCs) and barrier of digital knowledge. Several families reported failed attempts to get Aadhaar-based authentication owing to server glitches or failure of fingerprint authentication.

2. Inadequate empanelled facilities in villages

More than 63% of the surveyed beneficiaries stated that they approached the empanelled hospitals after travelling beyond a distance of 25 kilometers. Most of the empanelled private hospitals are narrowly situated in urban areas, leaving the rural populations under-served. Few people during the survey stated that after visiting the government hospital, the referral took them to a private empanelled one, which was too costly for them to reach. This renders the scheme incompetent in achieving its goal of ensuring equitable access to healthcare.

3. Cashless Services Not Always Available

Though the scheme promises cashless treatment, 14% of respondents still reported unofficial payments, especially in private hospitals. Likewise, 21% were not given services because of documentation issues, especially regarding Aadhaar mismatches or missing records. Such discrepancies may discourage future uptake and create distrust in the scheme.

4. Delayed Reimbursements & Operational Burdens

Among those healthcare providers surveyed, 78% from private empanelled hospitals reported delays in reimbursements greater than 30 days. Public hospitals similarly said there is a complete lack of trained manpower for PM-JAY claims management and documentation. There were complaints about the software crashes most of the time during upload of the documents. These problems disincentivized private hospitals from enrolling or making PM-JAY beneficiaries a priority.

5. Insufficient Training for ASHA Workers and Staff

Ground-level workers like the ASHAs, who alone are vital in spreading awareness and mobilizing enrollment, were poorly trained on the working of the scheme. About 28% of respondents said ASHAs had not offered them any support in enrollment or claims guidance. This lowered penetration in rural clusters, more so among semi-literate or old population groups.

6. Poor Grievance Redressal Mechanisms

About 79% of the beneficiaries were unaware about any grievance redressal platforms. About 61% felt helpless in situations of denial of treatment. Many were terrified of approaching the government offices or did not have the means to reach there. The absence of a village-level escalation or helpline system affected the ability of the system to respond against the exploitation and denial of prescribed services.

Table 1: Challenges observed during the survey of beneficiaries from different villages

Awareness issues		
Issues	**Percentage of respondents**	**Reasons**
Awareness in beneficiaries	54%	The villagers living close to the city had better awareness
Availability of Ayushman cards	39%	The people who didn't have cards reported technical issues
Help from the ASHA workers	28%	The training was not sufficient for ASHA workers
Confusion about benefits	41%	Many people confused it with other state-level schemes
Challenges in Utilization		
Challenges in locating an empanelled hospital	63%	travel was long and transportation cost was an add on
No proper documentation lead to denial of service	21%	private hospitals were more particular for documents

Awareness issues		
Issues	**Percentage of respondents**	**Reasons**
Additional charges were there even after having the card	14%	Specifically in empanelled private hospitals
There was no clarity for transferring cases from government to private hospitals	11%	There was lack of reference knowledge
Uncomplete information about coverage of treatment	27%	Beneficiaries were unaware about the financial coverage of the treatment

Table 2: Challenges observed during the survey of health care providers from different villages

Issue	**Percentage of Providers Reporting**	**Notes**
Delays in the reimbursements	78%	Private empanelled hospitals showed more delays in the reimbursements
Improper training on filing a claim	46%	New staff was unware of complete information
Only few people were designated to handle PM-JAY processing	62%	Specifically in the PHCs and CHCs
Major problems arising in softwares and crashes	52%	During peak hours most of the issues were noted
Confusion between the terms of state schemes (Sarbat Sehat Bima Yojana) and PM-JAY	33%	No proper knowledge was there which can distinguish between the two schemes.

A country's healthcare system plays a significant role in its socioeconomic development. Access to high-quality healthcare services not only enhances people's quality of life but also significantly contributes to economic growth by reducing the burden of illness and increasing productivity (Gupta et al, 2021). In a country as diverse and populous as India, achieving universal health coverage has proven to be an ongoing struggle (Karan et al, 2017).

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana, a major health insurance program, was launched in 2018 to solve this problem and protect low-income families from excessive medical expenditures. The Ayushman Bharat initiative is founded on two main pillars: the Pradhan Mantri Jan Arogya Yojana and Health and Wellness Centres.

Key health concerns in India include high out-of-pocket spending, inadequate or uncertain quality of health services, limited access, and insufficient availability (Lahariya, 2020). These difficulties coexist with the global movement to attain universal health coverage, which aims to increase everyone's access to high-quality healthcare at a reasonable cost, and during India's rapid economic expansion (NITI Aayog, 2018). Even though India's National Health Policy-2017 (NHP2017) is in line with international discourse and aims to attain universal health coverage, political leadership frequently does not prioritize health, and it has historically received inadequate funding (Government of India, 2017 & Shiva Kumar et al, 2011).

A study focused primarily on the problems concerning the implementation of the Pradhan Mantri scheme, a cross-sectional study that was conducted in Meerut, Uttar Pradesh on the Jan Arogya Yojana. Eight public and twenty-three private hospitals were selected randomly from the PMJAY empanelled institution list. PMJAY Medical Officer coordinators in the empanelled hospitals were interviewed using a pre-tested and pre-designed questionnaire. As much as 93% of the 31 empanelled institutions under consideration were content with the process of empanelment in PMJAY. Health Benefit Packages did not satisfy 64.5% of hospitals. Primary reasons for 77.4% of hospitals calling PMJAY inferior to private health insurance were inadequate grievance redress, poor claim processing and settlement, reimbursement denial for health packages, low health package rates, and little knowledge about the program. They concluded that the

scheme is fraught with challenges. Of course, a lot of work remains to be done before achieving adequate insurance coverage for the nation (Reddy, 2018). In the context of Ayushman Bharat, research by Angell et al. (2019) and Lahariya (2020) has provided initial assessments of its implementation, noting both successes and challenges (Angell, 2019 & Lahariya, 2020).

In the present study, the key recommendations for the challenges faced by the beneficiaries as well as the healthcare providers of nine different villages during the implementation of the Ayushman Bharat scheme are as follows:

Awareness Campaigns: A localized campaign such as radio, community meetings, and ASHA outreach in their local language can prove to improve their knowledge about the scheme.

Mobile Empanelment Units: Deploy mobile teams for on-the-spot card generation in remote villages.

Infrastructure Grants: Strengthening of PHCs, and CHCs establishments with increased number of dedicated PM-JAY helpdesks and IT support.

Clearity in the differentiation of the Schemes: An understanding of what Ayushman Bharat is or what are the state level schemes. This will avoid confusion with the central government using identical messaging to avoid misconceptions about the two schemes.

Quicker Claim Settlement: This will help ensure timely reimbursements through an automated, monitored system for hospitals.

Training Healthcare Staff-Regular workshops for hospital administration teams, ASHA workers, and CSC operators should be done to keep them up to date for terms and conditions of the scheme.

4. CONCLUSION

Ayushman Bharat has turned access to health care on its head for millions, but this promise was not well implemented in Punjab's rural districts. A much more focused approach would not only address mobility issues but also tackle infrastructure deficits, awareness generation, and the provision of public service for that dream of no one left behind to be fulfilled.

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