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'A Study of Awareness about Ayushyaman Bharat Yojana among Low Income Urban Families.'- An Exploratory Study



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Abstract

In India the rising average annual total medical expenditure is a major concern. According to the reports published by IRDA and WHO 75% of the population do not have any health insurance and 75% of the Indian spend their entire income on health care. Considering these facts, the government of India has launched AB-PMJAY scheme with mission, "To reduce the financial burden on poor and vulnerable groups arising out of catastrophic hospital episodes and ensure their access to quality health services". It is claimed by the government that through this scheme, more than 10.74 crore poor and vulnerable families (approximately 50 crore beneficiaries) will be benefited. Through NHA government of India has issued precise guidelines to SHA's for promotion of this scheme. However the awareness of this scheme among the beneficiaries is still questionable, especially in the urban area. Through this study researcher tried to find out the awareness level of the scheme and benefits offered by the scheme. Researcher also attempts to find out the possible hurdles in smooth implementation of this scheme.

Keywords: AB-PMJAY, IRDA, NHA, SHA, WHO. Introduction

India is one of the fast developing countries in the world and the second in the world population wise having 1.3 billion populations, major of which i.e. 70% population lives in rural area. Currently, India is facing dual health problem majority of its population is suffering from contagious diseases as well as non contagious diseases which remain a threat to health and economic security. Many factors are responsible for this transition, urbanisation, modernisation in farming and change in demography of population are few which can be highlighted that are responsible for changes in social and economic determinants of health. Lack of access, timely access and poor quality of medical treatment are the major reasons of fatality in the deprived class.

According to India Consumer Economy 360 Survey, the average annual total medical expenditure of an Indian is about Rs.9,373. Average annual expenditure of household in towns on health is Rs 13,198/-, while it is Rs. 11,387/- and Rs. 6,371/- for a Metros household and for an underdeveloped rural household respectively [5]. This report also revealed that due to financial constraints, the 30% of the rural population did not avail any medical treatment. And those who get the treatment, they pay the hospital bills either by taking loans or by selling their assets. WHO in its health profile report released in 2014 pointed out that nearly 75% of the Indians spending their entire income on health care and purchasing drugs. IRDA in its report published in the year 2017 said that, 76% of the population do not have any health insurance that put financial burden to family that results in higher expenditure on health [6].

Considering above facts, the government of India approved the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in March 2018 and was launched by honourable prime minister Shree Naredra Modi on 23rd September 2018 with mission "To reduce the financial burden on poor and vulnerable groups arising out of catastrophic hospital episodes and ensure their access to quality health services". Government of India is claiming the program as a historic step towards achieving Universal Health Coverage (UHC) in India. AB-PMJAY has following two primary goals[7]:

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 To create a network of health and wellness infrastructure across the nation to deliver comprehensive primary healthcare services. And

 To provide health insurance cover to at least 40% of India's population which is deprived of secondary and tertiary care services.

Except organ transplantation all types of medical treatments will be provided for those eligible families under this scheme. Pre and post hospitalisation expenses will also be included and there will be no restriction on the size and age of the covered beneficiary family member. Following are the key features of the AB-PMJAY[7]:

- 1. Provides hospitalisation cover of up to Rs. 5,00,000 per entitled family per year.
- More than 10.74 crore poor and vulnerable families (approximately 50 crore beneficiaries) covered across the country.
- 3. No formal enrolment process is required.
- No cap on family size and age of members. All members of designated families get coverage; specifically, girl child and senior citizens.
- Covers secondary and tertiary care hospitalization.
- 6. Free treatment available at all public and empanelled private hospitals.
- Cashless and paperless access to quality health care services.
- Benefits of national portability. Eligible beneficiaries can avail services across India.
- 1,350 medical packages covering surgery, medical and day care treatments, cost of medicines and diagnostics.
- 10. All pre-existing diseases covered.

"Right to health" should be among the top of all fundamental rights offered by constitution of any country in the world. However, it is not even recognized as a fundamental right in our constitution[1]. It is evident from the history of post independent India that some efforts were taken by central and state governments to provide health care through countrywide network of three tier health-care institutions and various national health programs. Eradication of smallpox, regional elimination of leprosy, neonatal tetanus, controlling diseases such as malaria/other vector-borne diseases, and reduction maternal/infant mortality are few achievements. However, the system is still struggling to provide quality curative and rehabilitative care to the masses, especially in remote areas. Many schemes to address health related issues were launched by previous state and central governments but they failed to achieve the desired goals. AB-PMJAY is yet another scheme and its success lies in effective implementation and communication to all stakeholders.

Dr. Indu Bhushan, Chief Executive Officer, National Health Agency (NHA) said that, the success of PM-JAY, is critically dependent on effective communication that should reach the last mile beneficiary. Communicating only the features of the scheme will not suffice, but it is also important to communicate about who are the beneficiaries under this scheme, to keep beneficiaries updated on the

processes involved in availing the benefits. He also felt the need of a strong community outreach at State level for ensuring effective implementation of PM-JAY.

To achieve this objective, the National Health Agency (NHA) had prepared 'PM-JAY Information, Education and Communication (IEC) Guidebook for SHAs' and the same is shared with all the State Health Agencies (SHAs).

Researcher was very much impressed when he learned about the features of the scheme and beneficiaries of the scheme. Prima face he was also impressed by the efforts put forth by central and state governments to make the beneficiaries aware about the scheme. While interacting with few likely to be beneficiaries of this scheme in urban area researcher's impression turned into disappointment. He found that some of them have heard about the scheme but neither of them was aware about the kind of benefits the scheme offers to them. They were not even aware about inclusion/exclusion of their family in the list of beneficiaries of this scheme. To get deeper insights about the awareness of the scheme, the researcher decided to take up this topic for further research.

Objectives of the Study

- 1. To study the awareness of AB-PMJAY scheme.
- To study the awareness of benefits offered by AB-PMJAY scheme.
- 3. To identify the likely reasons that can be hurdles in implementation of scheme.

Review of Literature

Harsh Bakshi, Rashmi Sharma, and Pradeep Kumar in their article entitled, "Ayushman Bharat Initiative (2018): What we Stand to Gain or Lose!" discussed the efforts taken by central government to educate the beneficiaries of AB-PMJAY in rural India such as health education campaigns, community mobilization and identification/information collection of the beneficiaries through Gram Sabhas. They also discussed Critical Areas under Ayushman Bharat National Health Protection Scheme [1].

Rohit Dhaka, Ramesh Verma et all in their research article "Ayushman Bharat Yojana: a memorable health initiative for Indians", revealed the average annual expenditure of Indians living in different parts of the country. They also discussed the various strategies to implement AB-PMJAY [2].

The article, "How Equitable Will Ayushman Bharat Be?", authored by Manasee Mishra and Arnab Mandal, discusses the challenges in implementation of Ayushman Bharat scheme. According to them inequality across social groups could be the main hurdle in implementation of AB-PMJAY schemes. This article elaborates on three aspects of equity that determine access to healthcare in general, and hospitalisation in particular. The dimensions are: 1) differential access of members within a household; 2) differential access of social groups in a given population; and 3) geographical differentials in provisioning of healthcare services [3].

Angell BJ, Prinja S, Gupt A, Jha V, Jan S (2019), in their research work entitled, "The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana and the path to universal health coverage in India:

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Overcoming the challenges of stewardship and governance." Proposes that there is a need for wide reforms across public and private providers of health care if India is to meet its stated aims of providing universal health coverage (UHC) for its population. The success of the program will rely on a reformed and adequately resourced public sector to lead implementation, delivery, and monitoring of the scheme. They also proposed that Implementation and ongoing operation of the program need to be carefully monitored to ensure that it is meeting its aims in a sustainable manner and that negative unintended consequences are avoided.

Research Methodology

After knowing about the AB-PMJAY scheme, researcher obtained the detailed information about the scheme, such as key features of the scheme, benefits offered under this scheme and criteria for beneficiaries of this scheme. He then discussed about the scheme with the housekeeping service providers in the area where researcher is residing and he was surprised to know that most of them have heard about the scheme but none of them were aware about other details of the scheme. To get more insights researcher tried to find the research work carried out by other research scholars about awareness of AB-PMJAY either in rural and in urban area. While going through the literature related to the subject under consideration, researcher observed the efforts are taken by central and state government to promote AB-PMJAY scheme in rural area. However similar efforts are not observed in the urban area, neither researcher found any of the research work dedicated to the awareness of AB-PMJAY scheme in urban area. Hence researcher decided to take up an explorative research to know more about the scheme, its awareness among urban beneficiaries and likely hurdles in the implementation of the scheme.

In order to study the awareness of AB-PMJAY scheme, a descriptive research including survey and fact finding enquiry was chosen. For the purpose of collection of data a well structured questionnaire was prepared. Initial draft of questionnaire is discussed with other research scholars and their feedback was recorded. On the basis of feedback, initial draft of questionnaire was modified and final draft was prepared. The education level of the respondents was low hence personal interviews method through structured questionnaire is used for collection of Primary data.

Researcher used convenience sampling method and interviewed 100 respondents. Researcher contacted house maids, constructions workers, class 4 employees such as sweeper, peons drivers of small organisations. To contact construction workers researcher visited 'Majoor Addas' and interviewed those who are ready to give information related to the subject under consideration. Frequency distribution and cross tabulation has been applied for the data analysis and to draw conclusions.

Limitations of the Study

The study has been carried out for deprived class residing in urban area especially in PCMC municipal corporation area. According to SECC an

urban resident with any one of the 13 occupation categories are included in the deprived class out of those 13 categories only 9 categories of the occupation were included in the study. Due to limited resource of time and fund, responses of only 100 respondents were recorded and conclusions are drawn.

This is a cross sectional study, and the result and conclusions obtained through this study are based on primary data collected in a specific period. As considerable efforts are taken by central government, state government and local authorities to increase the awareness of the AB-PMJAY scheme, the result of the study may be different if data is collected at different point of time. To study the awareness level and effectiveness of the scheme a longitudinal study need to be carried out.

Data Analysis and Results

To study the awareness of the AB-PMJAY scheme, the researcher included relevant questions such as 'Have you ever heard about AB-PMJAY scheme?, What are the benefits of the scheme? Who are the beneficiaries?, whether their family is included in the list of beneficiaries or not? and whether they have enrolled under RSBY scheme or not? The responses of these questions were recorded. Descriptive statistics of the responses is presented in table 1.

Table 1 reveals that 49% of the respondents have heard about AB-PMJAY scheme. The difference between the respondents who have heard and who do not heard about the scheme is not statistically significant. However the result shows that nearly half of the urban population is not aware about the scheme. Further investigation in the subject matter reveals that out of 49 respondents who have heard about the scheme none is aware about the benefits of the AB-PMJAY scheme. None of them even don't know about who are the beneficiaries of this scheme are and whether their family is included in the list of beneficiaries. From above discussion it can be concluded that, the efforts taken by central government, state government and local urban bodies are not aimed at the right direction and new campaign has to be launched that focuses personal interaction and counselling of people in urban area and belonging to deprived class.

After knowing about the awareness level of the respondents about the scheme, researcher himself decided to find out how many of them can be benefited out of this scheme. Researcher interviewed those respondents who meet the basic criteria laid down by the central government for inclusion of the families in urban area in the list of beneficiaries. However central government has also issued a set of criteria based on which a family has to be excluded from the list of beneficiaries even though it fulfils the criteria of inclusion. According to the IEG guidelines issued by National Health Authority (NHA) there are 14 different criteria on the basis of which a family is automatically excluded from the list of beneficiaries. Out of these 14 criteria the researcher has considered 8 criteria relating to the urban population. Following table represents the frequency of the respondents

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who fulfils one or more criteria that automatically exclude their family from the list of beneficiaries:

Table 2 reveals that 25 out of 100 families are not eligible beneficiaries on the basis of automatic exclusion criteria. To know more about the most prominent reason for exclusion of families from the list of beneficiaries, researcher asked all respondents whether they satisfy any one or more out of 8 criteria identified by the researcher. The frequency distribution of the respondents who fulfil and those who do not fulfil each of these 8 criteria is presented

From table 3 it can be concluded that none of the respondent owns motorized 2/3/4 wheeler, hence no respondent is excluded from the list because of this reason. Similarly no respondent is excluded from the list because of other reasons except any member of the family paying professional tax and family having refrigerator. 21 families out of 100 are excluded because of the reason of having family member who is liable to pay professional tax as per the rules laid down by state government of Maharashtra. 7 families out of 100 are having refrigerator at their home and hence these 7 families are also excluded from the list of beneficiaries. However these subsets are not exclusive, 3 families are excluded due to two reasons, firstly due to at least one family member is paying professional tax and secondly due to having refrigerator at home.

Table 3 reveals that, 'any member in the family paying professional tax' is the most prominent reason because of which the families belonging to the deprived class are excluded from the list of beneficiaries

The outcomes of this analysis provoke researcher to look into the matter more deeply as researcher has included only those respondents in his sample whose no family member earns more than Rs. 10000/- per month. In spite of taking this care, researcher observed that 21% of the families that are likely to be deprived class are actually not included in the list of beneficiaries of AB-PMJAY scheme. Further investigation reveals that professional tax rates are not uniform in all states of India. Professional tax rates in Maharashtra are as follows [8]:

- Person with monthly income below Rs. 7500/- is
- Person with monthly income more than Rs. 7500/- but less than Rs. 10000/- has to pay Rs. 175/- per month towards professional tax.
- 3. Person with monthly income more than Rs. 10000/- has to pay Rs. 2500/- per annum towards professional tax.

This disparity in the professional tax excluded 21 out of 100 families from being benefited under the said scheme. On the basis of income criteria laid down by central government of India, person earning less than Rs. 10000/- per month is eligible to avail the benefits. However as per the professional tax act of state government of Maharashtra, revised in the year 2015, a person earning more than Rs. 7500/- per month has to pay professional tax and hence he is excluded from the list of beneficiaries, as person paying professional tax

is automatically excluded from the list. On the other hand person or his family earning between Rs. 7500/to Rs. 10000/- and residing in the states like Andhra Pradesh, Asam, Bihar, Goa, Jharkhand, Karnataka, Madhya Pradesh Odisha, Pudduchery, Punjab, Sikkim, Telangana, West bangal and some of the union territories where professional tax slab rates are different are exempted from paying professional tax and hence they are included in the list of beneficiaries. When researcher goes deeper and trying to investigate more, he found that the respondents who are excluded due to the criteria 'professional tax' are mostly belongs to 3 occupational categories as defined by NHA in IEG. Table 4 shows the frequency of the persons from different occupation groups who are excluded from the list of beneficiaries due to the reason Professional Tax:

From table 4 it can be inferred that out of total 21 families that are excluded due to the reason professional tax, 2 are home-based worker/artisan/ handicrafts worker / tailor, 7 are Transport worker/ driver/ conductor/ helper to drivers and conductors/ cart puller/ rickshaw puller and 12 are Shop worker/ assistant/ peon in small establishment/ helper/ delivery assistant / attendant/ waiter. Most of these respondents were salaried persons and their monthly salaries ranges between Rs. 7500/- to Rs. 10000/-

Conclusion

The questions aimed at knowing about the awareness of the AB-PMJAY scheme reveals that around 50% of the respondents have heard about the scheme. However none of them were aware about the benefits offered by the scheme. Neither they are aware about their inclusion in the list of beneficiaries of this scheme. From this it can be concluded that the efforts taken by NHA and SHA to promote AB-PMJAY scheme are not aimed at the right direction especially in the urban area. The study further highlighted the need of new promotional campaign to increase the awareness of the scheme.

NHA in its IEC guidelines mentioned 14 different criteria by which a family may be excluded automatically from the list of beneficiaries. To know whether a family of respondents has been excluded or not, researcher identified 8 out of 14 criteria relevant to the urban population. The data analysis shows that 25 out of 100 families are excluded because of one or more criteria. Out of these 25 families 21 are excluded because one or more family members are paying professional tax. Thus 'family member paying professional tax' is the most prominent reason for exclusion of a family from the list of beneficiaries. The second most prominent reason is 'family having refrigerator' at their home, 7 out of 100 families owns refrigerator and hence they are excluded. There are 3 families who are excluded due to both the reasons mentioned above.

The study also highlighted the inequality of professional tax structures among different states and union territories. Due to this reason a family that may be eligible for getting benefits under this scheme may not be eligible in Maharashtra state. Any person earning Rs. 7500/- or more per month has to pay professional tax as per Maharashtra tax reforms 2015

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and hence his family is excluded from the list of beneficiaries even though his monthly income is less than Rs 10000/- per month. However a person with same salary from other states such as Andhra Pradesh, Asam, Bihar, Goa, Jharkhand, Karnataka, Madhya Pradesh Odisha, Pudduchery, Punjab, Sikkim, Telangana, West bangal and some union territories is included in the list of beneficiaries as person with monthly income less than Rs. 10000/- do not have to pay professional tax.

Implications of the study

This is an exploratory study and attempts to find out the awareness of AB-PMJAY scheme amongst those who are likely to be beneficiaries of this scheme. This study also attempts to find out the awareness of benefits offered by this scheme and List of Tables

also attempts to find out the hurdles in effective implementation of this scheme. Hence this study would be helpful to the central government and NHA to redesign promotion campaign of the scheme for creating awareness of the scheme amongst the beneficiaries. The study also reveals the disparity in the structure of professional tax among different state of the country and is one of the major hurdle in the implementation of this scheme. Hence this study would help NHA to redefine the list of criteria for automatic exclusion of beneficiaries. This study would also be helpful to the state governments to redefine their tax slab structure so that maximum people belonging to the deprived class would be benefited out of this scheme.

Table 1
Awareness of AB-PMJAY Scheme

Question	Yes	No	NA	Total
Have you ever heard about AB-PMJAY scheme?	49	51	0	100
Do you know the benefits of AB-PMJAY scheme?	0	49	51	100
Do you know who the beneficiaries under this scheme are?	0	49	51	100
Are you aware about inclusion/exclusion of your family in the list of beneficiaries of this scheme?	0	49	51	100
Is your family enrolled under Rashtriya Swasthaya Bima Yojana (RSBY)?	0	100	0	100

Source: Primary Data

Table 2
Frequency <u>Distribution of Families Fulfilling None, One or Mo</u>re Criteria

Total	100
Three or more Criteria	0
Two Criteria	3
Only one Criteria	22
No Criteria	75
Families fulfilling	Frequency

Source: Primary Data

Table 3
Frequency Distribution of Families Fulfilling Different Criteria

Criteria	Yes	No	Total
Motorized 2/3/4 wheeler/fishing boat	0	100	100
Any member is a government employee	0	100	100
Any member in the family earning more than Rs. 10,000/- per month	0	100	100
Any Member Paying Income tax	0	100	100
Any Member Paying Professional tax	21	89	100
House with three or more rooms with pucca walls and roof	0	100	100
Refrigerator	7	93	100
Landline phone	0	100	100

Source: Primary Data

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Table 4
Frequency Distribution of Families of Different Occupation Category and Are Excluded From the List of Beneficiaries

Sr. No.	Occupation Category	Freq.
1	Beggar/ rag-picker	0
2	Domestic worker	0
3	Street vendor/ cobbler/hawker / other service provider working on streets	0
4	Construction worker/ plumber/ mason/ labor/ painter/ welder/ security guard/ coolie and other head-load worker	0
5	Electrician/ mechanic/ assembler/ repair worker Other work	0
6	No income from any source	0
7	Sweeper/ sanitation worker / mali	0
8	Home-based worker/ artisan/ handicrafts worker / tailor	2
9	Transport worker/ driver/ conductor/ helper to drivers and conductors/ cart puller/ rickshaw puller	7
10	Shop worker/ assistant/ peon in small establishment/ helper/ delivery assistant / attendant/ waiter	12
11	Washer-man/ chowkidar	0
12	Non-work (Pension/ Rent/ Interest, etc.)	0
	Total	21

Source: Primary Data

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