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# ACCESSING HEALTHCARE

ASSESSMENT OF AYUSHMAN BHARAT INITIATIVE IN  
RURAL PANNA AND SEHORE



Pratiman Star ID: F912004375513-996607-900154

‘যদি এই পত্র দাখিল করলে যোগ্যতা প্রমাণিত হবে না। হাসপাতালে ভর্তি হওয়ার সময়, এ খাতাটি নথিভুক্ত একটি প্রমাণপত্র সঙ্গে আনতে হবে: ভোটার কার্ড, রেশন কার্ড, RSBY কার্ড, অথবা কার্ড ইত্যাদি।’  
যোগাযোগ  
বেতনহীন নাম্বার : ১৪৫৫৫



প্রিয় শ্রী/ শ্রীমতী,  
একটি দেশের সাফল্য তার প্রত্যেক নাগরিকের অংশগ্রহণ গুরুত্বস্বর্ণ। নাগরিকদের স্বাস্থ্য ও আকাঙ্ক্ষাপূরণই রাষ্ট্রের উন্নতি সূচিক্ত করে। আজ সমাজের প্রত্যেক বর্গ নিজের উন্নতির পাশাপাশি দেশকে এগিয়ে নিয়ে যেতে সচেষ্ট।  
আমাদের গায়ত্রী-বোনেরোও কঠোর পারিশ্রম্য আর প্রবল ইচ্ছাপূর্ণ জেগে নিজদের বর্তমান ও ভবিষ্যৎ বদলাবার জন্য আর উন্নতির জন্য লড়াই করছে। স্বাস্থ্য পরিষেবা

## EXECUTIVE SUMMARY



The COVID-19 pandemic has put the spotlight on the importance of adequate healthcare in a country. The Ayushman Bharat Initiative as part of the Pradhan Mantri Jan Arogya Yojna (AB-PMPMJAY) aims to make healthcare more affordable by insuring the most vulnerable sections of society, enabling free of cost medical treatment in government as well as empanelled private medical institutions across the country. Since 2018 Ayushman Bharat Scheme has replaced or merged with the state run, publicly funded healthcare schemes. This study, through primary and secondary sources of data looks at testing the reach in terms of knowledge and utilisation of the Ayushman Bharat Scheme in villages of Panna and Sehore and understanding the bottlenecks of the implementation of the scheme on ground.

The primary data shows how a large number of rural residents in Panna and Sehore are not aware of the scheme and its benefits. It brings to light misinformation about the schemes process and cost sharing of the treatment. It was also seen how there is underutilisation of the scheme benefits, with majority of the respondents still distress funding their treatments through loans from family and friends. Through discussions, cases of apparent fraud were also noted of beneficiaries being given sub-par treatment requiring multiple procedures and cases of hospitals charging fee from beneficiaries also emerged. Through discussions with Ayushman Mitras, further bottlenecks on the delivery end were noted such as lack of appropriate day-care packages and difficulties in making cards due to mismatch of data. A lack of coordination between departments has added steps in procuring registered Ayushman Cards and has left scores of cards undistributed.

The findings from the qualitative and quantitative data point to the major challenges of the scheme of appropriate level of awareness, unavailability of services in underdeveloped areas and challenges in making and delivering the AYC. The study also looks at possible ways forward to improve on the delivery of the scheme in rural areas by increasing awareness on the scheme, improving outpatient care, increasing utilisation of the scheme and covering costs other than medical expenses.

# INTRODUCTION

Ever since the world entered the era of the COVID-19 pandemic, health care has gained even more importance globally than ever before. Besides, Millennium Development Goals (MDGs) initially and currently Sustainable Development Goals (SDGs) have specific focus on inclusive health and wellbeing of every citizen. In the past, India made steps towards better healthcare systems and had achieved reasonable successes, however, the health care system has largely failed to provide quality curative and rehabilitative care to the masses, especially in remote rural areas, leading to inequality and inequity in accessing health care.

In India, around 20% families in rural areas do not seek health care due to financial reasons, (NSSO, 2006) and among those who do, experiences are often financially catastrophic and impoverishing. Households Out-Of-Pocket Expenditure (OOPE) in India is 67% of total health expenditure, (National Health Accounts Estimates for India, 2017), 12th highest among 191 nations (WHO, 2018) and 6th highest among 50 low-middle income nations (Vivek, 2017). According to the early findings of the NHFS -5 the average out of pocket expenses have increased since NHFS -4 and more people have had to finance their treatment in distress.

## 1. Overview of the Ayushman Bharat Initiative

In 2018, the government of India introduced 'Ayushman Bharat Initiative' under Pradhan Mantri Jan Arogya Yojna (PMJAY) with the mission of providing universal healthcare (UHC). The initiative aims to cover the cost of secondary and tertiary level care in private as well as public empanelled hospitals for the most poor and vulnerable families. The initiative provides financial protection to these families by publicly funding the healthcare of (targeted) 10 crore households and presents an opportunity to provide quality healthcare free for marginalised communities. This should help in improving access to quality healthcare in India, a country with a dearth of doctors. A part of PM-JAY is to also set up Health and Wellness Centres (HWCs) that provide a range of services spanning preventive, promotive, curative, rehabilitative and palliative care.

National Health Authority (NHA) is the apex body responsible for implementing Ayushman Bharat and has been entrusted with the role of designing strategy, building technological infrastructure and implementation of "Ayushman Bharat Digital Mission" to create a National Digital Health Eco-system. Ayushman Bharat being a flagship UHC scheme had an important role to play providing social and economic security to the underprivileged during the COVID 19 pandemic. With the onset of the first wave of COVID the state realised the need for including COVID-19 treatment under the scheme which was previously non-existent. It was evident from the data and reports that the prolonged lockdown pushed several million people below the poverty line, affecting livelihoods and economic situation of the families. The looming threat of contracting COVID and the accompanied expenses along with prolonged admittance for treatment made it essential for the State to financially cover expected health expenses of the vulnerable sections of society.

The centrally sponsored scheme has built partnership with the state governments as health being a state subject as per Constitution of India. Therefore, at the core of Ayushman Bharat lies the principle of co-operative federalism where there is flexibility given to states to implement the scheme and State health agencies ensure that funds reach on time. PMJAY is a completely government funded scheme with the costs of treatments being shared between central and state governments. Currently, the expenses are being split in the ratio of 60:40 between the Centre and State respectively. PMJAY in Madhya Pradesh, the state which is under review in this study, is run under the name of "Niramayam", with a target of covering 1,08,61,653 vulnerable families.

The PM-JAY has defined the poor and vulnerable households, who are eligible for the benefits, as given in the following section.

### ***Beneficiary Eligibility criteria(s)***

PM-JAY has been rolled out for the bottom 40 per cent of poor and vulnerable population. In absolute numbers, this is close to 10.74 crore (100.74 million) households. The inclusion of households is based on the deprivation and occupational criteria of the Socio-Economic Caste Census 2011 (SECC 2011).

Out of the total seven deprivation criteria for rural areas under SECC 2011, PM-JAY covers all such families who fall into at least one of the following six criteria (D1 to D5 and D7):

- D1- Only one room with kucha walls and kucha roof
- D2- No adult member between ages 16 to 59
- D3- Households with no adult male member between ages 16 to 59
- D4- Disabled member and no able-bodied adult member
- D5- SC/ST households
- D7- Landless households deriving a major part of their income from manual casual labour

PMJAY automatically includes destitute/individuals living on alms, manual scavenger households, primitive tribal groups, legally released bonded labours as they fall into the most vulnerable demographic groups.

### ***Benefits Offered***

PM-JAY provides medical insurance to beneficiaries of up to ***5 lakh rupees per family per annum***. The insurance is designed such that treatments are cashless and hassle free for beneficiaries. This financial support is provided in terms of medical packages covering the cost of various medical treatments.

To ensure that the hospitals do not overcharge and rates do not vary across hospitals, Empanelled Health Care Providers (EHCP) are paid based on specified package rates. A package consists of all the costs associated with the treatment and its procedures, including pre and post hospitalisation expenses. PMJAY covers nearly 875 medical packages including

surgery (general and specialised), cost of medicines, cost of investigations (upon admittance) and diagnostics. A few day-care packages are payable just like surgical packages. The treatment packages are designed comprehensively, covering treatment for nearly 24 specialities that include super speciality care like oncology, neurosurgery, cardio-thoracic and cardiovascular surgery etc.

Certain packages are *reserved* by the government i.e., can only be availed at a government hospital. Most gynaecological treatments are included in these packages as well as several of the most common treatments such as for malaria, typhoid and hernia, hysterectomy cyst removal etc.

### ***Empanelment of Hospitals***

Health services through Ayushman Bharat are delivered at pre-selected, empanelled hospitals. Madhya Pradesh has 393 empanelled private hospitals and 462 public empanelled health facilities (including CHC's).

PM-JAY prescribes a two-tier approach to the empanelment of hospitals which is online, transparent and efficient and is completely free for all steps of the process. States are in the stewardship position of the entire process of hospital empanelment and they have the final decision-making power in this regard. At the State level, a State Empanelment Committee (SEC) has been set up under the State Health Agency. At the district level, a District Empanelment Committee (DEC) has been set up.

#### **2. Process of scheme benefit**

The process of accessing benefits by the eligible households under the PM-JAY is explained in the following section:

#### ***Application and access of the Ayushman Card***

An individual, who wants to avail the benefit of the scheme, must possess with them an Ayushman Card (AYC) which serves as the proof of their eligibility. Only eligible beneficiaries can get an Ayushman card and an individual can check their status of eligibility on the 'Am I Eligible' portal at the nearest Community Service Centre, district hospital or empanelled private hospital. An eligible beneficiary presents their Aadhar Card, a household ID ex. Ration Card/Patrata-Parchi, Samagra ID, Sambal ID (in MP) or Shram Card (for urban areas) and their phone number along-with biometrics to generate their Ayushman Card.

The AYC can be obtained at the closest CSC, government hospital or empanelled private hospital, free of charge. Earlier, a CSC operator charged Rs.30-50 to generate and give a physical, laminated card.

#### ***Support for treatment at the hospitals and assistance by Ayushman Mitra:***

**Vidal** is a third-party administrator that which helps the state government in implementation support of PMJAY. It handles claim processing, kiosks, call centres, grievance redressal and manages and trains Ayushman Mitras in private and government hospitals and also the

district coordinators. *Ayushman Mitras* are certified frontline health service professionals who are present at every empanelled healthcare facility and some of the Community Health Centres (CHCs), serving as the first point of contact for beneficiaries. They help beneficiaries in availing the scheme benefits and also in making their AYC, if needed. Ayushman Mitras take rounds of wards at hospitals to identify potential beneficiaries and help them to their best abilities to provide support through the scheme.

Upon use of medical facilities at an empanelled hospital, the beneficiaries can present their Ayushman card (within 3 days) and avail free of cost health services, within the conditions of the scheme. The treatment also includes free medication for the duration of 7-15 days post their discharge. No payment of any kind that is covered in the specific package needs to be made by the beneficiaries. The package utilised is recorded with all the necessary documentation proof and the beneficiary is informed of the same through a SMS message.

### 3. Objective of the study

- i. **Testing the reach in terms of knowledge and utilisation of the Ayushman Bharat Scheme**  
PMJAY was a critical scheme during the pandemic hence it is important to understand how many beneficiaries were able to get Ayushman Cards and avail the benefits of the scheme.
- ii. **Understanding functional processes behind PMJAY** - PMJAY could vitally provide UHC in India having been conceptualised with the vision of expanding to cover a much larger population. There is a complex machinery that operates behind the policy, that is being understood through the study. The study aims to validate the procedural and institutional barriers experienced by the communities as end users and administrative machinery of health department as service providers.

### 4. Methodology

The study aims to understand the current scenario of implementation of the Ayushman Bharat Scheme/PMJAY through in-depth interviews with respondents from two villages in Sehore and Panna each. A questionnaire is designed to capture multiple dimensions of the scheme for various stakeholders. The study aspires to have a wholistic stakeholder coverage including frontline workers, doctors from empanelled hospitals etc. apart from the primary respondents.

The study also gathers qualitative data by the means of interviews of beneficiaries, PRI members, front line workers, CHC/PHC workers and state level officials. Data and input on the topic will also be gathered from the Ayushman Mitras at government and private empanelled hospitals. Secondary quantitative data has also been used from reliable sources to be able to cross analyse the impact of the scheme.

#### *Profile of MP and sample districts*

Madhya Pradesh is the second largest state in the country with an approximate population of 7.26 crore, of which nearly 72% lives in rural areas. PMJAY in MP is going to cover 83.5 lakh families and additionally the government of MP has identified 33.18 lakh families who they are extending the scheme to, hence, covering a total of 1.16 crore households. The

study has been carried out in two rural provinces of Madhya Pradesh (MP), namely Sehore and Panna. Sehore, due to its proximity to Bhopal experiences the effects of urbanisation with more amenities and easier access to services while Panna is an isolated densely forested district with a large tribal population where service opportunities are limited and not as developed amenities

**Sehore** – Sehore is a District in Madhya Pradesh that lies adjoining to the urban district of Bhopal. Hence, Sehore shows signs of urbanisation with families having higher wages in villages and work opportunities as well as access to services. There are 6 private hospitals and 15 government hospitals (including CHCs) empanelled under PMJAY in Sehore district. Sehore has a target of making 8,56,953 Ayushman Cards out of which a total of 4,89,235 (57.09%) cards have been made (till November 20<sup>th</sup>, 2021).

*Table 1: Demographic and social profile of Sehore*

Description	Units
Total population	<b>275,078</b>
Population Distribution	81.05% Rural, 18.95% Urban
Schedule caste population	48,229 (%)
Schedule Tribe Population	11,128 (%)
Literacy Rate	75.05%
Sex Ratio (per 1000)	918

**Panna:** Panna is a district with a large tribal population. It is covered with dense forests with majority rural dwellers depending on forest products and agriculture. Panna has a target of 7,72,226 Ayushman Cards out of which a total of 3,59,447 (46.55%) cards have been made (till November 20<sup>th</sup>, 2021). There are no private empanelled hospitals in Panna with the biggest empanelled hospital being the District Hospital. Beneficiaries from panna travel to Satna, Reva, Bhopal or other close urban centres in order to avail the benefits of the schemes at private empanelled hospitals.

*Table 2: Demographic and social profile of Panna*

Description	Units
Total population	1,016,520
Population Distribution	87.67% Rural, 12.33% Urban
Schedule caste population	<b>20.46%</b>
Schedule Tribe Population	<b>16.81%</b>
Literacy Rate	64.79%
Sex Ratio (per 1000)	905

### *Sample Size and profile of selected villages*

Due to COVID protocols, there was a restriction in taking a larger sample. Moreover, it was realised that it will be worthwhile to go in to the depth of understanding the issues rather

than providing greater variety through wider coverage of sample. Therefore, the study took two villages from two panchayats from Sehore and Panna each as the sample villages for the study. Every household, to the extent possible, was surveyed for the study to understand the status of availability of Ayushman Cards and to test the knowledge about the scheme. The villages were chosen to represent stakeholders from different castes and socio-economic backgrounds. This gave the opportunity to understand the implementation of the scheme from different perspectives.

*Table 3: Coverage of households in sample villages in the district of Sehore and Panna*

Village	District	Panchayat	Total Households	Percentage houses surveyed
Imlikheda	Sehore	Imlikheda	110	93%
Bhainsakhedi	Sehore	Titara	95	95%
Babupur	Panna	Jamnahai	120	96%
Bilha	Panna	Rakseha	127	96%

The table reflects that more than 90% HHs in each of the village were covered. A few could not be covered as some of them had migrated with full family or were not available due to some other personal reasons. All the villages have HH from 95 to 127, therefore there is not a significant variation in the population size of the selected villages.

### 5. Socio-economic profile of the surveyed households

The villages were chosen to represent a broad spectrum of respondents from different castes. The interview with the HH on a structured schedule revealed some of the interesting facts related to the socio-economic profile of the HHs. 49% of the respondents were from Other Backward Classes, 10% were scheduled castes, 21% were scheduled tribes and 20% were general.

*Table 4: Caste profile of surveyed HH in sample villages*

Caste	Babupur	Bhaisakhedi	Bilha	Imlikheda
Scheduled Tribes	28	4	33	24
Scheduled Castes	6	11		26
Other Backward Classes	6	75	89	40
General	75			13
<b>Grand Total</b>	<b>115</b>	<b>90</b>	<b>122</b>	<b>103</b>

There is a larger concentration of the OBC HHs and about one-third belonged to the SC and ST categories that are clearly identified as the eligible families for inclusion under the PM-JAY

*Table 5: Primary means of income of sample households*

Means of income	Babupur	Bhaisakhedi	Bilha	Imlikheda
Other		2	1	2
Farming	46	71	84	47

Shop		3	1	1
Daily wage labour	68	13	32	52
Job	1	1	3	
Government job			1	1
<b>Grand Total</b>	<b>115</b>	<b>90</b>	<b>122</b>	<b>103</b>

A large number of respondents were either farmers or daily wage labourers. Majority of the farmers did not have irrigated land and depended on rainfed crops.

Table 6: Type of houses of the sampled respondent

Type of house	Babupur	Bhaisakhedi	Bilha	Imlikheda
Small Kutcha	82	44	82	64
Small Pukka	27	23	28	23
Large Kutcha	1	7	11	8
Large Pukka	5	16	1	8
<b>Grand Total</b>	<b>115</b>	<b>90</b>	<b>122</b>	<b>103</b>

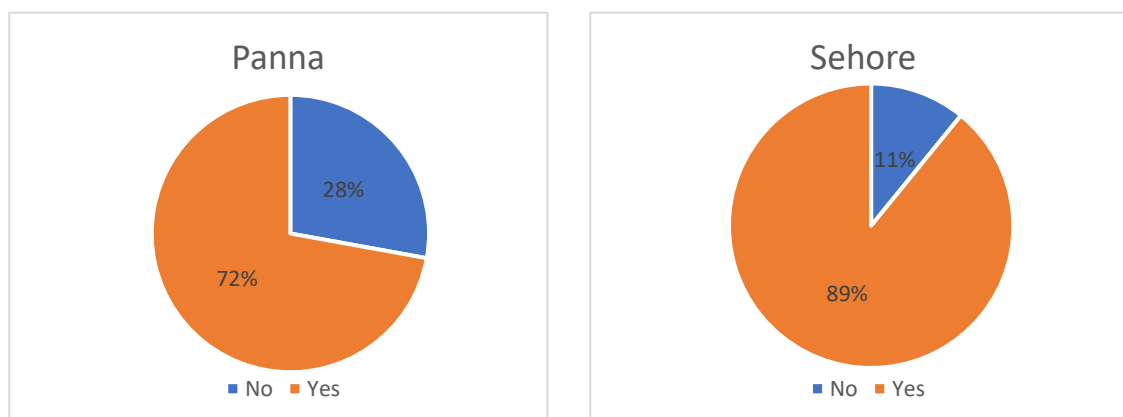
In the above-mentioned table, the type of houses of the households have been shared. The dwelling type help understand the economic profile of the families. It is pertinent to know their dwelling type as one of the criteria for the inclusion of the HH is based on the type of dwelling as per the SECC classification.

## KEY FINDINGS

The study looked at findings from surveyed households in villages, front line workers, private and public hospitals and also information from state level officials of PMJAY. Most of the findings are provided on the merged data of Sehore and Panna as the sample size is not large enough to provide disaggregated findings.

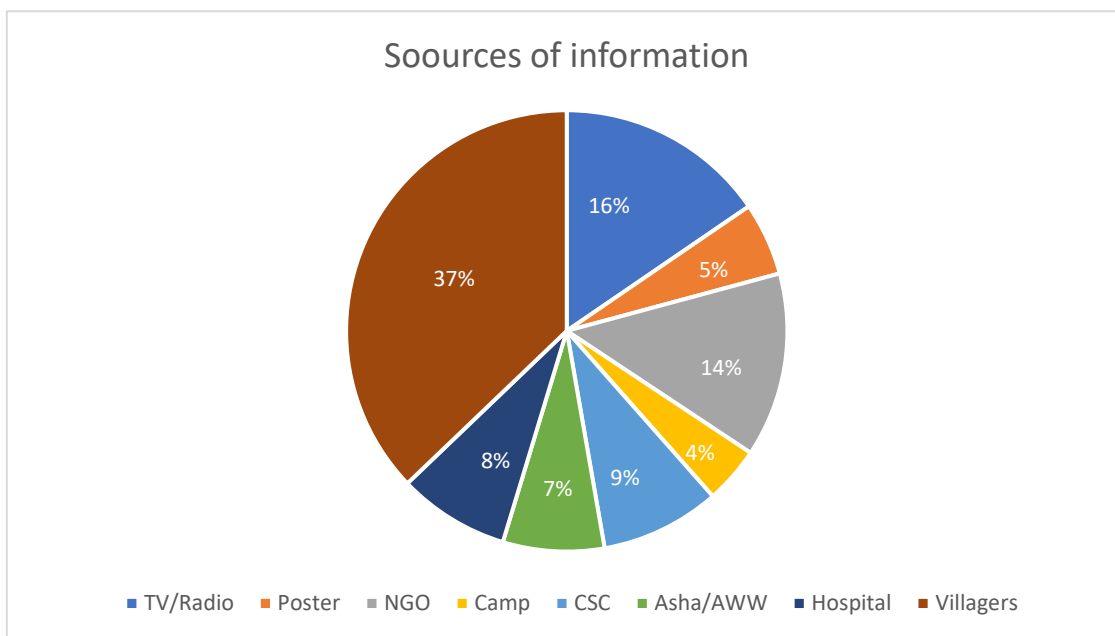
### a. Level of awareness about Ayushman Bharat Card and scheme

Of the total respondents in Panna, 72% said that they heard about AYC. In Sehore, 89% respondents heard about the scheme and 11% did not. Detailed knowledge of the benefits

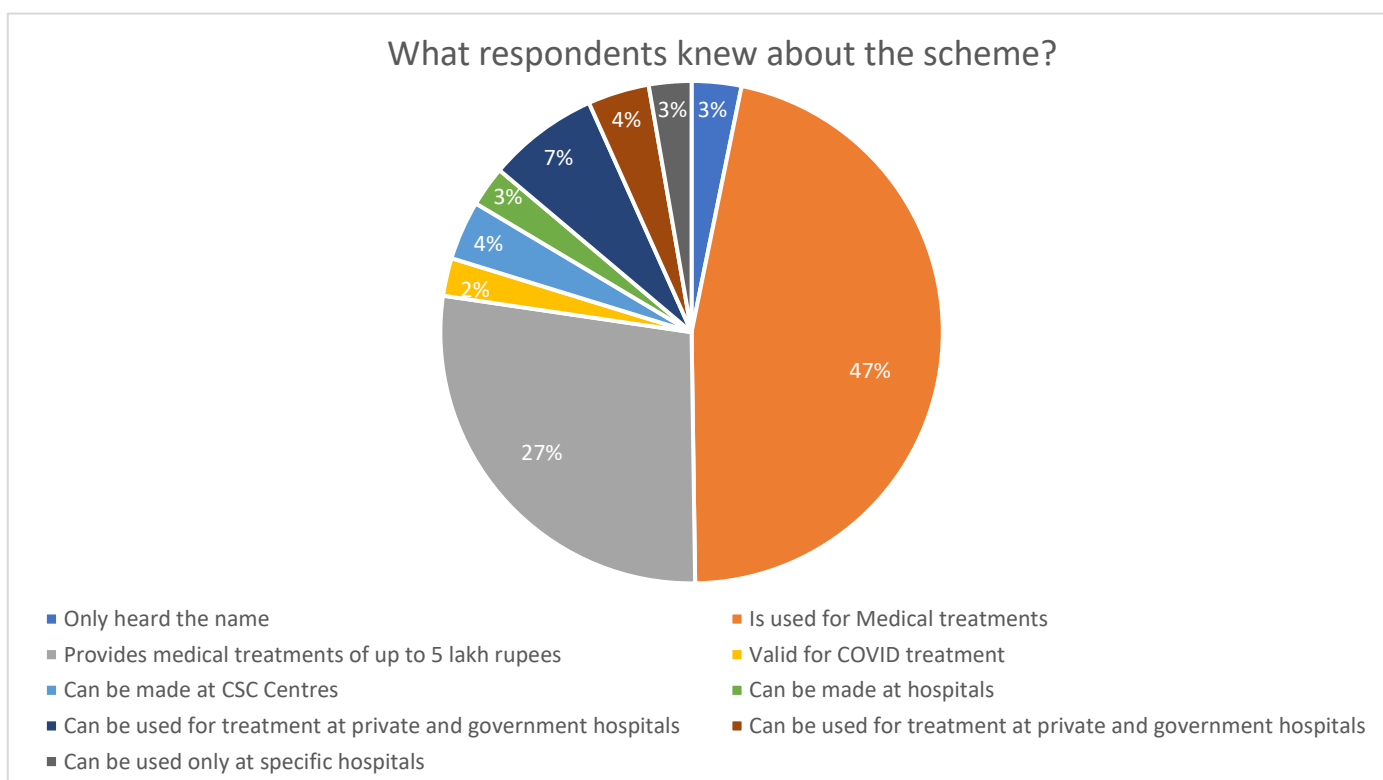


is given later in the report. In total, 20% respondents were not aware of the AYC while 80% were.

**Source of information-** The major source of information about the Ayushman Card emerged to be other villagers followed by TV/Radio and NGOs. Only 7% respondents said that the ASHA or AWW shared information about the scheme.

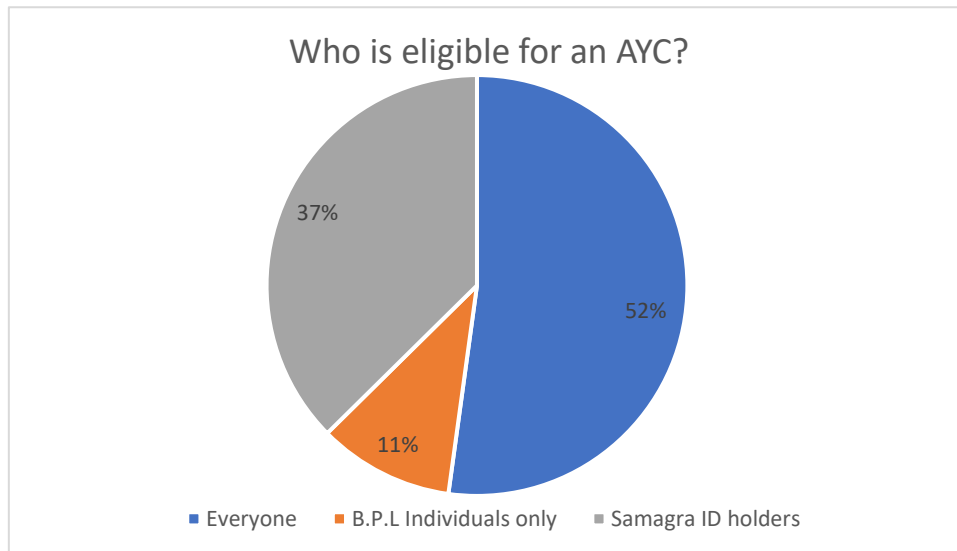


**Knowledge on the benefits of the card:** 48% respondents who knew about the card said that they knew that it is used for medical treatment while 28% responded more specifically that the scheme offers treatments of up to 5 lakh rupees. More respondents knew that the card could be obtained at a hospital (7%) than at a Common Service Centre (CSC) (4%). Almost

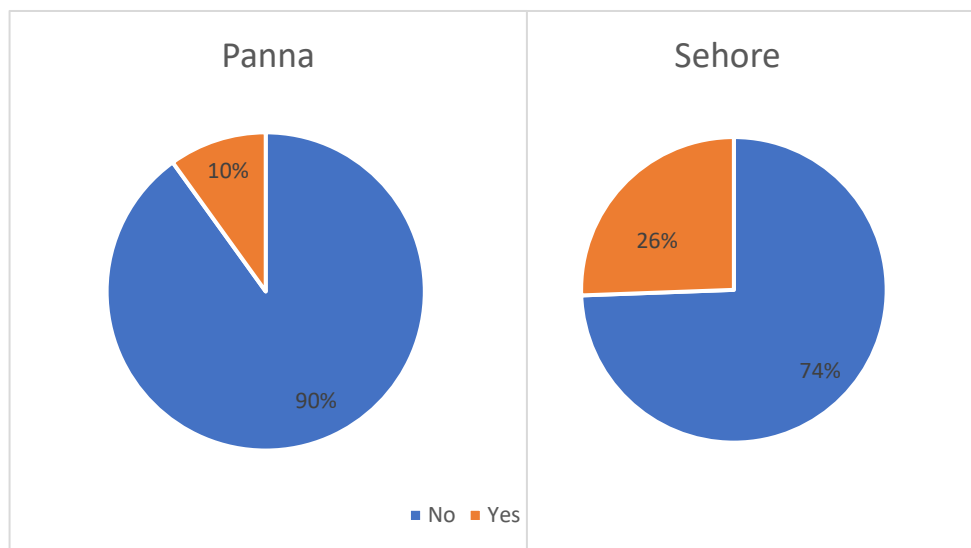


3% respondents knew nothing about the scheme apart from its name and only 3% respondents believed that the card was only valid for the treatment of COVID.

35% of the total respondents in Panna and Sehore said that they knew the eligibility for an AYC of which 52% responded with misinformation that everyone is eligible for the scheme benefits, 37% responded that all Samagra ID holders are eligible and 11% believed that only BPL individuals are eligible for scheme benefits.



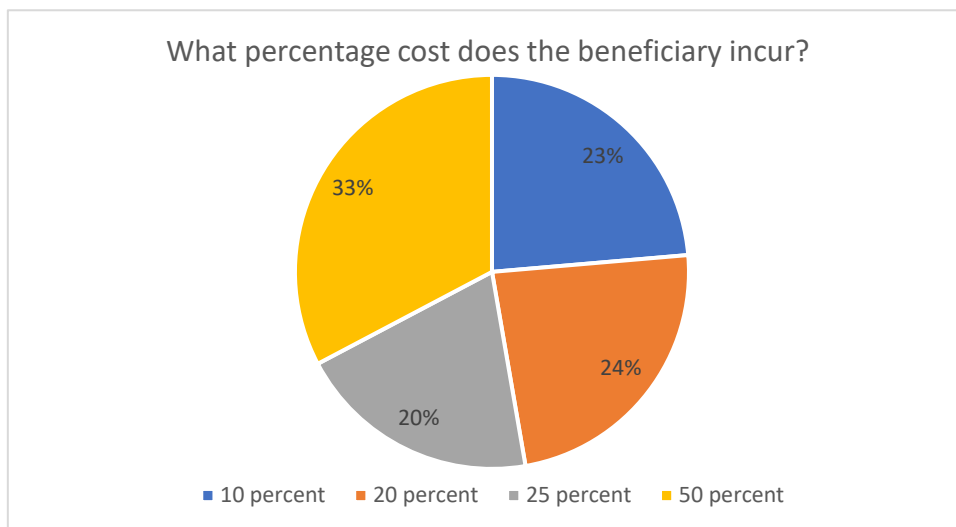
**Imperfect knowledge on the entitlement and cost sharing:** 90% respondents knew correctly that AYC offers completely free treatment. In Sehore, 26% respondents were misinformed that a percentage of the treatment cost needs to be borne by the beneficiary. The overall percentage of the same was 16%.



Sehore district has more Ayushman empanelled hospitals and many more are present in its close vicinity in Bhopal. Many respondents had heard from relatives in different villages that private hospitals occasionally charge what they call the 'surgeons fee' and also do not provide medicines, the cost of which the beneficiary has to bear.

Of the total respondents that believed that beneficiary has to bear some part of the cost of treatment, 33% believed that the patients bear half of the cost, 24% believed that the

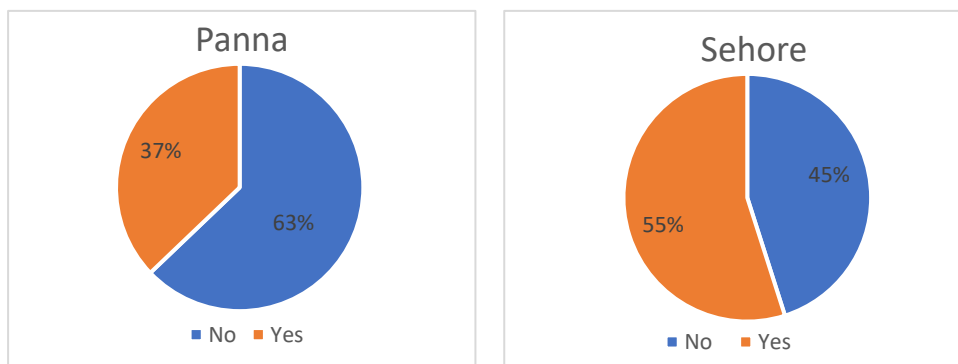
patient bears one-fifth of the cost (20%) while 20% believed that one fourth of the cost needs to be borne by the beneficiary. Most of these misconceptions come from personal experience as many have heard of people being charged for treatment even after



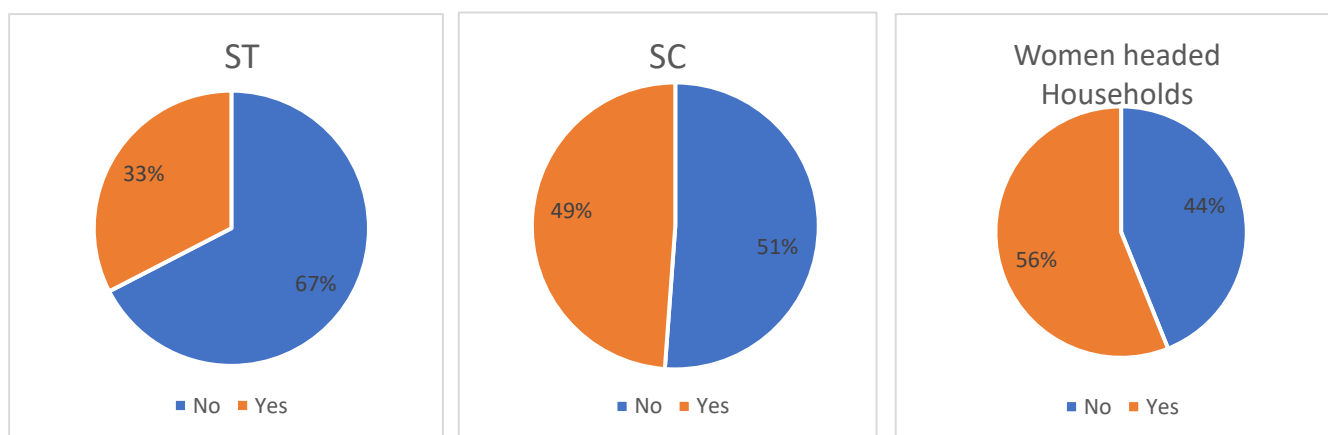
possessing an AYC. Many respondents had visited a hospital not empanelled in PMJAY and assumed that they had to pay to get treatment even with an AYC.

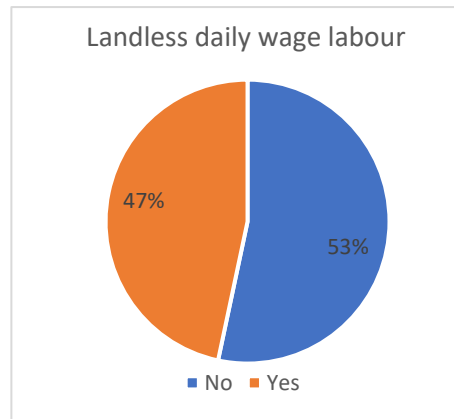
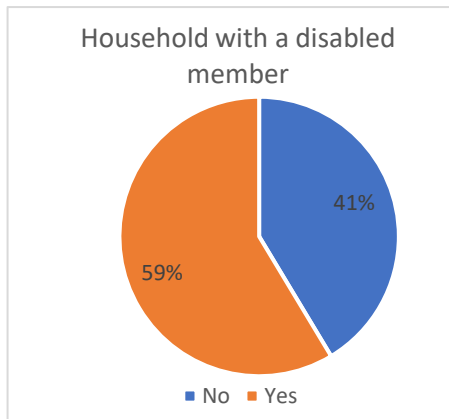
**b. Availability of cards and access to the scheme**

In Panna, 63% of the households did not have an Ayushman card whereas in Sehore only 45% did not. In total, 45% households did not have any AYCs while 55% households did.



All SCs and STs, households with a disabled member, women headed households, landless household that depend on a daily wage through labour are eligible for an AYC.

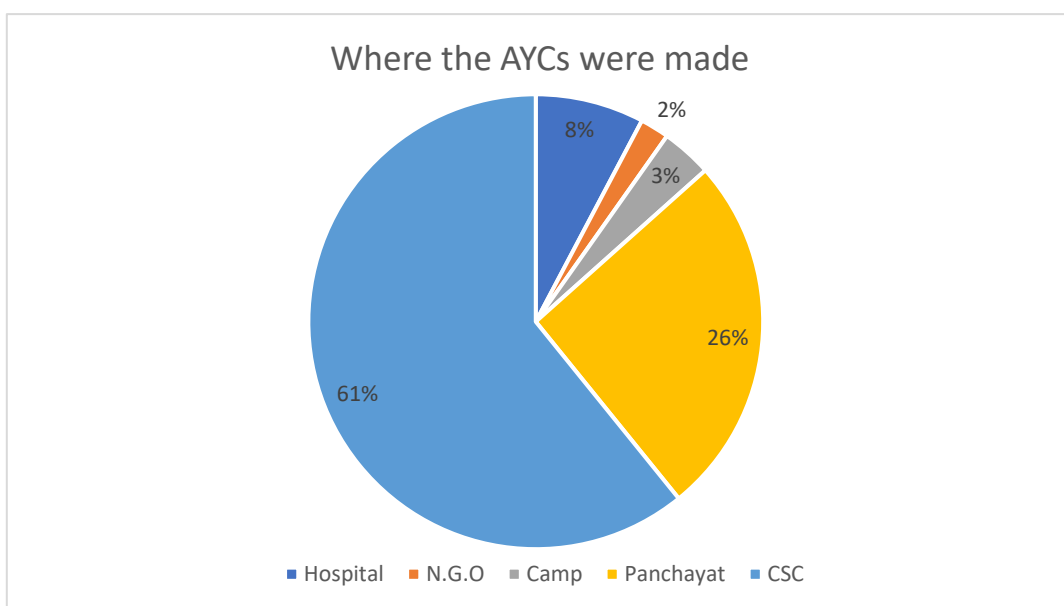




Only 33% ST respondents had an AYC while 49% SC had a card. 59% houses with a disabled member had an AYC and 56% women headed households had an AYC. 47% landless households had an AYC. ST respondents were most unaware of the scheme and its benefits and did not know how to get an AYC made.

21% of the total respondents (all from Panna) were able to register for the AYC but have not received the card in itself since more than 3 months. This is a case that was observed in both the villages, where the CSC operator with the Gram Rozgar Shayak had registered many beneficiaries, yet the plastic cards still have not been distributed. 26% respondents did not get their AYCs due to unawareness of the scheme. 14% respondents were unaware of the process of making of the AYC and 4% were not eligible. 27% of the respondents who did not have an AYC tried to obtain it but were unaware of why their registration got rejected.

Majority of the AYC holders (61%) got their cards made at the closest CSC centre and 26% got their cards made through the Panchayats camp. Only 8% card holders go their cards made at the hospital. In Imlikheda, Sehore, it was noticed that a CSC operator from the village itself was able to get many cards made in the village.

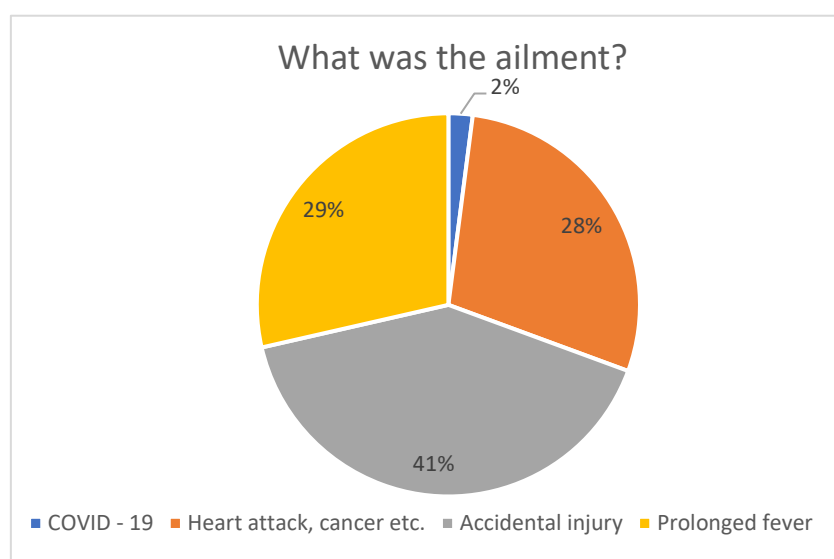


### Unclear process at the Common Service Centres and perils of eligible households

Common Service Centres (CSC) operators of Rakseha (village Bilha) and Jamnahai (village Babupur) each have more than 450 undistributed AYC cards since August. In March 2021, the state government made AYC cards free for all, and replaced the printed version with a PVC (plastic) card, that were provided by a separate vendor. The CSC operators and Gram Rozgar Sahayaks (GRS) were encouraged to set up camps so beneficiaries could make their cards. Many people were successfully registered for the AYC and were misinformed that the cards would be delivered directly at their homes. Scores of cards were delivered months later to CSC centres to be distributed to beneficiaries. The process for distribution for these cards was significantly more complicated, requiring biometric confirmation and confirmation through OTP (one time password) from registered number of the beneficiary. The CSC operators are finding distribution of these cards extremely difficult as beneficiaries are not collecting their cards due to misinformation that the cards will be delivered straight to their homes. Most beneficiaries that do come to collect the card have either changed their mobile numbers or had registered through some relative's number and are hence unable to receive the OTP and in many cases the biometrics do not match.

#### c. Utilisation of card facilities

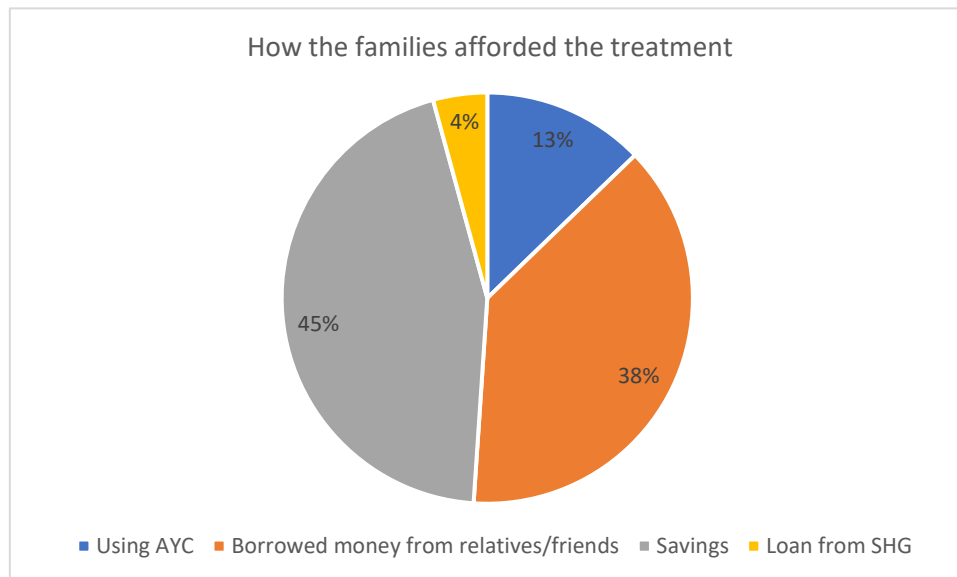
Close to 11% respondents in Panna and Sehore together said that a household member faced a serious medical problem requiring secondary or tertiary support over the last one year. 41% of these respondents said that there was an accident/physical injury, 29% said that there was a member that faced prolonged fever, 28% said there was a serious medical ailment such as a heart-attack, cancer etc. Only 2% respondents were affected by COVID.



Only 13% respondents were able to use the AYC and avail scheme benefits for their treatment. 45% families used their own savings while 38% had to borrow money from their relatives or friends. 4% Families took a loan from the village SHG for the same.

In Panna, only the District Hospital is able to provide treatment using the AYC. Due to the complete lack of empanelled private hospitals in the district beneficiaries are forced to go to Rewa or Satna, two adjacent districts, where they are unaware of which private hospital would accept AYC for treatments and they end up paying for their treatment.

Less than 5% of the total respondents knew more than one empanelled hospital in their district and none of the ASHA or AWW from the villages had a formal list/document of hospitals in their district where AYC were accepted.



In Sehore, several cases of patients undergoing repeated surgeries for their ailments such as fracture, accidental injury etc. were found at the time of survey. These patients mentioned that repeated surgeries were done due to negligence from the hospital. Ganesh, a resident of Imlikheda, Sehore, has had three surgeries for his fractured kneecap injury. He has been unable to walk or work since November 2019. A few months after his first surgery, with persisting issues, the doctors at Rana Uday hospital performed another surgery claiming his implants had moved from their intended position. Earlier this year he had to undergo another procedure where the implants were replaced as they had supposedly broken. He has still not recovered and stays bedridden, hoping another surgery will solve his problem.

Cases were also seen where private hospitals charged what they called the 'surgeons fee', the cost of which was around 5,000 rupees. Beneficiaries were not told of this charge when they were admitted and were not discharged until they paid it.

Beneficiaries also highlighted issues in the treatment of cancer. Oncological claims have to be pre-authorized with a complete treatment plan. Some beneficiaries mentioned that hospitals declined free coverage of chemotherapy in PMJAY and they only received free of cost radiation therapy. Treatment of mouth cancer, the most common cancer in rural areas, is a reserved government package while many beneficiaries want to get their cancer treated in private cancer-speciality hospitals.

About 90% beneficiaries who had received treatment through Ayushman Bharat had to spend 2000-9000 rupees on buying medicines that the hospital said were not available with them even though the treatment is supposed to cover all medicinal costs.

#### d. Access of AYC facilities in hospitals and current utilisation rate

It is pertinent to understand the operational challenges and current utilisation rate of the scheme from the supply side i.e., the hospitals. The district level Government hospitals and a few empanelled private hospitals are eligible for accepting the cards for providing benefits under the scheme. The findings of the hospitals of Panna and Sehore have been discussed separately to understand nature of services and issues.

##### *Findings from hospitals in Panna*

The **District Hospital in Panna** is the only hospital in Panna offering specialised secondary and tertiary treatment in the district, but, it does not cover a large number of specialised treatments such as cancer care, cardiovascular surgeries, neurological surgeries etc. for which patients have to travel to nearby districts. Panna district hospital provides medical care to an approximate of 200 (IPD and OPD) patients per month through Ayushman Bharat i.e., less than 0.05% of the card holders.

Nearly 45% of the families whose member is treated in a month do not have an Ayushman card when they visit the hospital. The hospital tries their best to provide them with a card, if their name is in the SECC list. More than 100 people visit the hospital to make AYC for their families every month out of which 40-50 are unable to get the card due to mismatch in spelling of name/father's name/ different date of births in Adhaar Card and Samagra ID.

The hospital was made a COVID care centre during both the first and second wave of the pandemic. Nearly 100 AYC holders were treated for COVID during that period.

##### *Findings from hospitals in Sehore*

Sehore being a much more developed and populated district, has 6 private PMJAY empanelled hospitals in addition to a large District Hospital.

**Rana Uday Hospital** in Sehore is one of the largest private hospitals in Sehore District and specialises in orthopaedic care. It has been empanelled since May 2020. Rana Uday hospital actively advertises treatment offered through Ayushman Bharat and 90% of the patients in the hospital are being treated free of cost through the scheme.

The hospital treats approximately 180-200 patients every month (6-8 patients per day). Nearly 50-60 families that visit the hospital in a month do not have an Ayushman card. Nearly 150 admitted patients every month are identified by the Ayushman Mitras during ward rounds that are eligible for the scheme. Ayushman Mitras put in personal efforts such as contacting the Lok Seva Kendra to update incorrect Samagra ID or complete the Adhaar KYC of a beneficiary. Rana Uday served as a COVID care hospital during the first and second wave, but fewer than 20 AYC holders were treated there.

**District Hospital, Sehore** is the largest government hospital in Sehore. It sees an influx of thousands of patients per month. It is the districts main point of contact for all things related to Ayushman Bharat Scheme. Close to 250-200 AYC holders are treated at the hospital every month.

Every month, nearly 90-100 families that visit the hospital do not have a AYC for their treatment. Cards for more than 60% of such families are made on spot.

A total of nearly 200 cards are made at the hospital every month. 60-70 individuals are not able to make their cards due to inaccuracy in their supporting documents every month. Patients do not generally face any issues in treatment from AYC. If an admitted patient is eligible for the scheme but does not have a card due to inaccuracy in documents, their family members are given appropriate directions as to how the issue can be resolved so that the scheme benefits can be availed. 10-15 cases like such are helped every month.

The hospital served as a COVID care facility during both the waves of the pandemic and treated 113 AYC holders during that period. Free check-up/diagnostics (such as XRay, CT scan, Sonography etc) are provided under Ayushman for IPD patients.

***Difficulties faced by private hospitals and lack of appropriate day care packages: supply side perspective:*** Reservation of packages by the government proves to be problematic at times for private hospitals as some procedures for ailments such as tumour, cyst etc. can be carried out by private hospitals and some only by government hospitals. Many a times private hospitals assure patients that they can be treated through the AYC but on further investigations it is found to be a procedure that can only be carried out by government hospitals, creating distrust within patients for the hospital.

Many district hospitals, Panna for example, is not able to provide specialised treatment for procedures such as cataract, which private hospitals in the district can, yet the procedure is reserved for only government hospitals, forcing patients to travel to a large government hospital of the state. According to the government, reservation of certain packages is essential to reduce fraud by private hospitals as the packages reserved are the ones that can be manipulated easily and used to overcharge treatment cost.

There also emerged a distinct need to create better day-care packages that can cover small procedures without admitting patients. It would make functioning of hospitals easier and reduce patient load if minor fractures or procedures such as removal of implants that do not need hospitalisation could be included as day care packages. Rana Uday Hospital, Sehore, has to admit close to 50 patients for 24 hours every month for such minor processes.

#### e. Effectiveness of the scheme in low-cost medical services

Among the families that have an AYC in the sampled villages, only 50% actually used it when they sought medical treatment. 10% of them had to spend to cover overhead costs such as medicines that were unavailable at the hospital and dressing and medicines for post discharge care. The amount spent by all of them was less than Rs. 10,000.

There is a clearly a lack of awareness of which hospitals are actually empanelled, leading to many AYC holders spending money on treatments in non-empanelled hospitals. There is also a lack of private empanelled hospitals in districts such as Panna, where there is a large population of eligible HHs belonging to the SC/ST

communities, to provide adequate low-cost specialised medical services to Ayushman Bharat beneficiaries.

## MAJOR CHALLENGES

The Pradhan Mantri Jan Arogya Yojna provides effective and free medical treatment to a large number of beneficiaries, but providing UHC in a country like India comes with its challenges. Some of the major challenges identified from the findings from the qualitative and quantitative data are as followings:

Though the majority population is aware of the scheme's existence, far lesser know what it entails and procedure to access benefits. There is a clear lack of communication and training by health department of PRIs and front-line workers, affecting the reach of the scheme in rural areas. Beneficiaries also are not aware of which hospitals are empanelled in their district and are unaware of which hospital they need to go to for specialised treatment. Therefore, the uptake of the benefits by the genuinely poor and marginalised families is low.

Many beneficiaries, even after possessing an AYC are still paying for their treatments. There is a lack of specialised empanelled hospitals in districts such as Panna, forcing patients to travel far to get treatment for their medical condition in big cities. This results in many beneficiaries going to non-empanelled hospitals and paying full cost for their treatment.

There is a lack of coordination between National Health Authority and the E-Governance department, adding difficulties in process of making and distributing AYC's. Many beneficiaries have registered for the scheme but have not received card and are hence unsure if they are eligible for the scheme benefits. There should be an online system of accessing E cards and downloading print outs to minimise control of the agents, agencies and hospitals.

In the process of making AYC's the details of a beneficiary's name, date of birth and fathers name, all need to match on the Adhaar Card and the Samagra ID. This is a common problem as cases of mismatch of these parameters are of high occurrence in rural areas, preventing people from being able to get their AYC. There is a need for simplification of the procedure and affidavits should be accepted to get the cards prepared in case of minor errors in details.

There is also a lack of day care packages for simple procedures and hospitals have to admit patients for a minimum of 24 hours to provide free of cost diagnostics and small treatments. This is adding to the workload of the hospital occupying a bed that can be more useful to someone with a serious ailment.

There is a lack of specialised medical auditors for analysing reported cases of fraud and for grievance redressal. A case of fraud in terms of overcharge through the use of a wrongly

justified package is best handled by professionals who understand the field and know the details of the procedures involved in treatment. There is a lack of field related auditors to ensure no overcharge and correct treatment.

## WAY FORWARD

The AB-PMJAY offers a unique opportunity to improve the health of hundreds of millions of Indians and eliminate a major source of poverty and indebtedness. There are, however, substantial challenges that need to be overcome to enable these benefits to be realised by the Indian population and ensure that the scheme makes a sustainable contribution to the progress of India towards UHC

**Increasing the reach of AB-PMJAY** – As seen through primary data, majority of population knows about the scheme but does not know how, where and in what cases it can be availed. There is need to build capacities of panchayats and front-line workers such as ASHA, AWW and ANMs to spread awareness about the benefits and process of use of AYC. A list of empanelled public and private hospitals should be maintained by the panchayat at the aanganwadis. The ASHA, Anganwadi workers should provide counselling services to the cardholders during their regular home visits and during their interactions with the women/families.

Process of distribution of new, plastic cards, can be simplified with better coordination between the NHM and E-Governance Services. CSCs being the most accessible and most used service to procure an AYC need to be able to hand out the cards that they have generated, enabling many beneficiaries to access the scheme without any issues. There is a need to fix the charges of the CSC for the charges for the card and ensure that the CSC display the rates clearly and boldly at their centres. The cardholders should be able to access E cards and hospitals should also access E cards to provide benefits in case of hospitalisation.

**Increasing utilisation of the scheme and cover costs other than medical expenses** – PMJAY promises to provide tertiary and secondary health care to millions of Indians but to achieve this it needs to set up adequate infrastructure to meet the needs of specialised care. District hospitals need to include more specialised treatments. Many more private hospitals need to be empanelled, especially in lesser developed districts such as Panna where there is a lack of healthcare facilities with high patient load on the district hospital.

Out of pocket expense excluding the hospitalization such as travel and food can also prove heavy to bear for daily wage earners living hand to mouth. PMJAY may consider providing better outpatient care, medicine and diagnostic charges, travel allowance and most importantly wage loss compensation as essential parts of the benefit package and not just hospitalization expenses.

**Improving outpatient care, adding appropriate day-care packages** – For families living on daily wages, hospitalization probably is the last resort in an illness episode as it not only leads to higher expenses but also to loss of wages of more than one earning member of the family. Addition of day-care packages for treatment of minor ailments is an important step to help reduce the patient load on public and private hospitals. It also allows greater and quicker access to scheme benefits, enabling proper and no-cost investigations for smaller injuries or suspected ailments.

**Improving grievance redressal and feedback systems** – Setting up systems to address grievance in an expedited manner throughout the process of utilisation of the scheme is important. The helpline needs to be optimised to answer queries and lodge complaints of beneficiaries at any point of their treatment.

Post treatment feedback from the beneficiary on facilities availed and quality of treatment through exit interviews or post-discharge call will provide opportunity to act on and improve services offered in the scheme enabling assessment through usage of the scheme. Better feedback system will have self-correcting mechanism if the feedback is used by the implementors and policy makers.

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