

लोक नीति
शोध केन्द्र



PUBLIC POLICY
RESEARCH CENTRE

PRADHAN MANTRI JAN AROGYA YOJANA

SYNOPSIS

AN ASSESSMENT OF
FIRST PHASE
IMPLEMENTATION
AND SOCIAL IMPACT
ON BENEFICIARIES

FEBRUARY 2019

Under the Guidance of

VINAY SAHASRABUDDHE

SUMEET BHASIN

RESEARCH TEAM:

Vidushi Sahani

Avni Sablok

Srishti Kaithwas

Rutwik Jagannath

Mani Bhushan Jha

Prepared by:

VIDUSHI SAHANI

PREFACE

The moment somebody uses the term development, what naturally comes to anybody's mind is infrastructure development and development of communication facilities in general. But the idea social development is inherent to the concept of development. And when it comes to social development, health is central to the whole gamut of issues. In our thinking, Health is not just Wealth but in fact more than Wealth! Happily, Government of India has for the first time unveiled a mega Health Insurance scheme rightly labelled as Ayushman Bharat! In our traditions, when we say Ayushman Bhav, it is not just for a long life but also a meaningful life! And for life to be truly meaningful, first and foremost; it is also required to be healthy! A comprehensive and wholistic approach towards health-related issues has made Ayushman Bharat an ambitious scheme of wellness for all the people. The scale at which this programme is being conducted has made it world's largest and the most ambitious healthcare project, targeting over 50 crore (500 million) beneficiaries.

Healthcare expenditure as a share of GDP has been traditionally lower in India as compared to many other countries. In addition, a unique feature of Indian healthcare sector is that the citizens' Out-Of-Pocket-Expenditure (OOPE) is unusually high. Due to this fact, 62.58% of our population had to spend for their own hospitalization expenses. As savings and income are seldom sufficient to cover these expenses, 4.6% of our population, i.e. 25% of BPL households were a result of catastrophic healthcare expenses. This came across as a critical priority for this government which came up with a phenomenal healthcare programme aptly named: Ayushman Bharat.

Ayushman Bharat, and its health insurance component called Pradhan Mantri Jan Arogya Yojana (PM-JAY), has brought quality healthcare within the affordability of the poor for the first ever time in the country since independence.

We at Public Policy Research Centre undertook an in-depth and comprehensive impact assessment of the programme, whose quality of stakeholders' feedback, and more importantly the beneficiary interaction is second to none. With all these experiences we compiled an informative, in-depth and engaging analysis of the impact that the scheme is having on the Indian society for the first time at such scale.

Vinay Sahasrabuddhe
Public Policy Research Centre
New Delhi

Sumeet Bhasin
Public Policy Research Centre
New Delhi

INTRODUCTION

Healthcare in India is a paradox, where sitting in the middle of multitude of healthcare policies and schemes is the draining fact that 30% of the Indian citizens do not have access to even the primary healthcare facilities; or 3.9 crore Indians fall below poverty line each year on account of healthcare costs; or even that 70% of the Indian people spend all their income on healthcare or buying medicines.

Corroborating the above is the glaring account which states that India's healthcare expenditure is less than 5% of the GDP. Indicating, that healthcare is borne by individuals with massive out-of-pocket-expenditure (OOPE). When it comes to India, 66% of healthcare spending is in the form of OOPE, and the government spending makes up about 31%, an almost inversion of the other developed economies.

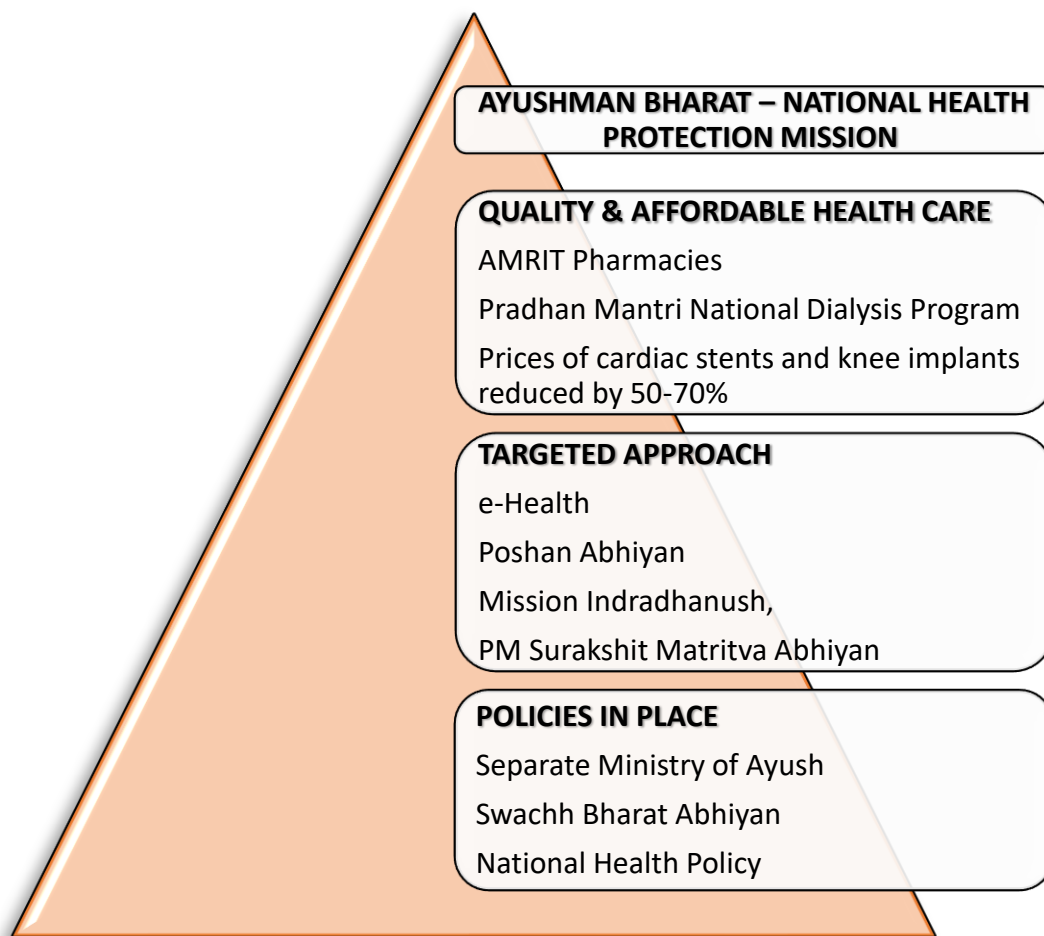
The equation exhibited by developed countries, that is, high government spending and low OOPE is their mechanism to achieve Universal Healthcare (UHC) in their societies. Ayushman Bharat is India's endeavour to achieve UHC. The scheme envisages Universal Health Care as its ultimate goal, beginning with the most vulnerable 10.74 crore families under Pradhan Mantri Jan Arogya Yojana.

Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is a paradigm shift from sectoral, segmented and fragmented approach of service delivery through various national and State schemes to a bigger, more comprehensive and better converged and need based service delivery of secondary and tertiary care.

The scheme is expected to shape the new healthcare ecosystem and define the new parameters of a cost effective, patient centric and technology-enabled healthcare delivery. The future ecosystem will provide opportunities for new services/stakeholders which will further aid the patient's access crafted by choice and experience. Healthcare accessibility and financial affordability will then play a key role to help achieve the Sustainable Development Goals.

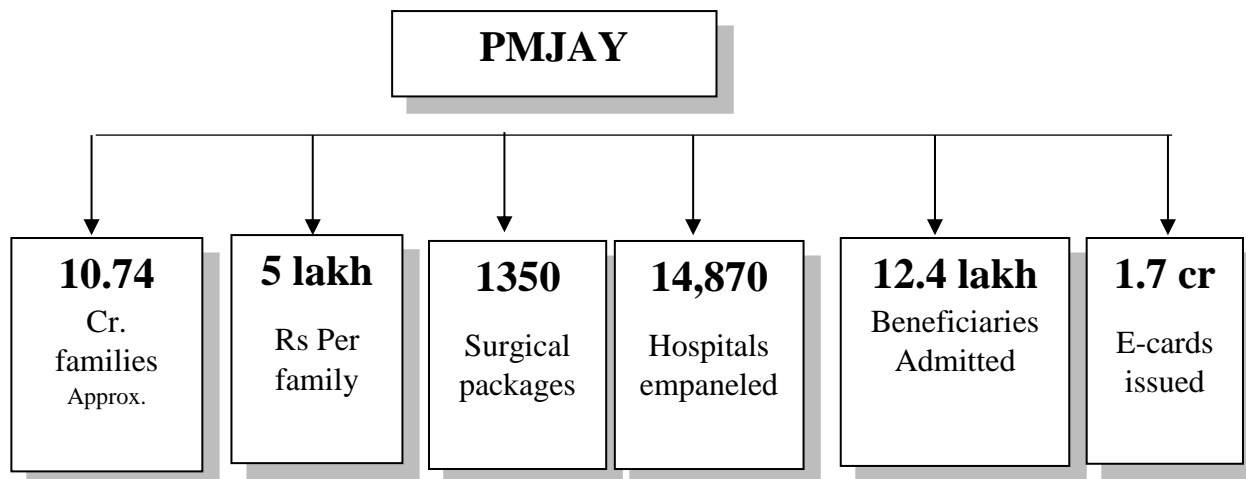
However, it must be noted that several health sector policy interventions have laid the groundwork for an inclusive healthcare ecosystem, where PMJAY stands as a convergence point. A careful look at few of the 'focused and comprehensive' schemes/policy decisions taken by the government affords an understanding that a strong & strategic foundation has been laid for culmination into the final goal of UHC introduced by the government since 2014. Ayushman Bharat hence, must be looked at, not in isolation, but as major milestone among several steps taken towards building a sustainable health ecosystem.

The following figures tries to encapsulate some of the policy measures taken by the government since 2014, for establishing a robust health care system of the nation.



With this background and understanding the significant reforms the health sector is currently undergoing, PPRC conducted an on-ground assessment of the scheme to understand how the scheme is changing the entire ecosystem with special focus on beneficiaries. The study focuses on the implementation of Pradhan Mantri Jan Arogya Yojana (PMJAY) and its immediate impact accrued to the beneficiaries. The study tries to gain an all-round perspective on its implementation by taking into account perspectives of government stakeholders, hospital stakeholders (both private and public), grass root workers and beneficiaries of the scheme. It captures the immediate impact on the lives of people and how financial support for meeting health costs is transforming their lives.

The study was conducted over a period of one month in four states of Northern India viz Haryana, Uttar Pradesh, Himachal Pradesh and Uttarakhand. In-depth interviews were conducted across stakeholders and beneficiaries. The team travelled across eight districts in four states to assess the implementation of the scheme. Around 300 beneficiaries from 30 hospitals were interviewed along with their family members, friends and neighbours to gain diverse perspectives. Stakeholders were interviewed, including State Health Agency functionaries, Nodal officers, Doctors (empanelled private and government hospitals), Nurses, Ayushman Mitras, ASHA/Anganwadi workers, Pharmacists, Common Service Centres (Lok Mitra Kendra), Panchayat functionaries and Zila Parishad representatives.

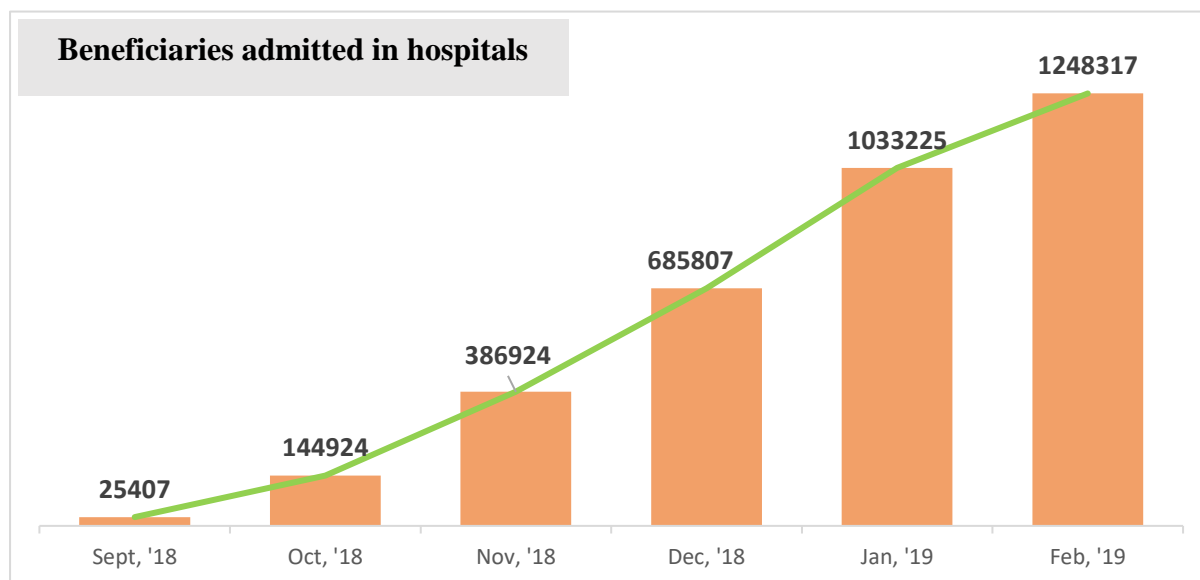


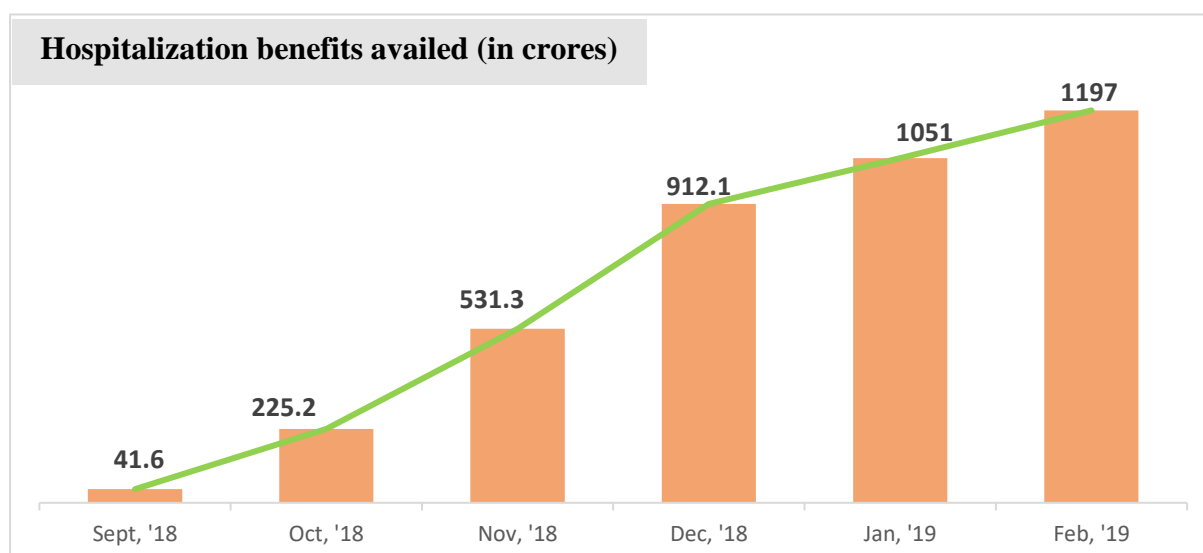
Source: <https://www.pmjay.gov.in/> (Figures as on 19th February 2019)

OBSERVATIONS

PMJAY is in the crucial initial phase of its implementation and is a key determinant in assessing the scheme's future trajectory. Following are the key observations which fuel our understanding of the scheme's progress.

- There is a month on month increase in the benefits realized under PMJAY since roll out. The change is evident from the graphical representation below of the hospitalization benefits availed and drastic increase in number of beneficiaries admitted in hospital since September. There has been a 96% increase in beneficiaries admitted in hospitals.





Source: <https://www.pmjay.gov.in/>

WHAT MAKES PMJAY A GAME CHANGER?

The genesis of Ayushman Bharat rests in addressing the inherent paradoxes of Indian healthcare. And therefore, a plan of action –

1. As per The National Sample Survey (2014) 86 percent of rural population and 82 percent of urban population were not covered under any scheme of health expenditure support. Most of the people were covered under government-funded insurance schemes such as the Rastriya Swasthya Bima Yojana (RSBY), offering low protection at INR 30,000 per annum per family. On the whole, the poorer households were unaware or beyond the reach of such coverage, both in rural and urban areas.

As per the report, only 12% urban and 13% rural population was brought under health protection coverage through RSBY for unorganized workers and those below poverty line, ESI for organized workers, CGHS for government employees. Only 12% households of 5th quintile class of urban area had some arrangement of medical insurance from private provider. For all others, this share of private medical insurance was negligible.

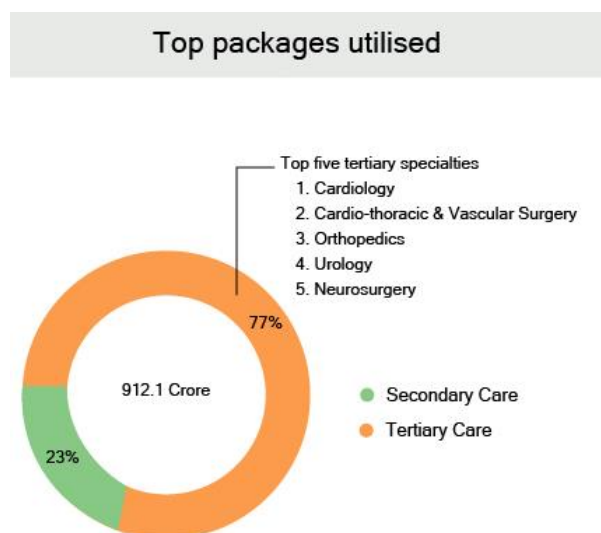
While other insurance covers still exist, coverage under PMJAY has increased by over 300% of what it was under RSBY, covering approximately 50 crore beneficiaries. And with a cover of INR 5 lakh per annum per family, this scheme is a game-changer.

2. PMJAY addresses the fact that the country's healthcare needs have remained underserved and left for the private sector to service and ensures a responsible and accountable participation from private players. According to NSS Report No. 574¹, more than 70% spells of ailment were treated in the private sector. The report also reveals that the average medical expenditure per hospitalisation for rural households in a public hospital stood at INR 5,636, the figure was nearly four times higher for a private hospital at INR 21,726.

¹Health in India based on National Sample Survey 71st round (January 2014 – June 2014) conducted by National Sample Survey Office(NSSO) Available: http://mospi.nic.in/sites/default/files/publication_reports/nss_rep574.pdf

Under PMJAY, a de facto price regulation has been brought about through package rates and has brought the private hospitals under the common umbrella. As the scheme extends equitable health access to the poor, this would inadvertently lead to emergence of good quality private hospitals in rural areas as well. With the passage of time as PMJAY would go universal covering even the non-poor households, even the most premium hospitals would not be able to charge huge margins ultimately leading to change of the entire health ecosystem. The policy ensures a positive movement towards a system whereby private and government healthcare is governed by common principles and financed by low-cost health insurance, equitably available to all.

3. Despite healthcare being a booming industry and attracting high-end investors, basic quality and service delivery are still questionable. India's medical tourism market is expected to grow to \$7-8 billion by 2020. However, majority of Indian population is unable to access quality medical care. PMJAY with its strict monitoring mechanism and potential to propel growth of quality health care providers would foment their trust.
4. With focus on speciality care, standardization of services and empanelment of private hospitals, PMJAY will be instrumental in penetration of quality health care in smaller cities. There is increased scope of coordination between the states and an institutionalization of coordination. This interaction and common thread of Ayushman Bharat would aid in benchmarking performance by enabling comparison of practices, service delivery mechanisms and outcomes.
5. There are stark differences between health profiles of different states. The scheme ensures that people from underserved healthcare infrastructures access better of states. While on one hand, under Ayushman Bharat, the Government is supporting States for strengthening Sub Centres and Primary Health Centres as Health and Wellness Centres for provision of comprehensive primary care, portability under PMJAY ensures that beneficiaries can secure most specialised treatment across the nation.
6. Tertiary care is evidently an approachable segment for the poor and marginalised. The packages include treatment for those disease condition that contribute to high Disability Adjusted Life Years (DALYs)². Of the total disease burden in India measured as Disability Adjusted Life Years (DALYs), there has been an increase in the contribution of non-communicable diseases from 30% of the total disease burden in 1990 to 55% in 2016. Among the leading non-communicable



²DALY is the summary measure used to give an indication of overall burden of disease. One DALY represents the loss of the equivalent of one year of full health.

diseases, the largest disease burden was from the following top three causes: (i) Ischaemic Heart disease (IHD) (ii) Chronic Obstructive Pulmonary Disease (COPD) (iii) Stroke.³

Following are some of the key insights derived from interviews with beneficiaries and hospital stakeholders from both public and private sector-

- **Beneficiaries practiced ‘choice based on quality of medical provider’ for the first-time post Ayushman.**

PMJAY is changing the way health care is perceived and availed by the people. While earlier accessibility and affordability were the only criteria in selection of a hospital, with PMJAY people are now given the right of choice. Quality of treatment is now the most important factor that people consider while opting for a hospital. This is likely to drive competition among health provider based on quality services and patient satisfaction. The beneficiaries on the other hand no longer hesitate to take quality health care. Most of the beneficiaries expressed that, unlike past experiences, they did not hesitate in opting for renowned hospitals considering the quality of treatment being offered.

- **Significant preference for Private hospitals.**

Most of the beneficiaries interviewed opted for private hospitals owing to the quality of treatment being offered. As per our sample set 75% of the beneficiaries opted for private hospitals as their first choice. One of the leading causes, apart from specialization, was being well taken care of with all the amenities of the private hospitals. Along with professional medical care, good ambience and dedicated medical staff highly valued by the beneficiaries.

The initial phase is indeed pointing to a scenario where people opt for private hospitals for better comfort, less waiting time and quality of care. This is leading to a two-fold impact on the health industry. On one hand, this has led to reduced traffic to public hospitals, thereby giving them an opportunity to enhance their infrastructure. And on the other, it is inviting private players into the mainstream, thereby, challenging the monopoly of the few big players.

- **Support to infrastructure Growth in the private sector**

With expenses for Ayushman beneficiaries covered, it was observed that there were greater avenues for improved infrastructure, better quality treatment and hygiene conditions in private sector. The impact has been noticed in terms of increase in number of beds and patient intake especially in terms of small private hospitals in tier 2 and 3 cities.

A case study of Ramakrishna Mission Eye Care Hospital, Dehradun, Uttarakhand

A charity hospital, Ramakrishna Mission Eye Care hospital provides free eye care to people irrespective of their complications. After empanelment under PMJAY, they are getting reimbursed for the services they were initially providing for free. The hospital has added 20 extra beds since enrolment under the scheme and is planning to further expand. The hospital

³ Starred question no.162 in Lok Sabha; 21st December, 2018, <http://164.100.47.190/loksabhaquestions/annex/16/AS162.pdf>

has state of the art facilities and latest techniques and is planning to acquire newer equipment with the financial boost. The hospital has also undertaken over 80 Ayushman cases and holds regular consultation and mobilization programs with ASHA workers to ensure maximum reach and awareness of the scheme.

- **Strong monitoring framework has brought the focus of health care on outcomes.**



Focus on healthcare outcomes, consistent care and standard treatment protocols leave very little scope for fraud or wrongful treatment. It has several monitoring procedures right from the beginning, such as pre-authorization and post authorization of treatment, uploading photographs right from the time of registration, pre and post-operative photographs, phone calls to the patient from the call centre several times to receive their feedback on the type of healthcare and find out any likelihood of fraud.

Use of digital governance in the PMJAY is creating an ecosystem of accountability where every empanelled health care provider is answerable for the kind and quality of medical treatment provided. With standard packages, there is little scope of exploitation of the poor and vulnerable.

- **Immense patient satisfaction.**

With standardization of in-patient services, stress on outcomes and well-being of the patient, patient satisfaction and experience is being given utmost importance in many surveyed hospitals. The attitude of care and caution towards Ayushman patients was conspicuous among private hospitals. Rating their satisfaction level with the services and treatment provided, over 92% of the patients expressed complete satisfaction with their treatment and confidence in their health care provider. Interviews revealed that, earlier most of the people complained of not being treated well and lacked confidence in the hospital they were receiving treatment from.

- **Ayushman Mitras – ensuring ease of access to health care and primary information channel for the masses.**

Ayushman Mitras under the scheme is a powerful social position and are the first point of contact for the people. They are rather being perceived as the face of the scheme by the people wherein many instances revealed that a proactive and helpful Ayushman Mitra



was a determining factor in patient satisfaction besides medical care. Their role is crucial right from card distribution till the patient is discharged and the post-operative care. Most of the beneficiaries interviewed expressed complete trust in the Ayushman Mitra and relied on them throughout the hospitalization tenure.

- **Freedom from the economic burden of health costs led to a definite feeling of security and confidence.**

Sudden onset of illness is one of the biggest causes of families being pulled down the poverty line on account of huge out of pocket expenditures leading to life-long indebtedness, losing material assets and impact on basic livelihood. Debt was pointed out as one of the biggest pain points that afflicted families earlier in events of severe illnesses and accompanying health costs. Prior to PMJAY cover, 80% of the respondents had taken debt for meeting health care costs at some point of their lives and in a majority of cases, they were still repaying the debts. There were several instances of people mortgaging their assets such as property, cattle, jewellery and eventually losing them. Some people said debt was not even an option for the poorest.

With Ayushman cover, it was observed that there is feeling of security among the beneficiaries. Many of those interviewed expressed that the money can now be put to better usage, like fixed deposits for children, buying a new asset, increased investment in business etc as there is less fear of unforeseen health costs. There is feeling of empowerment among beneficiaries as they feel that there is no need to 'compromise' when it comes to health and they are now capable of getting the best of medical advice

- **Changing perception towards health care and tending to health issues on priority**

Interviews revealed that while initially the first association with illness of a family member was bearing the medical costs, now it is more about choosing the best quality care giver and speedy recovery of the patient. People initially viewed need for in-patient care/admitting in hospital with much scepticism, with Ayushman cover; people are much more cooperative and concur with doctor advice.

With better and timely medical care there are improved prospects of convalescing from the illness. Some beneficiaries reported that prior to Ayushman cover, at times their medical condition worsened due to improper/incorrect medical procedures owing to less qualified doctors, unhygienic conditions, unavailability of medicines etc. All most all of the respondents (over 95%) received instant treatment for their ailment under PMJAY, while it is noteworthy that a significant portion of them (over 70%) revealed that either they or their peers ignored or put off doctor visits for their illness with fear of hospitalization and the huge costs involved.

Not only that, people are now tending to their medical issues ignored for long due to financial constraints. They feel that it is time to resolve all health issues and even take preventive steps if needed. Better general health of the people and fewer chances of minor illnesses taking a more serious form would be the long-term impact of the scheme on the lives of people, as is suggested from current trends.

- **Perception of policy fairness**

A Beneficiaries expressed that it was much needed and was their right as a citizen. Many respondents said that medical costs are something that cannot be averted, and it was unfair that the poor had to sacrifice so much to save their near and dear ones. This section was deprived of life saving yet expensive secondary and tertiary treatments which forced them to make a choice between health/life and livelihood. Almost all the respondents (along with the doctors and other stakeholders) saw the scheme as a sign of fairness and equality and an overdue right.

- **Freedom from negative cascading impact of huge health costs**

Interviews with the poor in urban areas it was found that many families used to get uprooted and move back to villages unable to deal with extravagant medical costs. This led to a host of new social economic problems back in their villages. Lack of cooperation from relatives and few earning avenues forced them to leave the ailing member back in village and move back to cities to earn, hence upsetting the entire familial and social dynamics.

People in villages end up either mortgaging or selling lands to meet medical costs, leading to draining of their savings and also livelihood avenues. It was also observed that earlier, there was a significant impact on their children's education which had to be forgone in majority of cases. Children were sent out to earn at an early age leading to increased vulnerabilities.

Several case studies revealed that women from this segment, especially single mothers, the infirm from poor families discovered a new-found self-reliance and dignity as they no longer had to depend on relatives in case of medical emergencies.

Ayushman Bharat is bringing a social change in a way that now women from vulnerable families are enabled to avail medical treatment without any further delays which comes free of cost and does not pinch anyone's pocket as a result their treatment is not being consider as an economic burden to the families. It stimulates a sense of self-reliance among the persons and confidence in the government.

- **Gradually shifting from unverified alternative medicines and quacks to quality care**

People also pointed out that earlier due to financial constraints; they generally opted for local/traditional medicines, mostly from unverified sources. Access to unqualified medical personnel/quacks has positioned doctors in a dubious stance as their conditioned had either worsened or received no relief at all. Since cost was a determinant in choosing a healthcare provider, our study revealed that there is a drastic jump in terms of people visiting recognized hospitals than the local quacks.

Health care providers are positive about the scheme and are witnessing a drastic improvement in enrolment rate and patient satisfaction. Though there isn't any tabulated data on the proportional increase in health care provided to the poor and needy, doctors concurred that there is increase in people availing tertiary care in private hospitals. PMJAY is a step in the right direction towards extending '**dignity and strength to the beneficiaries and the right to live their entire life**'. While the scheme is in its initial phase, it is important to ensure that it is implemented effectively and achieved the intended purpose on ground. Following are some of the recommendations to ensure its smooth and effective implementation and maximum impact.

PMJAY: paving way for universalization of health care in states

Field survey in two hilly states of India viz Himachal Pradesh and Uttarakhand brought to the fore specific challenges in access to healthcare with respect to topography, accessibility to main cities and a significant rural population.

For instance, in the state of Himachal Pradesh, tough terrain and extreme climatic conditions, accessibility remains a major issue in the Himalayan state, despite having a good network of hospitals. The state has 12 districts with a population of 68,64,602. The urban population is only 10.03 percent and the remaining 89.9 percent live in rural settlements of varying sizes from isolated hamlets to congregated settlements.

Similarly, in Uttarakhand, access to quality health care is a huge challenge. A large number of quality health providers are concentrated in areas such as Dehradun, Haldwani, Rishikesh, Udhampur and Haridwar which makes reach and accessibility from far off places a major challenge.

A common trend was noticed where people travel to neighbouring states for quality health care and limited health care institutions in tough terrains. Public private partnership under PMJAY and incentivization to private health care providers is expected to improve public healthcare in the state.

Both the states had existing health care schemes for the poor and with Ayushman Bharat, the states have converged their existing schemes to provide universal health care to every resident. Himachal Pradesh implemented Himachal Healthcare Scheme (HIMCARE). Under the scheme, cashless coverage of up to 5 lakh per year per family will be provided on floater basis to up to five members. The treatment will be provided on the basis of packages same as under Ayushman Bharat. The hospitals empaneled under Ayushman Bharat would stand automatically empaneled under HIMCARE. The state has achieved universal health cover as the families not covered under Ayushman Bharat would now be covered under HIMCARE.

In Uttarakhand, over 170 hospitals (99 govt and remaining private) have been empanelled under the scheme. Almost all major health care providers have come under the ambit of Ayushman barring few extremely costly hospitals. There are 5027721 targeted families in Uttarakhand under the PMJAY. However, with the launch of Atal Ayushman Yojana, the entire population of the state will be covered. The remaining population covered would be completely covered by the state. The state will also have universal health care coverage under the scheme.

CASE STUDIES:

CASE STUDY: 1

Jumma, a 60-year-old construction worker from Jhajjar, received heart surgery at an ace private hospital in Gurgaon. Jumma has been recuperating well and felt that he was experiencing such comfort for the first time in his life.

Speaking to his son, Qaiyoom and wife, it was found that cost of the treatment, 2.5 lakh, could not be borne by the patients under any circumstances. The family was not even in the condition to take debt.

The wife had a neurological problem and had been taking treatment from a local doctor for last 8 to 10 years with little improvement. She plans to get herself checked and get a treatment under PMJAY cover now.



**Qaiyoom, Gurgaon,
Haryana**

CASE STUDY: 2

It was observed that the vulnerable section of the society, especially women, children, and particularly the elderly in the poorest community are not looked upon as a burden and taken for timely treatment post PMJAY cover. This is evident in the following case study: Mustafa Khan, an elderly man, had Parotitis swelling on his face. Talking to the patient's daughter, Shabnam, it was realized that initially the family was unaware whether they were covered under the Ayushman Bharat Yojana or not and were sceptical in getting a treatment for the ailment due to financial constraints. After being duly informed of the cover through an ASHA worker, the family decided to get the treatment for the Parotitis swelling of her father.



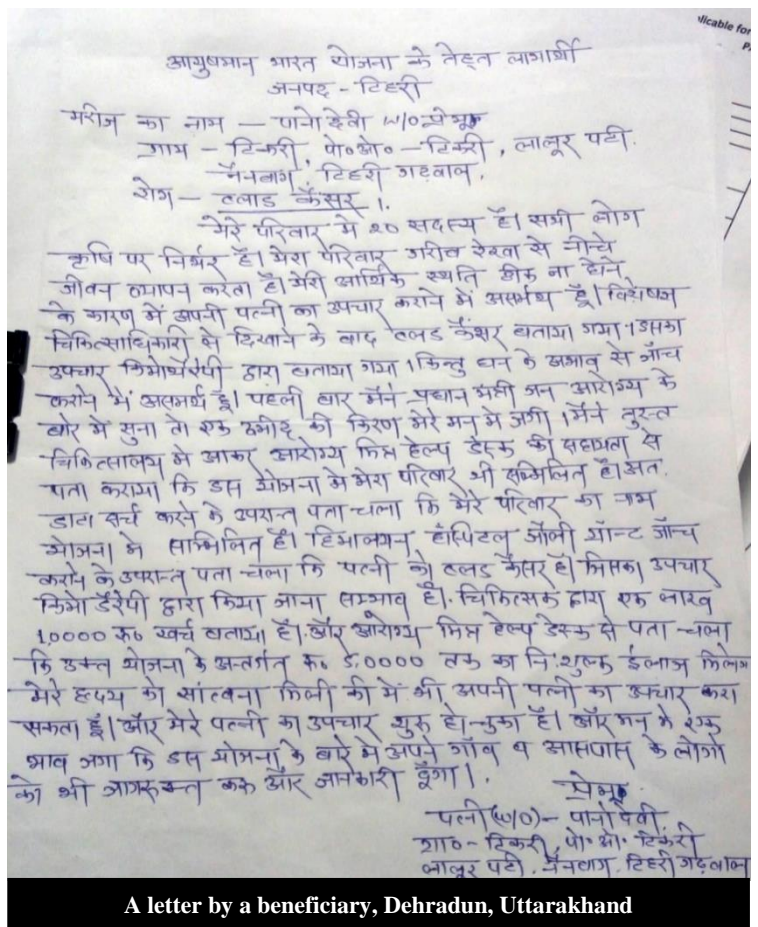
Mustafa Khan, Dehradun, Uttarakhand

A teary eyed Shabnam said “हम लोग तीन बहनें हैं और सब की शादी हो चुकी है। ये तो इस स्कीम का भला है की हम टाइम से अपने पापा का इलाज करवा सके नहीं तो गरीब इंसान को बहुत दुख झेलना पड़ता है। आयुष्मान भारत जैसी स्कीम शुरू करने के लिए मोदी जी का बहुत धन्यवाद।”

CASE STUDY: 3

Deveshwari Devi from Khatauli village, district Pauri Garhwal has been surviving on her own and has been hand to mouth ever since she lost her son a couple of years back. Deveshwari Devi suffered from a heart blockage in November and had her nephew Ashish Negi who works in Dehradun, admit her to a hospital in the city. While, initially Ashish was not aware about the PMJAY cover and was fending for sources to finance the costly procedure. On being informed by an Ayushman Mitra in the hospital about the scheme and discovering her eligibility, he admitted her for the surgery without paying a single penny. She has now successfully undergone a heart surgery with two stents, the costly. He said that arranging money for his aunt would have been a huge challenge with his two school going children and monthly rent. He said that without Ayushman cover he would have been in a huge ethical dilemma.

In his own words, “ऐसी योजनाएं गरीबों के लिए एक उम्मीद की किरण हैं और इसके बारे में ज्यादा से ज्यादा जानकारी फैलानी चाहिए ताकि सब इसका फायदा उठा सकें।



A letter by a beneficiary, Dehradun, Uttarakhand

CASE STUDY: 4

Rajinder, a 50-year-old auto driver in Haryana, the only income earner in the family of six, suffered from pneumonia. His son who was earlier unemployed, took up his father's work and now fends for the family while the father is still recuperating from the illness. The daughter-in-law instantly drew comparison with her maternal uncle's family which had to suffer heavy losses due to his illness last year. Apart from being the only earner; the family had to take debt to tend to his illness and also for survival. His son now adjusts between work and college. She said that the scheme is a boon to poor families and expressed that her in-laws would have faced a similar fate if not for Ayushman. She further added that her mother in law is also suffering from knee pain and is now planning to get it checked and a surgery done if needed. She however said that her family does not believe in hakeems and either try home remedies or go medical care in case of ailments.

CASE STUDY: 5

Rakesh, a resident of Mandi district in Himachal Pradesh, had his wife admitted in the hospital and receiving treatment for ovarian cyst. Expressing his relief over availability of such a scheme. Rakesh expressed that he is financially constrained and there is no way he could have arranged money for the operation.



Quoting him, 'मुझे कोई financial arrangement नहीं करना पड़ा। स्कीम से हमें इतना फायदा हुआ की हमें लगा की हमें किसी रिश्तेदार के आगे हाथ नहीं फैलाने पड़े। आयुष्मान भारत के रूप में सरकार ने एक बहुत बड़ा वरदान दिया है।'

CASE STUDY: 6 Pradhan Mantri Jan Arogya Yojana (PMJAY) "Ayushman Bharat", brought comfort and happiness to a poor family in Rohtas, Bihar. Ram Pravesh Singh, runs a small tailoring shop from his residence. Six years back his 11-year-old son Vikas, broke his arm. Due to adverse financial situation back then, he did not get him operated. Ever since the child had been managing with a broken arm risking his health and future. Ayushman Bharat, however proved to be a huge relief to the family and the young boy. His father took him to a private empanelled Hospital under Ayushman Bharat and received high treatment for his son. Vikas is today recovering well and has better hopes for his future.

CASE STUDY: 7

66-year-old Sant Prakash, a truck driver was admitted for a heart surgery at a private hospital in Gurgaon, Haryana. Speaking to his son we were informed that he was the only other earning member apart from his father in a family of six. His son expressed that Private hospital care was a greatly valued and something they could have never afforded. The comforts and care of a high-end private hospital was a first for them. In absence of the PMJAY cover, the family would have borrowed money from relatives or local money lenders. Making such a cover indispensable for the poor, the son recalled that last year his mother had died due to prolonged liver ailment and inability to get medical treatment. Quoting him, 'पिछले कई वर्षों से मेरी माँ को जिगर

की बीमारी थी, मोहल्ले के डॉक्टर से इलाज चल रहा था। पिछले साल उनकी तबीयत बिगड़ी तो गुडगाँव के एक प्राइवेट हॉस्पिटल में ले के आये क्योंकि बीमारी का इलाज वहीं था। बदकिस्मती से हॉस्पिटल वालों ने इलाज से मना कर दिया क्योंकि हमारे पास इलाज के लिए पैसे नहीं थे। कुछ ही दिनों में माताजी का निधन हो गया। अगर आयुष्मान जैसी स्कीम होती तो शायद उनकी जान बच जाती।’

CASE STUDY: 8

22 years old Ali Hussein, suffering from kidney failure for the past 11 months, got himself registered under the scheme which led to the beginning of his dialysis procedure. His father narrated the ordeal that Ali was suffering was a major kidney failure for the past 11 months. The kidney transplant would require at least a year time, so they collected the money for the dialysis via charity and till now about 3 lakh has been spent. He had to borrow a lot of money, for which he is under debt. Due to shortage of money, his survival was increasingly becoming a question. Becoming a PMJAY beneficiary helped him carry out his dialysis treatment without worrying about spending a single penny. PMJAY has made their life easier, his hope for his son’s survival has improved.

CASE STUDY: 9

In our conversation with Bhagwan Singh, a vegetable vendor and his wife he shares his experience of how the scheme had an impact on their lives. Bhagwan Singh had gone through two surgeries in his life during an interval of few months but when it comes to his experience it was totally different.

The first surgery which was prior to Ayushman Bharat costed around 2 lakhs from his pocket which he managed by taking loan and being the single earning member of the family that expenses hit his family hard. Months later when he is due to go another surgery because of complications Ayushman Bharat has come as a great relief to the family as he had no more means to source fund. Expressing his gratitude, he said ‘ये सोच के अच्छा लगता है की मेरे इलाज का पैसा सरकार दे रही है, मुझे बस अपनी सेहत की चिंता करने की ज़रूरत है पैसों के इंतज़ाम की नहीं।’



**Bhagwan Singh,
Faridabad, Haryana**

CASE STUDY: 10

In our conversation with Satya Devi’s father from Chamba (Himachal Pradesh), he shares his experience of his daughter’s illness (Heart related problem) and her treatment. Earlier they had spent a huge amount of their income towards her medical expenses. However, now, since Ayushman cover, her medical treatment does not cost them a single rupee and she, who is now married does not have to rely on her in-laws for her treatment. Expressing a great deal of relief, he said, ‘अगर आयुष्मान में मुफ्त इलाज नहीं होता तो मेरी बेटी को इलाज के लिए अपने ससुराल वालों पर निर्भर होना पड़ता और मेरी माली हालत भी अच्छी नहीं है की मैं अच्छे हॉस्पिटल में इलाज करा सकूँ।’

CASE STUDY: 11

Anita Jain, 56-year-old housewife in Haryana, suffered from heart attack early October and was operated under PMJAY. Her son, Piyush Jain informed that they are a family of four. His father stays ill and younger sister is still in school. As informed, the family would have taken loan as they had nil savings. Piyush Jain exclaimed that they felt taken care of by the government and realized that he got a treatment costing lakh without giving a second thought. He himself had diabetes and suffered from partial paralysis a couple of years back but could not get a sophisticated medical treatment due to financial constraints. In his words,

‘मोदी जी ने गरीबों के लिए ये स्कीम निकाली और अगर मोदी जी ने ये स्कीम ना निकाली होती तो शायद मुझे अपना घर गिरवी रखके अपनी माँ का इलाज कराना पड़ता, मैं मोदी जी का तहे दिल से धन्यवाद करता हूँ और बहुत आभारी हूँ।’



Piyush Jain, Faridabad,
Haryana

CASE STUDY: 12



Simran, Sihor, HP

PMJAY has been instrumental in ensuring the dignity and wellbeing of women by helping out widows like Pushpa carry out monthly treatment for her 13yrs old diabetic daughter. The out of pocket expenditure has been reduced to such an extent that the family can now think of saving for its future needs. It has empowered women, which is one of the targeted segments under AB.

Simran, age 13years, is a diabetic patient and has to spend around ₹4000-₹5000 every month for her treatment. While talking to her mother, we came to know that the family of three is a female headed household. They are farmers by occupation and receive pension but due to the ailment and monthly hospital expenditure the education suffered and household needs were adjusted accordingly. The family first got information about the AB yojana through the daily news and later on inquired and acquired the AB card from the “Lok Mitra Kendras”.

The mother says “कमाने से ज्यादा खर्चा तो अस्पताल का है I इस योजना से सुविधा रहती है की हर महीने का खर्चा बच जाता है और उस रकम को अब अपने बच्चों के लिए बचत खाते में डाल सकती हूँ I ये योजना गरीब लोगों के हित में है और इससे लोगों में सामाजिक सुरक्षा, सुविधा और विश्वास होता है I

CONCLUSION

- Prime Minister Modi's announcements about Ayushman Bharat has brought healthcare services under national focus and ordains an unprecedented accessibility and quality service for all.
- PMJAY ushers in an ecosystem where all health stakeholders including government, private, pharma sector, insurance companies are brought into a trust based collaboration.
- Perception of policy fairness, security and confidence significantly noted among beneficiaries.
- The poor now practice choice in terms of quality and speciality while deciding over a healthcare provider. The choice is not dictated by financial concerns.
- PMJAY has been Instrumental in shifting people from untrusted medical course or from unregistered practitioners to quality medical care.
- A trend noticed where people are pro-actively getting treatment for their lingering chronic diseases also taking the nation on a healthier course.
- Another important aspect that comes to light is the important role of private sector under the scheme instrumental in providing quality healthcare to the poor.
- No cap on family size is particularly found to helpful in case of women, girls and the elderly.
- PMJAY is built in with a strong monitoring mechanism making prospects of foul play practically nil. Requirement of uploading videos and pictures of the procedures, regular phone calls to patients for feedback ensure a transparent functioning.
- Increasing penetration in tier 2 and tier 3 cities is also being witnessed making healthcare even more accessible.
- The Ayushman ecosystem and PMJAY in particular is leading to outcome linked payments, digitization of records, standardization and benchmarking of best practices leading to quality healthcare accessible.

Facing the prohibitive health costs has been one of the major factors dragging people into poverty. The very fact that 6.85 lakh patients were treated in the first 100 days of the scheme, signifies the dire need for such a cover. Ensuring a smooth implementation of the scheme in this crucial phase can ensure its success on all accounts and ultimately pave the way for a universal coverage.

Public Policy Research Centre

Public Policy Research Centre (PPRC) is a research organization established under Dr Mookerjee Smruti Nyas, which is a public charitable trust, in 2011. The Centre aims at constructively impacting the policy formulation process with emphasis on good governance practices, efficient implementation mechanisms and evidence-based policy-making including policy-audit and evaluation, in the larger interest of the nation.

Public interest is of paramount importance in a democracy. No democratically elected government can perform its duties as the custodian of public good without evidence-based research. Solid research is a prerequisite of sound policy formulation and design making. Dispassionate and objectively conducted research enhances democracy as it can reduce the ability of those with vested interests to influence the public policy debate.

The idea behind PPRC is to undertake structured research and carry field-study projects to explore constructive solutions on important policy issues in an institutionalized manner, through discussions, debates, seminars, study circles and brainstorming sessions. Since its inception, PPRC has worked on several short-study projects as well as full length research products and has come out with occasional papers, study reports, research-tools and similar publications.

PUBLIC POLICY RESEARCH CENTRE (PPRC)

PP66, Dr Mookherjee Smruti Nyas, Subramania Bharti Marg,
New Delhi-110003.

T: 011-23381844 | E: contact@pprc.in | W: www.pprc.in
Fb: /pprcindia | Tw: @pprcindia