

**AYUSHMAN BHARAT, AN EMERGING NATIONAL HEALTH PROTECTION SCHEME AND ITS COVERAGE ON RURAL FAMILIES OF GUJARAT****Dr. Sandeep Soni¹, Dr. Naresh Godara², Dr. Akash Kumar Lal³, Dr. Deepak Vishwakarma⁴**¹ PhD Scholar (Public Health), Parul Institute of Public Health, Parul University, Vadodara,² Professor & Head, Department of Community Medicine, Parul Institute of Medical Science & Research, Parul University, Vadodara,³ Deputy Director, Deepak Foundation, Vadodara,⁴ Assistant Professor, P P Savani University, Surat**Abstract:**

Introduction: In India, several public health insurance schemes are being tried to improve access to health services and minimize the economic impact, especially for economically vulnerable population. Government of India launched Ayushman Bharat Yojna in September 2018, this is also known as Pradhan Mantri Jan Arogya Yojana (PM- JAY) and National Health Protection Scheme (NHPS), which provide a ceiling of five lakhs per household for hospitalization. **Aim:** The study was done to assess the coverage of Ayushman Bharat on rural families of Gujarat. **Methodology:** A cross sectional study was conducted in the rural area of Vadodara district of Gujarat. Simple random sampling was done in 208 households. Data was collected using semi- structured tool, after data entry the descriptive statistics were presented in frequency tables. **Results:** The revealed that out of 201 household only 77.61% household were covered under Ayushman Bharat Scheme. Out of 201 households, 24.38% of households faced hospitalization during last 365 days and out of those households faced hospitalization only 65.31% availed the benefits of Ayushman Bharat Scheme, 18.73% done expenditure from household income & saving and rest 16.33% paid their expenditure by borrowing. **Conclusion:** Ayushman Bharat is a good scheme covering health insurance up to five lakhs annually to the beneficiaries. The coverage of the PM- JAY is good in majority of state in India

Keywords: Ayushman Bharat Scheme, Pradhan Mantri Jan Arogya Yojana (PM- JAY), Health Insurance. Health Care Expenditure

Introduction:

In India, several public health insurance schemes are being tried to improve access to health services and minimize the economic impact, especially for economically vulnerable populations ⁽¹⁾. Government of India has launched National Health Protection Scheme: Ayushman Bharat, also known as Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) on September 23, 2018. Before that several insurance schemes such as Central Government Health Insurance Scheme (1954), Universal Health Insurance scheme (UHS) (2003), Niramaya Health Insurance scheme Continued as Swablamban Health insurance schemes in 2016 and Rashtriya Swasthya Bima Yojana (RSBY) are key examples of national health insurance schemes; Yeshasvini Cooperative Farmers Health Insurance in Karnataka,

Aarogyasri scheme (continued as Dr NTR Vaidya Seva) in Andhra Pradesh and Mukhya Mantri State Health Care Scheme (MMSHC) in Himachal Pradesh are key examples of state specific health insurance schemes ⁽²⁾.

But coverage of these public health insurance schemes was about 75 million people (roughly about 16 million household beneficiaries) in 2007 and estimated around one-fourth of population covered in 2010, covering roughly 302 million beneficiaries. The coverage is very vast when compared to any global standards and in a span of three to four years in rapid rates ⁽³⁾.

In 2018, Government of India launched the ambitious Ayushman Bharat Program (ABP) for a new India which has two major components: Creation of Health and Wellness Centers (HWCs) and National Health Protection Scheme (NHPS) ⁽⁴⁾.

The main objective of ABP is "to provide services with continuum across three levels of care bring back the attention on delivery of entire range of preventive, promotive, curative, diagnostic, rehabilitative and palliative care services ⁽²⁾.

Aim:

Ayushman Bharat, An Emerging National Health Protection Scheme and Its coverage on Rural Families of Gujarat.

Objectives:

- To assess the coverage of the scheme
- To assess the access to the hospitalization
- To assess the financial risk protection of the beneficiaries

Methodology:

Study Design: This is the community based cross sectional study.

Study area & population: The study was conducted in the Moti Varnoli village of Savli taluka of Vadodara district of Gujarat. Moti Varnoli is a medium size village located in Savli Taluka of Vadodara district of Gujarat. There is total 301 families residing in Moti Varnoli village. Sex ratio is 907 which is lower than the state average of 919. Literacy rate in 2011 was 69.76%, where male literacy rate was 81.56% and female literacy rate was 56.92%. The calculated sample size was 208. Simple random sampling using random number generator was used to select the household. Informed consent were obtained by the head of the family or respondents after explaining them about the study.

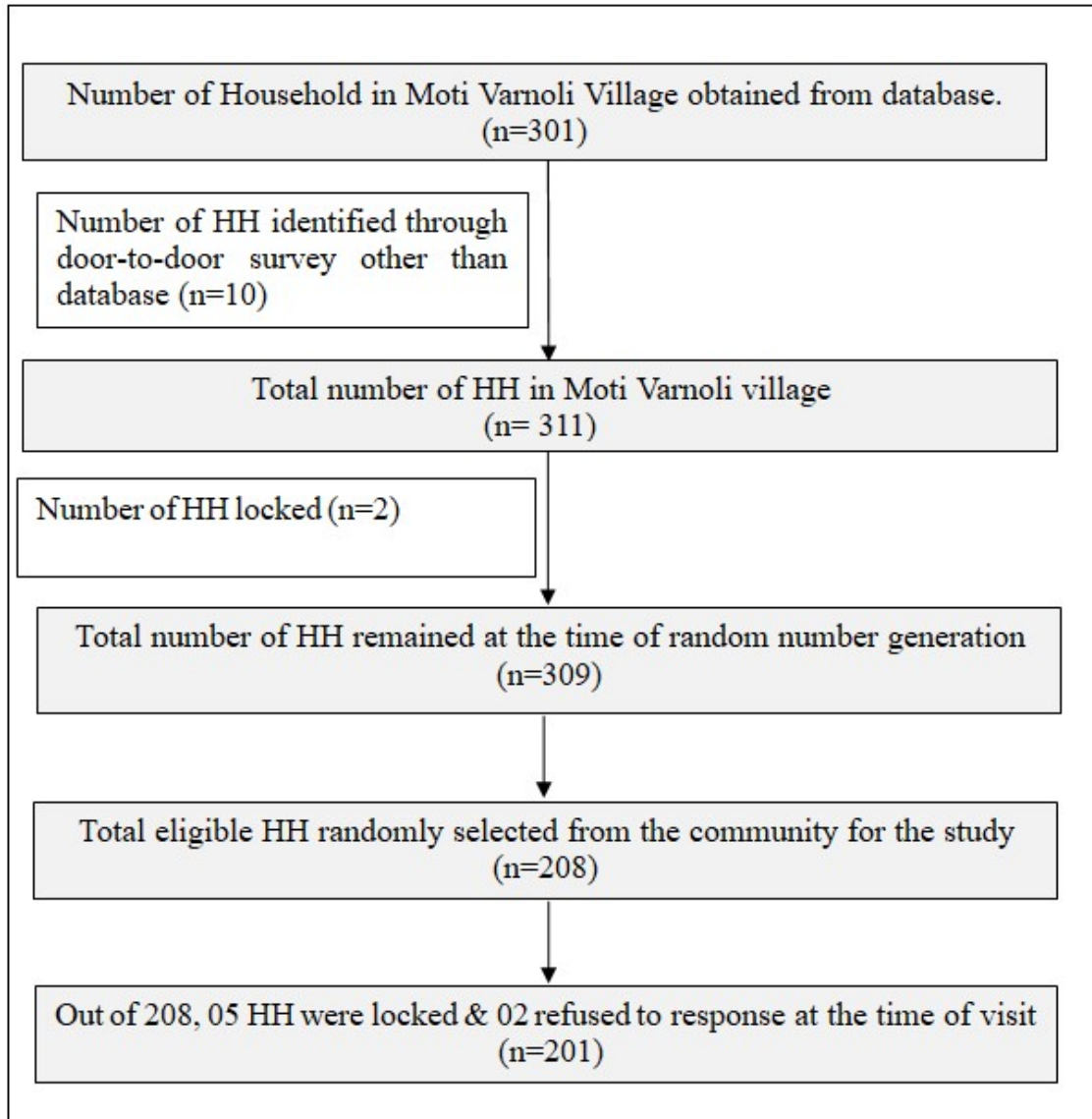
Inclusion Criteria:

- The study includes all the household selected through sampling method.
- Household in which there is atleast a member who is 18 years and above to respond.
- Those who was able to understand Hindi, Gujarati or English.
- Those who was willing to give informed consent.

Exclusion Criteria:

- Locked household.
- Household not having any adult to respond.

Selection of household in Moti Varnoli village:



Study Duration & tool:

Data was collected between December 2022 to June 2023 in a pretested semi- structured questionnaire. Data was collected by visiting house to house and the head of the family or eldest person in his absence were interviewed by using semi- structured questionnaire consisted of sociodemographic variables and questions about Ayushman Bharat, Health seeking behaviour, utilization of benefits of the scheme.

Data Analysis:

Data entry was done and the descriptive statistics were presented in frequency tables. The Chi-square test was used to present the statistical difference in the categorical variables and a $P < 0.05$ was regarded as significant.

Ethical clearance and informed consent

Ethical clearance was granted by Parul University Institutional Ethical Committee for Human Research- Vadodara, Gujarat. Informed consent was obtained from all the study participants after explaining them about the study.

Result: The study was conducted to assess the availability of Ayushman Bharat Card & its utilization in the rural area among 208 households and able to get responses from 201 household only.

Sociodemographic characteristics of the study participants:

Mean age of the respondents were 44.85 (11.82) and majority of them were from others category 152 (75.62).

Table 1: Socio-demographic characteristics of the study participants [n=201]

Characteristics	Moti Varnoli Village (n=201)
Mean Age (Sd)	44.85 (11.82)
Sex (%)	
Male	170 (84.58)
Female	31 (15.42)
Religion (%)	
Hindu	201 (100)
Muslim	0 (0)
Others	0 (0)
Social Group (%)	
Scheduled Tribes	27 (13.43)
Scheduled Caste	19 (09.45)
OBC	03 (01.49)
Others	152 (75.62)
Marital Status (%)	
Married	184 (91.54)
Unmarried	01 (0.50)
Separated/ Divorced	16 (7.96)
Widowed	00 (00)
Education Profile (%)	
Illiterate	24 (11.94)
Primary Pass	60 (29.85)
High School Pass	57 (28.36)

Graduate/ Diploma	52 (25.87)
Post Graduate	08 (03.98)
Family Type (%)	
Joint	139 (69.15)
Nuclear	62 (30.85)
Occupation (%)	
Employed	182 (90.55)
Unemployed	09 (04.48)
Retired	10 (04.98)
Monthly Income (Mean, SD)	5,954 (4,486)

Figure 1: Availability of Ayushman Bharat Card:

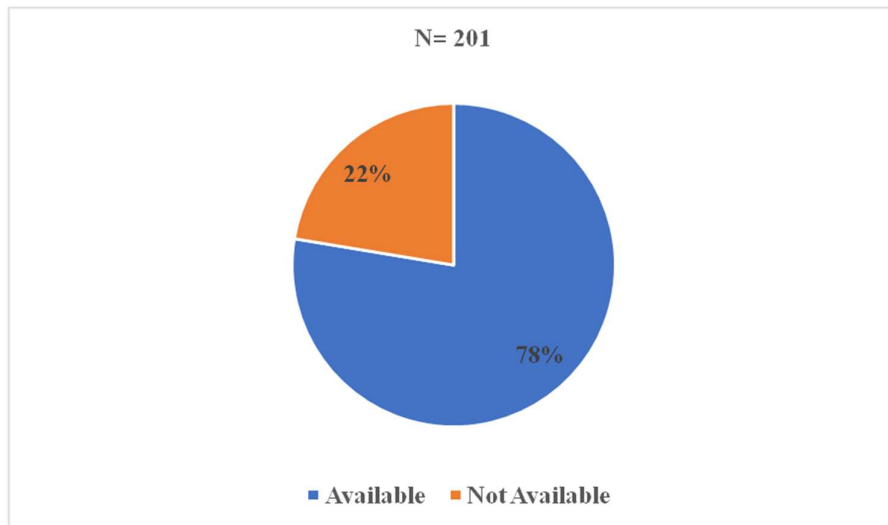
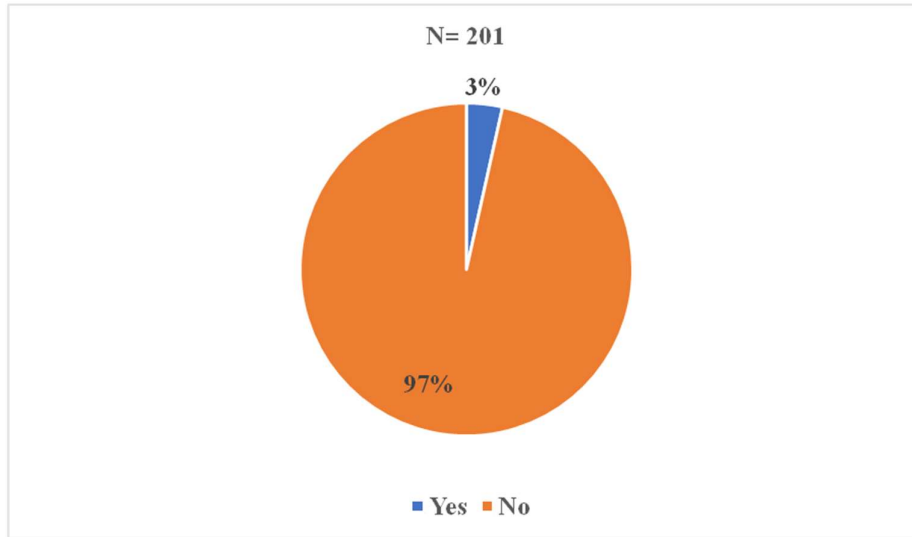


Figure 2: Availability of any other Health Insurance



It has been found that 78% of the households were having Ayushman Bharat Card and only 22% of household did not have it (Figure 1). Whereas only 3% of households were having any other health insurance (Figure 2).

Availability of Ayushman Bharat card as per the social group was showing significant relationship (Table 2).

Table 2: Chi square test showing relationship between social group and availability of Ayushman Bharat Card

Social Group	Availability of Ayushman Bharat Card		Total	P- Value	Pearson Chi
	1 (Yes)	2 (No)			
ST	18	9	27	0.003	13.8069
SC	14	5	19		
OBC	0	3	3		
General	124	28	152		
Total	156	45	201		

Table 3: Access to hospitalisation and financial risk protection by Ayushman Bharat Scheme

Characteristics	Moti Varnoli Village (n=201)
Did you or any of your family member Hospitalized during last 365 days (one year) (%)	
Yes	49 (24.38)
No	152 (75.62)

Major source of finance for all the expenses	
Household income and savings	9 (18.37)
Borrowing	8 (16.33)
Sale of physical asset	00 (00)
Ayushman Bharat scheme	32 (65.31)
Any other Insurance	00 (00)

Out of total households (n=201) only 49 (24.38%) were hospitalized during last 365 days. Mean of total expenditure (direct expenditure + indirect expenditure) was 39,334.69 (Table 4). Out of total hospitalization (n=49), 32 (65.31%) were get the benefits of Ayushman Bharat Scheme rest households paid their bills by household income & savings (18.37%) and borrowing (16.33%).

Table 4: Total expenditure incurred during Hospitalization in rural area

Variable	Observation	Mean	Std. dev.	Min	Max
Direct Expenditure	49	34,442.86	48,124	2,000	2,50,000
Indirect Expenditure	49	4,891.83	10,277.64	1,000	72000
Total Expenditure	49	39,334.69	55,880.4	3,000	3,22,000

Conclusion: Ayushman Bharat (PM- JAY) is one of the best health insurance schemes as a social security. This scheme has covered both the insurance component and upgradation of health facilities as Health & Wellness Centres. The coverage of the PM- JAY is good in majority of state in India. Also the CPHC component has achieved all the milestones within the timeframe since 2018. PM- JAY offers a good opportunity to improve the health of crores of Indian by providing them universal health coverage

Financial support & sponsorship: Nil.

Conflict of interest: None

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