



A STUDY OF AWARENESS LEVEL OF AYUSHMAN BHARAT AMONG THE BENEFICIARIES OF HIMACHAL PRADESH

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ABSTRACT

India has a vast health care system but there remain differences in quality between rural and urban areas as well as between public and private health care. Despite this India is a popular destination for health care. Despite this, India is a popular destination for health care. Despite huge challenges the country provides free, albeit basic health care to over one billion people. The country ranks 112 out of 191 countries on the world health organization ranking of global health care system. Infant mortality remains unacceptably high, approximately seven times that of the United States. India's health care system presents many challenges for both residents and visitors. The investigator has undertaken the study entitled a study of awareness level of ayushman bharat among the beneficiaries of himachal Pradesh. The objective of the study was to find out the to know the awareness level of aushman bharat among the beneficiaries of himachal Pradesh. Null hypothesis was formulated.

INTRODUCTION

According to India Consumer Economy 360 Survey, the average annual total medical expenditure of an Indian is about Rs.9,373. Average annual expenditure of household in towns on health is Rs 13,198/-, while it is Rs. 11,387/- and Rs. 6,371/- for a Metros household and for an underdeveloped rural household respectively. This report also revealed that due to financial constraints, the 30% of the rural population did not avail any medical treatment. And those who get the treatment, they pay the hospital bills either by taking loans or by selling their assets. WHO in its health profile report released in 2014 pointed out that nearly 75% of the Indians spending their entire income on health care and purchasing drugs? IRDA in its report published in the year 2017 said that, 76% of the populations do not have any health insurance that put financial burden to family that results in higher expenditure on health. Considering above facts, the government of India approved the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in March 2018 and was launched by honourable Prime Minister Shree Naredra Modi on 23rd September 2018 with mission "To reduce the financial burden on poor and vulnerable groups arising out of catastrophic hospital episodes and ensure their access to quality health services". Government of India is claiming the program as a historic step towards achieving Universal Health Coverage (UHC) in India. AB-PMJAY has following two primary goals.

1. To create a network of health and wellness infrastructure across the nation to deliver comprehensive primary healthcare services. And
2. To provide health insurance cover to at least 40% of India's population which is deprived of secondary and tertiary care services.

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

1. Provides hospitalisation cover of up to Rs. 5,00,000 per entitled family per year.
2. More than 10.74 crore poor and vulnerable families (approximately 50 crore beneficiaries) covered across the country.
3. No formal enrolment process is required.
4. No cap on family size and age of members. All members of designated families get coverage; specifically, girl child and senior citizens.
5. Covers secondary and tertiary care hospitalization.
6. Free treatment available at all public and empanelled private hospitals.
7. Cashless and paperless access to quality health care services.
8. Benefits of national portability. Eligible beneficiaries can avail services across India.
9. 1,350 medical packages covering surgery, medical and day care treatments cost of medicines and diagnostics.
10. All pre-existing diseases covered.

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

Out of pocket and catastrophic health care expenditure are leading households to financial hardships in India. The Covid -19 pandemic has further added up loss of jobs ,savings and lives . The inclusion of Covid-19 treatments in healthcare schemes like Ayushman Bharat , HIMCARE Scheme by the government has helped families from financial hardships and catastrophic healthcare expenditure. Health System in Himachal Pradesh is a hilly state located in North –West of the country. There are wide physical variations ranging from low hills to High Mountain with lakes and following rivers in the state. The state has an area of 55,673 sq. Km. and it accounts for 1.75 percent of India’s total geographical area. The state is having 12 districts with a population of 68,64,602. The density of population is 123 persons per sq. Km. Himachal Pradesh with an urban population only 10.03% of the total population has 56 cities and towns. The majority (89.9) % of the population is in rural settlements. The health services in the state are being provided by the Department of Health and family welfare through the network of 52 civil hospitals, 77 community health centres, 23 civil dispensaries and 2067 sub centers. To support these services various provisions have been made for secondary level health care facilities through specialized hospitals and those attached to state medical colleges. Infrastructure System Education /Research Institutes Tanda Medical College: Dr. Rajaendra Prasad Government Medical College and Hospital located in Tanda, Kangra Himachal Pradesh. Tanda medical college is a 500 bedded hospital and an auditorium with seating capacity of 700.

Research Methodology

Research is a process of collecting and analyzing and ultimately to arrive at certain conclusion. This research is for the purpose of arriving at the conclusion about the Ayushman Bharat impact on the beneficiaries regarding its satisfaction and benefits they derived out of the scheme.

Data Collection Techniques

(i) Primary Data

Personal Communication, Questionnaire method.

(ii) Secondary Data

Website, Health Department Database and previous studies.

Honest Efforts will be made to focus on the objectives under taken through collection of Data . Primary data will be collected mainly to get factual status of Ayushman Bharat schemes in Himachal Pradesh which has helped to house in-depth analysis of problem. Secondary data will be collected from libraries, journals, earlier related studies etc. Various reports published by project managers related to project will be considered for understanding the problems for understanding the satisfaction.

Need of the study

The need of the study is to know the awareness level of Ayushman Bharat among the beneficiaries. The impact on beneficiaries is important not only from the point of view of the study but also they seek satisfaction from the schemes.

Scope of the study

The scope of the study is very vast and not limited to the services provider but it is a emerging scheme and major problem faced by the beneficiaries and how to rectify these and how the level of services further needs improvement.

Research Design

A research Design is the set of methods and procedures used in collecting and analyzing measures of the variables specified in the problem research. The design of study defines the study type, descriptive , correlation semi experimental , experimental review ,meta analytic) and sub type (e.g. descriptive -longitudinal case study), research problem , hypothesis, independent and dependent variables , experimental design , and ,if applicable ,data collection methods and a statistical analysis plan

Types of Research Design

Exploratory research, as the name implies, intends merely to explore the research questions and does not intend to offer final and conclusive solution to existing problems .This type of research is usually conducted to study problem that has not been clearly defined yet. Conducted in order to determine the nature of problem, exploratory research is not intended to provide conclusive evidence, but also helps us to have a better understanding of the problem.

Descriptive Research

Descriptive research is used to describe the research design characteristics of a population or phenomenon being studied .It does not answer questions about how, when the characteristics occurred. The characteristics used to describe the situation or population is usually some kind of categorical chance also known as descriptive categories.

Conclusion

Researcher find out that the awareness level among the beneficiaries is not very high because of people think that these schemes only limited to certain class of people and they are not benefited from the scheme. Our suggestion for the government that they run the promotional scheme to promote the health insurance among the deprived section of the society.

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