International Journal of Scientific Research in Engineering and Management (IJSREM)
Volume: 06 Issue: 05 | May - 2022 Impact Factor: 7.185 ISSN: 2582-3930

A Study on the Effectiveness Pradhan Manthri Jan Arogya Yojana with Reference to Cherunniyoor Grama Panchayat.

BIJOY J.T , Dr.M.Selvalakshmi

ABSTRACT

The saying ‘ health is wealth’ is very much true in the present fast-paced life and it signifies the importance and necessity of a well developed health care system. Ill health not only leads to financial bankruptcy but also gives a lot of sufferings to the affected individual and his/ her family. Good health is one of the most important pre requisite to human productivity which in turn leads to overall development of a society. Primary health care is the backbone of the Indian health system. Health problem can be occurred at any time for any one. To ensure “Health for all” is a huge challenge that confronts the authorities in India, given the country’s size and the diversity of its population in socio-economic, regional, and cultural terms. Accordingly, steps were initiated to provide health insurance to selected beneficiaries either at the state level or national level.

PradhanManthri Jan ArogyaYojana Scheme was launched in 2018 by the Government of India, with the objective of providing health insuranceto the poorest strata of society, i.e. below poverty line (BPL) households. The primary aim of PMJAY is to protect BPL households from catastrophic health expenditure and to promote health-seeking behavior in them. The costs of this scheme are borne in the ratio of 3:1 between the central government and the state.

The main objectives of the studies are to study the financial impact and effectiveness in the implementation of PMJAY among BPL families in ***CherunniyoorGramaPanchayat*** *of Kerala state and to identify whether the PMJAY beneficiaries are satisfied with the amount provided for treatment under the Scheme.*

INTRODUCTION

The saying ‘ health is wealth’ is very much true in the present fast-paced life and it signifies the importance and necessity of a well developed health care system. Ill health not only leads to financial bankruptcy but also gives a lot of sufferings to the affected individual and his/ her family. Good health is one of the most important pre requisite to human productivity which in turn leads to overall development of a society. Providing good health care system to its population is one of the basic duties of any government and what percentage of the GDP the government is spending on health care is indicative of the government’scommitment in fulfilling this duty. Health and socio economic developments are so closely intertwined that it is impossible to achieve the one without the other. Health is a fundamental human right and it is the responsibility of the governments, both at the centre and states, to provide health care to all people in equal proportions. Total health care boosts economic growth, reduces poverty and lowers mortality rates. The saga of success of many countries lies in their special effort to provide the entire population with good health care facilities.

Health is considered a crucial factor in determining the Human Development Index (HDI) of a country and investment in health sector is therefore a major social investment linked to social goals. Rapid economic development, increasing stress and changing life styles has refocused popular attention on the health sector. Cost of treatment has gone up substantially due to exemplary advancement in medical technology and surgical procedures. The treatment is costly no doubt, but the good aspect is that it is now available. The medical facilities now come with a cost that the common man cannot afford. Issues on health and health care, of late, are gaining importance due to factors such as medical inflation, increasing life expectancies with advancement of preventive health care, increasing life style diseases and uncertainties with regard to employment and earnings. With a virtual absence of a health security system in India, and a high proportion of national health spending met by households, the need for a widespread health insurance system is urgent and pressing. This explains the growing relevance of health insurance in the present context.

Over the last 70 years, India has achieved a lot in terms of health improvement. But still India is way behind many fast developing countries such as China, Vietnam and Sri Lanka in health indicators . Against the world average of 4 hospital beds per 1000 population, India has 1.5 beds. To add 2.5 more beds, we require Rs. 5 lakh crore by 2025. India has 6 lakh doctors and 16 lakh nurses approximately . We need another 15 lakh doctors and 30 lakh nurses to come near the halfway mark of global standards. In India, there is one doctor for every 10000 population where as it is 548 in the US, 166 in the UK, 209 in Canada and 249 in Australia . According to Rural Health Statistics in India (2016), India has a shortfall of 20,000 Sub Centres, 4,800 Primary Health Centres and 2,653 Community Health Centres. Given this considerable gap in public health infrastructure, any financing program should include private and public hospitals to ensure that all beneficiaries have adequate and proximate access.

Overall, public spending is inadequate to meet the needs of India's people and is even too difficult to provide the most basic health care to the population. Furthermore, the government allocates the bulk of public spending to primary health care funds that are spread too thinly to provide effective care. While the government's inadequate health spending alone contributes significantly to the insufficient health care provided to its population, substandard distribution of these funds worsens India's health spending problems. Of the money allocated for public health on salaries , and staff logistics, while only a fraction is spent on actual user fees. In addition to deficient allocation , limited public spending by government is not , as one may assume distributed solely among the underprivileged, but is also utilized by well-off sections of society.

Health spending for the poorer sections of the population focuses greatly on primary health care services such as immunization and other outpatient procedures, whereas in patient care is less likely to reach poorer populations. The level of health care spending in India is currently over 6 per cent of its GDP and is considerably higher than that of many developing countries. This higher level of spending is due to price differences, and also represents a real difference in health care spending.

Primary health care is the backbone of the Indian health system. Health means complete physical, mental and social well-being of the people. Health problem can be occurred at any time for any one. To ensure "Health for all" is a huge challenge that confronts the authorities in India, given the country's size and the diversity of its population in socio-economic, regional, and cultural terms. Adequate provision for health financing is essential for strengthening healthcare. Indians can be categorized as rural and urban, upper, middle and poor class, or above poverty and below poverty line. The upper or middle class generally residing in urban areas have access to quality healthcare. However, those residing in rural areas and living below the poverty line have limited access to healthcare and large population in India lack medical insurance coverage. Inorder to provide universal health coverage in a country like India, where most people are either unemployed, or employed informally in the unorganized sector, is not only challenging but also expensive.

Accordingly, steps were initiated to provide health insurance to selected beneficiaries either at the state level or national level. However, most of these schemes were not able to achieve their intended objectives. It was therefore envisioned to launch a well designed and implemented health insurance to increase access to health insurance and to improve its quality overtime. First the National Rural Health Mission (NRHM) introduced in 2006, has sought to increase public health spending to improve the health infra-structure, strengthen human resources and decentralizes the delivery of health care services, primarily in public health sector in rural areas. Second, in 2008, the Ministry of Labor announced the RSBY for poorest and aims at relieve them of the burden of healthcare costs.

PradhanManthri Jan ArogyaYojana Scheme was launched in 2018 by the Government of India, with the objective of providing health insurance to the poorest strata of society, i.e. below poverty line (BPL) households. Looking at the structure of PMJAY, it is clear that the authorities have identified the target group efficiently and have incorporated within the policy frame the characteristics of the target groups: (a) poverty, (b) illiteracy, and (c) migration. PMJAY provides a cashless, paperless, and portable scheme to beneficiaries.

The primary aim of PMJAY is to protect BPL households from catastrophic health expenditure and to promote health-seeking behavior in them. This study will help to know the effectiveness of PMJAY in Cherunniyoor Grama Panchayat.

SIGNIFICANCE OF THE STUDY

Health is a human right. The escalating cost of medical treatment is beyond the reach of common man. Though the major part of the economy's total share of income comes from the household sector, the real problem is that the cost of medical care is very high and poor people cannot afford it. In India, insurance coverage for healthcare is very limited.

About 4 to 5% of total health expenditure are reimbursable under any insurance or reimbursement schemes. Studies have shown that in the absence of reimbursement mechanism, people borrow substantially to finance healthcare. With a large amount of cost incurred by households, it is researchable here from where people are getting financial support, especially during catastrophic illness, the financial burden of which is very high.

Healthcare has always been a popular area for India, a nation with a huge population, with a larger percentage of this population living in urban slums and in rural areas and below the poverty line. To avoid this situation government of India accorded sanction for medical expenses and ensure provision for reasonable medical facilities for the poor families.

OBJECTIVES

To study the financial impact and effectiveness in the implementation of PMJAY among BPL families in CherunniyoorGramaPanchayat.
To identify whether the PMJAY beneficiaries are satisfied with the amount provided for treatment under PMJAY Scheme.

METHODOLOGY

Sampling Design Type:-Simple random sampling method
Sampling Unit: - Cherunniyoor GramaPanchayat.
Sample Size:-50
Tools Used for Analysis Instrument:- A structured Questionnaireis used.

Method: - the research is conducted by using contact methods through Questionnaire and Interview method

Data Analysis and Statistical Technique Method: - Various statistical methods like cross tabulation, bar graphs for analysis and representation of data.Likert Scale and Percentage method have been used here.

DATA ANALYSIS AND INTERPRETATION

Nowadays health and insurance industry playsa crucial role in economy. This study shows the relation between this health status of the people under government assured program 'PMJAY' and its working efficiency in CherunniyoorGramaPanchayat.

There are 14 wards in CherunniyoorGramaPanchayat. From 14 wards 50 houses were selected randomly as samples for this study. For convenience the sample population has been divided on the basis of their age. The classification is like an age pyramid 0-5, 5-15, 15-59, above 60

Both primary and secondary data are used in this study. The collected data are analyzed and interpreted by using various statistical tools such as likert scales, tables, graphs, percentage, and diagrams.

Percentage analysis

TABLE 4.1: THE MONTHLY INCOME OF HOUSE HOLD (as per Ration Card)

Annual income	Number of Household	Percentage
Below 5000	29	58
50000-10000	8	16
10000-15000	6	12
15000& above	7	14
Total	50	100

Source :- Field Study

Above figure shows that 58 percent of the household belongs to low income group and 14 percent belongs to the income aboveRs.15000 in CherunniyoorGramaPanchayat.From this it is clear that most of the households are BPL families.

TABLE 4.2 THE PREFERENCE OF THE PEOPLE FOR HOSPITALS

Hospitals No of person percentage

Hospitals	No.of Person	Percentage
Private	39	22.54
Public	98	56.65
Both	36	20.81
Total	173	100

Source: Field Study

The number of patients is increasing due to various diseases. Out of this most of the patients are depending on public rather than private.56.65% of people prefer public hospitals while 20.81% of the people prefer both public and private hospitals.

TABLE 4.3: THE NUMBER OF BENEFICIARIES IN PMJAY

WARDS PMJAY TOTAL

Wards	Category	No.of house holds	Percentage
	BPL	1810	58.07
	State Government's Pool	1307	41.93
Total		3117	100

Source: Field Study

In Cherunniyoor Panchayat, out of 37219 populations (5630 Families),3117families come underPMJAY program. Out of 3117 families 1810 families are under the category of BPL other 1307 belongs to other eligible categories identified by the state government.

TABLE 4.4: THE HEALTH INSURANCE HOLDERS

Age	Male	Female	Percentage	
			Male	Female
0-5	1	4	1.22	4.17
5-15	16	12	19.51	12.5
15-59	53	69	64.63	71.88
60 and Above	12	11	14.63	11.46
Total	82	96	100	100

Source: Field Study

The number of health insurance holders increased especially in low income group in the society. This is because of new health insurance policy, adopted by Government of India .The table shows the number of health insurance policy holders in the sample.Out of 200 respondents 178 have health insurance policy, belonging to different age group (82 males and 96females). Among the total 178 people 153 have new insurance policy provided by government remaining 15 have other types of insurance policy.

TABLE 4.5 Sufficiency of provision of amount for treatment

Level of satisfaction	No. Of respondents	Percentage
Highly satisfied	29	58
Satisfied	9	18
No opinion	8	16
Dissatisfied	2	4
Highly dissatisfied	2	4
TOTAL	50	100

Source: Field Study

Table and graph shows58% of the people are highlysatisfied ad 18% are satisfied with the amount provided fortreatment. Only 8% was disagreeing with this. From this table it is clear that amount provide for treatment is sufficient.

TABLE 4.6: Opinion about PMJAY makes improvement inhealth status of society.

Level of Acceptance	No. Of respondents	Percentage
Highly Agree	19	38
Agree	22	44
No opinion	7	14
Disagree	2	4
Highly disagree	0	0
TOTAL	50	100

Source: Field Study

The table and graph shows that above 82% of people were agree that PMJAY makes improvement in health status. It depicts the social acceptance of the scheme.

TABLE 4.7: Opinion about IEC activities is sufficient to make awareness about PMJAY

Level of Acceptance	No. Of respondents	Percentage
Highly Agree	5	10
Agree	7	14
No opinion	6	12
Disagree	21	42
Highly disagree	11	22
TOTAL	50	100

Source: Field Study

The table and graph shows that above 64% of people were disagree that IEC activities are sufficient to make awareness about PMJAY. It depicts the requirement of IEC Activities of the scheme.

Likert scale analysis

TABLE 4.8: Opinion about amount provided for treatment is sufficient

Level of satisfaction	No. Of respondents	weight	weighted Score
Highly satisfied	29	5	145
Satisfied	9	4	36
No opinion	8	3	24
Dissatisfied	2	2	4
Highly dissatisfied	2	1	2
TOTAL	50	15	211

Likert value = Total weighted score ÷ Total number
=211÷ 50
=4.22

The respondents opinion about amount provided for treatment is sufficient lies between highly agree and agree. The value is more than 2.5, so the amount provided for treatment is sufficient.

TABLE 4.9: Opinion about PMJAY makes improvement inhealth status of society

Level of Acceptance	No. Of respondents	Weight	Weighted Score
Highly Agree	19	5	95
Agree	22	4	88
No opinion	7	3	21
Disagree	2	2	4
Highly disagree	0	1	0
TOTAL	50	15	208

Likertvalue =Total weighted score ÷ Total number
Value = 208÷50=4.16
The respondent's opinion about PMJAY makes improvement inhealth status lies between highly agree and agree. The value ismore than 2.5 so PMJAY makes improvement in health status of the society.

TABLE 4.10: Opinion about IEC activities are sufficient to make awareness about PMJAY

Level of Acceptance	No. Of respondents	weight	weighted Score
Highly Agree	5	5	25
Agree	7	4	28
No opinion	6	3	18
Disagree	21	2	42
Highly disagree	11	1	11
TOTAL	50	15	124

Likert value = Total weighted score ÷ Total number
Value = 124 ÷ 50= 2.48
Opinion about IEC activities are sufficient to make awareness about PMJAY lies between disagrees. The value is below 2.5. So IEC activities are not effective.

FINDINGS

• The study reveals that, majority of the respondents under PMJAY health scheme is belonging to BPL category.

• It's clear from the study that, 58 percent of the households belong to low income group and 6percent of the households belonging to 5000-10000 and 12 percent of the households belongs to in 10000-15000. And another 14 percent of the households come under the category of income
Above 15000.

• The increased morbidity rate makes them depend on the hospitals both private and public. 22.54 percent of the surveyed people are receiving services from the private hospitals 56.65 percent of the people depend on public hospitals and 20.81 percent of people depend on both private and public hospitals for treatment.

• Most of the PMJAY health insurance holders are belonging to the age group of 15-59.

• The study shows that 76 percent of people were satisfied with the amount provided for treatment.
• The study shows that 82 percent of people have improvement in their health status.
• Respondents overall rating of PMJAY is efficient.
•.IEC activities of the scheme is not efficient and hence Government need to focus on this area to educate the people.

SUGGESTIONS

For the efficient working of the PMJAY scheme, the following steps have to be initiated.

• Periodic social audit has to be done to identify the areas for improvement.
• Since a good number of families belonging to BPL are not aware of the scheme IEC activities has to be strengthened
• In many District of Kerala, the number of hospitals is limited and in rural areas the services provided by the hospital are of low quality. So PMJAY program should be implemented
in the rural hospitals.
• The hospital authorities charging higher amount for the treatment from the patients. So Government must monitor each of the hospital which comes under this program.

CONCLUSION

PMJAY is a support to poor people as today's medical expenses are very high and are not affordable for low and middle income people. Free medical services increases the health status and standard of living of the people. It is a right choice especially at the time of inflation.
This program offers supporting hand to the earning members in the family as it releases them from the high medical expenses. This enables them to improve their standard of living. From this study it is clear that PMJAY protect BPL households from catastrophic health expenditure and promote heath seeking behavior in them.

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