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ORIGINAL ARTICLE

Coverage, Utilization and Impact of Ayushman Bharat scheme among people residing at Koravallimedu, Puducherry

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ABSTRACT
Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is one of the essential programmes designed to give financial security to persons receiving secondary and tertiary level health treatment. The objective of the study is to assess the coverage, utilization and impact of Ayushman Bharat scheme among people residing at Koravallimedu. Research approach used in the study was quantitative research approach. The research design was Descriptive research design. The study was conducted among people residing at Koravallimedu, Puducherry. The Sample size was 300 in number. The sampling technique used was convenient sampling technique. The data was collected by using semi structured interview questionnaires. The data were analyzed by using descriptive and inferential statistics. The present study findings reveals that out of 300 samples, 290(96.7%) having more coverage and 10(3.3%) having less coverage.282 (94%) having the more utilization and 18(6%) under utilization 201(67%) more impact and 99(33%) less impact of Ayushman Bharat Scheme. There was significant association between the coverage, utilization and impact of Ayushman Bharat Scheme the demographic variable of educational status found to be statistically highly significant at 0.01 levels. The Ayushman Bharat Scheme has received a great deal of attention. Only a few studies have been done on the Ayushman Bharat scheme's coverage, use, and impact. Therefore, it was intended for this study to evaluate the general public's coverage, utilization, and impact of the Ayushman Bharat initiative.
Keywords: *Ayushman Bharat Scheme, coverage, utilization, impact*

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INTRODUCTION

The Pradhan Mantri Jan Arogya Yojana (PMJAY), also known as the "Ayushman Bharat Initiative", was launched by the Indian government in 2018. It encapsulates a progression towards the promotive, preventive, palliative, and rehabilitative aspects of universal medical coverage by providing access to wellness centres and health centres (HWCs) at the grassroots level and covering costs for therapeutic services at the secondary and tertiary stages through commitment with the public and private sectors [1].
The core concepts of Ayushman Bharat are cooperative federalism and state autonomy. The Union's Minister of Health and Family Welfare is in responsibility of establishing policy priorities and facilitating coordination between the Centre and the States [2, 3]. The state health department guarantees fast payment through a Escrow accounts. In conjunction with NITI Aayog, a strong modular IT platform for paperless and cashless transactions was launched [4].
India, with 1.3 billion inhabitants, is one of the world's developing countries. sixty-six percent of this people lives in rural areas, while 34% lives in cities [5, 6]. The World Health Organization (WHO) states that

Universal Health Coverage (UHC) aims to provide all individuals and communities with access to the promotive, preventive, curative, rehabilitative, and palliative health care services they require, of an adequate standard to be effective, without placing the user at risk of financial hardship. It considers equity in terms of quality, accessibility, and risk management [7, 8].

The Pradhan Mantri Jan Arogya Yojana (PMJAY) and Health and Wellness Centres (HWCs) are the two components of the Ayushman Bharat scheme. The PMJAY is a state financed health insurance plan for rural and urban residents that suffer from socioeconomic disadvantage in particular occupational categories [9, 10]. It is planned to reach 100 million houses and over 500 million individuals in the country, or around 40% of the total population. The PMJAY benefits package offers cashless treatment worth up to 500,000 rupees per family per year, based on a family floater for each home [11]. The plan, which is supposed to cover nearly all secondary and most tertiary care services, includes coverage for around 1,350 medical and surgical procedures. It enables beneficiaries to enjoy free public services [12].

Currently, the private sector covers more than eighty per cent of outpatient care and sixty per cent of inpatient care. However, given their urban concentration and lack of interaction with primary healthcare practitioners, such organizations are unable to provide basic medical treatment to significant segments of both the rural and urban poor. Even though it is modest by global standards, most Indians cannot afford private health care .[8] As a result of the current regulatory framework's deficiencies, several individuals receive poor, inappropriate, or even inappropriate care. Because 93 percent of the workforce is made up of independent contractors or freelancers, and poverty rates are high, only a very small fraction of people can afford privately purchased or employer-provided health insurance. As a result, one's own money cover the cost of seventy per cent of healthcare expenses. [9]

It offers up to 5 lakh rupees annually per family to about 10 crore impoverished households.[12] This plan should enhance access to high-quality healthcare services and support the government's ambition to transform India by the year 2022 [13].

Inadequate understanding of the Ayushman Bharat Scheme to improve awareness of the health programme among the rural population. This is the National Health Protection Scheme, which is aimed at low-income, socioeconomically disadvantaged rural families [14].

The PMJAY is a state funded health insurance scheme for the socioeconomically disadvantaged rural and selected vocational groups in the urban population [15, 16]. It aspires to cover 100 million households and 500 million individuals in the country, which represents for nearly 40% of the entire population [17].

Health production for poor and vulnerable families will boost their productivity and well-being while preventing wage loss and destitution. The Ayushman Bharat Scheme, is expected to create thousands of employment opportunities in the area of health care. Women will play a significant role as physiotherapists, nurses, doctors, mid-level providers, and so on [18].

The programme will result in new capabilities and services. Through an empanelment mechanism, private hospitals will also be included [19].

A health insurance plan is one of the most dependable ways of providing financial protection to the insured family. As a result, the investigator chose the study to determine the coverage, utilization, and impact of Ayushman Bharat scheme among people residing at Koravallimedu, Puducherry.

A study to assess the coverage, utilization and impact of Ayushman Bharat scheme among people residing at Koravallimedu, Puducherry.

MATERIAL AND METHODS

Research approach used in the study was quantitative research approach. The research design was Descriptive research design. The study was conducted among people residing at Koravallimedu, Puducherry. The Sample size was 300 in number. The sampling technique used was convenient sampling technique.

HYPOTHESES:

There will be significant association between the coverage, utilization and impact of Ayushman Bharat scheme.

CRITERIA FOR SAMPLE SELECTION

INCLUSION CRITERIA:

- People in the age group of above 20 years.
- People who are all willing to participate in study.

EXCLUSION CRITERIA:

- People who are all not willing to participate in the study.
- People who are below the age of 20 years

DESCRIPTION OF THE TOOL:

The data was collected by using Semi Structured questionnaires. The tool consists of 2 Sections.

SECTION-A: It deals withdemographic variable such as age, gender, religion, educational status, occupational status, types of family, family monthly income, socio-economic status, source of health information, other insurances.

SECTION-B: checklist consists of 3 questions which are designed to assess the Coverage, Utilization, and Impact of Ayushman Bharat Scheme. Each "**YES**" answer carries "**1**" mark and each "NO" answer carries "**0**" mark.

DATA COLLECTION PROCEDURE:

A formal permission was obtained from our Dean, Faculty of Nursing Sciences, Sri Balaji Vidyapeeth, Puducherry. Data collection period was one week. The purpose of the study was explained to the samples and 300 samples were selected based on inclusion criteria through Convenient sampling technique. Researcher conducted interview to general public using, Semi Structured questionnaires were provided to all subjects and they were interviewed to fill the questionnaires.

RESULTS

Table and figure 1: Percentage distribution of Coverage of Ayushman Bharat Scheme among general public. (N=300)

S.NO	QUESTIONS	Interpretation	N	%
1	Are you aware of Ayushman Bharath Scheme	Less coverage	10	3.3%
		More coverage	290	96.7%

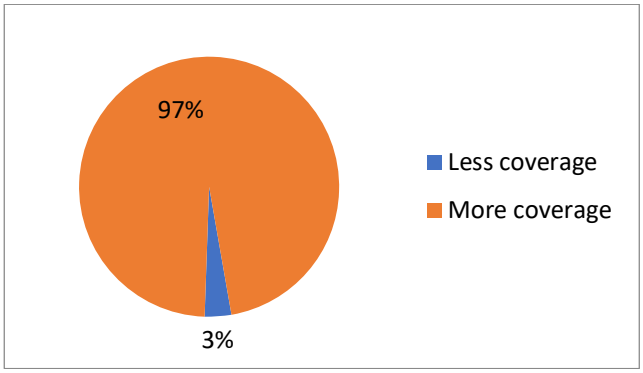

Table and figure 1 reveals that, among 300 samples, 290 (96.7%) having more coverage and 10 (3.3%) having less coverage on Ayushman Bharat Scheme.

Table and figure 2: Percentage distribution of Utilization of Ayushman Bharat Scheme among general public. (N=300)

S.NO	QUESTIONS	Interpretation	N	%
1.	Are you satisfied with the availability and easy of obtaining benefits under the scheme	Under Utilization	18	6.0%
		More Utilization	282	94.0 %

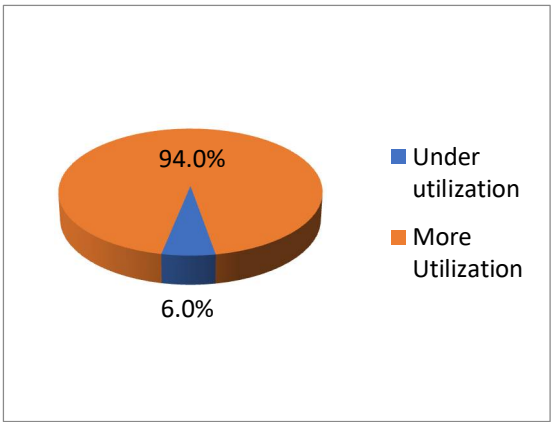

Table and figure 2 reveals that among 300 samples, 282(94%) having the more utilization under the Ayushman Bharat Scheme and 18(6%) under utilization of Ayushman Bharat Scheme.

Table and figure 3: Percentage distribution of Impact of Ayushman Bharat Scheme among general public. (N=300)

S.NO	QUESTIONS	Interpretation	N	%
1.	Do you have plan to utilize the Ayushman Bharath Scheme in future	Less Impact	99	33.0 %
		More Impact	201	67.0 %

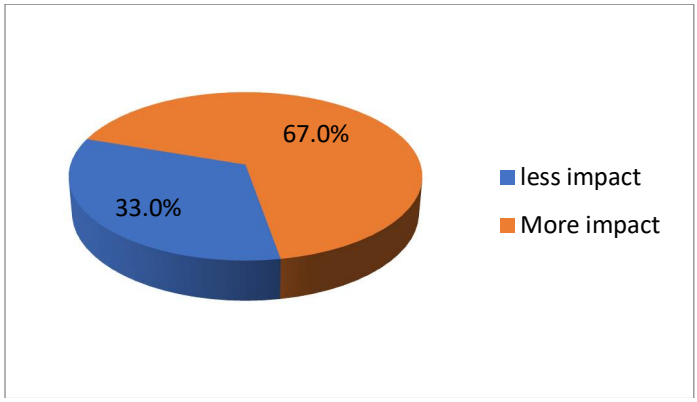

Table and figure 3 reveals that among 300 samples, 201 (67%) more impact and 99 (33%) less impact of Ayushman Bharat Scheme.

DISCUSSION

The present study findings reveals that among 300 households of, most of them were 134 (44.7%) of the general public belongs to the age group 31-40 years, the gender the highest number of sample 180 (60%) belongs to female and 120 (40%) belongs to male, the religion highest number of sample 245 (81.7%) belongs to Hindu, educational status the highest sample 110 (36.7%) belongs to illiterate, the type of occupation the highest number of sample 102 (34%) belongs to homemaker, type of family the highest number of sample 238(79.3%) were nuclear family, the monthly income in rupees, the highest sample 124 (41.3%) comes under 10,000-15,000 economic status of family, the highest number of sample 283(94.4%) comes under below poverty line, Sources of health information, the highest number of sample 190 (63.3%) through health workers, the utilization of other insurance, highest number of sample 209(69.%) belongs to others scheme.

The first objective of the present study was to assess the coverage, utilization and impact of Ayushman Bharat scheme among people residing at Koravallimedu.

The present study findings reveals that out of 300 samples, 290(96.7%) having more coverage and 10(3.3%) having less coverage.282 (94%) having the more utilization and 18(6%) underutilization.201 (67%) more impact and 99(33%) less impact of Ayushman Bharat Scheme.

The second objective of the present study was to find out the association between coverage, utilization and impact of Ayushman Bharat scheme with their selected demographic variables

There was significant association between the coverage utilization impact of Ayushman Bharat Scheme the demographic variable of educational status found to be statistically highly significant at 0.01 level.

There was significant association between utilization regarding Ayushman Bharat Scheme with demographic variable of educational status found to be highly significant at 0.01 level.

There was significant association between impact regarding Ayushman Bharat Scheme with demographic variable of age, educational status, occupational status, type of family and source of health information found to be statically highly significant at 0.000 level and religion found to be statically highly significant at 0.01 level

CONCLUSION

The study concludes that boosting awareness, implementing appropriate governance, working towards quality assurance, and establishing quick referral networks among both public and private healthcare providers can make the Ayushman Bharat Scheme a reality. This strategy's implementation must be improved further by increasing public awareness. This helps to alleviate the financial strain caused by medical bills. The Ayushman Bharat Scheme has received a great deal of attention. Only a few studies have been done on the Ayushman Bharat scheme's coverage, use, and impact. Therefore, it was intended for this study to evaluate the general public's coverage, utilization, and impact of the Ayushman Bharat initiative

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STATEMENT CONFLICT OF INTEREST:

We report no conflict of interest

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