

## **A Case Study of Ayushman Bharat Scheme with reference to SAS Nagar, Punjab**

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**Abstract-** Under the present government of Mr Narendra Modi many health advancements and development were undertaken, as it is well known that the progress of a nation depends on its population which is healthy and sound. Resent paper explores various aspects of Ayushman Bharat health scheme. The major challenges that were to be surpassed were quality control, governance short comings, and stewardship in the process to attain the goal of universal healthcare to the grass loot level people. The other pitfalls and remedial measures have been accordingly mentioned.

### **1. Introduction**

Health is the most valuable possession a human being can has because in absence of a good health person despite of having all the riches cannot enjoy and live a happy life. It is the duty of the government to enhance health and quality of its citizens with treatment of ongoing diseases and preventive measures to curtail the spread of diseases that are contagious (Furtado et al, 2022). Despite of the well known importance of healthcare system it is still questionable in most of the nations. This is true in Indian scenario where healthcare facilities are below par, as what is to be expected for the level of development we dream of. The second heavily populated country of the world India needs to essentially focus on it healthcare system as a large segment of population still relies on the public health system. According to the WHO 2020 statistics expenditure in the field of health in India is only 3.5% of its GDP which is sparse than compared to many third world countries (Bhargava & Paul, 2022). Health issue comes under the concurrent list of Indian constitution hence both the central and the state government should perform their mandatory duties to promote the overall health of its citizens (Patel, 2015).

**Health care system in India** - In Indian scenario this broadly comprises of two components public and private public delivery system (Joseph et al, 2021). They are called as primary health care centers in rural areas while those located in cities and urban areas are called secondary and tertiary institutions. Indian healthcare is approximated to be 280 billion dollars by 2020. Various components of Indian healthcare industries comprise of hospitals, medical equipments, medicine, medical tourism clinical trials etc (Devanbu et al, 2020). Various health policies have been passed by the ministry of health and family welfare from time to time and Aayushman Bharat is one of the latest which is matter of concern and discussion in this paper (Lahariya, 2018).

### **2. Review of relevant literature**

Kakkad 1998 in his research have given a detailed explanation about how traditional medical practices can deal with primary health care problems in developing and developed countries and thus enhance the life expectancy of the concern population. The paper also explains improvement measures advocated by WHO that can be implemented in a primary health care centre.

Stephen 1979 advocates that health of a given population is more dependent on easy accessibility of primary health care in contrast to advanced medical services; the paper analyses contrast between high paid private hospitals and primary health care requirements of a bulk population.

Bose 1982 deals with different levels of healthcare administration and discusses that medical education and health facilities should be considered by the government as an essential requirement of its people. It is the role of government to break the cycle of poverty and include large masses of its residents into healthy population of the developing world.

Study by Kotch (2005) unveils governmental efforts toward the achievement of optimal health and well being of female reproductive population and children; reproductive health has been considered as a basic human right and should be mandatorily made available to concerned females; additional topics covered in this research were efforts that can help to reduce disease transmission from mother to fetus.

Pandey (2021)- Recent study done in this regard and based on UTA UT model revealed that implication of service adoption theory with the above mentioned model will surely enhance universal health care system of India. Primary data was collected through hospital visit and patient interaction along with the medical personal of this field. The research was conducted under the light of adoption challenges that Ayushman Bharat was facing regarding slower service adoption of this free mass healthcare system.

### 3. Methodology

For present research work various sources of data collection both primary and secondary were deployed. Personal interviews with healthcare professional and patients along with questionnaire technique was the main source of primary data collection. Residents of SAS Nagar (Mohali) were chosen for the pilot project. Secondary sources accessed were various research papers, reports and data released by health ministry, journals etc.

**Special features of SAS Nagar-** It is a major I.T. hub of Northern India. The district includes Mohali, Kharar and Dera Bassi Teshils. It includes 383 villages. The important townships are – Kharar (largest administrative unit), Kurali, Mohali, Zirakpur & Dera Bassi.

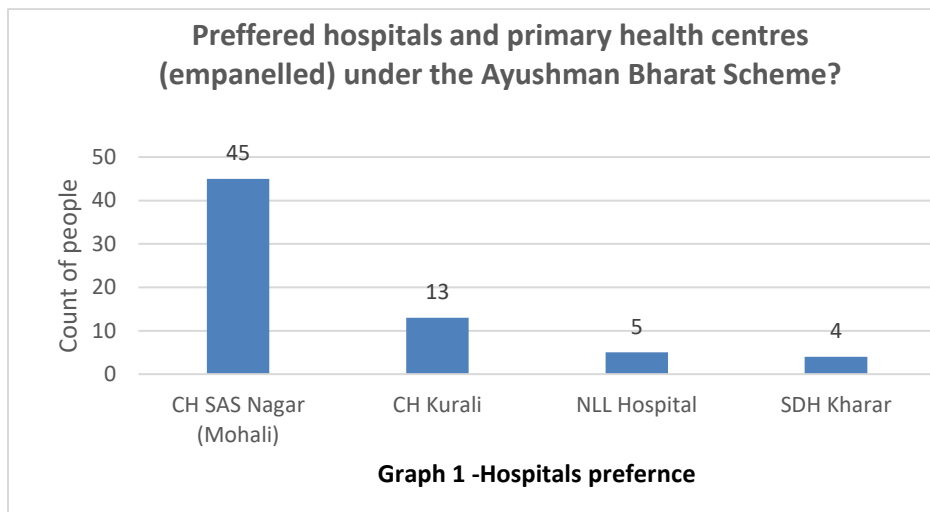
Current research indicated that majority of the respondents had been living in a joint family and there were only 15 nuclear family reported. About 40% of the studied population was suffering from some kind of illness or disease. In all the families that have been studied here there was at least one person who was under daily medication of certain kind. About 42% of the total respondents had annual expenditure of around 15,000 rupees on medicines. People who reported to be having any kind of health insurance policy or accident insurance cover were surprisingly less

### 4. Data collection results

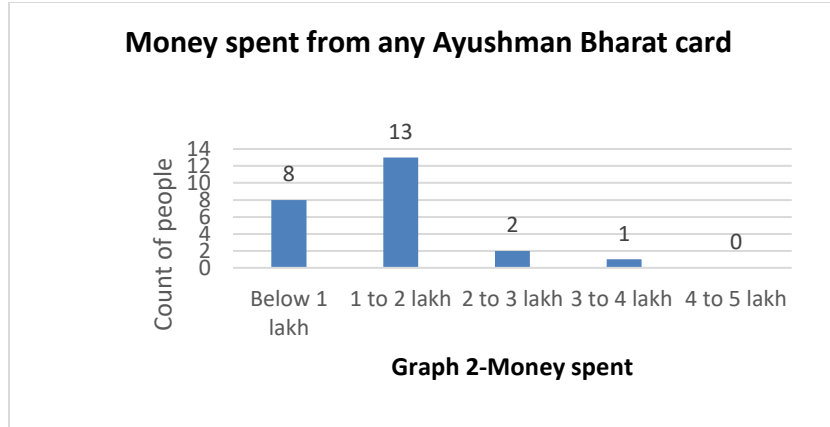
Demographic- 70 people all were residents of SAS Nagar (over a period of 5 years) were chosen for the present study. Data was collected on the basis of questionnaires interviews and other means. We feel happy to declare that about 92% of the studied population had information about Ayushman Bharat scheme and among them 57 had already enrolled for it, but eligibility required to avail the scheme was found to be sparse.

### 5. Results

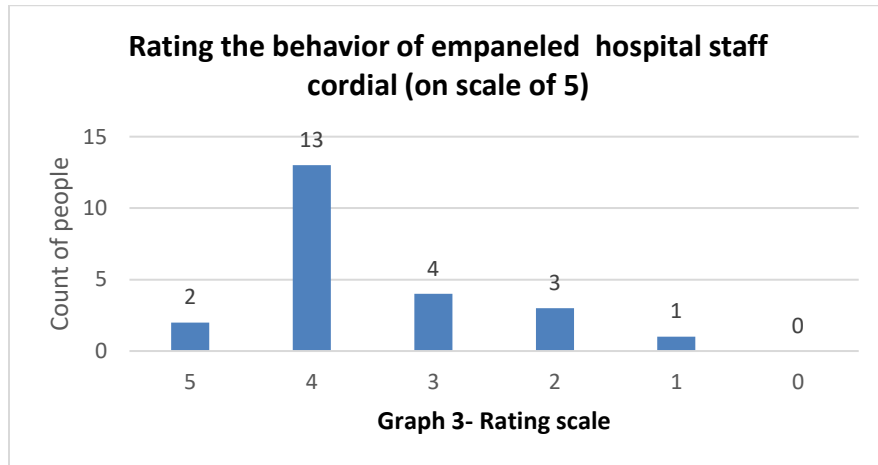
- Civil hospital located in SAS Nagar Mohali was the chosen destination for catering to healthcare needs of the respondents. Major findings from the study have been listed below (graph 1)



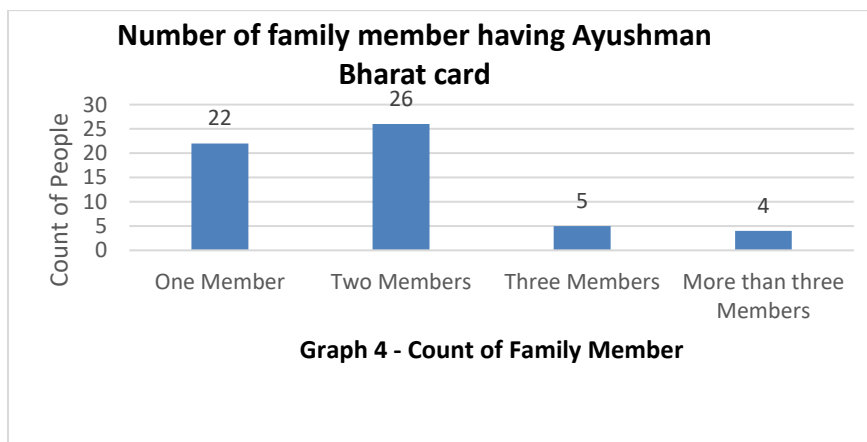
- Majority of respondents spent 1-2 lakh rupees annually (graph 2)



- The hospital staff was rated 4 on a scale of 5 according to their cordial behavior and hospitality towards the patients (graph 3).



- Many families had at least 2 members getting benefits of the scheme (graph 4)



- Satisfaction level of patients was found to be quite disappointing because only 4 people were fully satisfied and 17 of them were partially satisfied by the services provided by hospitals listed in Ayushman Bharat scheme.
- More than half the majority of people (49 respondents) claim that the sum of 5,00,000 Rs. is a respectable amount provided under this health scheme.

**Problem-** There were some patients encountered in the research work who despite of holding an Ayushman Bharat beneficiary card did not avail its benefits at any of the hospital premises. They were questioned regarding this the outcome revealed that the satisfaction regarding the services provided at the hospital and the hospitality of the hospital staff was not up to the mark. And this was the reason that despite of being a beneficiary they opted for medical expenditure out of their pocket.

## **6. Conclusion**

This scheme was approved by government of India in 3rd month of 2018. Its ambition was to present health care system to the country providing benefits to 500 million vulnerable Indian families and about 5-10 million destitute Indian citizens. The major health care challenges faced by public health systems of India incorporate inadequate funding, deficiency of health care services, multiple jurisdiction, and sub standard health care systems. They pose major hurdles while tackling with non communicable diseases; where prevention is the dominant key to success.

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