

## Supply-Side Enablers and Bottlenecks in the Implementation of Pradhan Mantri Jan Arogya Yojana in Madhya Pradesh, India: A Qualitative Assessment

### **Rajna Mishra**

Public Health Foundation of India

### **Preeti Kumar**

Public Health Foundation of India

### **Ipchita Bharali**

Center for Policy Impact in Global Health, Duke Global Health Institute, Duke University

### **Sakthivel Selvaraj**

Public Health Foundation of India

### **Wenhui Mao**

Center for Policy Impact in Global Health, Duke Global Health Institute, Duke University

### **Gavin Yamey**

Center for Policy Impact in Global Health, Duke Global Health Institute, Duke University

### **Abstract:**

India's Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PMJAY), launched on September 23, 2018 is the largest health assurance scheme in the world. PMJAY aims at providing a health cover of INR 5 lakhs (around 7000 USD) per family per year for secondary and tertiary care hospitalization to reduce catastrophic out of pocket health expenditures, improve access to hospital care and reduce unmet among the poor and vulnerable families. It is an entitlement-based scheme, without any explicit enrolment process. Identification of beneficiaries is based on the Socio-Economic Caste Census (SECC, 2011) database.

A qualitative study was undertaken to perceive the challenges related to seven dimensions of the program that are crucial for its success namely: 1) enrollment and awareness generation; 2) health benefit packages, rates and revisions to packages; 3) service delivery; 4) hospital empanelment; 5) financing mechanisms; 6) utilization and 7) capacity building. The study was carried out in two purposively selected districts, Bhopal and Shahdol in the state of Madhya Pradesh. Key Informant Interviews were conducted among 21 purposely sampled implementers and administrators involved in the implementation of the scheme in various capacities. Data collection was carried out virtually using the notebook method. Thematic analysis was conducted and contents were analyzed manually.

The study found that in MP, apart from SECC marked families, households covered under the National Food Security Act and Sambhal Patra Family were eligible under the PMJAY scheme, ensuring a more comprehensive beneficiary list. However, there is still scope to expand inclusiveness. MP opted for the trust model under which the scheme is directly implemented by the State Health Agency (SHA) – Deen Dayal Swasthya Suraksha Parishad. Despite efforts to generate awareness by the state, our study found that there is still scope for further improvement. Intentional fraud and over use of packages were reported from private facilities Delays in provider payments was another challenge reported by the state. Initiatives taken by the state to enhance beneficiary enrolment include involvement of Common Service Centers, employment of Ayushman Mitras in the public and

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private hospitals and organization of camps. Empanelment of hospitals is done by the state and the decision on empanelment is subject to approvals from the empanelment committee. The study highlighted the need for strengthening capacities of stakeholders and re-visiting guidelines based on emerging challenges.